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Bristol City Council
Minutes of the People Scrutiny Commission

28 November 2019 at 2.00 pm

Members Present:-
Councillors: Claire Hiscott (Chair), Eleanor Combley, Jude English, Paul Goggin, Gill Kirk, Brenda Massey, Ruth Pickersgill, Steve Smith and Tim Kent

Officers in Attendance:-
Christina Gray (Service Director, Public Health)

1. Welcome, Introduction and Safety Information

The Chair welcomed all those present.

2. Apologies for Absence and Substitutions

Apologies for absence were received from:

Councillors Celia Phipps; Carole Johnson; Helen Godwin

Chair noted Cllr Godwin sent her apologies due to illness of her son and wished them well.

Officers: Jacqui Jenson

3. Declarations of Interest

Cllr Goggin declared he is on the Board of Hawkspring (refers to agenda item 9)

Christina Gray declared that her husband Roger White is listed as a co-optee for secondary education on the previous Children's Services scrutiny commission, who's remit the People scrutiny commission has taken over.

4. Minutes of Previous Meeting

The minutes of the previous meeting were approved, proposed by Cllr Hiscott and seconded by Cllr Pickersgill.

RESOLVED:
That minutes of the meeting on 14th October 2019 be approved as a correct record.

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5. Chair's Business

The Special Educational Needs and Disability (SEND) OFSTED/CQC report will not be published until after the General Election. Following this it has been agreed with OSMB to postpone the SEND Evidence Day to the 3rd February 2020. This is disappointing as the programme has been organised and invites have been accepted, but it is recognised there will be more value in holding the Evidence Day after publication of the letter.

6. Public Forum

Three items of Public Forum Business were received, including 1 statement and 2 questions, and a copy placed in the minute book.

The Chair thanked Cllr Stevens for attending and speaking to his statement.

Statements

S1: Statement from Cllr Clive Stevens. Refers to Agenda item 7

Questions

Q1: Question from Cllr Clive Stevens. Refers to Agenda item 7

Q2: Question from Cllr Clive Stevens. Refers to Agenda item 7

Supplementary questions from Cllr Stevens:

Q1: How many people do we have processing EHCPs now?

Q2: What is the backlog of EHCPs?

It was noted that the Commission Members were disappointed that there was no officer from education in attendance who could respond to the questions. It was noted that, although it is recognised there can be scheduling issues, if an officer is unable to attend an appropriate substitute should be sent.

RESOLVED:

That;
A formal statement from the Chair should be made to the Mayor and Head of Paid Service about Members' disappointment of the lack of appropriate senior officer attendance at the Public Forum business.

ACTION:
Officer to provide written responses to the supplementary questions.

7. Performance Report Q2

Members were advised that there are many more performance measures for analysis, accessible to elected Members via the Performance page on the Council's Intranet.

Commission Members were advised that the Summary page did not highlight the positive measure within Public Health; that this was an omission.

There was a discussion about school attendance data, including it would be helpful to receive data earlier in the year and more regularly than annually; Members were advised that the data point is the official annual return.

There was a discussion about performance related to Adult Social Care, Education and Children's services, including concern over:

- Delayed Transfer of Care measure (BCP279),
- Percentage of adults receiving direct payments (DPOE005a)
- Percentage of Final Education Health Care Plans issued within 20 weeks (BCP227)

Cabinet Member with responsibility for Adult Social Care advised Members that the health service had not had a usual summer in terms of pressures; the winter pressures carried on; one of the effects had been delayed transfers higher as numbers increased.

Commission Members were advised of the focus on prevention, with additional work at the 'front door.'

Chair asked if people who were being discharged were too fragile to go home - referring to 'Percentage of older people at home 91 days after discharge from hospital (BCP278)'. The Commission was advised that people prefer to be at home with proper support at end of life.

Cabinet Member with responsibility for Adult Social Care advised the Commission that the Home First service, which has brought together therapy and reablement, received a 'good' assessment by the Care Quality Commission. The number of readmissions have declined.

The Commission heard that a reduced rate of alcohol-related hospital admission was key to reduce pressure; a reason why a drug and alcohol strategy was needed. There were more people living longer than previously with alcohol related conditions than previously. This has been reflected in services and hospital admissions.

Members raised concern about consistency and reliability of statistics relating to BCP227 (Percentage of Final Education Health Care Plans issued within 20 weeks), and were advised that the data collection system is being reviewed.

There was discussion about social worker recruitment, and the Commission was advised that the Council uses less agency people than other areas ; Bristol has had a good record for newly qualified social workers being supported.

ACTION:

That the link to the relevant intranet page providing access to more performance measures be circulated to Members of the People Scrutiny Commission.

RESOLVED:

That;

- **questions about performance where a verbal answer cannot be provided can be put in writing outside the meeting, and written responses be circulated,**
- **how to achieve more regular school attendance data be investigated and reported to the Commission,**
- **the relationship between alcohol related conditions and hospital admissions, including impact and pressures, should be looked at in more detail and could be taken to the Health scrutiny sub-committee,**
- **the figures relating to BSP227 (Percentage of Final Education Health Care Plans issued within 20 weeks) need further clarity; the Commission requested a written response clarifying the accuracy of the figures.**

8. Thrive Bristol

Senior Public Health Specialist provided a presentation and spoke to the report (details in the published pack).

Director of Public Health thanked the Commission Members and welcomed input, insight and challenge.

The Commission was advised that Mental Health is a pressing issue across whole country.

There was a discussion about housing and mental health, and the Commission was advised that, as yet, there was no agreement from the city-wide roundtable meeting that was in October as to the best approach; that there needs to be further conversation between relevant partners. Housing and mental health will be further discussed at the next Health & Well-being Board in December.

Members raised questions regarding how the data could be used and how outcomes were measured, and were told that in terms of data Bristol compared well will other parts of the country; although it was a challenge measuring mental health, unlike physical health which could be measured more easily, including access to services.

Regarding mental health, the Thrive programme is linking with Mind, local academics, the national Thriving at Work Leadership Council and others to identify key indicators which will help us measure the impact of the Thrive programme on improving mental health in our City. A number of indicators are being agreed to measure the impact of interventions on mental health in the workplace. Levels of sickness absence could also be utilised, and this is important to businesses as there is a a recognition of a financial benefit to people being well.
The IMF and ONS had begun to look at well-being as well as traditional GDP to analyse progress/growth. For the schools programme it was the expectation to see better attendance and less exclusions.

The Centre for Mental Health produced a report for Bristol on children and young people's mental health, highlighting priorities and making recommendations. These have been incorporated within the Thrive action plans.

The Deputy Mayor said that there was a focus on what data to use when Thrive was launched – some were now in the performance report.

It was agreed that there was a need to make performance indicators more visible.

Members asked if there were resources coming into schools for this focus, and were advised that NHS colleagues are needed to answer this fully. There was no mechanism for money to go directly to the schools themselves; money would come in tranches, which needed to be applied for by the CCG.

The Commission welcomed the work with Somali communities and asked whether there was similar engagement with other BME communities. The Deputy Mayor advised that Community Access Support

Service (CASS) had launched the BME mental health thriving group; that there is little direct resource provided by Bristol Council but this is a city-wide approach, working with partners.

There was a discussion about budgets, and the Commission was advised there was no dedicated budget for Thrive, that what had been found was that there had been support from organisations and partners and momentum had increased.

The Deputy Mayor said that Thrive was not just driven by the Local Authority, the success of Thrive had been seen through partnership engagement, whilst money was taken out of the equation.

There was a discussion about young people's mental health, and the Commission was advised that there wasn't the data available to say how many out of the estimated 10,000 children with mental health issues had engaged with CAMHS.

The Director of Public Health advised the Commission that pathologising mental health should be avoided, and there had been a focus on supporting families and building resilience; and prevention; that the determinants of health include education, housing and work, rather than access to services.

The Chair said that there had been a great deal of progress, that 30 years ago the medical profession didn't think children could have depression or anxiety, so we had come a long way.

RESOLVED:

That;

- **Thrive should be brought back to scrutiny the next municipal year,**
- **request for further information about how much resource for Thrive had been allocated to schools should be made to the NHS,**
- **children and young people's mental health should be brought to the Health scrutiny sub-committee or the Joint Health Scrutiny Committee.**

9. Substance Misuse strategy development

The Director of Public Health spoke to the report.

There was a discussion about how statistics were gathered, including numbers of people involved in alcohol and drugs, and the Commission was advised that numbers were a Public Health England estimate based on actual numbers in treatment.

There was a discussion about issues that surround substance misuse and Members were informed that substance abuse was a complex social issue, which involved issues with drugs supply, criminal exploitation of young people; and that all substance misuse affects A&E admissions.

Members were advised that the Council did not have a comprehensive strategy, and one was needed. There was only commissioned services, a strategy was needed to fill gaps.

The was a discussion about strategy development and stakeholder engagement, and the Commission was advised that the Council now had a richer picture after needs and analysis and study of evidence; that as part of strategy development there was a need to engage with all organisations and individuals, and workshops were due to start next week with external stakeholders.

Members were told the strategy development would include further work with Councillors and internal departments including Licencing colleagues; and were advised that developers at Temple Back had contacted the Health & Wellbeing Board and asked for input to help them understand how to minimise health risks. The view was to work with universities and others to promote sensible and safe drinking and ways to achieve it.

The Commission was advised that the strategy would not be just about treatment, but also about interventions, preventions and managing behaviours.

The Deputy Mayor stated that there was a number of initiatives but no coherent whole, so that was the reason there was a need for a strategy; that this would not be a quick thing to do, there was a need to listen to all perspectives.

The Chair asked if the evidence and views collected from the Alcohol harm reduction summit, held by the previous Mayor and PCC, would be utilised, and was advised that no report was produced but the work produced was being built on.

Commission Members asked about the night time economy, and how these stakeholders would fit in to the strategy development, and was told that the consultation would want to gather as many views as possible. There was a discussion about the idea of modelling in temperance / safer space zones, and it was agreed that it was worth including in the consultation to gain views, and there was not agreement about whether it is a good idea or not among Commission Members.

There was a discussion about budget, and the Commission was advised that the Council invest £10M / year on drug and alcohol services, and the Public Health team, working across the Council was a major resource.

Members said they would like to be involved, and suggested Probation service should be involved. It was noted that Avon &U Somerset Police were to attend the next workshop, and Probation would be contacted for later workshops.

The Commission was told about the substance misuse badge, part of the Healthy Schools awards scheme.

Questions were raised about current thinking around safe use spaces / rooms? The Commission was told that drug treatment rooms are not legal so they cannot be considered. There is an eye being kept on Glasgow with reference to heroin t treatment – those interventions were very expensive for a small amount of people.

The Deputy Mayor said that the Drug strategy for West Midlands included an objective to deliver drug consumption rooms with the knowledge that this can't be delivered if law doesn't change.

Members raised queries about the alcohol delivery services and there was a discussion about concerns regarding applications for alcohol licences. It was agreed that there was a need to explore this topic with the Licencing Committee.

10 Domestic Violence and Sexual Abuse commissioning

Senior Public Health Specialist provided a presentation and spoke to the report (details in the published pack)

The Commission was advised that it's important to be aware that there was a need for provision for men as well as women; this could be different types of provision.

There was a discussion about what support was available for people affected by Domestic violence and sexual abuse, and Members were advised that the needs assessment had made the following recommendations for additional service provision:

- Counselling
- Work directly with children;
- Support around child to parent violence
- Co-located services;
- Clear pathways.

The Commission asked if the intention was to procure one service that covered both domestic and sexual violence and abuse; Next Link, a specialist provider of domestic violence and abuse services also had a sexual abuse support service called Safe Link; the Council had worked with the Sexual Violence Consortium, including Somerset and Avon Rape and Sexual Abuse Support SARSA, the Green House and Womankind.

Members were told that the two strands Domestic Violence & Abuse and Sexual Violence & Abuse had been joined up, although commissioned services had remained separate. Developing a model to approach this disconnect would be part of the strategy development.

There was a discussion about evidence and the Commission asked why the National Crime Survey data stopped at age 59. Officers advised that this was the cut off for data at this point, although there was

now a recognition that older people had suffered from DVA as well. The Commission was also advised that there was a link between areas with high deprivation and abuse, although the data was unclear due to an element of under reporting.

The Director of Public Health said Personal, Social, Health and Economic (PSHE) education in schools helped with early intervention, an important element that enabled young people to respect each other. Members were advised that there was a need to understand behaviours better to be able to reduce harm.

There was a query whether the Bystander programme with UWE had been incorporated into a strategy and Members were advised that the principles of challenging sexist and other inappropriate behaviours had been incorporated and University of Exeter has developed this work in male-orientated environments, e.g. sports clubs. Officers stated that they had been looking to embed these approaches.

There was a discussion about how people and groups who were not online could engage in the consultation, such as disabled women dependant on carers. Officers told the Commission that there had been work with equalities groups; this was a known issue that required addressing, and all suggestions from Councillors were welcomed.

There was a query about whether men have been recruited to reach out and have conversations with boys, to talk about behaviours and respect agenda. The Deputy Mayor said that within the work that had been undertaken around mental health, which had included Bristol Somali youth group, the use of local role models in those communities were key. The Commission was told that the Bystander initiative had trained people within communities to challenge behaviours, and the Future Men project had worked with males from BME communities so there could be male role models to challenge behaviours.

The Commission were invited to join officers on College Green for the Next Link annual candle-lit vigil and march to highlight the number of women and children affected by Domestic Abuse and Rape and Sexual Abuse. The march highlighted the United Nation's International Elimination of Violence against Women's day.

Meeting ended at 5.00 pm

CHAIR ___________________