

PEOPLE OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 11 November 2021 commencing at 10.00 am and finishing at 1.00 pm

Present:

Voting Members:

Councillor Ian Corkin – in the Chair

Councillor Kate Gregory (Deputy Chair)

Councillor Hannah Banfield

Councillor Imade Edosomwan

Councillor Andy Graham

Councillor Nigel Simpson

Councillor Bethia Thomas

Councillor Michael Waine

Councillor Jane Murphy (In place of Councillor Juliette Ash)

Other Members in Attendance:

Councillor Liz Brighthouse, Deputy Leader and Cabinet Member for Children, Education and Young People's Services; Councillor Jenny Hannaby, Cabinet Member for Adult Social Care; Councillor Mark Lygo, Cabinet Member for Public Health and Equality

By Invitation:

Ray Fitzpatrick, Professor of Public Health, University of Oxford; Charles Vincent, Professor of Psychology, University of Oxford; Andy Symons, Senior Operations Manager, Turning Point; Sara Keppie, Wellbeing Service Manager, Oxfordshire Mind; Jess Willsher, Director of Services, Oxfordshire Mind; Sadia Hussain, Elmore Community Services

Officers:

Whole of meeting

Sukdave Ghuman, Head of Legal; Jodie Townsend, Colm Ó Caomhánaigh, Democratic Services

Part of meeting

Agenda Item

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Officers Attending

Ansaf Azhar, Corporate Director for Public Health; Stephen Chandler, Corporate Director for Adult and Housing Services; Karen Fuller, Deputy Director Adult Social Care; David Munday, Consultant in Public Health; Robin Rogers, Programme Director Covid Response; Emily Schofield, Acting Head of Strategy

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Kevin Gordon, Corporate Director for Children's Services;
Hannah Farncombe, Deputy Director of Children's Social
Care; Delia Mann, Head of Services for Family Solutions
Plus and Early Help Teams; Laura Clements, Head of
Service Family Solutions

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and agreed as set out below. Copies of the agenda and reports are attached to the signed Minutes.

7/21 INTRODUCTION AND WELCOME

(Agenda No. 1)

The Chair welcomed Members and officers to the meeting and noted that they would observe two minutes silence at 11am to mark Remembrance Day.

It was agreed to take item 7 Family Solutions Plus before item 6 Health Inequalities and the Chair thanked all those presenting on the items for facilitating the change.

8/21 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 2)

Apologies were received from Councillor Juliette Ash (substituted by Councillor Jane Murphy).

9/21 DECLARATION OF INTERESTS - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 3)

There were no declarations of interest.

10/21 MINUTES

(Agenda No. 4)

Councillor Michael Waine asked when the question of co-opted members for the Committee would be discussed. Councillor Andy Graham also noted that there was no discussion of the Committee's Work Programme on the agenda for this meeting.

The Chair responded that both of these would be discussed at a workshop for Members to be arranged around the end of November or start of December.

The minutes of the meeting held on 30 September 2021 were agreed and signed.

11/21 FAMILY SOLUTIONS PLUS

(Agenda No. 7)

The Committee had before it a report discussing the progress to date and what has been achieved, both quantitatively and qualitatively, a year into the implementation of Family Solutions Plus (FSP).

Councillor Liz Brighthouse, Deputy Leader of the Council and Cabinet Member for Children, Education and Young People's Services described the service as a success story in its first year. The service deals with children who have been referred to the MASH (Multi-Agency Safeguarding Hub) and the number of referrals has been increasing.

Councillor Brighthouse reminded Members that the courts decided when the Council has to look after a child and therefore the courts must decide when that responsibility can end. The new service aimed to work with families to alleviate the many different problems that can be the cause of child safeguarding issues. It was a real step in the right direction. It cost money but the Council needed to invest in our children in the same way as any parents would in their children.

Hannah Farncombe, Deputy Director of Children's Social Care, gave a presentation on the links between FSP and the Public Health Outcomes Framework.

Ray Fitzpatrick, Professor of Public Health, University of Oxford, and Charles Vincent, Professor of Psychology, University of Oxford presented an independent evaluation of the service. They found:

- Reduced numbers of looked after children in care
- Reduced numbers of children on child protection plans
- A model of working which has universal support of the staff in the service
- The service is achieving well but is challenged by high workloads and the impact of the pandemic
- Emerging findings of approval by families
- Reduced numbers of police call-outs
- Reduced volume of emergency mental health service use.

Delia Mann, Head of Services for Family Solutions Plus and Early Help Teams, and Andy Symons, Senior Operations Manager, Turning Point, the Adult Substance Misuse Service, recounted case studies involving mental health needs and substance misuse by parents where they did not have to remove the children because they were able to assist the family in a more holistic way through partnership working.

Members thanked officers and guests for the report and presentations and raised a number of issues:

Staffing

Members asked

- how staff were being supported given the often emotional and stressful nature of the job and unsocial hours;
- how workloads were managed to ensure work/life balance;
- if front-line staff had access to independent counselling.

Officers responded that recruitment and retention were national issues in this sector. The difficulties of the job were acknowledged but it could be very rewarding too. There was independent counselling available but more psychological support embedded within the teams would be helpful.

The Council was trying to 'grow' its own staff with an early professional development unit with bespoke packages of support. An external expert view was being sought on how the Council could do better on retention and in the Oxfordshire employment market. Bringing the workload down was a key issue in terms of retention. There were economic factors too such as affordable housing. The Council was also examining if anything could be done with the apprenticeship levy.

Team working

Members asked

- how the teams were managed around individual cases.
- were all of the team members from the Council or were partners participating?
- were there some social workers embedded in schools?

In building a team, a group was formed of people pertinent to that family's needs. They meet on a regular basis and have a coordinated action plan. Other specialists can be brought in if and when extra needs were identified. A team might include the school nurse, a probation officer, external specialists – everyone significant to that family.

Some schools and academies funded their own social workers but few do anymore because of cost pressures. The Council has a named worker for each school to encourage early intervention, though of course, each worker had many schools.

Members also asked where most referrals to the MASH came from. Officers responded that the largest number of referrals came from the police, mainly from domestic abuse incidents. Schools would be next which was not surprising as they see the children every day.

Members asked if the responses of schools varied significantly and if so, what were the factors involved? Officers referred to the Locality & Community Support Service which provided resources for schools to help identify needs early and put in place interventions that don't meet the threshold for Children's Social Care. However, the national policy framework had not caught up with this kind of work in Oxfordshire. There was a disconnect between what Ofsted was measuring and the realities on the ground.

In Oxfordshire there were three times more Children's Social Care assessments than Early Help Assessments. That needed to be reversed and a target of 10,000 Early Help Assessments was being set for next year as opposed to 3,000 this year.

Members asked if the problems with delays in the court service were beyond their control or if there was anything they could do in the way of lobbying or applying pressure.

Officers described the problems in the capacity of the courts to deal with the workload and in recruitment to the Family Court Advisory Service. Consequently, the Council's own social workers were finding it hard to manage the increased work level around legal proceedings. The government had provided more funding for the courts to tackle the backlog and the Council was engaged in a recruitment campaign to provide more legal support for Children's Services using some Covid reserve funds.

Members raised the issue of some people slipping through the net or receiving inappropriate support from agencies not fully understanding the impact on children. Officers responded that this was something that they would address in refreshing the Early Help Strategy.

Looking forward, Members asked what the next steps were to improve the system even further and if the necessary budget was there.

Officers responded that FSP started last November and was expected to pay back its costs over a 2 to 4 year period but those calculations did not include Covid. The Council was in a good position to sustain the service and perhaps in three years or so should see savings and have to decide what to do with those savings.

Professor Vincent encouraged Members to take a three year view of the service to allow the trajectory to play out.

Councillor Brighthouse commented that there had been so many cuts to services over the years that we were left now with mainly emergency services. This piece of work demonstrated the value of early intervention. It was important to bring health workers on board and get more money into schools to enable them to support children to live healthier and happier lives.

The Chair summed up as follows:

He asked officers to convey the thanks and support of the Committee to all of the staff involved. While it was still early days there were positive signs that the service was succeeding. It has quickly been accepted as a useful therapeutic and supportive model.

It had been well implemented but workload can be challenging to the teams involved and supporting their continuous professional development was important.

The longitudinal study of the service - repeatedly looping back to monitor the effect over time - would be important to evaluate if the system was being successful against the big drivers of children entering the system - substance misuse, domestic violence and mental health.

The Chair proposed four recommendations which were agreed, along with recommendation c) from the report.

RESOLVED to:

- **endorse the need for the external review of best practice in recruitment and retention;**
- **endorse the efforts to provide more legal support for child services dealing with delays in the system;**
- **endorse the proposed target of 10,000 Early Help Assessments in order to reverse the current trend of three times as many Children’s Social Care assessments as Early Help Assessments;**
- **support the resourcing of the FSP in the Council’s budget process, recognising the expected savings in the longer term;**
- **recommend to the Oxfordshire Place Board consideration of the Family Solutions Plus (FSP) business case to agree the future funding approach.**

12/21 HEALTH INEQUALITIES

(Agenda No. 6)

The Committee received a briefing which provided background information on health inequality as context for future agenda items and to inform the development of the scrutiny work programme.

Councillor Mark Lygo, Cabinet Member for Public Health and Equality introduced the report. He drew attention to the definition of health inequalities in paragraph 5 as “unfair and avoidable differences in health across the population, and between different groups within society”.

Councillor Lygo emphasised the importance of partnership working across the local system which was particularly evident during the pandemic. This included the city and district councils as well as the voluntary and community sector.

Ansaf Azhar, Director for Public Health, added that, while there were many partners involved in the wide range of activities, tackling underlying causes – primary prevention – lay very much within the local authority remit. He went on to outline the governance element. He co-chaired the Health Inequalities Forum on BOB-ICS (Bucks, Oxon, Berkshire West – Integrated Care System). They were in the process of setting up an Oxfordshire Forum across the health and care system and this will develop a local policy which will include tackling underlying causes, ensuring all partners are working together and avoiding duplication, and will tie in to the Council’s Corporate Plan. The Oxfordshire Health and Wellbeing Board will also be involved and that is where Members will have input.

Members expressed concern that the creation of these multi-agency fora can have the effect of taking discussion further away from Members. There was also a concern that inequalities in rural areas were often overlooked because the numbers were smaller. Councillor Lygo responded that they would be working with district councils on any outreach work they can do. Ansaf Azhar added that Members would have an important role in identifying inequalities in their areas.

The Chair noted that one of the ten most-deprived wards had been profiled and that the other nine had been delayed due to Covid. Ansaf Azhar responded there was now funding to progress the other wards. They had also gained useful insights during the pandemic. However, the ward approach was not the only one. For

example, the FAST Programme (Families Active Sporting Together) was going to be expanded out across the County to counter physical inactivity. This will be paid for through a health inequality fund.

Robin Rogers, Programme Director Covid Response, added that the County Council's joint working with Cherwell District Council had supported a lot of work on health and wellbeing which was now being applied across the county with the other district councils who in turn have close links with Parish Councils and local communities.

Members noted that six of the ten wards were in Oxford East. There had been long-term problems with educational achievement, linked to deprivation in that area. It was suggested that the committee – perhaps through a deep dive – could take a close look at education data in that area to see how schools were coping.

Members asked about cuts to funding for swimming lessons which were an important encouragement in terms of physical activity. Councillor Lygo described some partnership working with individual schools and colleges to provide access to facilities. The target was to ensure all schools across the county achieve a 100% target with swimming lessons.

Members asked about gender inequality in health. The UK had reportedly the largest gender gap in the G20 and various screening programmes were at a low point in terms of uptake. Officers responded that screening had been particularly hit by the pandemic but the Council was working closely with the national campaigns on screening to improve uptake. The Health Overview and Scrutiny Committee had gender health inequality on their work programme and Members might like to refer some points to that Committee.

Officers also added that the figures in Oxfordshire did not show a general gender health gap although some teenage girls had lower physical activity levels and sometimes that was linked to particular ethnic minority groups. The FAST programme, for example, had worked with the Mosque in Banbury to come up with specific proposals.

Members suggested supporting initiatives in clubs such as providing equipment to those who cannot afford to buy it. Also, providing less structured opportunities such as community walks. The importance of volunteers in all of this was recognised as paramount. These programmes not only encourage physical activity but also help mental wellbeing and community integration.

The Chair asked if all directorates were buying into this approach or how that could be achieved. Officers responded that it was hoped that this would be achieved through the Oxfordshire Health Inequalities Board where all directorates and partners could bring together everything they are doing to promote wellbeing. It was recognised that the solutions will not be the same for every area and that it does not always have to be the County Council providing programmes but the Council can coordinate with community and voluntary groups.

The Integrated Care System will be very relevant to this topic. There was likely to be funding coming forth and it was hoped that having the Board in place will put Oxfordshire in a good position to avail of those funds when the time comes.

Councillor Jenny Hannaby, Cabinet Member for Adult Social Care, added that voluntary groups had really shone during the pandemic. Communications with the elderly were particularly key as they had lost confidence during the lockdowns and there was a lot of good work being done on digital inclusion.

Members suggested that a flow chart or map of all the partner involvement would be very helpful.

The Chair proposed recommendations that were agreed by the Committee.

Councillor Lygo thanked all of the officers involved in this work and offered to come back in a year to update on progress. The Chair agreed that the Council was fortunate in having such a strong team.

RESOLVED:

- **That policy ‘hooks’ for this work be defined and refined swiftly across the directorates.**
- **That health inequality be embedded across the system with measures to assess performance.**
- **To consider when discussing the Work Programme whether to have a deep dive on educational data in the ten identified areas of deprivation.**
- **To support roll-out of the FAST model across the county.**
- **To contribute to the HOSC discussion on women’s health.**
- **To ensure that Members are properly included in the governance structures for the multi-agency work.**
- **To endorse developing a strategy around the voluntary sector given its importance in delivering the ambitions of the initiative.**

..... in the Chair

Date of signing