

Cabinet

Wednesday 17 October 2018

11.30 am Council Chamber, Shire Hall



To: The Members of the Cabinet

Cllr M Chilcott (Vice-Chair), Cllr D Fothergill (Chairman), Cllr D Hall, Cllr D Huxtable, Cllr C Lawrence, Cllr F Nicholson, Cllr F Purbrick and Cllr J Woodman

All Somerset County Council Members are invited to attend meetings of the Cabinet and Scrutiny Committees.

Issued By Scott Wooldridge, Strategic Manager - Governance and Risk and Monitoring Officer
- 9 October 2018

For further information about the meeting, please contact Michael Bryant or Scott Wooldridge or 01823 357628 democraticservices@somerset.gov.uk

Guidance about procedures at the meeting follows the printed agenda.

This meeting will be open to the public and press, subject to the passing of any resolution under Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

This agenda and the attached reports and background papers are available on request prior to the meeting in large print, Braille, audio tape & disc and can be translated into different languages. They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers



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AGENDA

Item Cabinet - 11.30 am Wednesday 17 October 2018

1 **Public Question Time** (Pages 3 - 26)

The Chair will allow members of the public to present a petition on any matter within the Cabinet's remit. Questions or statements about any matter on the agenda for this meeting may be taken at the time when each matter is considered.

Questions received before the deadline for the Cabinet Meeting on Wednesday 17th October 2018

Agenda item 5:

Nigel Behan, Unite

Q1 Relates to Item 5. Revenue Budget 2018/19 Monitoring Update

<http://democracy.somerset.gov.uk/documents/s8304/Revenue%20Budget%202018-19%20Monitoring%20Update.pdf>

It states in paragraph 2.3 that:

2.3. In **Adults Services** there have been increased costs of Learning Disabilities this month, which has led to an increase in the projected cost of £0.206m. In addition the savings agreed by the Cabinet in September (**£0.356m**) have been applied. There have been 5 new packages of support, including one transitioning from Children's Services. Alongside these new packages was an increased cost for a person brought back in-county and the loss of continuing health care (CHC) funding for one person.

How has the ASC-01 for Discovery been factored into this financial information given that there is, for instance a saving of £ 3.39m for 2018/19, and how does this change the figures for the Discovery Equalisation Reserve (-£4.9m) and the previously reported Transformation "costs" of approximately £5.1m – can these different finance figures be explained and compared and set out to show a clear flow of the movement of the money for the provision of services provided by the former Learning Disability Provider Service transferred to Dimensions UK Ltd?

Alan Debenham

The finishing part of the report on the MTFP for 2019/20 showing even graver and more disastrous cuts ahead than previously forecasted concludes : "Meanwhile, senior officers and members will continue to press our local MPs, MHCLG and others, through the LGA, for more funding flexibility that will seek to avoid the worst of the funding challenges that we have identified."

This is pathetically the same old smooth words about solving big problems when real direct actions now are desperately needed. Therefore furthermore, in the horror and further disaster now revealed in the forecasted budget deficit (gap) for 2019/20 having moved from £8.6 million to £19 million, the only remaining questions I and my colleagues ask is when will this Tory Leader and Cabinet show some real backbone and take the direct action of either setting a no more cuts 'needs based' budget for this and next year OR calling for real protest in demanding mass resignations of all Councillors, both for Somerset and all other 17 main Councils which comprise the newly formed and Somerset led Heart of the South West ??

Agenda item 7:

Nigel Behan - Unite

Medium Term Financial Plan 2019/20+ – Initial Assessment and Proposed Approach

<http://democracy.somerset.gov.uk/documents/s8307/Medium%20Term%20Financial%20Plan%202019-20%20Initial%20Assessment%20and%20Proposed%20Approach.pdf>

It states in the **Timetable and Plan of Action:**

3.4.5 Meanwhile, senior officers and members will continue to press our local MPs, MHCLG and others, through the LGA, for more funding flexibility that will seek to avoid the worst of the funding challenges that we have identified.

- a) Does the “funding flexibility” referred to include allowing the Council Tax to rise higher than the current Government (referendum) caps/threshold, a precept for Children’s Social Care similar to the Adult Social Care precept, a change in Business Rate retention and a demand that Central Government provides sufficient resources to address the historic underfunding experienced and the consequences of recent decisions by Somerset?
- b) Who are the “others” referred to in the paragraph?

David Redgewell

On behalf of Bus Users UK and South West Transport Network:

What consultation will be undertaken on the proposed cuts and where will the leaflets and information be available – will it be at libraries, bus stations and rail stations and libraries?

Will the Council be discussing the cross boundary services with BANES and North Somerset and WECA as it has a regional impact?

What work will the Council be doing with Bus and Rail operators to ensure that there is a co-ordinated marketing and publicity campaign to show what changes are happening and what services will remain.

What assurances can be given on the continuation of the work at Bridgwater interchange and the Taunton interchange?

What is the process for bidding for the accessible stations funding?

Do Somerset Council support the need for one single Regional Transport Board for the South West not two or three?

Agenda item 8:

Nigel Behan, Unite

Report of the Scrutiny for Policies, Children and Families Committee - Review of Cabinet Decision - CAF14a

“Figure 2 and 3 below show the number of open cases where the original referring agency is one of the six which have submitted the highest number of Level 2 and Level 3 EHAs from July 2017 to September 2018. For Level 2 it should be noted that where referrals are received from school/PFSAs they are working with a school age child who has a younger sibling aged 0-4 who requires a service from getset. It should also be noted that these graphs do not show the number of referrals each month from each of these agencies. For example, cases that were originally referred by schools (during term time) where the case remains open during the holidays make up the figures for schools during holiday times in the graph below.”

“It should also be noted that these graphs do not show the number of referrals each month from each of these agencies.”

Please can you explain the significant changes displayed in the “columns” (data) for July –October 2017 in Figure 2 - Open Cases for Level 2 (Children) and Figure 3 - Open Cases for Level 2 (Families) – were the “changes” expected and predicted, and where is the information about the number of referrals each month from each of these agencies published?

Sandra Cole

- Where are Young Parents with no support network going to go for help, advise and support.
- Many young people walk into Children’s Centres and the groups run there when they have no one or nowhere else to go.
- We offer support within the groups without an EHA.
- Who will be looking out for the vulnerable families that attend such groups and noticing when support is required.
- How can it be justified that by reducing staff there will be no impact on the families we work with – there will be a massive impact :
 1. Families will be seen less often.
 2. Families need’s will need to be greater to support a referral resulting in escalation of risk to vulnerable children.
 3. There will be an increase in level 3/4 referrals as early intervention will not be sufficient.

I support Young Parents and I would like an answer as to who or what service is going to pick these vulnerable people and their children up.

For example my morning today has consisted of going to visit a young parent of a 6 week old baby. This YP is a leaving care young adult and has no family network around her. She also has learning difficulties, she has a wide range of support and if Getset are no longer available there is no other service to pick up what we do.

This will leave Mum and baby vulnerable.

This YP has moved into a home of her own and needed to get herself and her baby registered at the GP. I accompanied her to the surgery to do this. I had to do the form filling for this Young person and her baby, She has no ID as a leaving care young person. After explaining the situation the hurdles were overcome and we got them both registered and an appointment made for later this week. I will be taking and attending the appointment with them as her level of understanding requires support.

We work closely with other professionals ensuring the correct support is in place at an early stage, this prevents escalation. Who is going to do that?

In the 'Reasons for recommendations' it is quoted as saying 'Staffing reductions can be made safely and without significant adverse impact on the families with whom the service works'

Could we have an answer as to what 'safely' looks like with this proposal, and what effect the new structure will have on future OFSTED reports and vulnerable families.

The support offered to families from level 2 is massive, we support in every aspect of parenting:

Safeguarding

Home safety – stair gates etc.

Relationship

Parent child attachment

Finances

Budgeting

Debt management

Housing Support

Universal Credit and benefit support.

Hygiene

Nutrition

Childcare Routines and boundaries

Household cleaning routines.

Support with cooking/meals.

Supporting into nursery and pre-school

Emotional wellbeing of the whole family dynamic.

Accompanying to GP and hospital appointments.

Mental Health support.

Referrals to other agency's.

Provide food parcels.

Run Groups

Bring families to groups.

Sharon Collard

Why are the cabinet members not being fully briefed on the range of services/duties within the getset level 2 service? Why are our jobs now dependant on referral figures? Referral work is one element of the Early intervention service we offer. As staff numbers have declined within the last 18 months and not replaced (several going to the level 3 service) this has resulted in the lower number of open cases. Within the West of the county we have only Had 4 FTE family support workers the remainder of staff working 2-3 days per week therefore a smaller number of families that can be open to us. We have not been sufficiently staffed to deliver universal or targeted groups within our most deprived communities.

Somerset Parent Carer Forum – Ruth Hobbs

Somerset Parent Carer Forum C.I.C have submitted an independent report on proposal CAF 014 a & b. Talking to families who use the getset service, we discovered that many had self-referred to the groups.

A) Therefore, how confident is the council that all the families accessing groups, like the stay and play group, have an Early Help Assessment? B) If, as we discovered, many attend the group without an EHA, how confident are you that you can reduce the service staffing level based on the data you have?

During the last inspection Ofsted acknowledged that the quality of the EHA's in Somerset is variable. What actions have the council and its partner agencies taken to address this and do you feel this action has had sufficient time to embed across the area?

The report submitted makes 3 recommendations and the forum would appreciate a written response to each of these after the conclusion of today discussions.

<https://secure1.somerset.gov.uk/FormsMasterUploads/414/690D5D9F-9D2B-4915-AFA9-07031A2FC93A/GETSET-report-Final.pdf>

Sally Devlin

The data on which the report is based is taken from the EHM database which is a case management system recording families who are being supported through 1:1 work with a Family Support Worker. There is no data relating to the groups or parenting programmes which are recorded separately on EStart and a parenting tracker. Without this additional information being taken into account the data itself is flawed. Without consideration of the preventative role of groups and parenting programmes there is no true reflection of the multi faceted role of getset. Why was the data not considered in its entirety?

Fiona Weidberg

Who is going to be able to support families at an Early Help level so as to prevent situations escalating to a Level 4 and crisis point? 2- Who will be able to attend MAISEY meetings in the same capacity as getset so that the conversations around safeguarding our most vulnerable children in the early years can continue to happen? Their support has been invaluable

Karen Marsh

As I have not received an answer to this question from the scrutiny meeting held 8.10.18, I ask it again: "with the reduction in tier 2 intervention getset services, what strategies are being put into place to manage the increase in tier 3 and 4 cases which will occur as a consequence of Early Help becoming Late Help?"

Kama McKenzie

I would like to request that agenda item 8 (to review the decision agreed at cabinet on 12/09/18 regarding proposal for change CAF14a) is withdrawn. This is due to late submission of the report; fair and reasonable time for scrutiny is no longer possible.

This must now be withdrawn until the next full cabinet meeting pending publication of the report.

Family Voice Somerset

It is transparent that SCC is to dissolve or remove all the services run by SCC to meet the 2020 plans to only commission services. Those services that have not already dissolved or set up as Social Enterprises, will be handed to the VCSE.

Reducing the access to services before letting a VCSE deliver a service is based on false economy.

- 1) Where is the protocol for a fair opportunity for these organisations to apply for the grants to be made available to deliver the services families need?
- 2) What contingency plans are in place to meet statutory law and core requirements?
- 3) What plans are in place to guarantee transparent data, statistics and 'JOINT' strategic needs assessments are used from now on, including from our police commissioner?

A summary of concerns from the families that have contacted us.

There are more young carers than are currently accessing the service: this is a self-referral service. Individuals who tried to access the services before the recent introduction for assessments have not asked again. Families who should be referred from Adults services is not happening. The Carers act is also the responsibility of Cllr Huxtable

Families are not provided with the correct children in need assessments, we refer to every disabled child is a child in need. The report mentions savings in direct payments in children's services this is called Short breaks. Families are unlawfully

being refused assessments or support to find direct payment workers. Children's services are refusing to commission micro enterprise work to help with this. There is a staff freeze on leaving some staff positions vacant. Cllr Nicholson said short breaks was not affected by the cuts.

The cost of children's care homes and the cost of the 52 week placements have not mentioned how many are out of county placements, how much is the full cost of these placements from social care budget. How many of these children could remain at home with support.

Families are having their travel vouchers delayed if at all submitted to see their children currently in care.

Increase of children being pushed out of school, refused an education some with out named schools with EHCP's, over 290 who are home education had high needs funding,

Many schools are refusing to assess, refusing to complete Early Help Assessments. Families are being refused support for social mobility and threatened with education welfare officers. Families have not been included in communications and some are only finding out when they contact services that they have been knocked off services such as PIMS, again the information and statistics are not transparent.

EHCP's have a 51% chance of being completed in 20 weeks.

The learning disability services! We've had adults who have had care packages cut without them, their advocates or housing providers known. Most have already pooled their staff.

Somerset still refuses to hold a disability register, this would provide data for the JSNA and JHWP to more accurately design and allocate services for child and adults.

The dissolving services is affecting the information that should be on Somerset Choices (adults portal and local offer). More services will be created by pockets of organisations or communities that may receive a grant locally or nationally, again leaving families unaware of the VCSE that could provide something locally and what is on offer.

The police commissioner's work is 80% focused on the services for the vulnerable, this includes calls from the elderly who don't know when to put their bins out; people with dementia who don't have home help; increased welfare of concerns for adults and more children; increase in suicides; increase in youth disruptions where youth clubs have already closed; children and adults who have not had agreed care plans met leaving the police to deal with families to put loved ones in to crisis care placements. This is only shifting the cost from the public purse or services would have been jointly commissioned.

We have schools waiting for safer crossing or reduced speed zones.

Families who's nearest school refuses or cannot meet child's needs are struggling to get children to school due to transport refusing to cooperate.

Individuals who are never able to hold a driving licence due medical conditions are unable to maintain employment due to transport cuts and changes.

Infrastructure by Cllr Hall, appears to be about providing for EDF and EDF's visiting contractors and not for the employment of our youth and community.

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Kind regards,

Family Voice Somerset

Family Voice Somerset Voices on Getset services, October 2018

As an organisation in the Voluntary, Charity, Social Enterprise Sector we are very much aware of how stretched Somerset's dedicated volunteers are. With charities unable to meet demand, in our current state of social and economic deprivation, philanthropy can only go as far as volunteers' own limitations. There is risk of pushing volunteers in to need themselves without proper support. Sign posting

families to the VCSO, without dedicated coordinators to oversee and safeguard that support puts both volunteers and service users at risk.

Statistics from JSNA. • We have 560,000 residents in Somerset (approx. from from CCG) • 78,752 of our population which is 14.3% are aged 0-12 years • 40,000 of our population live in one of the 20% most deprived areas • 18% of our population are aged 0-15yrs • 49% of the population live in a rural area • 537 Traveller caravans were counted in July 2017

- 1) How does the local authority perceive that VCSO can fulfil the core duties you are required to fulfil, if even you yourselves claim that you can not meet the needs due to funding?

Family Voice Somerset

We would like to ask the cabinet and leader to consider appointing a shadow board/forum /group to oversee all social care costs, budgets and grants, in advance of the LCSB and children's trust being discharged to a Jointly Commissioned Partnership. With appointed councillors to be champion for the families.

We are concerned that the Getset strategy link, as attached to the report raises questions on the Get set services and EHA:

- 1) States, estimate young carers from the 2011 census to be 1750. The report for Friday says a case load of 178. A report in May 2018 informs a service level agreement (for a part of YC's) had been organised. This service may have been commissioned on incorrect consultations and accurate need statistics.

- 2) Page 6 and 7 of EHA strategy:

Pg 7 Are the figures for the collective period. If they are, has two years been added together, if so have they identified how many were the same family?

- 3) Comparing the date in both pages for the year 2016:

CP section 47: March 284, June 612

CIN section 17: March 1498, June 3559

Teen parent: March 252, June 217

Statistics on the social mobility index, identifies the early years age groups are of a lower index than the areas as a whole for Taunton Dean and Mendip as extracted from the recently published JSNA. There is NO reference of this in the Getset report. Not of our traveling community.

Level 2 Getset services also includes the access to level 2 CAHMS services. There seems no mention of mental health in the GETSET report. The CAHMS referral process is now much higher now (more of level 3 intervention) and referrals must comply with an 18 page protocol. Please could we see a report on children's mental health and incorporating the Governments documents such as "Future in mind", especially sections 4.7-4.9. The services in tier 1 and tier 2 for mental health has

now also lost the youth clubs as a way to tackle the increasing mental health challenges and further youth safeguarding concerns for children. The Sompar and Taunton Trust AGM, with CCG present, raised that Somerset had not spent as much as it could have on mental health. This raises questions on possible underfunding that could have been jointly commissioned service that appears to sit within the Getset document. Why was services not presented to the EHA commissioning board?

The International Covenant on Economic, Social and Cultural Rights Articles 10; 11; 12; in accordance to the declaration of Human Rights?

Article 10

The States Parties to the present Covenant recognize that:

1. The widest possible protection and assistance should be accorded to the family, which is the natural and fundamental group unit of society, particularly for its establishment and while it is responsible for the care and education of dependent children.
2. Special protection should be accorded to mothers during a reasonable period before and after childbirth.
3. Special measures of protection and assistance should be taken on behalf of all children and young persons without any discrimination for reasons of parentage or other conditions. Children and young persons should be protected from economic and social exploitation. Their employment in work harmful to their morals or health or dangerous to life or likely to hamper their normal development should be punishable by law. States should also set age limits below which the paid employment of child labour should be prohibited and punishable by law.

Article 11

1. The States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions. The States Parties will take appropriate steps to ensure the realization of this right, recognizing to this effect the essential importance of international co-operation based on free consent.

Article 12

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:
 - (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;"

Kind regards

Family Voice Somerset

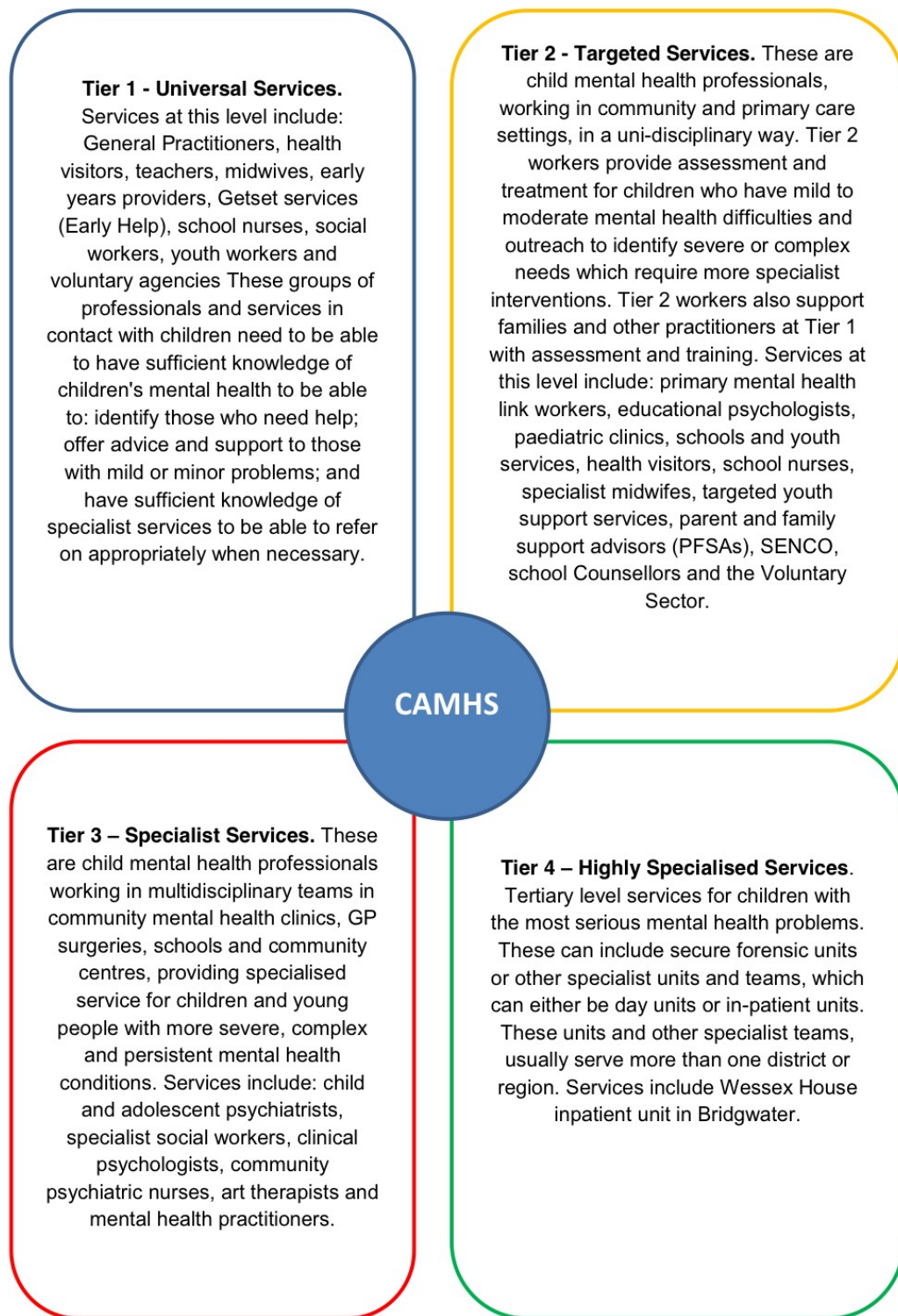


Figure 2

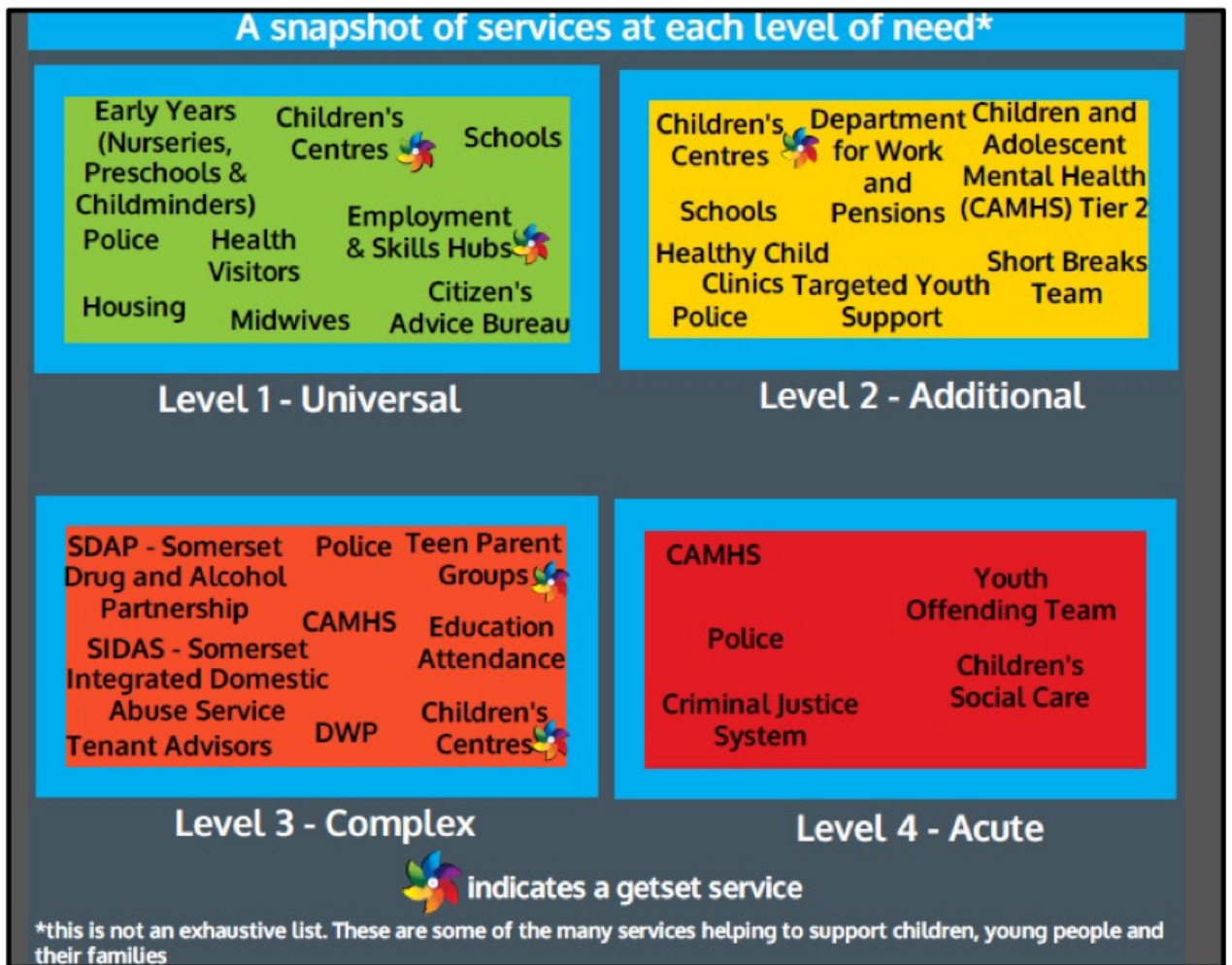


Figure 3 above from 'Early Help Who Does What' further illustrates services available in Somerset across each tier.

a priority for local authorities and better links developed with specialist services to work jointly on cases where families have difficulty engaging in groups or need intensive individual support before they are ready to join a group.

The role of universal services in mental health promotion, prevention and early intervention

4.7 Universal services, including health visitors, Sure Start Children's Centres, schools, school health services including school nurses,³⁸ colleges, primary care and youth centres, play a key role in preventing mental health problems. Universal services support children and young people's wellbeing through delivering mental health promotion and prevention activities, which work best when they operate on a whole-system basis.

4.8 In our discussions with young people, they emphasised the difficulties many of them had faced in discussing their problems with their GP. Many of them also reported that their school was not an environment in which they felt safe to be open about their mental health concerns.

4.9 For their part, GPs, schools and other professionals such as social workers and youth workers often feel as frustrated as the children and their parents. They want to do the right thing, but have not necessarily been equipped to play their part or been provided with clear access routes to expertise and for referring to targeted and specialist support. Professionals working in child and adolescent mental health services are equally aware of the challenges that come from balancing identified need with available resource.

³⁸ Chief Nursing Officer's Professional Leadership Team (2012). *Getting it right for children, young people and families*. London: Department of Health.

4.10 There is also a need for greater clarity about the core attributes that underpin mental health and resilience throughout life. The Department for Education is leading work to help schools ensure more pupils develop the character traits, attributes and behaviours, which, alongside academic achievement, underpin future success. The Department will work closely with all key stakeholders as this work develops, informed by insights and evidence on effective practice from its investment in character education projects and research, due in autumn 2016. Alongside this, Public Health England should continue to strengthen its work on core attributes that underpin mental health and resilience and the application of this by commissioners and service providers.

GPs

4.11 General Practice and the primary care team have an important part to play in supporting families, children and young people to develop resilience and in identifying and referring problems early. GPs take a holistic approach to the whole family registered with them and are responsible for primary physical and mental health. There is significant potential in that the GP practice is a less stigmatising environment than a mental health clinic. Many GPs have improved accessibility to young people by using the 'You're Welcome' standards and self-audit.³⁹ Practices such as Herne Hill Group Practice in London, working with the voluntary sector organisation Redthread Youth, have gone further by creating the Well Centre with drop-in clinics for young people where they can discuss a range of issues and have access to specialist mental health support.

³⁹ Department of Health (2011). *You're Welcome – Quality criteria for young people friendly health services*. London: Department of Health.

Somerset Parent Carer Forum

Firstly, we would like to acknowledge the good work the young carers service is delivering and the hard work of the team.

The report lists what the service has delivered. Please can you clarify which parts of this has been delivered through funding by Somerset County Council and what was funded by the Young Carers charity or other grants.

Please can you confirm that there are clear published criteria for accessing the service and a published carers strategy that included Young Carers.

A recent government call for evidence highlighted that more needs to be done to support young carers. Current or past young carers (67% of respondents) responded that they have not received any support as young carers. With the government green paper on carers due to be published shortly, how confident is the council in its proposal to make cuts to the young carers service?

Submissions received in advance of the question deadline, but not attending the meeting:

Getset Staff Member

Are members aware of the loss not only of frontline staff but of managers with many years of experience and comprehensive knowledge of safeguarding and child development? (Community Development Officers & Early Help Officers roles are being deleted). How confident are you that this is matched by partners in other services? Also Play Workers who deliver Level 2 groups are being deleted and Level 3 Team Leaders are being reduced. This brings the total number of staff losing jobs closer to 80 not 60. Why is this not highlighted in the report and why is the proposed new getset structure not being made available to cabinet? Can Somerset afford to lose these skills? Some of these staff have worked for SCC for 20 + years.

Getset Worker

All staff have been told that they can only apply for redeployment positions on the same grade as their substantive posts or one grade below. The current Strategic Manager is an interim position as detailed in the consultation papers from March 18 and subsequent Job Description and the acting Strat. Manager's substantive position is an Operations Manager position which is being deleted and so will no longer be available. As this is a priority position when will this post be advertised for people to apply for and what is the timeline for the Substantive vacancy to be filled?

Getset Worker

The proposal that went before cabinet for decision was an immediate reduction of the Level 2 getset early help by 50% and a reduction of Level 3 getset early help. Following this approval the consultation papers were released which outline the cuts and provide a future staffing structure. Looking at these figures they are substantially higher than the 20% and 50% proposals considered by cabinet for either staff level or financial cuts. How are these figures accounted for, and should the approval given by cabinet for the proposed cuts be overturned due to this being made on inaccurate and misleading information?

Getset Worker

In the consultation papers released there is a new staffing structure included. At a consultation meeting held with staff 10/10/18 getset workers were informed by Philippa Granthier that the staffing structure included in the consultation papers does not reflect what the staffing structure will actually be in reality as demand in different areas will need to be taken into account in staffing levels for that area. How can staff and the public be asked to consult on information that is incorrect and does not represent the actual structure going forward? What is the actual structure going forward, why has this not been included in the consultation papers and when will this be released? If staffing levels are intended to be higher in some areas, how does this comply with SCC's policy of maximum supervisee numbers?

Mum – Anonymous

I am a new young mum and I have really appreciated the support that I have had from getset. I really enjoy coming to the young mum's group as I suffer from anxiety but I know the getset workers and parents in this group and I get lots of help. I would hate to see getset lose their jobs and there not to be these supportive groups

Family – Anonymous

I am a single parent of a 3 month old baby boy, I myself am 20 years old. Before I met my getset worker I was in a dark place. I had no money, no food, nowhere to live, I had no support and being 7 months pregnant this all played a big part in my wellbeing and my mental health. I never asked for help, I just wallowed in my own self pity. But when meeting my getset worker that all changed. I got given the support that I had secretly been crying out for. I got the confidence to make a stop to my self pity and focus on my baby. I got the housing support I needed meaning I had a suitable home for my baby to come home to. I had food in my cupboards and I had a smile on my face. getset are there when you need them the most. I can't imagine how I would be now if it wasn't for them and the support I have received. I actually look forward to seeing my getset support worker once a week and knowing any problem that I face that may be too big for me to tackle alone, I will never be too big for my support worker. getset is a breath of fresh air that I needed and that I will continue to need for the foreseeable future.

Yeovil Mum – Anonymous

getset groups are very helpful for parents who do not know people in the area. I moved to Yeovil not long ago and I find it very helpful to have somewhere to go to socialise with my baby. The groups are a brilliant place to go to get your baby to interact with different ages of children. Some parents can't afford to send their children to nursery or childminders, so groups give them a chance to interact, learn and socialise.

Anonymous

I have worked as part of a Taunton One Team for 4 years and have seen various changes to getset services. I have valued the service and appreciated working together with Family Intervention Workers. Prior to April 2017 L2 and L3 FIWs regularly played a significant part in multi-agency one team working. In addition to sharing advice with agencies about issues relating to early intervention they were able to suggest when a referral was appropriate and promoted their service. I was

shocked and disappointed that following changes to management in April 2017 a decision was made that L3 FIWs would be represented at one team meetings but not L2. I challenged this, not least because a great deal of the families causing concern discussed at meetings have children under school age and one teams are aimed at providing early intervention. In my experience when agencies do not participate in one team meetings other professionals miss opportunities to make referrals. Over time I think this has most certainly happened and perhaps agencies have forgotten how valuable a service L2 is. There are 10 one teams across Somerset and I would suggest the decision last year to restrict L2 attendance has had a significant impact on referrals. I think the potential loss of a L2 service would be catastrophic in an area where there is a busy children's centre and so many families with young children.

Anonymous getset worker

A reduction in staff means a reduction in service. If my caseload increases to 20 there is no way I can deliver groups or parenting course as well. I won't have time to go to clinics or do anything "extra" to help families. I cannot believe that CAF14a will not impact on the standards of case recording or recording Team Around the Child Meetings or agreeing safety plans. It is inevitable that more responsibility for caseload means more hours spent on that and less on other services. Taking this into account have the council followed Sure Start Statutory Guidelines in regard to the reduction of services in Children's Centres in Somerset? There is a duty to consult with service users and partners. anonymous for fear of repercussions

Getset worker

Staff work incredibly hard to support vulnerable families across the county. Why on earth are Level 2 and Level 3 services being cut when it is getset and Early Help have made a direct contribution in the "Journey to Good"? What will Ofsted say at their next inspection? Do senior managers still think it will be a positive outcome

Getset worker

Getset was subject to a consultation and restructuring in the spring this year. New posts were created with staff being appointed with effect from June 2018. How can the data that was used to as a basis to create the new posts now be used to reduce the very same service?

Anonymous due to fear of repercussions

Getset worker

Why haven't SLT taken pay cuts to help towards the deficit? Why is there a Strategic Manager in the structure for the drastically reduced getset service? This post was supposed to have been interim. Couldn't the new getset service come under Prevention and be overseen by Strategic Manager – Prevention? An Operations Manager could manage the 4 Senior Team Leaders which would be cheaper and save SCC money.

Getset worker

How will you deal with the unavoidable impact on social workers as a result of the getset cuts? There is no doubt the cuts to getset will result in an increase to referrals to children's social care, whether it be 6 months or 2years, it will happen.

Getset worker

In Wellington the Children's Centre has been closed. The community were told it's people not buildings that matter but now these people- experienced Family Support Workers- are being made redundant. Some have been working with families in Wellington for 12 years! On top of this there is no support locally for adults and children who have been the victims of domestic abuse. The Chill & Chat support group has stopped running and the getset Level 3 service have no plans to deliver an Overcoming Abuse course in Wellington in the near future. There are women we are working with who need this support desperately and our local Health Visitors also have a long waiting list. Who will support these families when we have gone?

Anon Getset

HOW will Somerset County Council now provide Early Help to vulnerable families with the likelihood of getset level 2 service being cut and children's centre closures throughout the region? Are you in a position to provide this help as it seems you are not?

Getset worker

With the imminent reduction in family support workers, is the senior management structure in getset also needing reductions to be made? If so where and when are these likely to happen

Getset worker

Has anyone considered staff welfare with the increase of case load? Additionally the impact on the support and time we can give to each family?

Getset worker

The Director of Children's Services has not submitted the correct data to demonstrate how the service is set up. Currently, FSW at level 3 hold 12-15 cases and some families have several children up to 8-10 at times

Anonymous Getset worker

Given that there's not been a dramatic socio-economic shift in Somerset to alleviate levels of deprivation, and thereby reduce demand for the service, then how confident are you that the need for getset intervention will continue to follow the figures for summer 2018? How can we be sure that this will not spike and match early higher levels? How will needs be met if the number of referral rise beyond the 1:20 ratio

Anonymous Get set worker

Please could you explain the rationale for the increase in ratio of cases to staff which appears to be based solely on the views of Julian Wooster rather than any research

into the ratios held in other similar Local Authorities in terms of geography , deprivation etc. Can Mr Wooster identify any another authority that has similar ratios for staffing to cases?

Anonymous Getset worker

Please could I have clarification of the consultation that took place with partner agencies to ensure that they have both the inclination and capacity to take on any additional work to replace that done by IGetSet Family Support staff.

Anonymous Getset worker

Is there data showing referrals received by the hub for triaging and how many received at each level have been triaged and sent to areas at a higher or lower level? For example – a referral put in at level 2 is triaged at level 3 or vice versa. Until the last few months level 2 were receiving a number of referrals that had come in at level 3 but triaged at level 2, this no longer happens. It seems too much of a coincidence that level w referrals have plummeted as level 3 ones have increased over the same time frame.

Anonymous worker

I see that the ratio for cases to FSW/FIW has been reduced since the initial proposal. Is it true that the decision to increase the ration of cases was based on the CSC 1:17 ratio taking into account that the risk and complexity of getset's cases is lower. The CSC is 1 social worker to 17 children – not families whereas the getset ratios are based on families. Does this mean that Think Family is no longer relevant and getset only work with children identified?

Get Set Worker

Risk Implications – “work with... to ensure that families are able to access a range of early help services” – what are these services and where are they? I am concerned they do not exist. “to ensure that services are delivered to the right families, by the most appropriate service so that needs are reduced” – how? Who will do this if not instrumented by getset? Other Implications – As I've asked before, what is the longitudinal impact of a reduced service? If Level 3 support services are not available, how can savings be made if families are left needing support from statutory services? If families are not supported in to work, who will ride the cost of continued DWP Benefit claims? If families are not supported to appropriately parent their children there is a risk of children growing up with attachment disorders; poor relationships with their parents; social isolation; social awkwardness; lack of trust in adults; lack of education; lack of resilience and lack of employment – long-term mental health illness, poverty. 1.4 Demand for Level 3 getset interventions – the figures are based on FTE however, do not factor in staff who have reduced case-loads due to health needs or other personal circumstances. The figures also do not factor in the waiting lists – current staffing will take in to consideration new staff who will not have a full caseload therefore it should be questioned a) why these staff were recruited in the first place b) if waiting lists were absorbed by existing staff what would be the caseload per FTE? Furthermore, the average caseload is not taking into consideration the complexity of families or indeed the number of children within a family which would also explain a reduced caseload – for example I have a FIW

who has families in excess of 4 children (one family having 12 children). It cannot be argued for a caseload of 15 families if during previous QPRM management have been challenged by Julian Wooster as to why a staff member has so many children allocated to them and whether this is safe practice. I also feel it is questionable the term “business as usual” as it will be almost impossible to deliver the same cohesive level of service to 15 families – if you consider 15 families spread over a week means weekly visits of 3 families per day – the intensity of the intervention then needs to be considered so for a new referral you would expect the FIW to be frequenting a family more often and for longer periods of time, such as daily visits to help get the children to school or to support the parents to Debt Advice meetings. If you consider South Somerset covers 370 square miles and an average intervention lasts 1.5 hours plus journey time of 30 minutes each way that is 2.5 hours per family, as a minimum each week – $2.5 \times 15 = 37.5$ hours. Then consider the need to arrange TAC meetings, update EHA’s; discuss interventions with professionals; complete referrals to external agencies; write up case notes; TAC meetings and action plans + staff meetings and staff training and duty cover, which is fundamental to the ‘step up; step down; step in process’ when you are already over on your hours it is not realistic, safe or justifiable. Families will not be given the support they need or that they are entitled to. Safe Families are taking only 1 family per week – this is not a service that can absorb the overspill from the loss of getset; Yeovil4Families will only work with families that meet Level 2 threshold therefore, the expectation is that intensive support has already taken place; we have already flooded the Family Counselling Trust and they are no longer able to take referrals!!!! Furthermore, the information within the report does not take in to consideration the impact of parenting programme delivery which has reduced the need for 1:1 interventions and waiting lists – staff delivery must also include travel time; preparation time plus report writing in order to present figures back to the PCC (such as in the case of MyChange) and when necessary referrals to other agencies means that this can take $\frac{1}{2}$ a day as a minimum out of a working week. Finally, management spend an enormous amount of time attending multi-agency meetings, or pulling reports together to feed in to such meetings, and provide information, advice and guidance to external agencies which can often then mitigate the need for Level 3 intervention such as Team Around the Schools; Step In meetings; Panel for Excluded & Vulnerable Pupils; MARAC; At Risk of Care meetings; ICPC; ONE Teams; CSE Workshops and Dispersal meetings. Appendix 1 identifies the need for Level 3 services has increased month on month since November 2017 – why therefore are the number of FIW and proportionately STL being reduced? Figure 3 – Level 3 Top 6 Sources – shows the biggest referrer being the Schools, if you consider that the majority of these cases will have been discussed at either Team Around the Schools or PEVP then these will be considered as referrals which genuinely need the support of a Level 3 service, similar can be said for the PFSA referrals which again would have either had a step in; TAS or PEVP discussion. Figure 6 – Open Cases at Level 3 (Children) – shows that getset is currently supporting 984 children – how can the local authority justify a reduction in level 3 support when we are supporting so many families. The figures do not justify the intensity of the work involved nor the complexity of the families getset are working with, often families are ‘knocking on the door’ of Level 4 or have been ‘stepped down’ from Level 4 and therefore are real families in need – what other service will often this level of intensive support? Figure 4 – Children in Need cases – the figures clearly show getset is having a positive impact on statutory services and therefore withdrawal or reduction of this service will have a critical impact on CSC. The Early Help Strategy Clearly states why early help is important: “Sorting out problems early means that children and families do better and the costs to society

are less... Providing help early is an important part of protecting children from serious harm or neglect ('safeguarding') and improving health" We are providing a service based on what works and the evidence within the document clearly shows getset is improving outcomes for children and families.

In Somerset the families the CYPP wants to identify and support are:

Please

As submitted – end missing

Late submissions after the deadline – to receive a written response

Ali Pom

I would like to add my voice to the condemnation of these council cuts to Getset! I am a frontline NHS worker and everyday I see families that are struggling and desperate.

Nearly every week I try and get a referral to csc. I fill in the ridiculously long form which takes a very long time. Send the referral via email and wait to get rejected yet again!

There is NO support for families as it is if you cut Getset all that is going to happen is an increase in pressure on every other service!!

This council could do with spending a few weeks working on the frontline in csc and frontline mental health services - then tell me where the cuts should be made!!

If anyone of the cabinet is brave enough - even if you worked in these services a few years ago - you cannot for a minute imagine the pressure and level of crisis that now is prevelant in our Somerset communities.

Best wishes

Alison Pomeroy

Family Voice Somerset

The young carers service has a case load of 178, in the Getset strategy it states there is an estimated on the 2011 census for 1750 young carers. Please could we have a more recent statistic for this report?

Will the revisions to young carers also alter the service level of agreement in relation to the report earlier this year?

Please could the report also include how the service currently and proposes to cover mental health with young carers that is described as a level 2 target intervention. The Future in mind government report. (Attached) Could this committee see a report on children's and mental health provisions, and how Somerset can challenge the mental health and safeguarding with the loss of all youth clubs (that many young carers and children with some needs attended)

Kind regards

a priority for local authorities and better links developed with specialist services to work jointly on cases where families have difficulty engaging in groups or need intensive individual support before they are ready to join a group.

The role of universal services in mental health promotion, prevention and early intervention

4.7 Universal services, including health visitors, Sure Start Children's Centres, schools, school health services including school nurses,³⁸ colleges, primary care and youth centres, play a key role in preventing mental health problems. Universal services support children and young people's wellbeing through delivering mental health promotion and prevention activities, which work best when they operate on a whole-system basis.

4.8 In our discussions with young people, they emphasised the difficulties many of them had faced in discussing their problems with their GP. Many of them also reported that their school was not an environment in which they felt safe to be open about their mental health concerns.

4.9 For their part, GPs, schools and other professionals such as social workers and youth workers often feel as frustrated as the children and their parents. They want to do the right thing, but have not necessarily been equipped to play their part or been provided with clear access routes to expertise and for referring to targeted and specialist support. Professionals working in child and adolescent mental health services are equally aware of the challenges that come from balancing identified need with available resource.

³⁸ Chief Nursing Officer's Professional Leadership Team (2012). *Getting it right for children, young people and families*. London: Department of Health.

4.10 There is also a need for greater clarity about the core attributes that underpin mental health and resilience throughout life. The Department for Education is leading work to help schools ensure more pupils develop the character traits, attributes and behaviours, which, alongside academic achievement, underpin future success. The Department will work closely with all key stakeholders as this work develops, informed by insights and evidence on effective practice from its investment in character education projects and research, due in autumn 2016. Alongside this, Public Health England should continue to strengthen its work on core attributes that underpin mental health and resilience and the application of this by commissioners and service providers.

GPs

4.11 General Practice and the primary care team have an important part to play in supporting families, children and young people to develop resilience and in identifying and referring problems early. GPs take a holistic approach to the whole family registered with them and are responsible for primary physical and mental health. There is significant potential in that the GP practice is a less stigmatising environment than a mental health clinic. Many GPs have improved accessibility to young people by using the 'You're Welcome' standards and self-audit.³⁹ Practices such as Herne Hill Group Practice in London, working with the voluntary sector organisation Redthread Youth, have gone further by creating the Well Centre with drop-in clinics for young people where they can discuss a range of issues and have access to specialist mental health support.

³⁹ Department of Health (2011). *You're Welcome – Quality criteria for young people friendly health services*. London: Department of Health.

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