

SCRUTINY FOR POLICIES, CHILDREN AND FAMILIES COMMITTEE

Minutes of a Meeting of the Scrutiny for Policies, Children and Families Committee held in the Library Meeting Room, Taunton Library, on Friday 22 March 2019 at 10.00 am

Present: Cllr L Redman (Chair), Cllr R Williams (Vice-Chair), Cllr M Dimery, Cllr N Hewitt-Cooper, Cllr M Keating, Cllr J Lock, Cllr W Wallace. Mrs Ruth Hobbs and Mrs Eileen Tipper.

Other Members present: Mrs M Chilcott, Cllr H Davies, Cllr L Leyshon, Cllr F Nicholson, and Cllr G Verdon.

Apologies for absence: Cllr James Hunt, Cllr Josh Williams, Mr P Elliott and Ms Helen Fenn.

44 **Declarations of Interest** - Agenda Item 2

45 **Minutes from the previous meeting** - Agenda Item 3

The Committee agreed that the minutes of the last meeting were accurate and the Chair signed them.

46 **Public Question Time** - Agenda Item 4

The Chair of the Committee informed Members that a number of members of the public had registered to speak and he invited them to present their questions and/or make statements.

Agenda item 5

Marianne and Sarah wished to point out that 26 March 2018 is Purple day is the international day for epilepsy. Epilepsy is one of the most common serious neurological disorders worldwide.

Epilepsy is the fourth most common neurological disorder, a chronic disease of the brain that affects more than 50 million people worldwide. Seizures can vary from the briefest lapses of attention or muscle jerks to severe and prolonged convulsions. Some seizures may not be diagnosed for many years.

Epilepsy is one of the world's oldest recognized conditions, with written records dating back to 4000 BC. Fear, misunderstanding, discrimination and social stigma have surrounded epilepsy for centuries. This stigma continues in many countries today and can impact on the quality of life for people with the disease and their families.

People with seizures tend to have more physical problems (such as fractures and bruising from injuries related to seizures), as well as higher rates of psychological conditions, including anxiety and depression. The risk of premature death in people with epilepsy is up to three times higher than in the general population. Some deaths could be preventable, such as falls, drowning, burns, prolonged seizures and SUDEP.

Up to 70% of people living with epilepsy could become seizure free with appropriate use of anti-seizure medicines. This also means some people have epilepsy that are not responsive to medication or could be a symptom of another progressive disease.

Somerset has a basic neurology team with all expertise in neuropsychology, further investigation services and VNS surgery available in Bristol. This can often mean that people are delayed in referrals being made and greater epilepsy management. But also hospitals need to share care.

Through experience we have found there is an urgent need to help GP's, paramedics, care staff, teachers, school governors and our communities to understand epilepsy with over 40 different types of seizures that affect day to day schooling, work and life skills.

Please could we ask this committee to raise the question for this county council to promote an education program for families and practitioners to be more aware of epilepsy seizures and SUDEP. Also for a greater epilepsy pathway of support including assessments for co conditions, audits on assessments, advice and referrals for a more rapid response to investigations and treatment. Simpler access to EHA and EHC assessments and plans.

Agenda item 6

Sarah Baker asked how many children or young people have been consulted on for this report?

Does the children's trust feel they have provided all opportunities for CYP to have their voice heard? for example at the Young Carers consultation, where the remaining 115 CYP are still waiting to be contacted.

Agenda item 7

Sarah Baker asked with more than twice the National average of young people in Somerset, why is there such a delay in Somerset targeting this urgency of hospital admissions for self-harm? One family were told after asking the DCS for help, that it wasn't the LA's area to help them with the child self-harming whilst in school. Children and young people have been made MORE vulnerable by the services who are meant to help them here in Somerset and this must change. The way Young Carers have been treated is just one small example of how little this authority is taking safeguarding duties seriously.

Which schools have had access to school nurses as referenced on p14, especially as our county has the lowest national record of school nurses.

Eva Bryczkowski – I am concerned about some of the negative publicity regarding Discovery, particularly around safeguarding issues. In relation to the new Children's and Young People's Plan that is being put to the Committee:

QUESTION ONE:-What steps are being taken to ensure young people in the care of Somerset County Council are supported and have opportunities to express concerns, and have them investigated and responded to?

QUESTION TWO:-How will this plan be evidenced and who will see the reports and at what periods of time?

QUESTION THREE:-Regarding partnership working, how will partners feed into children's services, and how will it be monitored?

Agenda item 8

Nigel Behan

Q1 It is stated that: "Commissioning and Specification • A service specification is in place for PHN post April 2019, this has been shared with strategic partners. • Between February and April 2019, Healthwatch will be facilitating meetings with service users to explore how the HV service could be delivered most effectively and what has worked well historically • The business case for FSS has been signed off, based on PHN finances only at this time, by both the DCS and DPH,"

a) Can you clarify what "based on PHN finances only....." indicates?

b) "Will you publish the latest version of the "The business case for FSS"?"

Elvira Elliott

RE: Groups to replace GETSET and Young carers

It is encouraging to see that the council are now intending to support the creation of nurture groups, and that there will be some staff and money available to help with funding applications. Also encouraging that the council intends to have something in place for the young carers. These statements and questions apply to both early years and young carers group provision. There are still some issues with the community groups concept that I can speak on from personal experience.

A few years back there was an attempt to start a breastfeeding peer support group local to me. I expressed an interest along with some other women. I believe it was la leche league or a similar large, well-funded organisation looking to start it due to the group at the children's centre being cut.

After a huge amount of back and forth during which half the participants lost interest, I was asked to be a coordinator. This involved finding and booking venues, organising the groups, and also training in my own time to become a breastfeeding peer supporter and offering support. I said "sorry, is this a paid position?". No parent who has tiny children is going to be able to do all that reliably. Even expecting people with babies to be able to turn up every week was a big ask. Combine this with the inevitable travel issue we have in Somerset and it was simply put a nonstarter. The group folded before it ever began. The setup took so long that by the time negotiations were starting to progress most of the original cohort of interested people had finished breastfeeding and were no longer interested.

If the council staff are only going to help with funding applications and seed investment and not the managing and running of groups there must be measures will be in place to support the actual running of the groups and the constant recruiting as volunteers move on.

With the loss of our community centres and the children's centres being decommissioned and used only as private nurseries and health visitor hubs we have run into another issue with running community groups. In more than one case we have been offered rooms from the town hall and toys from the children's centre, but nobody can provide storage.

I have also spoken to a lady online in another deprived area who put her heart and soul into setting up a sensory play centre for disabled children after her local sure start centre closed. 6 months in she was close to burnout and running into debt because she was still awaiting charitable status and in 6 months of daily fundraising, she had secured only one small grant from a town organisation. She only wanted to provide a safe place for children like hers to play. This huge backlog in charitable status applications only serves to demonstrate how many groups are vying for the same pot of money.

She had a LA worker help her search for funding and they drew a blank. She didn't meet any criteria until she could become a registered charity.

It seems to me that the children's centre spaces could be used for YC groups and nurture groups if the will existed from councillors to allow that to happen. We ask here for some joined up thinking along with the partners who have taken and are taking these spaces on.

Question 1) What happens if the charity and crowd funding is not forthcoming and the seed fund is exhausted?

Question 2) What measures will be in place to help people overcome these kinds of unseen barriers like storage, lack of available spaces and volunteer burnout, to setting up community support? It's not just a matter of throwing funding at the groups they will need support to be sustainable.

Question 3) What is the likelihood of any groups being concretely in place by March 2020? Has any capacity for this been identified yet?

Additionally, it has come to my attention that following the massacre of GETSET level 2 and universal, pressure has increased on GETSET level 3 which is now failing. I also spoke to a health visitor about my daughter showing signs of autism and she told me not only did she have 4 kids like mine in her caseload, but she had no idea what to do about them. She was terrified of how they were going to cope with taking over from GETSET level 2.

I include in this document the following screenshots of a conversation I had yesterday with the most vulnerable family I know. This family have been homeless living in a hostel for a year with 2 children under 2. They have just moved into a house with baby 3 about to arrive. Mum has chronic kidney disease and is regularly hospitalised. Both parents have very poor literacy and mum has ADHD so there are a lot of spelling mistakes, but you can get the general idea of how the support has fallen off the cliff. It hasn't taken long for the cracks to show from the staff quitting.

I want to stress that these are two good, loving parents who do their absolute best for their children. They simply need some help to navigate parenting and family life with their health and learning difficulties.

Agenda item 9

Jos Sartain

Question 1 - There are key omissions in the higher needs document, part of the public report pack for scrutiny. There is no mention of the costs associated with the role of the virtual school head which, legally should cover the needs of children looked after and adopted children, many of whom have high needs and send; nor is there mention of the costs associated with alternative provisions such as care farming and equine assisted learning via personal budgets; and no mention of the tutoring team who help transitions to school (previously sent). How does Somerset county council account for these services financially, descriptively and statistically within the high needs budget and where do these services fit in with the county council children and young person's education plan?

Question 2 - Somerset has a lack of specialist provision for girls with asc and semh with the consequence that boys can receive support at Sky College and Brymore but girls are excluded on the basis of their gender alone. This is discriminatory. How will the needs of girls be met in a way that fosters equality of opportunity? The fact that mainstreams with bases can exacerbate social exclusion and shame in some vulnerable children, leave them prone to bullying as the children do not fit in the base or mainstream class and furthermore, leave them in receipt of a second rate education as the bases are not always staffed by qualified teachers, it is not surprising that some children end up being home educated or educated other than at school. because of the gender bias, there is not an inclusive approach to education and the stated aim of reducing independent provision is not good news for girls. What assurances do you have that girls with semh and asc will not be forced into bases because of a lack of specialist inclusive Semh and asc provision?

47 **Scrutiny Work Programme - Agenda Item 5**

The Chair of the Committee highlighted the reports that make up the work programme agenda item and the importance the Committee should attach to planning its future work.

The Committee considered and noted the Cabinet's Forward Plan of proposed key decisions in forthcoming months.

The Committee considered and discussed its own work programme and it was agreed:

A Councillor had requested information on what statutory minimum Children's Services comprised and it was requested what the Statutory guidance for Directors of Children's Services (DCS): roles and responsibilities, be circulated to all members of the Committee;
In addition to that request the Chair undertook to clarify with the Councillor what further information might be requested;

There were some items suggested for part of a possible joint meeting with the Adults and Health Scrutiny Committee:

The **CAHMS service** was an on-going area of challenge, and the DCS noted that CAHMS was a health lead service;

Transitions Plans for LD service users (18-25) going in to Adult Services;

The impact on the Council and Children and Families of the next stage of migration/roll out of Universal Credit.

It was agreed to defer the Autism Strategy to a later date in the year.

The Outcome Tracker was noted.

48 **Children and Young People's Plan 2016-2019 - Quarter 3 - Year 3 - Agenda Item 6**

The Committee considered these summary reports on the development of the three-year Children and Young People's Plan (CYPP) which started in April 2016 and set out the actions the Council and its partners were taking to continue and sustain improvements in children's services.

The reports commented on and provided a broad range of information about the activity of the third quarter (October to December 2018) of Year 3 providing a summary of activity and progress, and this was supported by an executive summary report that provided details from each of the seven improvement programmes.

The report provided an update on the continuing themes and it was noted that Improvement Programmes 1, 3, 4, 5 and 6 were rated as Amber, and the 2 other Improvement Programmes 2 and 7 were rated GREEN and on course to completion. Further analysis of Quarter 3 highlight reports had shown that the previous themes following Quarter 2 were still relevant and evidence that most activities are concluding positively as the year ends.

There was a question about the status of programme 6 and it was noted that it was now the most extensive programme and was well monitored and reviewed. It was noted that although there were still shortages of social workers there was now more stability and overall capacity.

The Chair thanked the Lead Officer and noted that the final report of the CYPP 2016-2019, covering Quarter 4 of Year 3, would be presented to the May meeting.

49 **Children and Young People's Plan 2019-2022 - Agenda Item 7**

The Chair of the Committee invited the Vice Chair to introduce the new iteration of the CYPP, that would run from 2019-2022, and he described it as the apex of a planning pyramid and the framework of objectives. He noted that the new CYPP had 4 priorities: Supported Families; Healthy Lives; A Great Education; and Positive Outcomes he hoped this would make the CYPP more manageable and allow for better allocation of resources.

He emphasised it would be important to determine how well is it working, is it working fast enough, measures for success, wrong measures and wrong behaviour, importance of what measures are adopted to measure how well it is working.

The Committee received a presentation providing an update on the continuing development of the three-year Children and Young People's Plan (CYPP) that was close to be finalised. It was envisaged the final version of the new CYPP would contain 21 pages and it had been designed to be flexible and adaptable.

The Committee's attention was drawn to each of the 4 priority areas and it was highlighted that each priority had a set of desired outcomes and comment was requested on the measures that would show if the plan was making a difference.

Points were made, issues raised and/or questions asked/answered including: a discussion about data and how it would be monitored; how could resilience be effectively monitored and measured; achieving an effective balance between measuring emotional/mental health and physical health and if they were clearly explained in the CYPP; comparison between statistical neighbours and national tracking; consideration be given to the colours used in the CYPP and ensuring the text could be read if on a coloured background; the Plan on a Plan had been taken out and would be reproduced as a poster/screensaver and be in a child friendly; keeping track of appropriate education measures and outcomes; could Young Carers be given a higher profile in the CYPP; a few formatting any typographical errors were highlighted.

It was noted that the quarterly reporting would continue, data dashboard, service plans, progress narrative, future reports to Scrutiny would be more succinct and streamlined. It was planned to have 1 scorecard to show the direction of travel, and there was a brief discussion about how the Committee Champion might realign to cover the new priority areas.

Partnership working appeared to be a consistent theme and it was noted that that the success of such working was dependent on the different systems working well and consistently together. It was noted that intra system variability was analysed, there was a joint approach and the partnership had matured over the time of the CYPP.

It was noted that a short film was being prepared to show how the new CYP had been developed, and there would be a 'soft launch' from 1 April onwards. The new CYP would not be a paper document it would be available as an online resource.

It was requested if the link to the West Somerset Area website could be shared. It was requested if the link to the final version of the CYPP, when ready, be circulated to all members of the Council.

The report was accepted by the Committee.

50 **Family Support Services - Agenda Item 8**

The Committee considered this report and accompanying presentation, that provided an update on the progress to deliver a new Family Support Service (FSS) for the parents, children and families of Somerset, following a Cabinet decision in February 2018.

Members were reminded that a public consultation had been undertaken (September – December 2017) to inform the development of Family Support Services. A further public and professional consultation were undertaken on the proposal to remove get-set level 2 services. The outcome of the consultation was reported to Cabinet in February 2019 and the decision was taken to approve the decisions set out in the key decision papers.

It was reported that the Family Support Service would be developed over three phases. Phase 1 (2018/19) would address the development of the Family Support Service and the delivery of a co-ordinated and coherent "early help offer" utilising technology and a wide network of local community venues such as families' homes, schools, health centres, village halls and children's centre buildings, this phase would also include the transfer of Public Health Nurses to the employment of the Council.

Phase 2 of the change between (2019/20) would focus on the integration of Public Health Nursing (health visitors and school nurses) with the Council's get-set service and this phase was on hold pending the outcome of the get-set consultation. Phase 3 would then consider the integration of additional child and adults services to achieve a holistic 'think family' model.

It was noted that a staff event had been held last January and had been well attended and well received by attending staff. From 1 April, all staff from PH nursing will be based in County Hall or GP surgeries. Members heard that the

process of Care Quality Commission (CQC) registration had almost been completed to recognise the service as a regulated service and a patient safety officer had been recruited.

The service offer was nationally defined, and the service would continue to adhere and remain aligned to that and would be able to focus on other areas rather than immunisations. Healthwatch was completing a project to meet service users to identify what worked well and possible areas for improvement.

The Committee then received an update from the Director of Children's Services on the de-designation of the Children's Centres that was continuing and a list of 11 of the centres that had been transferred to schools, nurseries or a trust was highlighted. It was also noted that Bishops Lydeard would be transferred to the Bishops Lydeard Village Hall Management Committee and Oaklands in Yeovil would transfer to the Nursery by the end of the month.

Members heard that 3 sites (in Bridgwater, Taunton and Chard) would be retained for both staff accommodation and service delivery and an update was provided development of plans for Minehead, Wellington, Chard and Yeovil following the decision made by the Cabinet last February.

The DCS stressed it was about working in collaboration with health colleagues for all ages and strong concept of neighbourhood working in Somerset. There was a brief discussion about a diagram that was part of the presentation that showed how services might be provided in a setting.

Points were made, issues raised and/or questions asked/answered including: Developments in Frome to consider children's needs and services in an holistic way;

In respect of services being pooled at Reckleford in Yeovil it was noted that detail would be provided;

The term hard to reach families should be dropped, it was more about families finding services hard to reach, so thought should be given to accessibility;

RIO system for data collection/continuity from Year 1 onwards;

It was confirmed that the current Information governance framework would be taken forward/maintained;

Families on the border of an area, where there services were in another area this would be picked in the neighbourhood strategy but would probably be school lead as this was the universal service;

Capacity for school nurses based on their duties including those home educated and EHCP process. It was confirmed there was a lot of interest in the 15 Somerset school nurses, and capacity was an issue, a lot of pressures on their time, including health review assessments for all children in Somerset (including out of County placements), and the national child measurement programme (year 6 and 7 Children);

CLA CCG review capacity of health needs of CLA would hopefully alleviate some of the pressure on the public health nurses;

The Chair thanked Officers for the update and the Committee requested that an update report be provided for June/July to monitor transition of the PH nurses in to the service and he requested that any issues or pinch points be highlighted in the meantime.

The DCS suggested that the Committee might wish to invite the new Chair of the Early Help Commissioning Board to a future meeting.

51 **Higher Needs Funding Provision - Agenda Item 9**

The Committee considered this report that was supplemented with a very thorough presentation. Members heard that remained significant financial pressures within Schools. It was reported that since 2010 funding reductions to Children's and Adult services budgets were estimated to range from 25% to 54% and this was against a back drop of increases in statutory functions and regulatory control.

It was explained that Schools were funded from the Dedicated Schools Grant (DSG). Within the grant there were 4 distinct allocations of funding known as Blocks: Early Years, central schools, schools and high needs. School funding remained governed by the Schools and Early years finance regulations (find) and locally was allocated by the Schools Forum and the Local Authority, with Council oversight.

Members heard that with effect from 2019/20 the Department for Education (DfE) would require all Councils to set out their plans for bringing the DSG account back into balance. The DfE would require a report from any Council that has a DSG deficit of more than 1% of its gross DSG as at 31st March 2019. This report would need to be discussed with the Schools Forum and set out the authority's plans for bringing the DSG back into balance within 3 years across all blocks. In Somerset it was noted the gross DSG for 2018/19 had been £368.988m, equal to 1.57%, meaning it might be necessary for a plan to be returned to the DfE.

It was explained that the High needs budget for 2018/19 had been set at £45,982,719 with a projected outturn of £48,917,969, meaning an in year overspend projected at £2,935,250, approximately 6% over budget. Although still high this represented a reduction from 11.5% in 2017/18 and this was mainly due to transfers between blocks. In Somerset the cumulative deficit 2017/18 had been £5,620,150. For 2018/19 (with projected outturn) this would increase to £8,555,400, this would mean a final High needs deficit projected at £6,350,400, an increase in year of £730,250.

Members were reminded that the 2016-2019 Somerset SEND Strategy for children and young people aged 0-25 had 5 key outcomes: Our families, children and young people report a positive experience of our SEND systems and support, feel empowered and confident to engage and make decisions; Timely and accurate identification and assessment of SEND across education, health and care services; Inclusive and equitable access to good quality local education; Smooth and effective transitions happen at key points for the child and young person; and Creative partnership working delivers effective, fair and transparent systems and services, and an update was provided on the progress made in each of those key areas.

It was requested that the weblink to the Schools Forum website be circulated to Members and the report was accepted.

52 **School Performance 2018 - National Curriculum Test and Public Examination Results** - Agenda Item 10

The Committee considered this report from the Head of Education Partnerships, that provided a summary of Somerset outcomes through Ofsted inspections and performance data for Early Years Foundation Stage (EYFS) Assessments, Key Stage 1 and Key Stage 2 Standard Assessment Tests (SATs), GCSE and A Level results for 2018. The report included comparison to national data where available and vulnerable groups against each Key Stage.

The report was supplemented by a presentation and it was noted that in some cases it was the final validated data, so caution needed to be given to the accuracy of some results as some national comparative data was still unavailable for some indicators. To enable understanding and allow for comparison, information for statistical neighbours was provided in places. It was noted that by the end of the current academic year there would be just 3 secondary schools in Somerset that were maintained by the Council, all the others having become Academies.

Members noted that as of March 2019, overall, 82.6% of Primary schools were judged Good or better which was below both national and regional averages of 86.8% and 84.1% respectively. For Secondary schools 81.6% were judged Good or better which was above the national and regional averages of 78.5% and 75.1% respectively. All Special school and PRUs in Somerset had been as judged Good or better.

There was a brief discussion on the reported figure of 81.3% of pupils in Somerset attending a Primary or Secondary school judged Good or better and it was acknowledged that a degree of caution needed to be exercised as some schools currently judged 'Good' or better had not been inspected for many years (in some cases 10 years), and the judgements were made under a different, less robust inspection framework. The Council was aware of those schools that had not been inspected for some time and that may be subject to an adverse judgement if they were to be inspected and appropriate support had been brokered to enable them to address any areas of concern.

Members heard that the main overall indicator for children at the end of the Early Years Foundation Stage (EYFS) was the percentage of children achieving a good level of development (GLD) for which they need to achieve Expected or Exceeding in all prime Learning Goals (including Literacy and Mathematics). In Somerset 71.8% of children achieved GLD in 2018. This is 8 percentage points higher than in 2017 and continues a 7-year improvement trend. This is in line with the national average of 71.5% and Somerset was currently ranked 4th out of 11 of our top statistical neighbours.

In response to a question it was stated that literacy, including Reading and Writing remained as weaker areas of performance. The strongest area assessed is Technology followed by health and self-care. It was confirmed that the seventeen Early Learning Goals assessed across Somerset were part of a national assessment framework and there was recognition from Ofsted that the pressure of assessing so many goals was considerable.

It was reported that girls continued to outperform boys in all Early Learning Goals and on most indicators, including the GLD indicator. The gap between the performance of girls and boys had widened for the first time in 6 years. It now stood at 13.5 percentage points. Somerset was now on a par with the national performance gap between boys and girls however nationally the gap continued to close. Members noted that the inequality gap, which measured the performance of those children in the bottom 20% of the cohort against their peers, had also risen for the first time in 5 years to 27.0%, however this remained less than the national gap at 31.8%. Children in early years with SEND make a good level of progress with the rate being above both regional and national averages.

It was noted that overall the good performance achieved by children in Somerset during Key Stages 1 and 2, which was above the national average, was lost later, particularly and notably at Key Stage 4, where performance remained below regional, national and statistical neighbour averages. In response to a question it was noted that there was a gap between schools' performance which was being addressed, although given recent changes to many schools it was a complex situation. The Council was acting as a champion for educational excellence and it was noted that there were now 15 multi-academy trusts (MAT's) across Somerset and the Council had no plans to intervene from a school improvement point of view or to make changes.

There was a discussion of the report and presentation and Members asked questions which Officers answered, including the possible impact of the introduction of the Progress 8 programme; plans to narrow gaps between low and high performing schools; the scheduling of providing updates on progress; the 17 early learning goals were nationally mandated and could not be reduced locally; 'free Schools' and it was noted there was only 1 free school in Somerset; A level results/performance between different settings; an overview of school performance of children looked after in Somerset.

The report was accepted.

53 Any other urgent items of business - Agenda Item 11

The Chair, after ascertaining there were no other items of business, thanked all those present for attending and closed the meeting at 13.33.

(The meeting ended at 1.03 pm)

CHAIRMAN