



**Connect
Somerset**

Blueprint for **Connect Somerset**

2023 to 2030

DRAFT
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We're trying to do something quite different, and need your help.

This blueprint shows how we want to evolve public sector early help for Somerset families and residents. Improving the early help system in the right way will significantly reduce costs to acute services across care, health, education and justice sectors. As well as having a big impact on the lives of Somerset residents.

Because the system of services is so complex, this is not a target operating model, but a paper describing our direction of travel.

Early help is the total support that improves a family or resident's resilience and outcomes or reduces the chance of a problem getting worse.

So early help is an approach that can include informal support and a range of services that help families and residents to thrive.

We are all responsible for delivering early help.





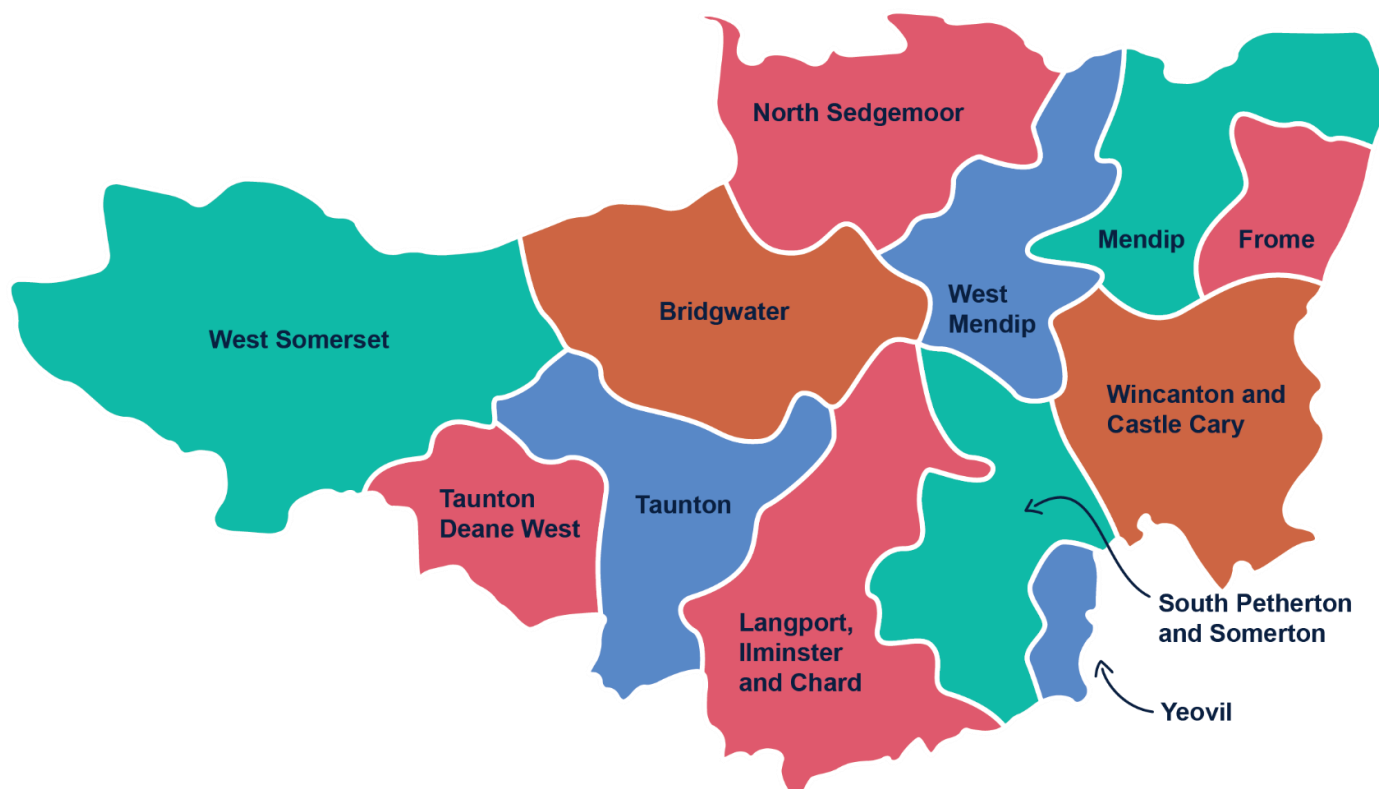
Connect Somerset

Connect Somerset is about everyone working together to increase early help in the community.

We know families and residents are going through challenging times. Across state funded and community sectors, Somerset services are finding it difficult to meet demand and help those who need support. So Connect Somerset is a big partnership that includes Somerset Council, Somerset NHS, Voluntary, Community, Faith and Social Enterprises, and Schools, Colleges and Early Years settings. So we can together develop an early help system that works well across all communities that need it.

We are increasing the help available and how quickly families and residents can access that help, plus changing lots of small things that will add up to a new way of working across all Somerset public services. For example:

1. Twelve new **Champions** to lead changes to the public sector. The Champions are well known leaders in their community who are able to lead changes in how services operate, help improve local knowledge about the community and what works, change processes and cultures.
2. **Hubs** – we have a community hub in each neighbourhood, and there are 100 more hubs such as village halls where we want to deliver statutory and community services. The aim is to get services closer to home, and in places that the public are already at and feel welcomed. For example, the new SEND strategy includes a commitment to more local drop-ins through the 100 hubs.





3. Building **neighbourhood teams** so professionals work better together, and families and residents can access support in a more integrated way. Starting with Champions, Village and Community Agents, Parent and Family Support Advisors, Family Intervention Service and growing from there. Many Council and Health services could be in the neighbourhood teams in the future — delivering support closer to home, more efficiently and better integrated. Neighbourhood teams are aligned to primary care networks, adult and children's services, although boundaries will always be fuzzy.
4. **Team around the school** – setting up a new virtual team bespoke to each school that is there to support staff and help for pupils and their families. The team around the school is designed to promote relational practice – so professionals get to know each other working in a patch, draw on community resources and wrap support around families. We want to reduce exclusions, improve attendance and attainment.
5. New **#Help4All** offer that all frontline staff use to support vulnerable families to navigate and draw on help. Over time this builds resilience and reduces demand. This is not about sign-posting, but *hand-holding* so families access more early help. Includes the new #LearnForLove parenting resources.
6. Supporting Schools, GP Surgeries, etc to be **anchors in their community** – drawing on community resources through the Champions, Team Around the School and Social Prescribing. And giving back by building local community capacity. We will also develop more funding for community services – growing capacity over time.
7. Better **information sharing** such as through the Transform app for understanding who is working with a family. And a new shared case management system available for all early help partners including schools and voluntary organisations. Too often the IT gets in the way of us working together, so we're getting rid of this blocker. We will also get better at understanding who needs help, and offering that help earlier.
8. Bring together the 50 databases describing Somerset **local community resources** – aggregating existing datasets and meaning that we can more easily promote local solutions and connect residents and families to what works in their neighbourhood.
9. Develop our **understanding of families' and residents' needs**. By combining partner data, we can proactively offer early help before issues escalate — this will feel more compassionate than the rationing that residents often experience. When we understand both needs and local community resources, we will be able to automatically connect residents to local support, sometimes without the need for a service. This is a step-change in the efficiency of early help.





10. **Workforce development** – developing the #SomersetWay that combines trauma informed practice, whole family working, key working, relational practice and knowing the community resources in each neighbourhood. We will move away from a referral culture to a more human and compassionate way of helping local families and residents. Tools such as the *Graduated Response*, *Three Conversations*, *Safeguarding process* and *#Help4All* will support the culture change.

11. **Joining up** health and care, children and adults, and people and place. No community cuts neatly into different sectors, so Connect Somerset must be an integrated approach.

And lots more. Everything in Connect Somerset is designed to promote a culture of working together, ensuring families and residents get more help, personalising care and enabling a new and more efficient way to manage the increased demand and complexity of needs. We are all in the same team.

Early help in the community



Help 4 All



Shared data
Case management
Community resources
Transform



Relational practice
Trauma informed
Whole family working
Safeguarding
Personalised care



12 Champions



Investment in
communities



Identify who
needs help



GPs

Social prescribing



100 Hubs

Drop-ins in rural
areas e.g. SEND



Schools

Team around
the School

Hubs

One Team

Warm Welcome

Community Café

Local Community Network

Key



Anchors in the
community



Universal
early help
offer



Professionals &
Community in same
Connect Somerset
team





Design principles

Because Connect Somerset is about everyone working together, we all need to chip in when we're redesigning services or take the opportunity to change our daily interaction with families and residents. The following principles are to help shape our work and services:

1. We focus on **relationships** and bring even more **compassion** to our processes and service delivery.
2. We **listen** to families and residents — to **personalise** care to what matters for them, to maximise their capabilities and control, and to design services. Service design always starts from the individual in their community.
3. We do less diagnosis, assessments and referrals — and **more help** when people need it, stepping outside of our comfort zone.
4. Delivery is increasingly through integrated **neighbourhood teams** and **community hubs** — we work together across professional boundaries and with the community.
5. All professionals use **Help4All, relational practice, whole family working, trauma informed** practice and can be **key workers** for families and residents.
6. We **share data and intelligence** so we can offer more help to those most in need, and children don't slip through the net.
7. As a system we are rebalancing **investment** from acute services to early help and the community. And reducing **inequalities** across Somerset.

Outcomes are the impact on an individual's life — the tangible difference we can make. The Supporting Families programme describes ten outcomes that we measure across the partnership:

- | | |
|---|--|
| 1. Getting a good education | 6. Safe from abuse and exploitation |
| 2. Good early years development | 7. Crime prevention and tackling crime |
| 3. Improved mental and physical health | 8. Safe from domestic abuse |
| 4. Promoting recovery and reducing harm from substance misuse | 9. Secure housing |
| 5. Improved family relationships | 10. Financial stability |



Early help system

As we've said before, this is a complex system of services and community support.

Starting with the family or resident in the middle and their community (in orange), we have lots of things around us that keep us all resilient in our lives, such as friends and family and community groups.

In blue we have the universal services that we all know and love.

And acute and targeted services are shown in pink hexagons. These all dip into early help at times and are an important part of the system.

There are between 20,000 and 30,000 working in the Somerset early help system. We'll have missed some hexagons, let us know what should be added.





What when?

As a blueprint, we can just show the direction of travel, activities will move around as we learn more about the system and different services come on board. The following timeline is therefore indicative.



If we are successful, then in time the whole of the public sector in Somerset will change to a more local, neighbourhood-based model of delivery. We will increase early help, invest more in community resources, and design our services to start with the individual and their community.



Impact and benefits

Connect Somerset will support more families and residents to achieve better outcomes, sooner. By doing so lives are well-led, avoiding the need for more costly resources to manage the impact of crisis.

There have been many evaluations of early help, for example the national Supporting Families evaluation demonstrated a clear and attributable impact of early help, with a return of £2.27 for every £1 spent. And the austerity experiment of 2010 to 2020 was compelling that cuts to early help services leads to more expensive delivery (and much worse outcomes). An evaluation partner will show the impact of early help in Somerset through data and logic models, qualitative case studies and quantified impact and benefits.

Connect Somerset Programme

Benefits for residents, Council and partners

- **Families and residence are independent** — and are able to step down from services — people have better lives
- **Less reliance on crisis and emergency services** — reducing demand on social care, HV, A&E, GPs, Police etc
- **Integration of local services in neighbourhood teams** — reducing the cost of estate and key functions such as management, triage, delivery
- **More efficient delivery models** — digital, universal services and community services and using data to identify who needs help and offering low cost interventions earlier

Direction of travel

- **Change the culture** of public sector services so they start with the individual, their resilience, family and community
- **Help residents to get more help, and to get it earlier** so the capacity of the early help market increases, needs are met at the earliest opportunity, and we improve our targeting of those who need help
- **Enhance relational practice** on the ground, so professionals work in defined neighbourhoods and are able to wrap around families and residents more efficiently

Does it make a difference?

Changed values and behaviours:

- More early help
- Proactive and compassionate support
- Community centric design
- Increase investment in communities
- Relational practice
- Outcome-based whole family working
- Acting as a lead professional (reducing referrals)
- Integration across partner agencies

What is it doing?

- **Champions** to lead changes to the public sector
- **Hubs!** A community hub in each neighbourhood, and there are 100 more hubs
- **Team around the school** — setting up a new virtual team bespoke to each school
- **#Help4All** offer — universal early help
- Supporting Schools, GP Surgeries, etc to be **anchors in their community**
- Better **information sharing**
- Bring together the 50 databases describing Somerset **local community resources**
- Develop our understanding of **families' and residents' needs**
- **Workforce development** — the #SomersetWay
- **Joining up** health and care, children and adults, and people and place
- Building **neighbourhood** teams





Afterword

You may have noticed that much of the Connect Somerset programme is focused on communities. There's a good reason for that.

There are three transactional efficiencies we get from designing the early help system better:

1. **Universal services** — we can improve how public services work together, support and coach each other. That enables us all to positively support needs we may not have been comfortable supporting in the past, and is more efficient than a referral model. In Kent, just the team around the school model led to a 22% reduction in utilisation of acute care services. So if we scale this up across GPs, Schools, Nurseries, Pharmacies, etc we can improve lives and reduce demand at the same time.
2. **Digital** — we can increase the help that's delivered online, but must be careful this is not *digital by default*. Not everyone will find an online offer helpful, but many prefer anonymous and always available digital services, such as simple directories, support services like Kooth or training such as the Solihull parenting support. We can also develop the digital relationship between professionals and residents, using text based follow-ups, small pieces of advice and guidance and Client Relationship Management software to blend face-to-face and digital. Because digital delivery is scalable at low cost, this is a good way to build resilience.
3. **Community** — research such as *Bowling Alone* shows how high social capital / community resources leads to improvements in health, education, social-cohesion and safety. Even heart-attacks and cancer rates can reduce. Support in the community is more accessible for residents who do not trust or engage with public services — possibly the best way to reduce inequalities. And community buildings are often viewed as more welcoming and less threatening / judgmental. There are around 2700 charities in Somerset, not counting unconstituted community groups. There are nearly 10,000 volunteers, not counting faith-based volunteers. And often the support that residents receive from their community is life-changing — such as building life-long friendships that can be drawn on when things are tough, or peers modelling behaviour in a way that really affects your norms, and community groups that offer help at a very low price.





So, given these efficiencies, why does Connect Somerset focus on communities so much?

In the public sector, we've been heavily influenced by management models that describe more transactionally efficient delivery. The way we structure our services and governance reflects reductionist thinking. What we can measure heavily influences service design. And legal frameworks, short-term politics, government departments and inspection have all refocused practice in narrow terms.

These all miss the point of good system design.

Our public service design almost always starts from when needs present themselves at our *front door*. Those coming into A&E, referrals in safeguarding, someone calling the Police. And that's reflected in our funding — 95%+ of spend in health is on illness not prevention, early help in the Council has reduced due to austerity, there is less money for communities, etc.

Actually, the need started with the individual's resilience, the environment they are in, their connections to friends and family who could help, the social capital that supports them. Designing good public sector services therefore has to start with the individual and community, not from the point that need knocks on our front door. And to be efficient in Somerset, we will have to turn-around the prevailing ideas of good service design, and embrace systems thinking and a community-first approach. It's a cultural change that takes time, so that's why we focus on communities (alongside lots of good system design).

Perfect storm

We face huge pressures across the system in Somerset. Many families and residents have little resilience to the challenges of the cost-of-living crisis that is hitting harder than previous periods of high inflation. Poverty drives demand to acute services. The national economy cannot sustain previous levels of investment in public services, as demonstrated by significant funding gaps in the Council and NHS.

This perfect storm of demand and cuts means the biggest risk is to stand still. We need a new and more efficient model of public sector delivery. We need to change.





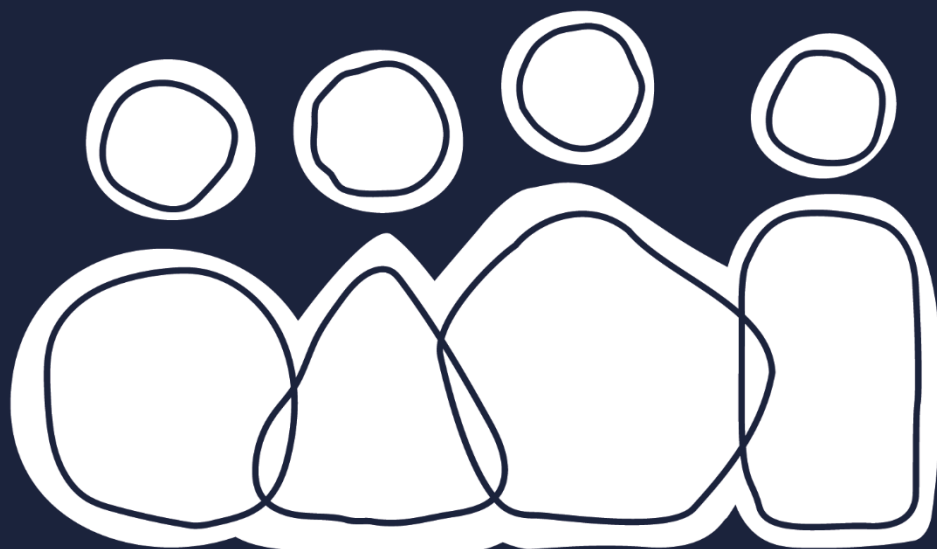
Tyler – issues with attendance at school. There is a team of named professionals around the school. So the teacher phones the Village Agent who offers to provide support for parents **Mandy** and **Matt's** alcohol abuse and low-level mental health needs. This gives Tyler a more stable home-life and helps his attendance and attainment at school.



Rose – has been visiting her GP on a monthly basis. The GP refers Rose to a health coach through social prescribing. The health coach recommends a Talking Café at the hub down the road where she volunteers. At the Talking Café, Rose is able to socialise and develop a friendship with a local community group – feeling less lonely and developing her resilience.



Mandy and **Mason** – drop in to a local hub for support with speech and language needs. These drop-ins are available across the County in rural areas. Whilst at the hub Mandy finds out about a local database of community resources and uses it to connect to a group of Mums with children with similar needs. Because Mandy is getting peer support she is better able to cope with stresses in her life.



Connect Somerset

