

## HEALTH AND WELLBEING BOARD - 25<sup>th</sup> February 2015

<b>Title of paper:</b>	<b>Priority Families Strategic Report</b>	
<b>Director(s)/ Corporate Director(s):</b>	Helen Blackman Director Alison Michalska Corporate Director	<b>Wards affected: All</b>
<b>Report author(s) and contact details:</b>	<b>Nicky Dawson Priority Families Programme Coordinator</b> 0115 87 63757 <a href="mailto:Nicky.dawson@nottinghamcity.gov.uk">Nicky.dawson@nottinghamcity.gov.uk</a>	
<b>Other colleagues who have provided input:</b>	<b>Tajinder Madahar, Elise Ashworth, Ian Hays</b>	
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>		
<b>Relevant Council Plan Strategic Priority:</b>		
Cutting unemployment by a quarter		<input checked="" type="checkbox"/>
Cut crime and anti-social behaviour		<input checked="" type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input checked="" type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
<b>Relevant Health and Wellbeing Strategy Priority:</b>		
Healthy Nottingham: Preventing alcohol misuse		<input checked="" type="checkbox"/>
Integrated care: Supporting older people		<input type="checkbox"/>
Early Intervention: Improving Mental Health		<input checked="" type="checkbox"/>
Changing culture and systems: Priority Families		<input checked="" type="checkbox"/>
<b>Summary of issues (including benefits to citizens/service users and contribution to improving health &amp; wellbeing and reducing inequalities):</b>		
<p>The Priority Families Programme has successfully completed Phase 1 (2012 – 2015) of the national Troubled Families Initiative six months early, with 1200 Nottingham families having improved outcomes pertaining to crime/Anti-Social Behaviour, School attendance and Worklessness. This report summarises performance for Phase 1. A departmental review of phase 1 is in progress and learning from this will be brought forward when complete.</p> <p>Nottingham commenced as an ‘early starter’ on 1<sup>st</sup> January 2015 for Phase 2 of the Expanded Troubled Families Programme (2015 – 2020) and is supporting government with design and development of final guidance and strategies. This report provides detail of new wider targets and criteria (Including new ones for health and well-being) that will provide access to support for many more families, and the enabling partnership activities that are underway or are about to commence.</p> <p>Phase 2 of the Programme sees the target number of families more than tripling along with a similar increase in reporting accountability to central government. The Priority Families Leadership Group is bringing forward a Threshold Document for approval of this Board. This document outlines</p>		

proposals for further delegation of decision-making powers, in particular financial, to this group of Directors and Portfolio Holders to enable faster decision making to release resource in line with the required increase in pace for delivery of the Expanded Programme.

**Recommendation(s):**

**1** The Board notes the performance summary for the completion of phase 1 and that a departmental review of phase 1 is in progress. Learning from the review will be brought forward when available.

**2** The Board notes the report on Phase 2 implementation and new national targets set and is asked to agree the new partnership measures developed against the national criteria.

**3** The Board reviews the proposals in the Priority Families Leadership Group Threshold Document and enables faster decision-making in line with the tripling of national targets through delegation of decision-making powers pertaining to use of resource to enable support for families.

**How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):**

One of the new national criteria for the Expanded Programme is:

'Parents and Children with a range of health problems'.

New indicators are for both parents and children and specifically include: mental health, drug or alcohol problems, post natal health problems, and any other health problem of equivalent concern to include for example long-term conditions, unhealthy behaviours such as obesity, disability, and developmental delay in babies and children.

**NB Where 'parents' are referred to in this report it means all adults with a parental or caring responsibility**

**1. REASONS FOR RECOMMENDATIONS**

The purpose of this report is threefold:

1. To provide the Board with a summary of performance following the successful early completion of phase 1 of the Priority Families Programme (2012 – 2015). Learning from the departmental review of phase 1 will follow when the review is completed.
2. To provide information about the structure and targets for phase 2 of the programme (2015 – 2020), the partnership implementation work that is underway and to seek approval for the measures designed by the partnership that will enable this Board and Government to understand if 'significant and sustained successful outcomes' have been achieved with families in need of support.
3. To support faster decision-making in order to release timely resource for vulnerable families against a background of target numbers that have more than tripled increasing the required pace of the programme in its strategic role of 'changing culture and systems'. To do this by reviewing and agreeing proposals to delegate certain decision-making powers as set out in the Priority Families Leadership Group's Threshold Document.

## **2 and 3. BACKGROUND AND REPORTS**

### **Priority Families Phase 1**

The Priority Families Programme has successfully completed Phase 1 (2012 – 2015) of the national Troubled Families Initiative six months early, with 1200 Nottingham families having improved outcomes pertaining to crime/Anti-Social Behaviour, School attendance and Worklessness.

This means that all national targets are at 100% achieved, ranking Nottingham City joint first nationally. Nottingham has therefore qualified to be an 'early starter' for phase 2 of the Expanded Troubled Families National Programme.

The tables below provide comparative positions at December 2014 in respect of percentage of national targets achieved against Core Cities and East Midlands local authorities.

#### **Core Cities**

<b>Bristol</b>	<b>100%</b>
<b>Nottingham</b>	<b>100%</b>
<b>Newcastle upon Tyne</b>	<b>100%</b>
<b>Liverpool</b>	<b>94%</b>
<b>Sheffield</b>	<b>80%</b>
<b>Manchester</b>	<b>77%</b>
<b>Leeds</b>	<b>77%</b>
<b>Birmingham</b>	<b>59%</b>

#### **East Midlands**

<b>Nottingham</b>	<b>100%</b>
<b>Leicestershire</b>	<b>100%</b>
<b>Leicester</b>	<b>75%</b>
<b>Derby</b>	<b>72%</b>
<b>Derbyshire</b>	<b>70%</b>
<b>Lincolnshire</b>	<b>70%</b>
<b>Northamptonshire</b>	<b>69%</b>
<b>Nottinghamshire</b>	<b>65%</b>
<b>Rutland</b>	<b>63%</b>

**Appendix 1** provides an analysis of the work with families during phase 1 showing the distribution of families across the city's wards, the issues that families had and where significant improvements in outcomes were achieved.

Reaching 100% on all targets means that all grant funding and Payment by Results claim requirements have been met gaining the full funding of £4.5m over the first phase of the programme to re-invest in supporting the most vulnerable families.

As an example of the use of grant funding it was agreed by this Board and the Council Executive Board that £350k could be used to support Priority Families apprenticeships for particularly vulnerable young adults within the council's Neighbourhood Services apprenticeship scheme. The innovative Priority Families approach delivered in strong partnership with Neighbourhood Services achieved a 2014 APSE (Association of Public Sector Excellence) Award, in competition with 200 other LA's of which 8 others were short listed, in the Best Employment and Equality Initiative category.

Accredited Practitioner change champion posts have also been recruited from programme funding. With 16 of these 'local experts' allocated across the partnership for example in Health Visiting, CAMHS (Child and Adolescent Mental Health Services), Police, Housing, Education, Youth Offending Team, social care. These seconded workers are being provided with Level 4 accredited National Occupational Standard training to enhance their ability to advise and mentor staff and support the partnership and their own agencies to change culture and systems to the new way of working.

In terms of systems development funding has been invested in development of a bespoke IT Online Platform enabling partners to share information and share use of the Priority Families document suite of Family Assessment, Family Map and Plan alongside monitoring and evaluation tools. Partnership workshops supported design of the Platform so that it is easy to use and navigate; however a short user training course is available once a month to support practitioners if required.

The CAF (Common Assessment Framework) is well embedded in Nottingham and remains a clear pathway focused on the needs of the presenting child and adult's needs in respect of effective parenting of the child. The (Priority Families) Family Assessment runs parallel to the CAF and is essentially a Family CAF. Professionals use referral, identification and allocation processes to determine the assessment and support route that is best suited to the presenting needs of children and their families. Part of the role of the Priority Families Accredited Practitioners is to quality assure performance to assessment timelines for both CAF and Family Assessment pathways.

Both assessment pathways are embedded in the Children & Families Direct single front door and deliver the Family Support Strategy and underpin the Children's Social Care Single Child Assessment. Both the CAF and the Family Assessment will undergo further revisions as part of the continued development of an integrated 'assessment continuum' for Nottingham and as systems merge and mainstream corporately into a more integrated multi-agency approach for working with children and their families. The widened partnership criteria and outcomes framework for phase 2 of Priority Families programme will be used to inform the refresh of the Children and Young People's Plan and the Family Support Strategy. Enabling the right service, from the right people, at the right time and for the right length of time.

The training programme for partnership staff has gradually evolved to be more bespoke to Nottingham's needs and underpins the better way of working. There are 368 Priority Families trained staff spread across the partnership, as shown in **Appendix 2**, with more booked onto the current training schedule. Staff also have access to free mentoring and coaching for six months to support them to embed the culture and systems change. Practitioners are required to have up-to-date safeguarding training before they can be trained to hold Priority Families cases.

Families where crime and anti-social behaviour was a factor (68% or 816 families) have been supported across the partnership but in particular by the Youth Offending and Family Intervention Project Teams who are specialists in this area of support and have used the Priority Families model. All families will have reduced incidents by at least a third. However due to inability to access some crime data sets for the first half of phase 1 at least a third of families claimed have had a complete cessation of incidents. Data access was overcome by more robust information sharing protocols and additional capacity to produce analysis by funding a shared post with police.

Families where attendance was a factor (87% or 1,044 families) have been persistent absentees (PA's) and the programme has focused on PA's that are the most entrenched

and in the lowest quartile. All children in a family with attendance below 85% must maintain improved attendance for three consecutive terms to evidence an improved outcome.

Of families where unemployment was one of three matched criteria (11% or 133 families) 10.5% or 126 families are now working and have sustained continuous employment for at least six months or have made significant progress towards work e.g. are in training. Activity is focused on families where there is entrenched intergenerational unemployment. Because Nottingham claims have been completed for phase 1 it is not possible to add to this figure as a national statistic. Families still being supported into employment can be counted against the next phase. LA's have been restricted by government to use of an ESF funded service that has proved very difficult to refer into although families who were able to access this support received appropriate help. Other successes have largely been achieved through support from two DWP/Jobcentre staff seconded in to the programme team and schemes such as the apprenticeships.

The Priority Families Edge of Care Hub team set up to support families at the edge of having their children taken into care has proven to be enormously successful with 35 families, 94 children supported of which 63 were kept out of care and savings targets met and exceeded with total net budget relief from 1<sup>st</sup> September 2013 to 27th January 2015 £1,495,299.

Partnership phase 1 operational review workshops in respect of change of culture and systems have been conducted and findings analysed. A set of key principles for working in a better way (the model) have been produced along with a refreshed plan of operational and systems change activity for phase 2 is being developed.

A departmental review of phase 1 is in progress, a summary of lessons learned will be made available when complete.

### **Priority Families Phase 2**

Nottingham commenced as an 'early starter' on 1<sup>st</sup> January 2015 for Phase 2 of the Expanded Troubled Families Programme (2015 – 2020) and is supporting government with design and development of final guidance and strategies during the 'early starter' implementation stage. The Expanded Programme commences on 1<sup>st</sup> April 2015.

The overall *provisional* target number of families for this phase is 3,870 more than tripling from the 1,200 for phase 1 with grant funding and Payment by Results reducing from £4,000 per family to £1,800 per family. However larger numbers and an increase in ring fenced operational funding for the programme team means the potential income could be in the region of £7 million across the life of the programme.

For the 'early starter' part of the programme, January – March 2015 it expected that 194 families are being supported. The target for the whole of year 4 (2015/16) is 23% of the overall target number or 890 families (to include the 194 early start families). This would seem to indicate an intention from government to taper target numbers over the next five years of the programme as it increasingly mainstreams. Phase 2 planning and forecasting is based on mainstreaming trajectories in line with this and to meet local change requirements and reporting accountability to central government.

This report provides detail of new wider targets and criteria that will provide access to support for many more families and the enabling partnership activities that are underway or are about to commence.

The detailed criteria table (outcomes plan) is attached as appendix 4. Overarching criteria and a suggested indicator set have been provided by government. It is for local partnerships to determine measures of significant and sustained progress. Please find these in column x in the table in **Appendix 3 the Board is asked to sign these off for use**. The partnership can then commence allocations of families against the new criteria and checklist. Work can also complete on the information sharing protocols required to share data to evidence the proposed measures.

### **Enablers**

In terms of information sharing there are two new enablers: minimum information sharing agreements jointly from Department of Health and NHS England and new automated data checking services provided by Department of Work and Pensions to enable us to identify workless households.

The Expanded Programme will help all LA's to move to partnership information sharing hubs over the next five years whilst still remaining lawful under the Data Protection Act. Priority Families has responsibility for creating a 'single list' under the HWBB strategic targets and the Expanded Programme is supporting this in respect of enabling additional data sets to be accessed for new criteria for example to support families where there is domestic abuse, where there are a range of health problems and where social care thresholds are being met. The database where information is stored is already building a rich picture of the issues affecting the lives of children and their families. Work in progress includes partnership consideration of a single unique reference number for each individual. The obvious number is the national health number and this is one of a number of options proposed in the joint business case for Core Cities Devolution that included Priority Families examples of operational success.

The Association of Chief Police Officers (ACPO) has set up a new Troubled Families national working group led by the Chief Constable for Durham. This group's intention is to support local Forces to engage in Troubled Families preventative activity and to influence policy in response to successful activities. The Core Cities Troubled Family Coordinator Network Group acts as a focus group for government and has nominated Liverpool's TFC to be the link member for police.

A national working group is being set up under Troubled Families to look at new national occupational standards and qualifications for family intervention support workers. Nottingham has been particularly requested to have membership of this group and the local authority workforce strategy lead (who has been overseeing Priority Families workforce development) has agreed to be the city's representative.

### **Accountability and decision making for Phase 2**

Phase 2 of the Programme sees the target number of families more than tripling along with a similar increase in reporting accountability to central government. The Priority Families Leadership Group is bringing forward a Threshold Document **Appendix 4 for approval of this Board**. This document outlines proposals for further delegation of decision-making powers, in particular financial, to this group of Directors and Portfolio Holders to enable faster decision making to release resource in line with the required increase in pace for delivery of the Expanded Programme.

#### **4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)**

- 4.1 The financial modelling of Priority Families has been undertaken in conjunction with the Priority Families Programme coordinator.
- 4.2 The financial programme is based on 3,870 families and has been incorporated into the Medium Term Financial Plan.
- 4.3 Spend associated with Priority Families funding is approved in accordance with the City Council constitution and associated internal processes.

#### **5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)**

##### **Priority Families**

- The risk register for the Priority Families programme is managed through the Programme Leadership and Partnership Board. There are no risks to escalate to the Health and Wellbeing Board at this point.
- Priority Families has criteria and reduction targets specific to supporting families where crime and anti-social behaviour is an issue. These are now expanded to include adult offenders.

#### **6. EQUALITY IMPACT ASSESSMENT**

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)

No

- Yes – Equality Impact Assessment prepared when HWBB strategy was developed. In addition the Priority Families model is a service delivery framework not a service as such. It uses existing resources and staff in a different way to support families. Service providers are responsible for EIA pertaining to their services. However Priority Families monitors access and reports on this periodically to the HWBB.

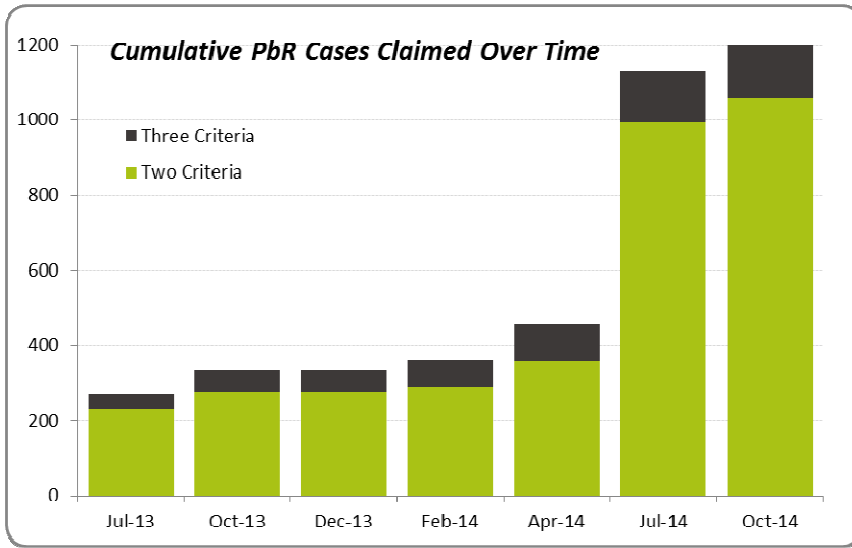
Due regard should be given to the equality implications identified in the EIA.

#### **7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION**

#### **8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

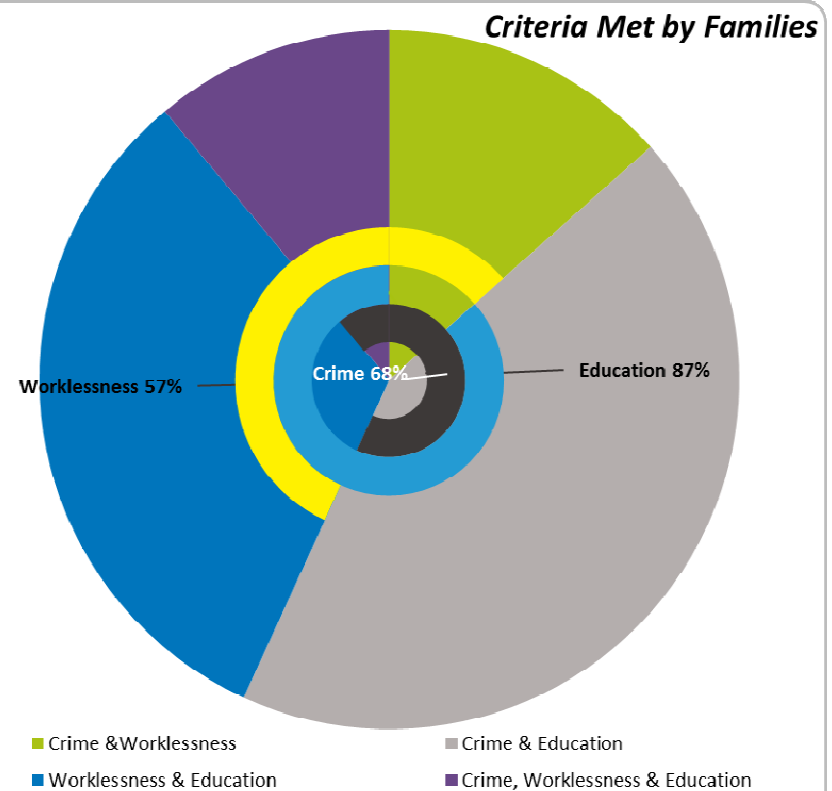
# Priority Families

## Phase I Summary – Position up to 31<sup>st</sup> December 2014



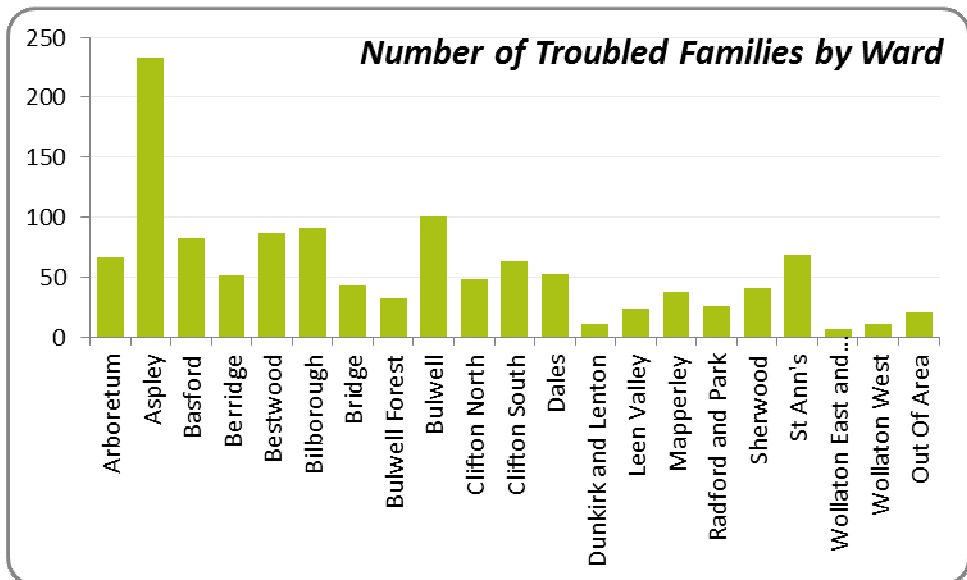
A significant claim in July 14 helped contribute to achieving the target of demonstrating improvement in circumstances for 1,200 families in phase one of the Priority Families Programme.

Of the three criteria areas in Phase I Education was a factor in 87% of families meeting requirements to be determined 'turned around', Crime in 68% and Worklessness in 57%. Over half of the families met both Crime and Education, with a 133 (11% of claims) of those families also meeting the worklessness criteria



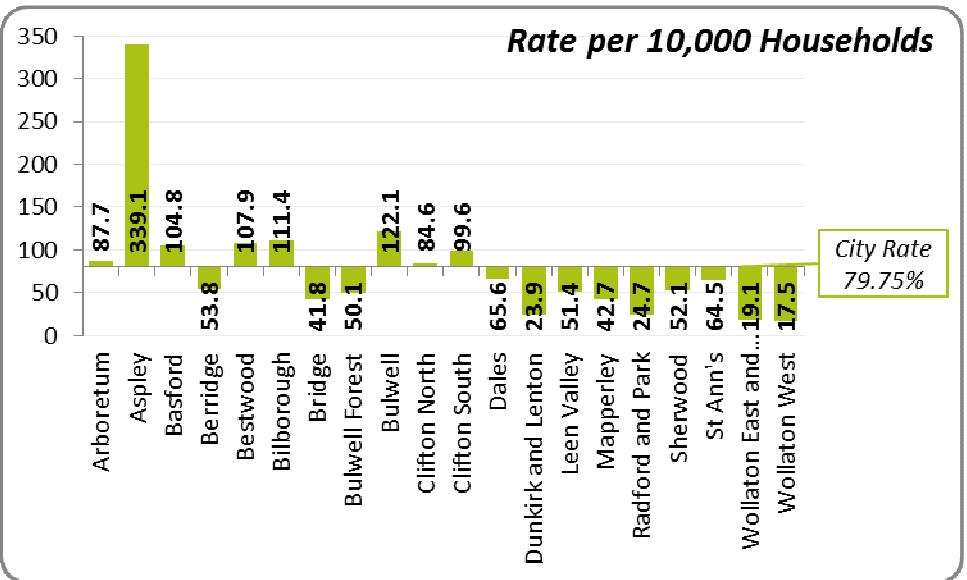


# Priority Families

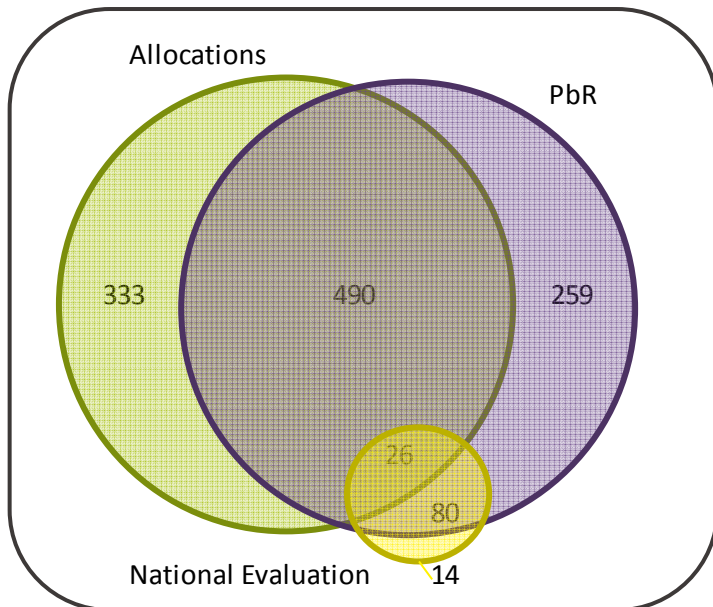
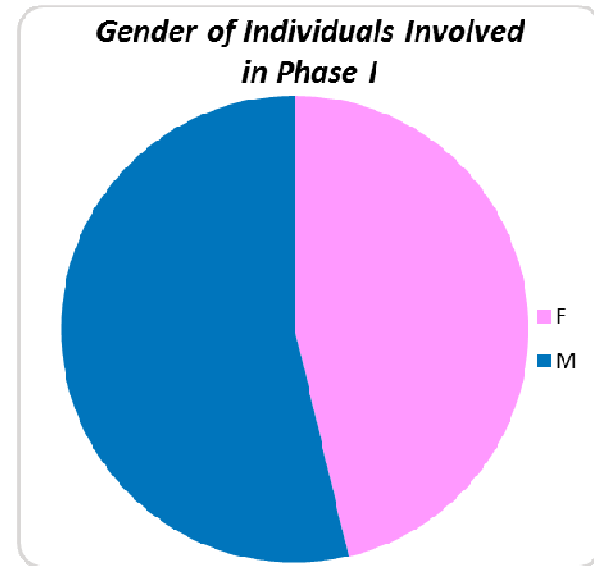
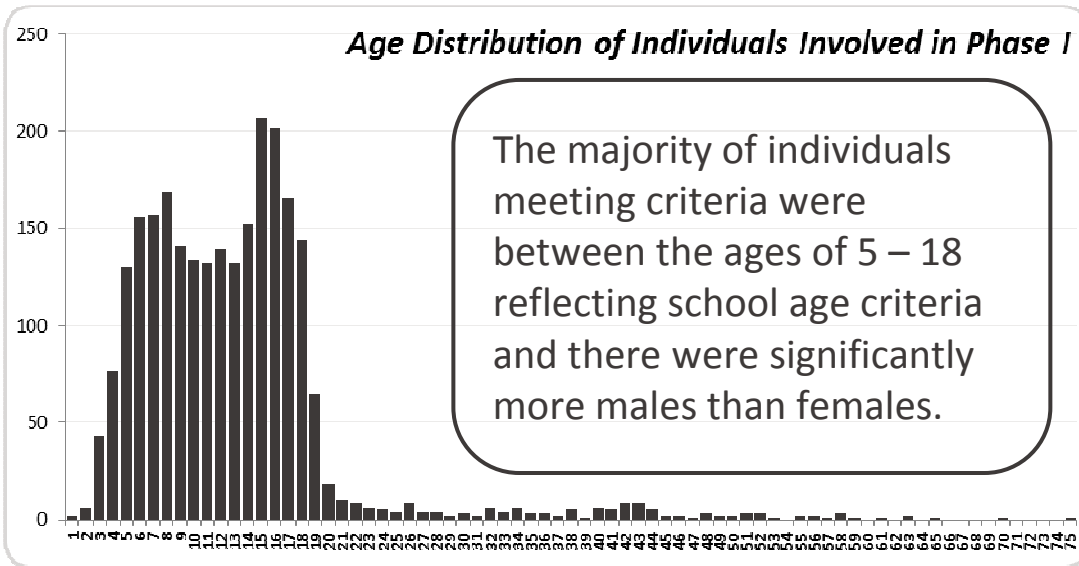


Families within the 1,200 phase I cases came from across all wards within the city; along with 21 families around the edge of the city. As would be expected there has been substantial variation in numbers between areas, linked heavily to the levels of deprivation present. The programme served more than twice as many families in Aspley than any other ward.

On average there were 80 families meeting the phase I criteria, who passed through the programme, per 10,000 households in the city. By this measure Aspley's need appears even greater. St Ann's has one of the highest counts of families, but the rate is lower than the city average. This area was not targeted because of the Young People's Panel pilot work.



# Priority Families



For Phase one 1,200 Payment by Results (PbR) claims and 1,200 families being 'worked with' were recorded with 120 National Evaluation records. More families are worked with than are able to be claimed to compensate for drop out rate and extended periods of support. Families that are still being supported will be carried forward to phase two for PbR. Claims are expected to be divided into historic cases (not eligible for PbR), part model and full model cases. NCC has taken a long-term sustainable approach from the start and is on a steadily rising trajectory of full model cases. For phase one 516 full model families (43%) were subject to claims for improved outcomes. It would be expected these cohorts will overlap more and more going forward in Phase II as the pace of change accelerates and the programme mainstreams.

There are around 800 allocations that are to be checked against the new criteria to determine whether they can be Allocations in Phase II.

## Appendix 2 HWBB Priority Families report 25.2.15

### Breakdown of trained workers

Team	Number of workers trained in each team
Family Community Team Family Support Workers	141
Education Welfare Service	14
Child & Adolescent Mental Health Service	9
Social Care	1
Targeted Support Team & Edge of Care	16
Youth Offending Team	21
FIP (Students)	5
15+ Team	1
Accredited Practitioners	11
Children & Families Direct	8
Targeted Youth Support Team	4
Education (Schools)	35
Health	29
Police	37
Nottingham City Homes	9
Nottingham Community housing Association	3
Department for Work & Pensions	3
BEST	4
Working Links	1
Fire Service	2
Probation Service	1
Voluntary Sector	1
Non Operational Staff	12
<b>Totals</b>	<b>368</b>

<u>Family Problem</u>	<u>Strategic goals</u>	<u>Significant and Sustained Outcomes (SSO)</u>
A family is eligible for support with at least two identifying risk factors across at least two different members of the family		Example measures that would evidence SSO have been achieved. Others may be chosen as each family’s plan is bespoke to their needs.
<p><b>1. Parents and children involved in crime or anti-social behaviour. Lead agencies: Police, YOT, Prison, Probation</b></p>		
A child ( <i>under 18</i> ) who has committed <b>more than one</b> proven offence ( <i>including out of court disposals</i> ) in the previous 12 months.	<ul style="list-style-type: none"> <li>● <b>Offending across the family has reduced or ceased</b></li> <li><b>And / or</b></li> <li>● <b>Anti social behaviour across the family has reduced or ceased</b></li> <li>● <b>Sustained behaviour and/or successful completion of outcomes related to self-management</b></li> <li>● <b>Service user is functioning</b></li> </ul>	<p>Offences have reduced by at least 33% or no offences have been committed in subsequent 6 months</p> <p>(DCLG advice to keep as phase 1)</p>
An adult or child who has received <b>more than one</b> anti-social behaviour intervention ( <i>or equivalent local measure</i> ) in the last 12 months. <b>*1</b>		<p>ASB has reduced by at least 33% or there has been no ASB intervention in subsequent 6 months</p> <p>(DCLG advice to keep as phase 1)</p>
An adult prisoner who is less than 12 months from his/her release date and will have parenting responsibilities on release <b>where there is potential risk, threat or harm to a child</b>		<p>Engagement with support agencies for the time agreed</p> <p>Successful completion of any positive requirements within supervision/licence conditions</p>

<p>An adult who is currently subject to licence or supervision in the community, following release from prison, and has parenting responsibilities. <b>And is failing to comply with licence or supervision in the community*</b></p>	<p><b>independently and/or managing and maintaining positive behaviour</b></p> <ul style="list-style-type: none"> <li><b>Child at risk of offending does not enter the criminal justice system</b></li> </ul>	<p>Successful completion of any positive requirements within supervision/licence conditions</p>
<p>An adult currently serving a community order or suspended sentence, who has parenting responsibilities. <b>And is failing to comply</b> <b>**suggestion from police that the 2 criteria are amalgamated into one “an adult who has parenting responsibility and is subject of any order whether set by the courts, conditions of prison release or probation service and is failing to comply or engage with the order.</b> (as suggested by probation)</p>		<p>Successful completion of any positive requirements within community order or suspended sentence conditions</p>
<p>Adults or children referred by professionals because their potential crime problem or offending behaviour is of equivalent concern to the indicators above.</p>		<p>No further concerns are reported for a period of 6 months</p> <p>Or</p> <p>Family has ‘stepped down’ a level of need and sustained the lower level of support for 6 months</p>
<p>Individual is a member of, or at risk of, becoming, a member of a Gang, or whose family is affected by gang membership</p>		<p>Has engaged successfully with Vanguard or Vanguard Plus and sustained positive impact for 6 months</p>
<p><i>*1 - The ASB, Crime and Policing Act (2014) has very recently provided landlords with sweeping new powers to tackle ASB; the burden of proof has been lowered alongside age limits (for example, injunctions and the new criminal behaviour orders can be handed to under 18's) This means that NCH and partners could well see a significant rise in interventions once the new powers have had time to ‘settle in’. For 2013/14 NCH recorded</i></p>		

847 ASB interventions so I would expect this figure to rise.

**2. Children who have not been attending school regularly. Lead agency: schools**

*The family includes at least one of the following...*

<p>A child who is persistently absent (<i>currently measured as missing 15% of sessions. Threshold will reflect Department for Education metric</i>) from school for an average across the last 3 consecutive terms. <i>Principle 4 p27 national guidance</i></p>	<ul style="list-style-type: none"> <li>• <b>Young children are school ready</b></li> <li>• <b>School attendance across all children in the household has improved</b></li> <li>• <b>Behaviour at school has improved</b></li> <li>• <b>Child is settled in and engaging with suitable and appropriate education programme</b></li> <li>• <b>school leavers progress to further education, employment or training</b></li> </ul>	<ul style="list-style-type: none"> <li>• Vulnerable families access development checks, childcare entitlement and nursery and are registered with Children Centres with attendance at 85% where appropriate</li> <li>• Vulnerable families are supported to establish good attendance patterns in reception year with attendance at least 85%</li> <li>• Reduced incidence of children arriving at school late</li> <li>• Children have attended at least 85% of possible sessions for 3 consecutive terms</li> <li>• No concerns recorded over the last 3 consecutive terms in relation to behaviour that may affect attendance</li> <li>• Self reported improvement in confidence and/or feeling settled at school (as captured by school staff or worker)</li> <li>• School leavers do not become NEET</li> </ul>
<p>A child who has received at least 3 fixed term exclusions in the last 3 consecutive school terms, or a child at primary school who has had at least 5</p>		<ul style="list-style-type: none"> <li>• Child has no fixed term exclusions for the subsequent consecutive 2 terms and has reduced incidence of in school</li> </ul>

<p>school days of fixed term exclusion in the last 3 consecutive terms: or a child of any age who has had at least 10 days of fixed term exclusion in the last 3 consecutive terms.</p>		<p>inclusion (at least 33% over 2 consecutive terms)</p>
<p>A child who has been permanently excluded from school in the last 3 consecutive school terms.</p>		<ul style="list-style-type: none"> <li>• Child has no permanent exclusions for the subsequent consecutive 2 terms</li> </ul>
<p>A child who is in alternative provision for behavioural problems.</p>		<ul style="list-style-type: none"> <li>• Child is not persistently absent (currently 15%) for the subsequent consecutive 2 terms</li> <li>• Child is not subject to 'inclusion' periods for 2 consecutive terms</li> <li>• Child engages with behaviour support, therapeutic or medical interventions as appropriate</li> </ul>
<p>A child who is neither registered with a school, nor being educated in an alternative setting.</p>		<ul style="list-style-type: none"> <li>• Child is registered and attending at least 85% of school or alternative education provision for 3 consecutive terms</li> </ul>
<p>A child referred by education professionals as having school attendance problems of equivalent concern to the indicators above because he/she is not receiving a suitable full time education. <i>Sections 7 and 19 of the Education Act 1996 provide a definition of a 'suitable' education. In summary, this means it is appropriate to the child's age, ability and aptitude; and to any special educational needs, either by regular attendance at school or otherwise.</i></p>		<ul style="list-style-type: none"> <li>• Significant improvement in school attendance (10%) over 2 consecutive terms</li> </ul>

**3. Children who need help (Children in Need CIN, Child Protection or Section 47 enquiries – social worker to refer).**

**Lead agency: Social Care**

**(NB: Local authority internal metric is 12 months – there would be an expectation that progress is sustained for a further 6 months beyond PbR claim point)**

*The family includes at least one of the following...*

<p>A child who has been identified as needing early help <i>(this may include children below the threshold for services under Section 17, Children Act 1989 and those experiencing or at risk of poor parenting, with developmental delay, at risk of exploitation, with challenging behaviours and those previously accommodated and returning home from care)</i></p>	<ul style="list-style-type: none"> <li>• <b>Children and families are resilient and either do not need statutory interventions or have reduced levels of need</b></li> <li>• <b>Families assessed as requiring help have improved the likelihood of meeting desired outcomes</b></li> <li>• <b>Voice of child – reporting improvement in home environment and relationships</b></li> <li>• <b>Families are safer</b></li> <li>• <b>The right children are brought into care</b></li> </ul>	<ul style="list-style-type: none"> <li>• Referred to 2 year offer/taken up 3-4 year old offer</li> <li>• Dropping down tier/de-escalation of cases sustained for at least 6 months</li> <li>• Families are safer as measured at the end of the intervention/improvements in SOS scores (improved to at least a score of 7)</li> <li>• No further interventions under safeguarding procedures for at least 6 months</li> <li>• Child no longer identified as needing early help for 6 month period</li> <li>• No children in the family have been reported missing in a 6 month period</li> </ul>
<p>A child who has been assessed as needing early help. <i>(this may include children below the threshold for services under Section 17, Children Act 1989 and those experiencing or at risk of poor parenting, with developmental delay, at risk of exploitation, with challenging behaviours and those previously accommodated and returning home from care)</i></p>		<ul style="list-style-type: none"> <li>• Case has been <b>successfully</b> closed. No subsequent referrals for any member of the family for a period of 6 months</li> </ul>
<p>A child 'in need' under Section 17, Children Act</p>		<ul style="list-style-type: none"> <li>• Case has been <b>successfully</b> de-escalated</li> </ul>



1989.	<ul style="list-style-type: none"> <li>• <b>Children are not ‘young caring’ age inappropriately</b></li> <li>• <b>Children are not being sexually exploited, abused or neglected</b></li> <li>• <b>Children are ready for school</b></li> <li>• <b>Family is accessing Early Years Entitlement as appropriate</b></li> </ul>	from CIN. No subsequent assessment as CIN for any children in the family for a period of 6 months
A child who has been subject to an enquiry under Section 47, Children Act 1989.		<ul style="list-style-type: none"> <li>• No subsequent assessments under section 47 for any children within the family for a period of 6 months</li> <li>• Child previously at edge of care or reunified successfully supported to case closure (step down) by Multi-Systemic Therapy (MST) or Edge of Care Hub</li> </ul>
A child subject to a Child Protection Plan.		<ul style="list-style-type: none"> <li>• Case has been <b>successfully</b> de-escalated from CPP. No subsequent CPP for any children in the family for a period of 6 months</li> </ul>
<p>A child referred by professionals as having problems of equivalent concern to the indicators above.</p> <p><i>Where there are concerns about children at risk of abuse or neglect, the existing referral route to local child protection teams should be followed in accordance with statutory guidance – Working Together to Safeguard Children</i></p> <p><i><a href="https://www.gov.uk/government/publications/working-together-to-safeguard-children">https://www.gov.uk/government/publications/working-together-to-safeguard-children</a></i></p>		
homelessness, teenage pregnancy and missing persons <b>Housing of view that this needs rigid definition</b>		

**4. Adults out of work or at risk of financial exclusion and young people at risk of worklessness. Lead agency: DWP**

*The family includes at least one of the following...*

<p><b>An adult in receipt of a work related benefit.</b> As per phase 1 of the programme this includes adults in receipt of Employment and Support Allowance, Incapacity Benefit, Carer’s Allowance, Income Support, Job Seekers Allowance <b>which will, when it is fully rolled out by 2017, include Universal Credit</b> and subject to work related conditions– <b>reworded by BD (from 2017 this will include working poor) *2</b></p>	<ul style="list-style-type: none"> <li>• <b>An adult in the family has moved off out-of-work benefits into continuous employment</b></li> </ul> <p><b>Or</b></p> <ul style="list-style-type: none"> <li>• <b>An adult in the family is taking recognised steps to prepare for work</b></li> </ul> <p><b>And</b></p> <ul style="list-style-type: none"> <li>• <b>Young people aged 16-18 years within the family are in Education, Employment or Training</b></li> </ul> <ul style="list-style-type: none"> <li>• <b>Families are appropriately accommodated</b></li> </ul>	<ul style="list-style-type: none"> <li>• For those in receipt of <b>job seekers allowance</b> – measure for success is <b>in work and off benefits for 6 months</b></li> <li>• For those in receipt of <b>ESA, JB, Carers, IS, SDA</b> – measure for success is <b>in work and off benefits for 3 months</b></li> <li>• An adult in the household has achieved a recognised qualification</li> <li>• An adult in the family has taken early entry into the Work Programme</li> <li>• An adult in the family has undertaken permitted therapeutic work or voluntary work for at least 13 weeks</li> <li>• Movement to a benefit requiring in-to-work steps to be achieved</li> <li>• A budget plan is in place for the family</li> </ul>
<p>A child who is about to leave school, has no/ few qualifications and no planned education, training or employment.</p>		<ul style="list-style-type: none"> <li>• Young person not registered as NEET</li> <li>• A young person in the household has completed an accredited apprenticeship placement</li> <li>• A young person attending a Sector Based Work Academy-for a DWP SBWA the YP would need to be 19+ and in receipt of a benefit, however for the Councils Pre Employment Training this can be any YP as long as within the city boundary</li> <li>• A young person attending a work experience placement-currently in DWP these last for a maximum of 8 weeks but</li> </ul>

		<p>there may be localised ones where these could be less or more in duration (again, would there be an expectation that the YP would receive some sort of induction and coaching towards sustainable work)</p> <ul style="list-style-type: none"> <li>• A young person signs up to the Employer Hub, Apprenticeship Hub, and the Youth Contract (all 3) -the YP would receive alerts which would show progress to work</li> <li>• Young person is in full time further education and attends and engages for 3 consecutive terms (or to the end of the course, whichever comes soonest).</li> <li>• A young person in the family has undertaken permitted therapeutic work or voluntary work for at least 13 weeks</li> </ul> <p>And/or</p> <ul style="list-style-type: none"> <li>• Self reported improvements to confidence and skills in addressing debt and budgeting (as recorded by key worker or lead professional)</li> </ul>
<p>A child or young person within 12 months of education leaving age (<i>under the age of 16</i>) or young person (<i>16 or 17 years old</i>) and who is not in education or training</p>		<ul style="list-style-type: none"> <li>• Child or young person who is within 12 months of education leaving age who was not in education or training has accessed at least 85% of designated provision for at least 3 months (or until leaving age if sooner and then remains EET).</li> </ul>
<p>Parents and families referred by professionals as being at significant risk of financial exclusion (<i>for example this may include those with problematic/unmanageable levels and forms of debt and those</i></p>		<ul style="list-style-type: none"> <li>• No additional sanctions applied for 3 month period</li> <li>• Have less than 7 weeks arrears for 3 months and/or</li> </ul>

with significant rent arrears).		<ul style="list-style-type: none"> <li>• Repayment plan in place (either court or self) which has been maintained for 3 months</li> <li>• Rent taken directly from benefits</li> <li>• Family are in a FIT tenancy and have maintained agreements for six months</li> <li>• Family have been re-housed to reduce risk of harm (including overcrowding) and have <u>continued</u> to engage with support plan for at least 4 months</li> </ul>
<p>*2Although the overall numbers of recipients of HB have remained largely the same with 67.32% of tenants on full or partial HB at the end of 2012/13 compared to 64.45% currently. NCH has seen a large decrease in the amount of tenants receiving full Housing Benefit for the same period with 46.99% of tenants on full HB at the end of 2012/13 compared with 36.79% currently (a drop of 2984 recipients)</p> <p>We may find that the data referring to those on benefits may become increasingly ‘fluid’ with the introduction of Universal Credit alongside work-related sanctions. Zero hours contracts and so forth. It might be worth adjusting the wording and definitions to ensure that the programme continues to support those who may fall in and out of work for a period of time?</p>		
<p><b>5. Families affected by domestic violence and abuse.</b>  <b>Lead agency: Crime &amp; Disorder Partnerships/Community Safety</b></p>		
<p><i>The family includes at least one of the following</i></p>		
<p>A young person or adult known to local services as having experienced <b>(in the last 12 months)</b>, currently experiencing or at risk of experiencing domestic abuse</p>	<ul style="list-style-type: none"> <li>• <b>Families are resilient and can manage risk</b></li> <li>• <b>Children are safer</b></li> </ul>	<ul style="list-style-type: none"> <li>• No further incidences OR reduction of domestic abuse incidences by at least 33% in six months</li> <li>• Children and young people access positive relationship programmes (including gangs and CSE)</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Families feel safer</b></li> <li>• <b>Children and families are able to move forwards and achieve good outcomes despite previous domestic abuse</b></li> <li>• <b>Increased awareness of what is a positive relationship and what is not</b></li> </ul>	<ul style="list-style-type: none"> <li>• The victim has engaged with specialist support services and/or has successfully completed a recognised DV awareness programme i.e. Freedom Programme</li> </ul> <p>and</p> <ul style="list-style-type: none"> <li>• The victim is no longer assessed as high risk or serious harm/homicide via CAADA</li> </ul> <p>Or</p> <ul style="list-style-type: none"> <li>• CAADA DASH scoring is reduced</li> </ul>
<p>A young person or adult who is known to local services as having perpetrated an incident of domestic violence or abuse in the last 12 months. <i>(The time limitation is to ensure the data share is proportionate and in line with the requirements of the Data Protection Act. However, if local authorities and their partners (particularly the police can agree alternative arrangements whereby information covering a longer period of time is shared where relevant) this is entirely permissible and in line with the programme's broader policy and objectives.)</i></p>		<ul style="list-style-type: none"> <li>• No further offences committed in last 6 months</li> <li>• The perpetrator has successfully completed a recognised rehabilitation programme</li> </ul> <p>Or</p> <ul style="list-style-type: none"> <li>• The victim has engaged with specialist support services and/or has successfully completed a recognised DV awareness programme</li> </ul>
<p><i>The household or a family member has ...</i></p>		
<p>Been subject to a Police call out for <b>2 or more</b> domestic incident in the last 12 months <i>(As above)</i>.</p>		<p>No further call outs for 6 month period</p>
<p><b>6. Parents and children with a range of health problems. Lead agency: Health partners</b></p>		
<p>An adult with parenting responsibilities or a child</p>		<ul style="list-style-type: none"> <li>• Successful treatment /intervention</li> </ul>

<p><i>(this includes children with conduct disorders) with mental health problems (the adult or child does not need to be in/receiving specialist treatment).</i></p>	<ul style="list-style-type: none"> <li>● <b>Adults and children have access to, and engage with the Health services they require</b></li> <li>● <b>Families are engaging in and maintaining healthy lifestyle choices which support their health and wellbeing</b></li> <li>● <b>Families are resilient and can manage risk</b></li> <li>● <b>Families who have experienced drug, alcohol or mental health problems report their quality of life has improved</b></li> <li>● <b>Children are safer</b></li> </ul>	<p>completion within the last 12 months</p> <ul style="list-style-type: none"> <li>● Use of WHO 5 Well- being Index: increase in score ( measured against score at beginning of the Priority Families Intervention)</li> <li>● Improvement measured by the mental health service (all services commissioned to measure improvement)</li> <li>● Self reported improvement in family wellbeing and/or physical, mental or emotional health (captured by key worker/lead professional)</li> <li>● No incidents of self harm for any family member within 12 months</li> </ul>
<p>An adult with parenting responsibilities or a child with a drug or alcohol problem.</p>		<ul style="list-style-type: none"> <li>● Individual has received support and has not required any further support for 6 months</li> <li>● Successful treatment completion within the last 12 months for:</li> <li>● Drug use ( all types ) alcohol use</li> <li>● Safety plan and place and working well for 2 consecutive reviews. No drug/alcohol related safeguarding concerns reported. (worker</li> </ul>

		<p>collected/reporting systems)</p> <p>Engagement with support services (if not engaged ) which may include:</p> <ul style="list-style-type: none"> <li>• Referral to the Nottingham City Drug Pathway Single point of access for assessment by an ‘ access to recovery ’ worker</li> <li>• Referral to Last Orders ( alcohol ) for assessment by a Clinical Nurse Specialist in Alcohol</li> <li>• Improvement in TOPS ( Treatment Outcomes Profile ) score measured by the service the individual is engaged with</li> </ul>
<p>A new mother who has a mental health or substance misuse problem and other health factors associated with poor parenting. This could include mothers who are receiving a Universal Partnership Plus service <i>(Universal Partnership Plus is a service offered by a health visiting team and local services to support families with children under 5 years old who have complex issues that require more intensive support).</i></p>		<ul style="list-style-type: none"> <li>• Mother received appropriate support and not re-accessed this for a period of 6 months after completion</li> </ul>
<p>Adults with parenting responsibilities or children who are nominated by health professionals as having any mental and physical health problems of equivalent concern to the indicators above. This may include unhealthy behaviours, resulting in problems like obesity, malnutrition or diabetes.</p>		<ul style="list-style-type: none"> <li>• Families no longer listed as having identified problem in the last 6 months</li> <li>• For 2 consecutive reviews (6-12 weeks) families are regularly eating a healthy diet, have stopped smoking, are registered at GP and registered with dentist (worker collected)</li> <li>• Families are registered at GP, attending appointments. Decrease in emergency</li> </ul>

		<p>admissions for acute conditions that should not usually require hospital admissions. Attending appointments and adhering to medication regime. (worker collected)</p> <ul style="list-style-type: none"><li>• No missed immunisations for babies and children recorded by Health visitors</li><li>• Fewer than 3 presentations at A and E or admissions to hospital for injuries to children within the family in a 6 month period (excludes sports and leisure injuries)</li></ul>
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## **Priority Families Commissioning and Budget Threshold**

### **Outline Proposal for access and use of Priority Families grant funding and commissioning budget Portfolio Holder Cllr David Mellen**

#### **Summary**

Phase 2 of the Priority Families Programme 2015 - 2020 (nationally the Troubled Families Initiative) sees the target number of families more than tripling along with a similar increase in reporting accountability to central government. The Priority Families Leadership Group is bringing forward this proposal for consideration by the Health and Well-Being Board. This document outlines proposals for further delegation of decision-making powers, in particular financial, to this group of Directors and Portfolio Holders to enable faster decision making to release resource in line with the required increase in pace for delivery of the Expanded Programme.

#### **Background**

Income for the Priority Families Programme comprises sections – all of which are derived from government grants paid by the Department for Communities and Local Government (DCLG).

**Troubled Families Coordinator Grant** - ring-fenced grant to fund a Troubled Family Coordinator (TFC) role and programme staff. This was £175,000 per annum 2012 – 2015 but with the increased challenges of an expanded programme of this scale for phase 2 the grant has risen to £350,000 a year with a one off payment of £44,000 as an 'early starter' area to provide some additional data support. To be called the Service Transformation Grant going forward.

**Attachment Fee** – an upfront grant paid against the numbers of families an area is working with against target numbers of families. This was weighted at a variable rate for each year of phase 1 as a proportion of a maximum potential income of £4,000 per family. For phase 2 it is fixed as £1,000 per family of a maximum potential income of £1,800 per family. Each year's target must be met to achieve the next year's full attachment grant income.

**Results Payment (payment by results or PbR)** – a claim made for each family that has achieved improvement in outcomes against the criteria and indicators matched on entry and has sustained this improvement for a set period of time. Evidence provided to auditors, checked, and then certificated by the Chief Finance Officer on Logasnet. For phase 1 this was an annually variable rate from £4,000 total income available per family. For phase 2 this is fixed as £800 per family to a maximum potential income of £1,800 per family. Each family must meet in full all criteria (of 6) and indicators (of 31) that were applicable on entry and have achieved significant and sustained outcomes.

Nottingham City Council is the Lead Agency and Accountable Body for this partnership programme.

The initial period of the programme was three years from 2012 – 2015. Use of the budget and forecasting was planned over a four year period to ensure funding was available for either tapered exit or possible further extension/expansion of the programme to support transition.

### **Use of funding in phase 1**

**The Troubled Families Coordinator Grant** was used to fund the Programme Coordinator post and a small programme team.

**The Attachment Fee** was used to resource and deliver the programme operationally – for example additional specialist staff as agreed the programme governance (for example the Accredited Practitioners), and operational costs such as IT systems development, printing costs, workforce development partnership training programme and engagement events such as the highly successful quarterly practitioners seminars.

**The PbR** income was generated through claims for successful family outcomes on a quarterly basis with payment made in arrears for each quarter in which a claim had been submitted; so the amount was variable.

This was put into a ‘commissioning pot’ proposed use to be approved by the Health and Well-Being Board. Authority was delegated to the Commissioning Executive Group (CEG) to ratify decisions recommended by the Leadership Group in respect of resource release for short term commissioning or short term commissioning to gaps. Following CEG approvals then Delegated Decision Making Documents have been submitted by the Programme Coordinator (TFC) to comply with the council’s financial regulations as the Accountable Body. Funding has been used for example for a local evaluation and to fund Priority Families apprenticeships within the Neighbourhood Services Apprenticeship Scheme.

### **Review of current approval system**

Timelines of CEG meetings, full agendas - meaning occasional wait periods and at times unavoidable cancellations of meetings or changes to date, along with any required additions or amendments have meant that wait periods can be up to three months for approval to release resource. Following this a Delegated Decision Making Document is submitted and this imposes a further wait period until a decision can be implemented.

An internal strategic commissioning review is in progress and the Priority Families Local Evaluation will inform this over the 18 months evaluation period. Coupled with this the programme is progressing into the phase where staged mainstreaming will commence and therefore resource requirements are fairly stable but where financial approvals will need renewing periodically but quickly in order not to stall the increased pace and momentum required for phase 2.

## **Proposal for change**

The Priority Families Leadership Group proposes that delegated authority for decision making about release of resource for the programme, including financial decisions, be transferred from the Commissioning Executive Group to the Leadership Group.

In line with the authority already invested in the two Portfolio Holders who are members of this Group it is further proposed that single decisions by this Group can be up to £1 million in value. Decisions are to be approved by the lead portfolio holder for signatory and/or the corporate director in line with the Council's financial regulations and constitutional decision making process. Key signatories have direct membership of the Health and Well-Being Board.

This delegated authority will also enable programme delegated decision making documents to be submitted against budget plans, where appropriate, rather than singly for each expenditure.

This will support faster decision-making in order to release timely resource for vulnerable families against a background of target numbers that have more than tripled increasing the required pace of the programme in its strategic role of 'changing culture and systems'.