

Staffordshire Health and Wellbeing Board	
Title:	Families Strategic Partnership Highlight Report
Date:	7 September 2017
Board Member:	<p>Helen Riley, Chair of the Families Strategic Partnership Board and Deputy Chief Executive and Director of Families and Communities, Staffordshire County Council</p> <p>Glynn Luznyj, Vice-Chair of the Families Strategic Partnership Board, Director of Prevent and Protect, Staffordshire Fire and Rescue Service</p>
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Report Type:	For Debate

1. Introduction

- 1.1. The report provides an overview of activity undertaken by the Families Strategic Partnership Board (FSPB) and supported by the Families Partnership Executive Group (FPEG). The partnership is aiming to deliver sustainable long-term solutions to effectively manage demand of services and ensure help is provided at the earliest opportunity.

2. Recommendation

- 2.1. The Health and Wellbeing Board note the contents of the report.
- 2.2. The Health and Wellbeing Board support and endorse the work undertaken by the FSPB and FPEG, and endorse the direction of travel of partnership activity undertaken within the FSP (see Section 3).
- 2.3. The Health and Wellbeing Board approve the delivery plan and outcomes framework detailed in Appendix 1 and 2.
- 2.4. The Health and Wellbeing Board endorse that Mental Health and Wellbeing (across the life course) is identified as the priority area to undertake further in-depth research that support (including access to information) will be required across all the key stakeholders (providers, commissioners and key partnership forums). Section 5 details the rationale for the in-depth research to focus on the lower end of the spectrum and centre on root cause (e.g. social isolation, health, debt).
- 2.5. The Health and Wellbeing Board acknowledge that the successful delivery of the initiatives delivered below require the 'whole family' approach from the

majority of initiatives the Health and Wellbeing Board has oversight over, for example, Sustainability Transformation Plans (STPs). No matter whether the needs are identified initially through children or adults services, agencies need to work together to provide effective holistic support.

3. FPEG Workstream Activities

3.1. Early Help Strategy Implementation

3.1.1. Following the proposed development of the Place-Based Approach, the Early Help Strategy Implementation Group have revised the implementation plan that is also aligned to the DCLG Troubled Families Transformation Maturity Model Self Assessment.

3.1.2. The Staffordshire Safeguarding Children Board (SSCB) Early Help Strategy has been updated to reflect Earliest Help and is more in line with the Children and Families System direction of travel. The strategy now further encourages partners to work together to provide support at the earliest stage rather than waiting for needs to escalate to meet a formal threshold. The revised strategy can be viewed on the following page: <https://www.staffsscb.org.uk/Professionals/Staffordshire-Early-Help-Strategy/Staffordshire-Early-Help-Strategy.aspx>

3.1.3. Discussions are taking place with the SSCB to undertake a joint Early Help campaign to further embed the principles of Earliest Help and Early Help across Staffordshire.

3.1.4. Organisations across the FSP are continuing to develop their own response to Earliest Help and Early Help in line with the SSCB Early Help Strategy. The Early Help Steering Group is looking to recognise this valuable work through appropriate reporting mechanisms. The Steering Group are developing a performance framework to monitor progress. On completion, the FSP outcomes framework will be reviewed to ensure it is appropriately monitoring the Early Help activity.

3.1.5. The work undertaken by this workstream is closely aligned to the Place Based Approach (PBA) and we will be looking to accelerate a range of activities undertaken by this workstream in Newcastle-under-Lyme and Tamworth (PBA Pilot Areas). Both Early Help and PBA would seek to shape communities to be self-sufficient and resilient and where needs arise, support would swiftly be deployed to avoid (where applicable) escalation to higher tier services. It has been recognised that support does not necessarily have to be a public sector service, it includes digital responses (e.g. self-help tools) and communities as well as families. In addition, businesses have a 'social value' role to play in supporting local communities.

3.2. Building Resilient Families and Communities (BRFC)

3.2.1. The DCLG target for Staffordshire in 2015 to 2020 is 4680 families. So far Staffordshire has supported the following:
Year 1: 1075 families
Year 2: 1414 families (DCLG target was 1370)

Year 3: The target is 1160 and 612 families have been identified.

- 3.2.2. To date Phase 2 of identified families have received a total of 3101 interventions. The cumulative total, to date, for successful Payment by Results (PbR) Claims in Phase 2 is 453, with 402 of those being made in 2016/2017. An estimate of a further 608 successful claims to be made by 30th September 2017 has been given to DCLG.
- 3.2.3. Staffordshire County Council currently deliver and commission Family Support Work through three different sources:
 - Local Support Teams;
 - Building Resilient Families and Communities Accreditation Scheme; and
 - Children's Centre Family Support.
- 3.2.4. As part of the children's transformation the latter two areas have been looking to bring together these two programmes to deliver a district based family support service, which would be provided through a countywide framework with district based providers. The intention is for this contract to go out to market in 2018.
- 3.2.5. The BRFC Family Intervention Projects (FIPs) are District/Borough multi-agency teams that work intensively with identified BRFC families on the cusp of care, adopting a whole-family approach to their support. The FIPs are showing evidence of preventing families entering higher tier services.
- 3.2.6. DCLG visited 16th May to further develop their understanding of the current BRFC delivery model and to advise on the opportunities in the mainstreaming of the programme into the Children and Families System Transformation.
- 3.2.7. In addition, Staffordshire is one of six local authorities that have been asked to participate in a peer review of the implementation and assessment of the transformation Matrix. The pilot will inform the peer review process that will be rolled out to support all areas with their assessments and continued progress across the maturity model.

3.3. **Children and Families Voice**

- 3.3.1. A mapping exercise is underway to understand the current mechanisms in place that seek views, opinions and experiences of children, young people and families in Staffordshire.
- 3.3.2. The outcome of the mapping exercise will inform the development of the Children and Families Voice Strategy and Delivery Plan. A multi-agency Strategic Children and Families Network, led by SCVYS, will oversee the delivery of the strategy and delivery plan. On completion, the FSP delivery plan will be reviewed to ensure it is appropriately reflects the Children and Families Voice activity.

3.4. **Hidden Harm/Neglect**

- 3.4.1. In an analysis of 139 serious case reviews, between 2009-2011 (Brandon et al 2012), – investigations showed that in over three quarters incidents (86%) where children were seriously harmed or died one or more of a “toxic trio” – mental illness, substance misuse and domestic abuse – played a significant part. These have all been identified as common features of families where harm to women and children occurs.
- 3.4.2. Work in this area has shown that there is large overlap between these parental risk factors and impact on outcomes for children into adulthood through the research into Adverse Childhood Experiences (ACE).
- 3.4.3. It is vital for services that support adults who have access to children to ensure that children’s basic needs are being met at the earliest opportunity. Should there be any concern about a child’s welfare, adults and children’s services must work together to ensure children are being effectively supported as the adults receive help. The Health and Wellbeing Board have a role to play to ensure the children’s voice is not being lost in the system.
- 3.4.4. It has been agreed in April 2017 that following a handover from the current chair, the SSCB will work alongside FPEG to establish a way forward with the Hidden Harm agenda. One of the key actions is to update the SSCB Neglect Strategy to cover Hidden Harm so we have one strategic document in place. This will also help to strengthen reporting arrangements to the SSCB from those agencies responsible for services supporting parents with substance misuse, mental ill health and domestic abuse.
- 3.4.5. The SSCB is currently receiving focused updates against the current Neglect Strategy. The focus during the last SSCB meeting was substance misuse, this is also a key theme in the Hidden Harm agenda. Since the Alcohol and Drug Executive Board (ADEB) was formed in 2012, the single area where greatest progress has been made has been child safeguarding, key issues include:
 - The integrated One Recovery contract, which commenced in July 2014, replaced 35 contracts with 15 different treatment providers. This new treatment pathway simplified and strengthened the relationship between children’s services and drug/alcohol services, making referrals in both directions and joint working much easier.
 - ADEB also monitors the number of children subject to child protection plans as one of the Board’s key performance metrics, which ensures that safeguarding is now prioritised strategically alongside health and offending as one the three main outcome areas.
 - This prioritisation led to the formation of the Integrated Family Support Service (IFSS) which specifically targets families on the edge of the care system where parental drug/alcohol use is a key risk factor. IFSS has been operating since April 2016 and appears to be delivering highly encouraging results. So far 91 families with 194 children have completed the programme; of which 165 (85%) have remained united with their families.
 - There are plans to expand the service to also work with families of Children In Need – a social impact bond application has been submitted to Cabinet Office and the first two stages of the process have been

successfully achieved, resulting in a development grant of £35k to help further compile the new operational and financial model. The full application has now been successfully confirmed with Department for Digital, Culture, Media and Sport (who have taken over responsibility from Cabinet Office) and outcome payments of £1.89m have been agreed in principle over 7 years. However, agreement has still yet to be reached with a social investor – the outcome of this process is likely to be known around October 2017.

- Despite significant reductions to the drug/alcohol budget in 2016/17, funding for the specialist young people's service has been wholly maintained.

3.4.6. The SSCB will continue to receive updates from focus areas, such as Domestic Abuse and Mental Health. As there are a number of overlaps with the Hidden Harm and Neglect agenda, the SSCB and FPEG will work together to establish the appropriate way forward to deliver the neglect / hidden harm work whilst also reducing duplication of conversations and activities in the partnership arena. As the SSCB lead on the Neglect strategy, the decision-making on neglect / hidden harm will remain with the SSCB.

3.5. Integrated Commissioning

3.5.1. An evaluation of existing Integrated Commissioning arrangements have evidenced areas of good practice that have happened organically, usually when individuals/organisations have identified opportunities to collaborate to deliver improved outcomes as well as achieve value for money (for example, Domestic Abuse, and Child Sexual Abuse and Missing).

3.5.2. Following the approval of the Delivery Plan and Outcomes Framework (see Section 4), work will commence to review the document and identify potential opportunities to integrate commissioning activity going forward.

3.5.3. One to one sessions have commenced across the partnership with Staffordshire County Council, Stoke City Council, Office of the Police and Crime Commissioner and Clinical Commissioning Groups to agree mechanisms to evaluate good practice above and agreed methods of working together in future. Opportunities will be explored and more alignment will be made to other transformation work including Children's System Transformation and CAMHS Transformation.

3.6. Placed Based Approach

3.6.1. A separate report has been produced for the Health and Wellbeing to review during the September 2017 meeting.

3.7. Personal, Social, Health and Economic (PSHE) Education

3.7.1. The Office of the Police and Crime Commissioner (OPCC) are working with partners to co-ordinate PSHE support pan-Staffordshire (including Stoke-on-Trent). The initial phase of the work will focus on Staffordshire.

3.7.2. There is a recognition that there is a gap in the co-ordination and delivery of PSHE particularly around vulnerable areas, such as Child Sexual Exploitation. There are some areas of good practices but delivery is ad hoc.

3.7.3. The following steps will be undertaken to take this work forward.

- The OPCC will identify a lead organisation to co-ordinate this work area and engage with partners. The lead organisation will engage with schools on the proposed project scope and assess the appetite for and type of support required. Following engagement, the lead organisation will produce an 'offer of support' for schools.
- To ensure the most is made of existing funding in relation to prevention, the OPCC and lead organisation will continue to work with Staffordshire Youth Offending Service (YOS) and Staffordshire Fire and Rescue Service (FARS).
- The OPCC will provide financial assistance to the lead organisation to enable the recruitment of a dedicated member of staff to undertake this work with schools.
- The lead organisation will develop an action plan for this work and seek approval from FPEG.
- Although overall governance for this work area will sit with the FPEG, information will be provided, at regular intervals, to the SSCB.

3.8. Children and Young People's Emotional Health and Wellbeing

3.8.1. In order to deliver the Mental Health Five Year Forward View priorities, the FSP have agreed to the following proposals:

- Producing a single plan to 2021 that will cover both north and south Staffordshire delivery and align plans as much as possible. The plan should:
 - meet the requirements for the CAMHS Local Transformation Plan and the children and young people's emotional health and wellbeing strategy.
 - Incorporate consideration of Thrive model but recognising that there are challenges to commissioning and delivery based on this model.

3.8.2. Further updates will be delivered at the FSPB and FPEG as this work progresses.

4. Outcomes Framework and Delivery Plan

4.1. A Delivery Plan and Outcomes Framework has been produced to provide a mechanism to monitor the delivery of the Staffordshire's Children, Young People and Families Strategy 2016 – 2026 (www.staffordshire.gov.uk/fsp).

4.2. Following discussions at both the FSPB and FPEG, further work was undertaken to ensure there is a golden thread between the strategy and the delivery plan and outcomes framework.

- 4.3. During the FSP workshop in March 2017, partners reviewed the Joint Strategic Needs Assessment (JSNA) and agreed that the priorities in the strategy are still relevant.
- 4.4. In addition to the discussions detailed above, the following key stakeholders were consulted with to inform the development on the documents: Delivery Plan leads, teams that collect key information (Insight Team and Families First Performance Team) and FSP representatives that offered to provide support.
- 4.5. The Health and Wellbeing Board are asked to review and approve the delivery plan and outcomes framework detailed in Appendix 1 and 2.

5. Joint Strategic Needs Assessment (JSNA) Prioritisation Exercise

- 5.1. Following the production of the JSNA in April 2017 (<https://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx>), the Insight Team undertook a prioritisation exercise based on the H&WBB outcome indicator prioritisation method based on JSNA information. There was a recognition that information across the full set on indicators was not available, e.g. children's views, strength of the evidence for intervention, return on investment, etc.
- 5.2. The following themes were identified as top priority for Staffordshire:
 1. Reducing number of children living in low income families
 2. Mental health and wellbeing (across the life course)
 3. Domestic abuse
 4. Education
 5. Demand on hospital and social care
 6. Infant mortality
 7. Risky lifestyles behaviours
 8. Children with special education needs or disability
- 5.3. Out of the top three areas identified by Staffordshire County Council Insight Team, research is underway by the Local Enterprise Partnership (LEP) to address child poverty (priority 1) and an in-depth research report has been produced on Domestic Abuse (priority 3) for the Office of the Police and Crime Commissioner (OPCC). No in-depth multi-agency research has taken place for Mental Health and Wellbeing Being (across the life course) (priority 2). Research on mental health could be beneficial to many partnership forums (for example, the Staffordshire Safeguarding Children Board (SSCB) are looking at Parental Mental Ill Health as part of the Neglect Strategy).
- 5.4. The FSPB have requested that as the Clinical Commissioning Groups (CCGs) are leading a piece of work that is looking at acute mental health, that the focus of the in-depth research on mental health will be on the lower end of the spectrum and centre on root cause (e.g. social isolation, health, debt).
- 5.5. Following the production of the Sustainability Transformation Plans (STP) profiles, the Insight Team will analyse these documents and compare with

the list above to identify common areas. Findings will be discussed at the FPEG and FSPB.

6. Communications Update

- 6.1. Improved information flow is the foundation of supporting the children's workforce to understand the changes being made and then advocating/engaging with the change.
- 6.2. Recognising that resources within communications teams are overstretched, it has been agreed that in the short-term, that the county council co-ordinate electronic partnership updates on a quarterly basis to enable the FPEG (virtually) and FSPB to approve key messages. Contents will be created by communications teams colleagues across the partnership and will be hosted on webpages owned by relevant partner organisations.
- 6.3. Further discussions are currently underway with communication representatives across the partnership to agree the process of how this will work in practice.
- 6.4. Further conversations are required with communications teams to understand if/how communications fits with the local STP.

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