Staffordshire Health and Wellbeing Board	
Topic:	Place Based Approach
Meeting Date:	7 September 2017
Board Member:	**Helen Riley,** Chair of the Families Strategic Partnership Board and Deputy Chief Executive and Director of Families and Communities, Staffordshire County Council **Glynn Luznyj,** Vice-Chair of the Families Strategic Partnership Board, Director of Prevent and Protect, Staffordshire Fire and Rescue Service
Authors:	**Mick Harrison,** Chair of the Families Partnership Executive Group and Commissioner for Safety Children and Families, Staffordshire County Council **The following organisations have contributed to the contents of this report:** • Clinical Commissioning Groups • Newcastle-under-Lyme Borough Council • South Staffordshire District Council • Staffordshire Council of Voluntary Youth Services • Staffordshire County Council • Staffordshire Fire and Rescue Services • Staffordshire Office of the Police and Crime Commissioner • Staffordshire Police • Tamworth Borough Council In addition, members of the **Families Strategic Partnership Board (FSPB)** and **Families Partnership Executive Group (FPEG)** have contributed to the contents of the report.
Report Type:	**For Debate**

1. Introduction

1.1. This report provides a summary of the partnership discussions undertaken to date and provides an overview of the Place Based Approach (PBA) concept and how this is being developed at a local level. It is a partnership approach that brings together strategic and operational system leadership at both a County and District/Borough level as well ensuring we're making best use of public sector and community assets within localities. Partners have agreed to pilot the PBA concept in Newcastle-under-Lyme and Tamworth. The learning from these pilots will support the Districts/Boroughs when PBA is rolled out across Staffordshire.

1.2. The aim of PBA is to make best use of public sector and community assets to:
   • reduce demand to higher tier services,
   • improve outcomes for children, young people, families by providing support as early as possible,
   • build resilience and encourage independence within communities, and
   • provide high quality statutory services when required.

2. Recommendations

2.1. The Health and Wellbeing Board note and endorse the contents of the report, particularly the concept, definition and principles of the PBA detailed in Appendix 3.

2.2. The Health and Wellbeing Board note that the PBA will have a core approach (see Appendix 3) that will be the same across Staffordshire however the PBA will enable local flexibility dependent on local need and resource availability. The PBA should offer a consistent method of approach to services that are not exclusively based locally and provide services either Staffordshire-wide or have alternative boundaries (e.g. Clinical Commissioning Groups).

2.3. The Health and Wellbeing Board will provide the strategic direction and ensure initiatives are appropriately aligned to meet the needs of the community as well as make best use of public and community resources. That other initiatives, for example: the Sustainability Transformation Plan (STP) prevention work stream, Public Health Social Model and Multi-Agency Risk Assessment Conference (MARAC) review are aligned to PBA (see section 5).

2.4. The Health and Wellbeing Board acknowledge that the successful delivery of PBA requires the 'whole family' approach from the majority of initiatives the Health and Wellbeing Board has oversight over, for example, substance misuse, adult mental ill health, etc. No matter whether the needs are identified initially through children or adults services, agencies and services need to align and work together to provide effective holistic support. In addition, the Health and Wellbeing Board recognise and ensure that the needs of children are recognised in partnership action plans, for example, the STP.

2.5. The Health and Wellbeing Board agree that:

- The Health and Wellbeing Board work with partners to ensure that the definition and principles of this model of working are adhered to as work moves forward.
- The Health and Wellbeing Board recognise that the models need to be designed by local stakeholders to ensure it is effectively owned and delivered.
- The Health and Wellbeing Board agree that the PBA pilots be evaluated regularly to monitor progress and assist with sharing learning that other Districts/Boroughs could benefit from.

3. Background and Context

3.1. During the Summer of 2015, partners at a District/Borough level across Staffordshire explored how we commission support for Staffordshire's families to build a foundation for the future and in doing so, have an opportunity to improve outcomes and make better use of our collective

resources. The diagram below illustrates the model that emerged through the partnership conversations.

3.2.   Diagram 1: Family System

Family System
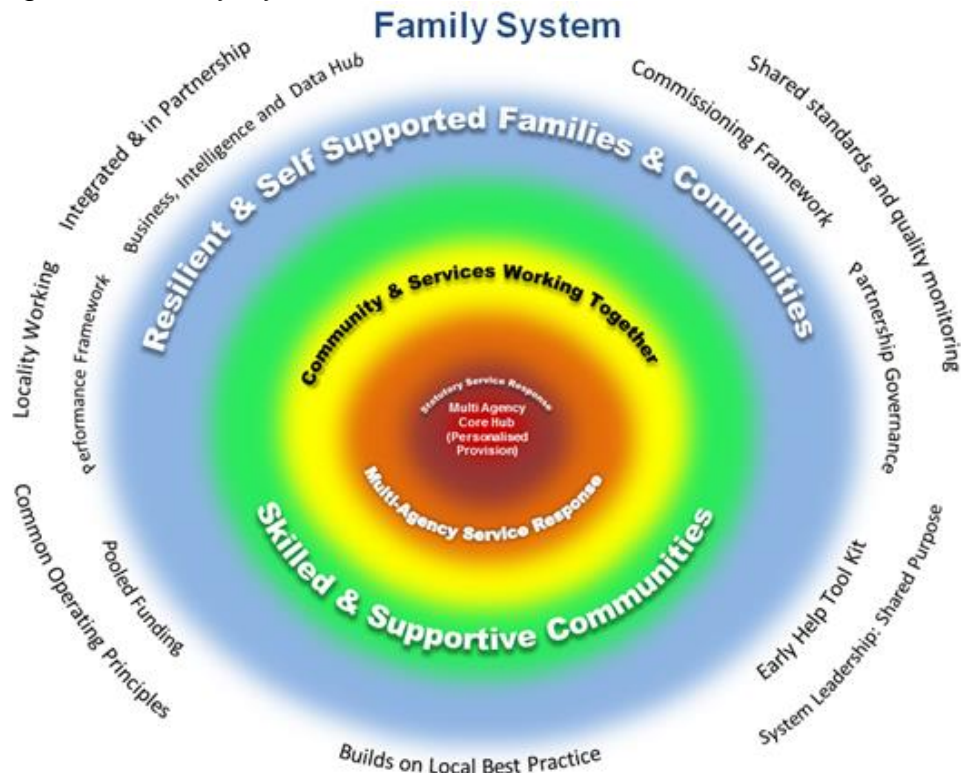
3.3.   The different layers of the model are described below (a detailed description can be viewed in Appendix 1):

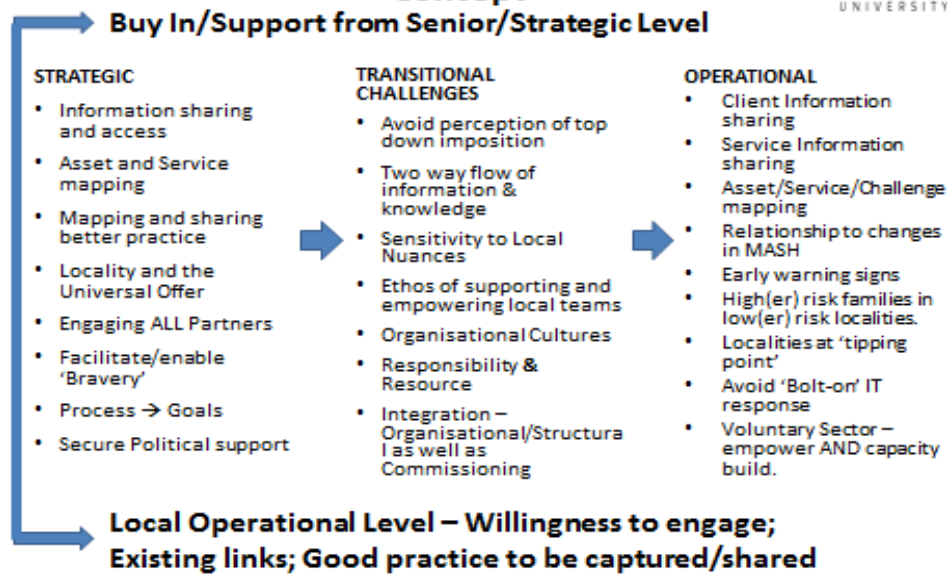|	What?	Who for?
Resilient and self-supported families and communities	Families and communities support themselves.	The community
Skilled and Supportive Communities (Earliest Help)	Communities that have the skills and knowledge on how to access resources/support when a family needs additional help.	All children, young people and families and the people they interact with in their community
Community and Services Working Together (Earliest Help)	An environment where communities and services work together to find solutions and support children, young people and their families.	• Children and Families where there is a risk of escalation • Children and Families where issues have occurred • Children and Families de-escalated from targeted support • Localities that are struggling (who have multiple risk factors)

	What?	Who for?
Multi-agency services responses (Early Help)	An environment that identifies and engages promptly with children, young people and their families in need of support to enable them to maintain an independent family life. A 'whole system' partnership approach that considers the whole family. Robust information sharing and professionals working more effectively and efficiently together to support families.	• Children and Families where there is a risk of escalation • Children and Families where multiple issues have occurred • Children Families de-escalated from the statutory services • Localities that have long term, ingrained challenges
Statutory Service responses	An environment where vulnerable children, young people and their families are supported for the right time by the right services, in order to return, where possible and appropriate, to independent family life as quickly as possible	Covers children, young people and families in the statutory parts of the social care (Children in Need – S17 Children Act definition; LAC; safeguarding; adoption), mental health, SEND (a proportion of) and YOS systems and partners statutory responses for vulnerable people (e.g. Police, Housing, DWP)

3.4. Following the District/Borough conversations, eight pilots were initiated by partners across Staffordshire. The aims of these were to explore and test different aspects of the model detailed in paragraph 3.2 and 3.3. Further details of these pilots can be found in Appendix 2.

3.5. Each of the pilots have focused upon the delivery of 'Earliest Help' within a community setting and creating an environment where communities and services work together to find solutions and support one another. The key aim was to test whether by working differently, through community providers at a very local level, could we begin to stem demand into higher tier statutory services.

3.6. The pilots are now fully mobilised and each has taken a different approach. To date we are beginning to evidence positive outcomes particularly within the Tamworth, Cannock, Lichfield and East Staffordshire pilots.

3.7. In July 2016, the Families Strategic Partnership (FSP) held a workshop to further progress the Children and Families agenda in Staffordshire. All partners recognised the significant challenges, of reducing finances and increasing demand which all organisations will face over the next few years. Partners agreed that a system/operating model that is 'fit for the future' needs to be designed and decided to explore the PBA concept with partners.

3.8. Newcastle-under-Lyme and Tamworth were identified as two Districts/Boroughs where the PBA concept could be explored and potentially

piloted at a locality level. The FSP agreed that an understanding of collective demand across the partnership in the two localities and more importantly common areas of demand, was required. This would provide legitimacy to develop a model which utilises all our collective resources, assets and is truly owned by partners and communities.

3.9. PBA is a geographical area where public and community resources work closely together in a cohesive manner. The workforce in a PBA would have extensive knowledge of local needs and resources available in the area and would have a joint action plan to co-ordinate multi-agency activity that addressed root causes. 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.

3.10. Families that need help tell us they don't want to be in 'systems' or 'services'. Families want to be supported by their friends, families and in their communities to deal with the day-to-day challenges they face. The PBA supports this aspiration whilst also ensuring there is a clear pathway to access safeguarding services should any safeguarding concerns arise.

3.11. Following the July 2016 workshop, representatives from Staffordshire County Council, Staffordshire Office of the Police and Crime Commissioner, Staffordshire Police, Newcastle Borough Council and Tamworth Borough Council came together to scope what the PBA approach would look like across Staffordshire. Appendix 3 details the outcomes of these conversations and the Health and Wellbeing Board are asked to endorse this approach.

3.12. The FSPB commissioned Keele University to lead a Knowledge Exchange Group (KEG) to provide further understanding on how best to take forward the PBA approach. At a Staffordshire-wide level, partners detailed in paragraph 3.11 attended the Staffordshire KEG as well as representatives from the Clinical Commissioning Group (CCG) and the Voluntary and Community Sector (VCS). Keele University also attended partnership workshops in Newcastle-under-Lyme and Tamworth to inform its findings detailed in the diagram below.

3.13. Diagram 2: Place Based Approach – Steps to Operationalising the Concept

PLACE Based Approach – Steps to Operationalising the Concept

Keele UNIVERSITY

Buy In/Support from Senior/Strategic Level

STRATEGIC
- Information sharing and access
- Asset and Service mapping
- Mapping and sharing better practice
- Locality and the Universal Offer
- Engaging ALL Partners
- Facilitate/enable 'Bravery'
- Process → Goals
- Secure Political support

TRANSITIONAL CHALLENGES
- Avoid perception of top down imposition
- Two way flow of information & knowledge
- Sensitivity to Local Nuances
- Ethos of supporting and empowering local teams
- Organisational Cultures
- Responsibility & Resource
- Integration – Organisational/Structural as well as Commissioning

OPERATIONAL
- Client Information sharing
- Service Information sharing
- Asset/Service/Challenge mapping
- Relationship to changes in MASH
- Early warning signs
- High(er) risk families in low(er) risk localities.
- Localities at 'tipping point'
- Avoid 'Bolt-on' IT response
- Voluntary Sector – empower AND capacity build.

Local Operational Level – Willingness to engage; Existing links; Good practice to be captured/shared

3.14. Following conversations detailed above, there was a recognition that a wider stakeholder conversation was required. Further conversations have now taken place at the FSPB as well as within the District/Borough PBA pilot workshops. Stakeholders engagement has been extended to include a wide range of partners, including Early Years providers, Schools and Housing providers.

4. Overview of Placed Based Approach Pilots

4.1. Following conversations with a range of stakeholders, it was acknowledged that a high level definition, principles and approach is required to ensure consistency across Staffordshire, however, it was also recognised that the delivery model will vary between Districts and Boroughs based on local needs, resources, etc., Partners have agreed the following working definition for PBA "A collaborative approach using the right resources (multi-skilled teams, universal services, voluntary sector, communities, etc.) at the right time to improve outcomes for children, young people, families, vulnerable people and communities in an identified locality."
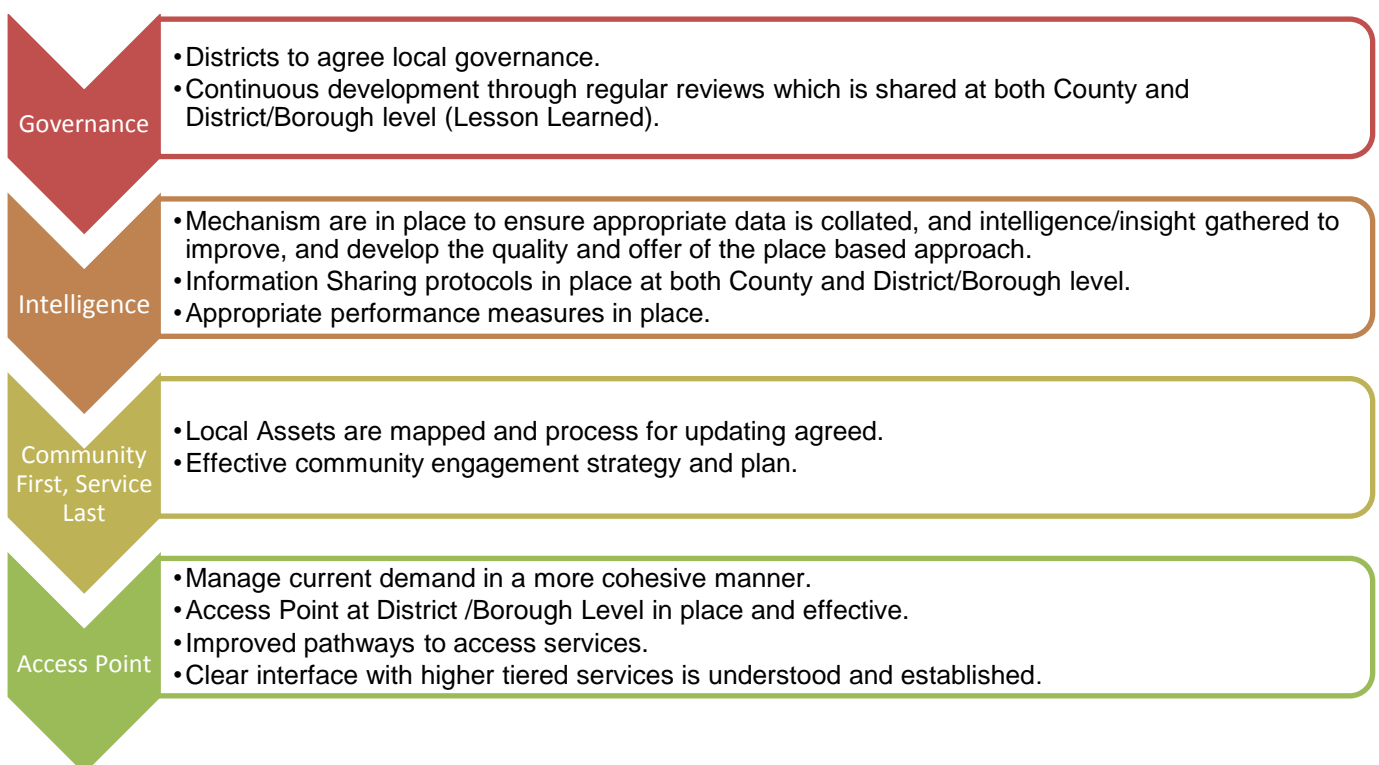
4.2. The focus of the two pilots will initially be upon children, young people and families with an ambition that this be extended to include vulnerable adults within communities. This ambition is shared with a range of partners at both District/Borough and County level.

4.3. Appendix 4 provides an overview of activity which has taken place to date in Newcastle-under-Lyme and Tamworth. Discussions are currently in the initial stages and plans being developed. Current county-wide platforms have not enabled effective engagement with schools so the PBA provides an effective platform to enable robust discussions with schools with the aim to improve outcomes for children, young people and families. These discussions have taken place at both Newcastle-under-Lyme and Tamworth as well as the other six Districts/Boroughs across Staffordshire.

4.4. Appendix 3 provides the key elements of PBA across Staffordshire and locally partners are working together to shape a model that involves (based on feedback from the pilot areas):

- Sharing information at the earliest point to ensure the right help is given at the earliest opportunity.
- Embracing a 'community first' philosophy when working with children, young people and families and maximising the use of community resources to provide support. Services will provide appropriate support if the needs can not be met within the community. Where there are safeguarding concerns, there will be clear referral pathways to signpost cases to specialist safeguarding services.
- Building on existing successful initiatives, for example: Building Resilient Families and Communities (BRFC).
- Commissioning and reshaping support for families to meet local needs, identify and deal with root causes and enables demand to be managed effectively.
- Making best use of local resources and assets, such as, schools, GPs, community centres, voluntary groups and community leaders.

4.5. In order to deliver PBA within District/Boroughs, the following components have been identified as key to the success of its implementation:

Governance
- Districts to agree local governance.
- Continuous development through regular reviews which is shared at both County and District/Borough level (Lesson Learned).

Intelligence
- Mechanism are in place to ensure appropriate data is collated, and intelligence/insight gathered to improve, and develop the quality and offer of the place based approach.
- Information Sharing protocols in place at both County and District/Borough level.
- Appropriate performance measures in place.

Community First, Service Last
- Local Assets are mapped and process for updating agreed.
- Effective community engagement strategy and plan.

Access Point
- Manage current demand in a more cohesive manner.
- Access Point at District /Borough Level in place and effective.
- Improved pathways to access services.
- Clear interface with higher tiered services is understood and established.

4.6. High level draft plans to deliver the PBA in Newcastle and Tamworth are detailed in Appendix 5.

4.7. South Staffordshire are currently engaging in discussions to test the PBA concept, as discussions progress, these will be shared with the appropriate partnership boards.

4.8. The PBA approach will be evaluated to monitor the progress of the pilots and share learning with other Districts and Boroughs. Discussions are taking place with Centre for Health and Development (CHAD) on how PBA can be qualitatively evaluated and the Districts/Boroughs will identify success measures locally.

5. Other Locality Based Activity

5.1. Discussions are taking place with a range of key stakeholders involved in locality working to explore collaborative opportunities, for example, the Sustainability Transformation Plan (STP) prevention workstream and Public Health Social Model focuses on adult services and is seeking opportunities to work collaboratively with stakeholders at a locality level. The PBA should attempt to align with the Public Health Social Model and STP 'New Models of Care' work where 23 localities have been identified across Staffordshire and Stoke-on-Trent.

5.2. Multi-Agency Risk Assessment Conference (MARAC) is the forum that discusses high risk domestic abuse cases within a partnership forum. A MARAC review is underway as partners have recognised that an increase in domestic abuse cases has placed pressures on all organisations and that the MARAC process has not changed to keep pace with new ways of working.

5.3. The aim of the MARAC review is to develop a blueprint for an integrated end to end domestic abuse process. Much of the work is carried out locally and supported by the central Multi-Agency Safeguarding Hub (MASH). The development of a MARAC process is complimentary to the development of local ways of working and could form a method of working that supports partners working together in a locality. As a result, it is recommended that where possible the development of this new domestic abuse process will be piloted alongside the PBA pilots before being rolled out across Staffordshire.

6. Links to Wider Children and Families System

6.1. PBA is a key component of the whole system as it will bring together public and community assets to:
- reduce demand to higher tier services,
- improve outcomes for children, young people, families by providing support as early as possible,
- build resilience and encourage independence within communities, and
- provide high quality statutory services when required.

6.2. The PBA pilots are part of a whole system transformation and their aim is to ensure that support and interventions occur at the earliest point therefore preventing escalation into higher tier statutory services. The PBA approach does need to be seen as a part of the whole system change and further work is being undertaken to provide strong support for those children and families who are on the 'edge of care', for example:

- The new Intensive Prevention Service has been established to help families in crisis. This has kept children from needing higher level specialist services and has avoided the costs associated with this. Over the year, a total of 151 young people ceased to receive a service from Intensive Prevention. Of these, 85% remained living with their parents or other and 23 young people entered care. Comparing the living arrangement at the point of referral to the arrangement at the case conclusion, shows a similar pattern – low numbers of children have entered and remained in care.

- The Breathing Space project is targeting support to families who have had a child removed from their care to reduce the likelihood that any subsequent children will need to be taken into care too. 12 babies were born between April 2016 – March 2017, of these:
  - 11 of these babies returned home to parents following the birth subject to Children In Need (CIN), Child Protection (CP) or Interim Care Order (ICO) at home.
  - 1 came into care subject to ICO however was later placed in the care of father.
  - All 12 of the mothers engaged in both Mellow Bumps and Practical Parenting programs delivered by the project workers one to one.
  - 10 of the babies fathers were also engaged within the parenting programs.
  - A program of Dads work was trailed with one father assessed as the main carer successfully.
  - 6 of the babies mothers engaged in the Freedom Program one to one with the project worker

- The Intensive Family Support Service has been developed to target support to parents who misuse drugs and alcohol, as this is a common cause of wider problems in the family. So far 91 families with 194 children have completed the programme; of which 165 (85%) have remained united with their families.

- 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 FIP teams consist of key workers from a range of organisations including: Families First, Police Community Support Officers (PCSOs), Housing Providers and Voluntary/Community Sector partners. The FIPs are showing evidence of preventing families entering higher tier services.

6.3.   As discussed earlier in the report, whilst the focus of the model is on children and families, the model could be adapted at a locality level to address increased needs of adults, particularly those without a family.

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Appendix 1: Description of Family System model

Resilient and self-supported families and communities

What is the Vision? An environment (resilient community) where families, children and young people are well informed and able to help themselves

How will it work?
- Relevant, accessible and up to date information available through a range of formal and informal channels to families and communities
- Targeted information and advice / awareness raising campaigns based on community issues
- Community 'touch points' in places that make sense
- Better use of technology to promote information and behavioral campaigns (phone apps)
- Intergeneration projects that tackle the cycle of entrenched behaviors
- Joining up people in communities, increasing positive community role models
- Place and market shaping
- Solution focused district and parish councilors who support community behaviour change
- Promotes personal and community responsibility

Who is it for? Communities

How will we know it is successful?

- Improving opportunities / behaviors and outcomes

How is it different?
- Targeted IAG into communities (based on issues identified in that community)
- Local businesses, the universal services and the community themselves plays an active role in IAG
- Active behavioral change approaches to address long standing and inter generational problems
- Recognizes talents and assets rather than needs and issues, stimulating a culture of 'we can do it ourselves'

What will need to change?
- Culture – pro-active and focused on root cause, using data and evidence base
- Working with local business, communities and universal services to have an active role in IAG and connecting people
- Staffordshire Cares includes children and families and supports localized information portals
- More work with the CVS improved outcomes
- Support CVS to apply for funding
- Pro-active approach to market shaping
- All council and partner services in the area play an active role in IAG
- New training for parish and district counsellors

Skilled & Supportive Communities

What is the Vision? An environment where communities (people, universal services and businesses) around children, young people and their families are skilled and confident to positively help open another

How will it work?
- Trained community navigators, mentors, ambassadors and champions
- Growth of community interest companies, charities, social enterprises set up by local people to help and support local people
- Growth of new community funding methods (e.g. crowd funding, donations)
- Stimulate greater use of community assets (e.g. time-banks and swap shops where people can exchange skills)
- Universal provisions, the community and local business have the skills to help families and take a solution focused empowering approach
- Stimulate the growth of charities and voluntary organization based on what will help the most
- Social impact bonds and payment by results methods

Who is it for? All children, young people and families and the people they interact with in their community

How will we know it is successful?

- Improving opportunities / behaviors and outcomes

How is it different?
- Active market shaping – working with universal providers and CVS to stimulate the right environment
- Empowering responses to peoples problems – educating them to help themselves and connecting them to the community
- Local businesses, the community and universal services have a more active role
- New models of delivery and funding
- Asset focused

What will need to change?
- System Culture – pro-active and focused on root cause, using data and evidence base
- Front line culture change - empower people to do it rather than 'refer' or do it for people
- Greater work (and more partnerships) with the CVS to stimulate the growth of the sector and attract new funding
- Closer links between all tiers of services
- Support services in closer proximity to universal services, to up skill and give people confidence (co-location around school cluster for example), giving a better understanding between the two about their roles in supporting families and communities
- Online and local methods to help communities connect
- Improved intelligence from the top end of the system (root cause) to market shape in this part of the system
- Training for the community and investment on community instigators/champions/navigators

Community & Services Working Together

What is the Vision? Developing an environment that enables the community, voluntary, local businesses universal services and statutory services to work together to jointly find solutions that support children and their families

How will it work?
- Statutory services are co-located around universal services
- There are strong local partnerships between community members, services and local business who work together to develop local solutions, accessing or developing the community to respond in the first instance
- Targeted Brief interventions run by the community members and services together – upskilling the community and universal services over time
- Greater investment in upskilling the community and CVS
- Local alliances/co-operatives between communities, services and business who jointly apply for funding and share resources and skills
- Community commissioning funding pooled / local commissioning
- Stimulating growth of social investment
- Skills sharing across services (e.g. peer auditing)
- Increased amount of proactive, targeted interventions in an area based on local needs (partnership responses)
- Sharing local intelligence
- Trained community navigators, mentors, ambassadors and champions

Who is it for?
- Children and Families who are identified as needing additional help
- Children and Families where issues have occurred
- Children and Families de-escalated from targeted support
- Local communities identified as having multiple risk factors

How will we know it is successful?

- Improving opportunities / behaviors and outcomes

How is it different?
- Partnership and community responses rather than just services responses – joint ownership of an area
- Proactive, targeted approach based on risk factors
- A move away from referral
- Community commissioning pots with innovative funding solutions
- Locally driven and owned
- Clear performance targets
- Developing the role of the 3rd sector and other key partners and people in localities
- Effective working practices across the board regarding information sharing

What will need to change?
- Building confidence, capability and capacity in the community
- Culture – internally and amongst partners / communities; pro-active and focused on root cause, using data and evidence base
- Attitudes to risk and attitudes to how support is provided
- KPIs and measures to focus on outcomes for children and families
- Raising awareness of when / how things can go wrong so that appropriate support can be accessed at the appropriate time
- Infrastructure support to help glue partnerships and maintain and develop localised intelligence
- Joint community and service workforce development

Multi-agency services responses

What is the Vision? Developing an environment that identifies and engages promptly with family units in need of support to enable them to regain and maintain an independent family life

How will it work?
- Local services work in partnership to create local team, pool resources, funding and skills e.g. build on the good practice of LSTs
- Resources are allocated to areas based on need
- Multi-agency local support is clustered around local universal services (schools, early years providers, health centres – so all services can work together more effectively)
- Resources are available / targeted based on need
- Partnerships receive joint training on brief interventions/ evidenced based interventions that will make a big difference to the community they work in
- Families are allocated a key worker / lead professional who engages with the family and other professionals to arrange support
- Local teams take a proactive approach and work with people in the local area before referrals are made
- There is a clear triage system across the partnership and a help and advice method
- Targeted brief interventions are offered where it is necessary to do so
- Support is provided to the whole family not just the child, so resilience is improved and root cause addressed
- Teams are incentivised against performance targets

Who is it for?
- Children and Families who are identified as having multiple / complex needs
- Children and Families where multiple issues have occurred
- Children and Families de-escalated from statutory services
- Local communities that have long term, ingrained challenges

How will we know it is successful?

- Improving opportunities / behaviors and outcomes

How is it different?
- There are local teams which are truly multi-agency and resources across teams are pooled and shared
- Workforce development is joined up and relevant to the skills required for supporting that community
- All partners have a role to play in Early Help
- The threshold for help from a team are 'higher'
- There is a key worker response who works with the whole family

What will need to change?
- Culture - working together to deliver a response and running a key worker approach; working as a multi-agency team; pro-active and focused on root cause, using data and evidence base
- Developing a working relationship with the community and approaches to grow community resources first to solve problems
- Targets to increase community capacity and reduce service responses
- Attitudes to risk
- KPIs and measures to focus on outcomes for children and families
- Policy, process and ways of working to enable teams to work together

Statutory Services Responses

What is the Vision? Developing an environment where vulnerable families, children and young people are supported at and for the right time by the right services, in order to return to independent family life as quickly and safely as possible

How will it work?

- Multi-agency approach across statutory services (Safeguarding, Police, Mental Health, SEND, Youth Offending)
- Co-located statutory response hubs across agencies
- Intensive prevention approaches (proactive approaches to identifying most vulnerable and taking action before they come into the system)
- Rehabilitation approaches and active step-down working with multi-agency teams
- Personalised / Managed budgets (by service users)
- Local commission /spot purchasing relevant to families need
- Enhanced regional approaches
- Active family and community approaches to build resilience of the most vulnerable
- Commissioning is integrated and commissioners work to design and commission integrated service responses
- Locality delivery in areas of greatest demand
- Families will know how and when interventions will cease
- Addresses root cause to prevent re-referral
- Shares intelligence to inform root cause and Early Intervention Indicators for learning up stream

Who is it for?

Covers children, young people and families in the statutory parts of the social care (Children in Need – S17 Children Act definition; LAC; safeguarding; adoption), mental health, SEND (a proportion of) and YOS systems and partners statutory responses for vulnerable people (e.g. Police, Housing, DWP)

How will we know it is successful?

- Improving opportunities / behaviors and outcomes

How is it different?

- Integrated commissioning and delivery across all key partners
- Family and community focus
- Multi-agency co-located teams across statutory services
- Proactive prevention and rehabilitation
- Funding and payment methods
- Demand led

What will need to change?

- Culture – working together; pro-active and focused on root cause, using data and evidence base; locality working
- Power and control of individual agencies
- Attitudes to risk internally and across partners
- Proactive funding teams
- Skills and capabilities – to work in new ways across family and community
- System and process

Appendix 2: Overview of District/Borough Pilots

District	Summary	Key Outcomes	Headline KPIs
Cannock: Chadsmoor & Western Springs Community Family Intervention Service	A coordinated community led universal and Tier 2 family intervention. Referrals are received from partners and other agreed referral/vulnerability identification processes. This Pilot supports: • children and families to utilise universal services and build resilience; when issues arise the aim is to prevent escalation to Tier 3 services; • an exit strategy for those families de-escalating from Tier 3. The commissioned service aims to support 150 families over 12 months across the two providers Key workers were fully trained and working with families from October 2016.	• Demand on statutory services is reduced • Improved family wellbeing with emotional needs met or supported • Improved community safety • Children are kept safe • Education and learning improved • Boundaries/behaviour in place and improving • Improved social networks • Personal responsibility is increased	• WCFC to work with 75 families not supported by any other agency, within 12 months • CESS to work with 50 families not supported by any other agency, within 12 months • Increase the number of families accessing community led early intervention • % of families reporting improved outcomes by analysis of outcome star e.g. - 30 families all increased with regards to effective parenting. • Reduce the number of referrals to LST in the two areas
East Staffs: Shobnall Community Hub	This pilot is working to strengthen community assets in Shobnall Ward, bringing together VCS and statutory services with the community to provide a tailored local offer which addresses root cause. A structured community engagement programme has enabled local residents to articulate their needs. There is a focus on early identification of families in need; developing new ways of working with communities to promote engagement and building capacity e.g. peer support models and volunteer programmes. The pilot mobilised in November 2016, following three successful engagement events. This pilot is being informed and developed by community engagement and VCSE support.	• Partners commissioning resources are more aligned & address root cause • Demand on statutory services is reduced • Community capacity exists to support families in need • Families are more resilient • More local people engaged in volunteering • Partners more involved in Early Help	• Information, advice and guidance – ensuring people who live in the Shobnall know what service are available to them • An increase in the uptake of Think2 places and Children Centre attendance • An increase in the number of people in paid or voluntary work, focussing on twelve families identified through BRFC in this ward • A reduction in Anti-Social Behaviour in the local park within Shobnall.
Lichfield: Community managed family centres in Burntwood	This pilot focuses upon the development of community-based solutions to support families with babies / pre-school-age children, where there are known lower level risk factors & potential for earlier and less formalised intervention to have a significant longer term impact. The pilot is being managed and delivered in partnership with Spark CIC and Burntwood Childcare Hub (virtual). This includes the development of a single virtual front door, partnership integration, community delivered activities, data capture of participation and outcomes, & technology development, VCS funding bid capacity development and development of a "how to" guide for others interested in establishing community managed family centres.	• More children school ready, achieve educational milestones and potential • Demand on statutory services is reduced • Families are empowered to access support earlier from within their community • Reduced numbers of CiN/CP/LAC • CYP&F are in good physical/emotional/ mental health and are protected from harm • Communities are supported to support themselves	• Increase Early Years reach (by Wards) quarterly • Maintain Early Years reach (0-30% wards) • Increase Children's Centre registrations (by Ward) quarterly • Increase Early Help Assessments held by community groups • Increase Free Pass attendance at community groups in Burntwood • Increase free pass issues in Burntwood

District	Summary	Key Outcomes	Headline KPIs
Moorlands: Children and Family Approach	The Staffordshire Moorlands District Pilot is focused on the Leek North ward and is seeking to compliment and develop existing and planned activity in the District which is being coordinated and governed through the Moorlands Together Partnership. Visyon was commissioned earlier this year to deliver the Early Intervention element of the District Pilot. Visyon supports the emotional health and well-being of children, young people and their families through the provision of a range of services, including one-to-one therapy, group work, mentoring, therapeutic play and family support work. The District Pilot is open to all Schools in the town and is part of a wider programme of activities to improve outcomes for children, young people and families in Leek North.	• Reduction in the referrals to agencies locally • Families are supported at an earlier stage and are less likely to need future interventions	• Increase the number of children and young people accessing the service provided by Visyon. • Increase the number of children and young people, seen within 10 days of a referral. • Increase the number of children and young people who engaged in the service and achieved the desired outcomes. • Reduce children and young people requiring support from the Local Support Teams. • Increase the number of children, young people and families who are involved in other initiatives to support communities such as the Food Cooperative.
Newcastle: Information Sharing and Girls Empower-ment	Two pilots will be delivered in Newcastle, providing preventative, Early Help and targeted support to young people at risk of/ or victims of CSE ('Girls Empowerment Project') and exploring the potential for a local intelligence hub. The Girls Empowerment pilot will build on an existing project by promoting positive, preventative activities, 1:1 and group work. The information sharing pilot will assess the viability of a local intelligence hub, exploring the development of a pathway for partners in dealing with early concerns and will also support the shared information requirements of the Girls Empowerment Project. Innovative methods for information sharing to support early help and prevention will be explored through a Tenshi Challenge. The Tenshi Challenge will develop a solution that will assist agencies and communities to provide low level support to families which should reduce the need for more formal or statutory interventions. We would envisage the solution would provide multi-platform secure access to information about our families. We are also asking for proposals that would support a Social Action/People Helping People element potentially through a Social Network offer to participating/identified families.	• Improved confidence and self-esteem for vulnerable young women • Satisfaction with the service received from participants • Young women reporting an improvement in their safety and wellbeing • Increased availability of support for young women • Reduction in demand for statutory services. • Improved educational attendance • Improved behaviour in school/training • Improved emotional wellbeing for vulnerable young women	• Improved educational attendance of participants • Reduction in fixed term exclusions of participants • Percentage of participants reporting improvement in their emotional wellbeing • Percentage of participants reporting improvement in their confidence and self-esteem • Percentage of participants reporting an improvement in their safety and wellbeing • Percentage satisfaction reported by participants • Percentage satisfaction reported by participating schools • Reduction in the referrals into the LSTs • Provider reporting progress towards self-sustaining model for support for young women
Stafford: Multi Agency Centre +	The pilot has been designed to reduce high end demand through providing early (Tier 2) multi-agency support mechanisms within schools linked with community resources, capacity building and development which supports children and families at the earliest stages and helps to identify early support requirements. This pilot builds on BRFC, and Safer Schools Initiatives, leading to skilled and supported communities. Five schools have been identified in the first phase covering primary schools, secondary schools and one Pupil Referral Unit.	• Families are more resilient & supported in & by their local community which has capacity • Fewer (repeat) referrals to Tier 3/4 services • Fewer CiN/CP/LAC • Effective information sharing • Reduction in persistent absence rate • Commissioning resources	• Reduction in the referrals into the LST • Referrals into LST - reduction of CIN and CP • Reduce the rate of re-referrals into the LST • Improve the level of pupil premium attendance • Improve the level of FSM attendance • Reduce Pupil premium behaviour incidents • Reduce the number of behaviour incidents of students on Free School Meals • Reduce the number of fixed term exclusions

District	Summary	Key Outcomes	Headline KPIs
	To date, two have been selected, one is mobilised and a resource base within the second school has now been identified and work will now begin to identify and work with appropriate families.	effective/aligned • Partners play a greater role in Early Help	• Reduction in the number of young people's ASB outside school • Reduction of referrals to CAMHS • Number of agencies working within the MAC • Number of voluntary sector organisations engaging with families from the school.
South Staffs	This pilot focuses on a school cluster approach to family support addressing the root causes of presenting issues. Embracing principles of BRFC, Early Help and social action, the work focusses on identifying existing resources available within the schools and the local community and how these can best be engaged , coordinated and shared across the cluster to address root causes with a strong emphasis on empowering families to become resilient and bridge the gap between school and community resources through a multi-agency approach and commissioned tier 2 service	• Improved parenting skills • Improved emotional wellbeing of the whole family • Community safety is improved • CYP have a home environment conducive to learning and achieving	• Reduction of referrals into LST • Reduction of persistence absence • Reduction in exclusion rates • Reduction in behaviour incidents in school • Reduction in the rate of re-referrals into LST • Increase the number of families supported through community organisations • Reduction in the level of YP ASB • Number of YP signposted to positive activities
Tamworth: MAC Family & School Partnership Programme	This pilot has a three-phased approach: (i) Multi Agency Centre (MAC) development; MAC provision in academy setting, includes pastoral staff support to coordinate the MAC and attending agencies. (ii) Emotional health support; Enhancing the skills and capabilities of professionals to support children and young people experiencing Tier 2 (mild/moderate) difficulties with their emotional health and wellbeing. (iii) Targeted family support (BRFC principles); commissioning a Tier 2 family support service for identified families. Malachi (tier 2 family support provider) was commissioned in September and began work with families in October 2016 after developing the relevant process and pathways with the local support team and schools.	• Underlying family issues identified/addressed • Children kept safe and emotional needs met • Families achieve their goals • CYPF have good physical/emotional health • Children are supported in their learning • Parental employment/skills development • Families have improved household finances • CYP have a stable/secure home environment	• How many referrals per family have been received into the LST - Reduction in referrals to LST • How many re-referrals (family) have been received into the LST -Reduction in re-referrals to LST • How many families were allocated and received LST intervention - Reduction in LST intervention • How many referrals (family) have been received into Children's Social Care - Reduction in referrals to Statutory Children's Social Care • How many re- referrals (family) have been received into Children's Social Care -Reduction in re-referrals to Statutory Children's Social Care • How many families were allocated and received Children's Social Care S17 & S47 intervention -Reduction in Statutory Children's Social Care Intervention S17 & S47 • How many referrals (family) have been received into CAMHS - Reduction in referrals to CAMHS • How many families have received CAMHS intervention Reduction in Higher Tier Intervention • What was the attendance rate for RAWLETT & TEC -Increase in Attendance Rates • What was the educational attainment rates for RAWLETT & TEC - Increase in Educational attainment rates • What are the permanent exclusion rates for RAWLETT & TEC - Reduction in Permanent Exclusion rates • What are the fixed exclusion rates for RAWLETT & TEC - Reduction in Fixed Exclusion rates. • What are the rates of NEETS for young people that used to attend RAWLETT & TEC - Reduction in NEETs

Appendix 3: Children and Families Place Based Approach Concept in Staffordshire

Definition of a Place Based Approach for Children and Families	A collaborative approach using the right resources (multi-skilled teams, universal services, voluntary sector, communities, etc.) at the right time to improve outcomes for children, young people, families, vulnerable people and communities in an identified locality.
Aims	- Communities will become safer and healthier - Inappropriate, repeat and future demand for public services will be reduced by identifying and tackling problems earlier. - A more effective collaborative approach to the planning and delivery of support will be adopted, helping people to better help themselves and others - A resilient and sustainable system that is 'fit for the future' focusing on prevention and early help will be designed. - All stakeholders will benefit from the operating model.
Shared Principles	- Build on good practice of existing initiatives whilst removing duplication and streamlining / redesigning services. - Make better, collective use of our assets, resources and knowledge. - Ensure our decisions are evidence-based. - Use intelligence to effectively target resources to meet the local needs. - Address the presenting issue and the root cause factors. - Engage appropriate stakeholders in planning and delivery. - Be flexible in our approach and learn from emerging ideas and practice. - Address and resolve barriers and issues that arise.
Approach	- Joint understanding and ownership of an area and the associated issues. - Shared aspiration and approach which reflects local needs. - Ensure we have the right resource capability, competences and behaviours in the right places. - Focus on prevention and early help as an approach rather than a process. - Identify and proactively intervene within potential geographical hot-spot areas, vulnerable communities or seasonal issues. - Recognise and encourage community capability and capacity to grow to achieve maximum impact and sustainability. - Use intelligence to inform wider commissioning intentions to better meet local needs. - Build an evidence base to demonstrate success and to share learning. - Develop a shared risk appetite. - Develop appropriate high level central governance arrangements that effectively interfaces with existing local structures.
Existing decision-making forums	
Strategic Direction of Travel	Partner have agreed that the Place Based Approach not to be limited to addressing issues from increasing demand and fiscal challenges for children and families but to take a more ambitious approach. However, it is also acknowledged that by starting with children and families, in two geographical locations, a platform will be generated on which to build a county wide, consistent, evidenced based approach to dealing with the demand partners share across Staffordshire.

| | | The above describes the high level Place Based Approach concept which would be the same across Staffordshire but the models designed at District/Borough level by partners will be tailored to meet the needs of local communities. Pilots are currently underway to test the 'proof of concept' at a locality level and there is a two-way dialogue between the Local Strategic Partnerships and the Families Strategic Partnership as this progresses. | |

Appendix 4: Overview of Place Based Approach Pilots

Pilot	Overview of workshop discussions	Key Findings / Themes	Next Steps, including high level timescales

Newcastle-under-Lyme	Newcastle has held two workshops in April aimed at operational staff and managers. Organisations that attended represented those that work with children, families and vulnerable people.	Key findings included:
		• Some participants felt we 'have been here before'
		• Some frustration at lack of pace of change
		• Recognition that whole sector engagement is key along with change in culture towards resilience and away from services.
		• Information sharing at the earliest point is important to give the right earliest help.
		• We have to avoid 'demand shunting'.
		• Schools are key in delivering the change required
		• All agencies and partners are committed to making change happen and understand why it has to be made
		• A significant amount of valuable data and feedback received.
			• Consider and analyse feedback and data received
			• Integrate current Pilot work into PBA
			• Focus on 3 key areas:
			  o Community Resilience, Prevention and Earliest Help
			  o Demand Management
			  o Commissioning and reshaping of support to families
			• Develop an engagement and communications plan.
			• Follow-up workshop late Summer.
			• Understand our long-term aims and short/medium term deliverables and develop a project plan
			• Build the relationship between the Place Based Approach Task and Finish Group and the Secondary Head Teachers Partnership Group.
			• Understand the underlying culture change necessary to implement our agreed requirements.
			• Build on the successes of BRFC and broaden the principles to wider areas of work

Tamworth	Tamworth held two workshops in March aimed at operational staff and managers. Organisations that attended represented those that work with children, families and vulnerable people. The workshops informed partners of the background to the Place Based approach and looked at case studies and focussed on:
	1. What could have been done differently?
	2. How might we achieve necessary change?
		Key themes identified in the workshop include:
		• Earliest Help is in the community
		• Identify and deal with root causes
		• Knowledge sharing across the organisational and communities
		• Improving here and now (Development of a local multi agency model)
			• Staffordshire County Council, Tamworth Borough Council and Staffordshire Police met on 24th April to progress beyond the 2 workshops.
			• Local ownership via the Tamworth Strategic Partnership.
			• Coordination & Delivery Group with appropriate senior representation to lead. 1st meeting set for 12th June.
			• Task & Finish Group approach to progress the 4 identified theme areas
			• Focus on the 4 key themes identified in the workshop and:
			  o Collate and use shared knowledge and insight
			  o Agree approaches and priorities for change and identify success factors
			  o Deliver targeted, realistic initiatives and monitor outcomes
			• Virtual Communication with Tamworth Partners
			• Repeat multi agency workshop to be held in October 2017.

Appendix 5: High Level Draft PBA Implementation Plans

Tamworth Place Based – Action plan

Theme/Work-stream	Aims (deliverable by October 2017) & Outcomes	Lead	Considerations/Actions	Progress
Here and Now (collaborative working)	Establish an action focused multi agency hub approach to dealing with children, families and vulnerable people by October 2017 Hub is operational and roles are clear Systems in place to utilise intelligence Objectives for further development defined and plan for development in place **Outcomes:** Improved joint working, communication and coordination between agencies. Reduction in demand in service areas	Jason Nadin	scope the current hub approach Consider; • Needs and requirements of participating agencies • Process • Relationship to other groups • Name • Terminology • Membership? • How do we utilise the hub as an intelligence gathering tool • Establish performance measures?	JN to establish T&F Group to progress hub development Police, TBC & SCC in agreement that we should avoid creating additional front doors or increasing/shunting demand to partners. CH – Families First supportive re assisting development. KJ – TSU to scope the hub
Earliest Help in the community	To embed and implement the Early & Earliest Help approach To understand local organisational offers such as SCC Children's Services new structures and other organisations service offers. **Outcome** Supporting communities to help themselves. Supporting communities to offer the earliest help to children, families and vulnerable people	Tim Leese, Rob Barnes, Cheryl Rice	To identify and understand what early & earliest help is available across Tamworth To understand and join up organisational approaches to early & earliest help to communities. To align the SCC People Helping People approach. with the TBC Community approach and other organisational approaches, To communicate the new SCC children's services structures and local impact of changes. To understand and link in; • BRFC Accreditation Scheme & PBR, • Schools Grants, • 0-19 Contracts.	Agreement for TSU to assist in scoping out what is available across Tamworth.
Intelligence (using knowledge and creating insight)	Establish system to utilise the Tamworth hub/place based intelligence to inform; Root cause theme Service design, Local commissioning, Development of local initiatives Exploration of root causes	Rob Barnes	To be developed following further development of the hub. Scoping linked and aligned to the TSP exercise regarding intelligence and data insight.	Dependent upon learning, knowledge and experience from the development of the hub approach

Theme/Work-stream	Aims (deliverable by October 2017) & Outcomes	Lead	Considerations/Actions	Progress
Root Causes	To identify and understand root causes in target areas To target and tackle root causes to ultimately reduce demand in children's, families & vulnerable service systems **Outcome** Reduction in demand in service areas	TBC	To be developed following further development of the hub Understand what is root cause and its impact	Dependent upon learning, knowledge and experience from the development of the hub approach
General	Coordination and Delivery Group established	All	Needs recognition and empowerment Part of TSP- model for work on other issues	Meetings set for 12th June.
General	Follow up Multi Agency Workshop to be held in October	All	Date and venue to be confirmed	

Newcastle Place Based – Action plan

Theme/Work-stream	Aims (deliverable by October 2017) & Outcomes	Lead	Considerations/Actions	Progress
Local Strategy	**Outputs:** • Local Strategy Statement • Outcome Measures • Insight and Intelligence required	Mark Hewitt	First draft of Newcastle PBA strategy - By end of June	
Access & Triage	**Outputs:** • Develop Access and Triage design. • Develop community access routes. • Take full advantage of opportunities offered through public sector hub.	Sarah Moore	Paper going to PSH steering group, covering proposals for the Hub - End June Informal agreements on proposals to be signed off with service leads prior to PSH steering group meeting - End June Move to Castle House - Mid September Agree format/regularity of MA Triage - End July	

IAG & Engagement	**Outputs:**
	• Complete Asset mapping
	• Design strategy for accessing information for assets. Engagement Plan
	• Mapping and Engagement of wider stakeholders.
	  • Adults
	  • Communities and Voluntary
	  • LEP
		TBC	Confirm group Membership and Deliverables - Mid July	

Funding and Commissioning	**Outputs:** • Investigate funding approach and opportunities • Develop Commissioning Framework/Aspirational Model • Performance Measures	Craig Chorlton	Confirm group Membership and Deliverables - Mid July	