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HEALTH AND WELLBEING BOARD

Tuesday, 23 April 2013 at 6.30 pm
Room 1, Civic Centre, Silver Street, Enfield, EN1 3XA

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Dear All

To Follow Papers

Please find attached the papers marked as "to follow" on the agenda for the next meeting of the Health and Wellbeing Board

Item 7.3 Improving Primary Care Sub Group Update

Item 7.4 Children's Services Change and Challenge Programme

Please bring these papers with you to the meeting next week.

If you have any queries in the meantime please contact me, details above.

Thank you

Yours faithfully

Penelope Williams
Board Secretary

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Health and Wellbeing Board
23 April 2013

Agenda – Part: 1	Item: 7.3
Subject: Update - Primary Care Strategy for Enfield	
Date: 16th April 2013	

REPORT OF:

Contact officer and telephone number:

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1. EXECUTIVE SUMMARY

This paper updates the Health and Wellbeing Board on work to date to implement the primary care strategy across the borough of Enfield.

The paper describes the work in progress to deliver the primary care strategy in Enfield.

There are 25 approved schemes with a budget allocation of £2.7m in 2012/13 which has been fully committed.

The project team will report jointly to the CCG and the Health and Wellbeing Board.

2. RECOMMENDATIONS

The Enfield Health and Wellbeing Board are asked to note the report.

NHS Enfield – Primary Care Strategy

NHS Enfield Primary Care Strategy
April 2012- April 2013 Update

1. Introduction

This paper updates the Health and Wellbeing Board on work to date to implement the primary care strategy across the borough of Enfield.

2. Background to the Primary Care Strategy

In Jan 2012 NHS North Central London published a Primary care Strategy to:

Improve access
Improve patient experience
Improve Health Outcomes

for the populations of Enfield, Haringey, Barnet, Camden and Islington – the five boroughs that comprise NHS North Central London.

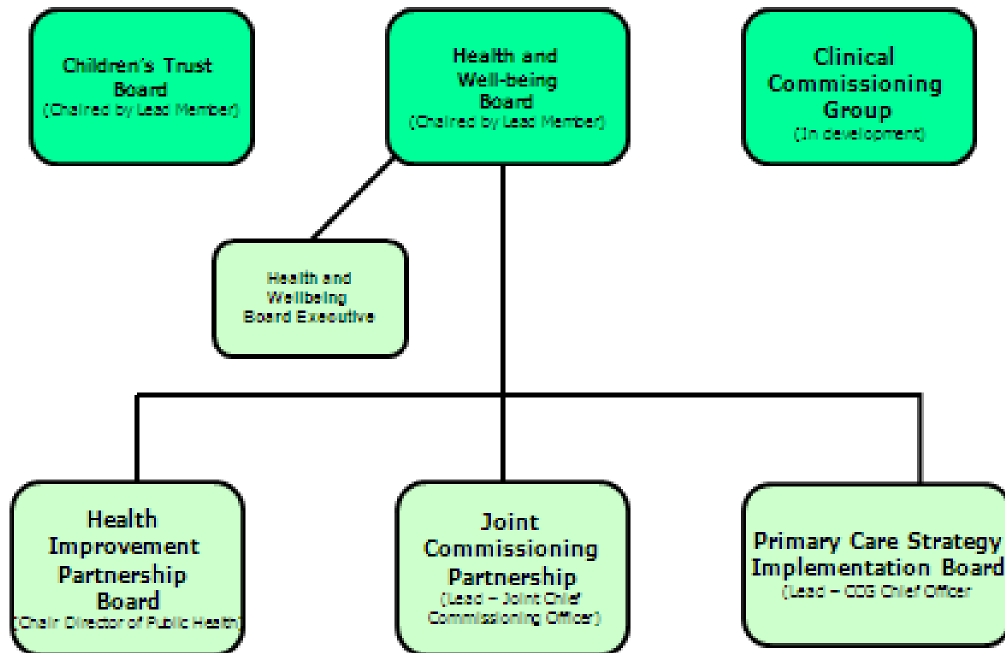
In order to support the delivery of that strategy NHS North Central London committed £47m over three years, of which Enfield will have £11m over the years as £3m, £4m and £4m.

In June 2012 NHS Enfield published an Implementation plan following consultation with local stakeholders including GPs, public, council members and representatives of interest groups. This dialogue has remained open throughout the delivery of various schemes being implemented in order to further test, refine and monitor progress.

3. Link with Health and Wellbeing Board

The Health and Wellbeing Board established a work group now known as the Primary Care Strategy Implementation Board (PCS IB) comprising of local NHS managers, GP's, pharmacy representatives, public, council and public health to oversee the development and implementation of schemes aimed to deliver the improvements set in the strategy documentation. The table below shows how this fits within the governance arrangements for the Health and Wellbeing Board.

Structure Chart
Health and Well-being Board



The work of the Primary Care Strategy Implementation Board is committed to both the vision and objectives of the Health and Wellbeing Board.

'Our vision is for a healthier Enfield, where everyone is able to benefit from improvements in health and wellbeing. We want to reduce health inequalities in Enfield and for its people to have a healthier, happier and longer life. We want Enfield to be a healthy and happy place to live, work, raise a family and retire in'.

4. Update on the Primary Care Strategy

There are a number of schemes and enabling workstreams that continue to be monitored through the Primary Care Strategy Implementation Board that is chaired by the Medical Director of Enfield Clinical Commissioning Group (CCG). These schemes include:-

4.1. Improving Access

It is recognised that people in poorer neighbourhoods often make increased demands on health care, due in part to additional needs, but also where issues with delivering services fails, due to processes of accessibility, language or affordability of treatment. Several schemes developed locally aim to improve access to primary care these include:

4.1.1. Enhanced Access Scheme – where GPs are paid additional sums to deliver face to face and telephone sessions, adopt new practices in booking patients and using skill mix to better utilise GP time. Training sessions have been well attended (90 GPs and 60 receptionists) and 10 practices completing a detailed analysis of their demand and capacity and implementing a change action plan. Commenced January 2013, and has provided additional slots for 6,000 patient contacts to date.

4.1.2. Minor Ailment scheme – using pharmacy skills patients with minor ailments who need advice or simple over the counter medication can obtain a "passport" card to avoid a consultation with a GP, freeing up the practice time, better using their skills and providing patients with a one stop service. Service commenced January 2013 and is providing around 600 patient contacts per month. Some 5% of activity is referred back to GPs where presented symptoms warrant it.

4.1.3. Carers Health support – following the drafting of the LBE Carers Strategy the team have worked closely with LBE and the Carers Association on a small range of measures to improve health checks and access for carers with regards their own health needs. This will commence in March 2013.

4.1.4. Integrated Care – At a recent workshop on integrated care it was agreed that local GPs would pilot a scheme for patients seen as "frequent flyers" where traditional approaches in delivering their healthcare was failing. This commenced in Feb 2013. This work has involved multidisciplinary teams having case conferences and agreeing care plans for individual patients. To date over 60 patients have had their cases reviewed and is leading to a more integrated approach in care delivery.

4.2. Improving Patient Experience

Traditionally many complex services are delivered in hospitals. Increasingly those oldest and poorest in society find it difficult to attend hospital and find compliance with advice and treatment sometimes difficult. We have a number of schemes that provide additional training and education or equipment into GP practices. This means patients are able to obtain this higher level of care closer to home, increasing the likelihood of people being seen and treated and reducing the need to go to hospital for their care.

Such schemes include:

4.2.1. Deep Vein Thrombosis

Whilst this only affects a small number of patients each year, attending A&E for a simple investigation and treatment can be avoided through using a simple test at a local practice. Nine practices act as a hub to others across Enfield. Started in January 2013 with 11 patients being seen and treated in local premises.

4.2.2. Anti- Coagulation community service

Patients on long term warfarin therapy for clotting disorders who are stable (no change in medication) are able to have their blood tests and monitoring carried out locally. There is a quick referral back into the hospital should it be required. To start late April 2013, but pleased to report that training is complete and equipment installed.

4.2.3. Blood pressure Monitoring

It is recognised that across Enfield there is a high level of variation in delivering good blood pressure monitoring. Patients fail to attend sessions for checks and several patients suffer "white-coat" syndrome resulting in artificially high results when attending practice. This scheme uses two technologies – a wrist-watch style device that monitors pressure over a 24-hour period and downloads results to the doctors computer for analysis and the second a stand alone device in GP waiting areas so patients can drop-in for their check, results go into their records and they are called back if changes to medication are required. Eight devices have been installed with all practice locations being covered by June 2013.

4.2.4. Childhood obesity

Is a significant issue for Enfield, especially again in our poorer communities. Practices will be able to access specialist training to help provide a practice based register for obese children and a scheme training practice nurses to provide an enhanced level of support to families and children in dietary needs. Local delivery will improve both uptake of such services and outcomes. 50 practices have agreed to start a register.

4.2.5. Pain Management

Working with Chase Farm clinicians we have commissioned a service to support patients who have undergone unsuccessful treatment for pain and require further support in dealing with the long term effects of poorly resolved pain issues. The scheme will commence later in 2013.

4.2.6. Patient Experience

In order to track the experience of patients using Primary Care services we have invested in modern and extensive reporting and feedback services. Using tablet devices and other systems we will capture a wider range of patients in different settings to ensure we capture and respond to patient experiences.

4.3. Health Outcomes

Across Enfield we have diverse population, both ethnically and economically. The life span of the poorest is c10 years less than the wealthy. Whilst this is in part due to lifestyle choices, accessibility and understanding of health advice and treatment play a part.

A number of schemes assist with this aspect:

4.3.1. Chronic Obstructive Airways Disease (COPD) – using specialist nurses and providing each practice with equipment will see an increase in testing and prevalence of this illness which results in significant numbers of patients attending hospital unexpectedly. Started January 2013 with 14 practices having completed stage one and provided equipment.

4.3.2. Cancer Screening

Data shows patients in Enfield do not regularly attend screening opportunities to help prevent cervical, breast and bowel cancers. The team are putting into place specific processes to assist practices to identify patients who may benefit from more direct interventions.

4.3.3. Education and training and development of the workforce

During the consultation phase it became clear that practice nursing staff required additional opportunities to access update training and special skills treating for respiratory and cardiac illnesses.

Enfield also has challenges in recruiting GPs, with an aging group of practitioners. Utilising the mentorship of University College London (UCL), we are recruiting four newly qualified GPs to work in each locality. Half of their time will be spent seeing local patients as additional capacity (17,000 additional patient contacts). The remaining time will be split between teaching of new doctors at UCL and working across Enfield with other health professionals developing new care pathways and education of primary care teams to deliver enhanced local services. We are currently working with UCL on the recruitment processes.

4.4 Infrastructure Support

In order to directly and indirectly support these changes we have also undertaken significant steps to improve supporting organisational and infrastructure needs.

4.4.1 Enfield practices are being refreshed with new hardware (PCs, printers and iPads for doctors making home visits).

The clinical systems that hold patient records are being upgraded to cloud-based technology – to date 9 practices are now live on the new platform. Five systems that will no longer be supported by the supplier will be migrated to new systems.

We will provide a document management system to allow electronic discharge summaries from hospitals and help practices move towards a paper-less system with electronic prescribing.

Practices have started to use a text messaging system that allows patients to be reminded of appointments, health campaign information and to cancel an appointment no longer required. Early data show c170 appointments per month are available for re-use by practices.

4.4.2 The formation of clinical delivery networks is a key component of supporting patients in accessing a full range of services, not

traditionally available in smaller premises. The programme is supporting GPs to work together in defined localities with the aim of providing services that would otherwise not be available, and using peer-support for practices struggling to make health gains. One example of this is a new Local Enhanced Service (LES) for Coronary Heart Disease (CHD) where practices already achieving above average scores will be rewarded for assisting and sharing best practice with GPs who are underperforming.

4.4.3 We have provided £180,000 towards auditing all premises and grants for improvements such as flooring and sinks as well as access and toilet facilities. We aim to provide similar funding across all three years for this on going work. In addition the PCT is supporting several schemes aimed at providing refurbished or new build facilities including a joint venture with LBE at Ordnance Road.

The schemes are on target to spend 100% of the budget allocation in 2012/13 and 75% in 2013/14. The programme are working with stakeholders to ensure maximum gain from the remaining 25% to be allocated.

5.0 Next Steps

The Health and Wellbeing Board are asked to note the next steps for the programme which include:-

- Delivery of improved patient care
- Strengthening programme arrangements and governance through 2013/14
- Communicating the changes widely and effectively
- Continuing to strengthen partnership working
- Engaging more with local people and stakeholders
- Developing key performance indicators which are linked to the benefits realisation of the programme

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MUNICIPAL YEAR 2012/2013 REPORT NO.

MEETING TITLE AND DATE: **Health & Wellbeing Board April 2013** **REPORT OF: Andrew Fraser** Director of Schools and Children's Services	**Agenda – Part: 1**	**Item: 7.4**
	Subject: Change and Challenge Update **Wards: All** **Key Decision No:**	
	Cabinet Member consulted: Cllr Charalambous and Cllr Orhan	

Contact officer and telephone number:

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1. EXECUTIVE SUMMARY

1.1 This paper provides information to the Health and Wellbeing Board on the strategic and operational development of the Change and Challenge programme in Enfield.

1.2 This report gives an update on the following:

- breadth and scope of the project and the continuum of need and allied activity
- family identification with partners and stakeholders,
- development of effective referral mechanisms (Enfield's model now being seen as an example of good practice shared with other London LAs) (Attached at Appendix 1)
- commissioning activity and outcomes
- current family activity information and "attachment fee" information for 2013/14
- management transition arrangements
- Job Centre Plus
- Year 2 targets

2. RECOMMENDATIONS

2.1 This report requests that the Health and Wellbeing Board note the information and continue to engage with and promote the programme as appropriate as it contributes to achieving positive outcomes for Enfield's families.

3. BACKGROUND

3.1 Enfield's target is to turn around the lives of 775 families of over the 3 years of the DGLG Troubled Families Programme. To date the programme has had the following key characteristics:

- 3 areas of focus (these being: crime and anti-social behaviour, education and worklessness)
- crime and antisocial behaviour being the priority area for Enfield in the initial phase of the programme
- proposed refocused activity for year 2 (for April delivery) considering our priorities for Employment (adults pathway to work, NEETs, families in poverty) alongside the Education and Crime filters (youth crime, anti-social behaviour, persistent absence, school exclusion, as well as the consideration of substance misuse, domestic violence, gang involvement and child health and wellbeing)
- data sourcing, collection, cleansing and filtering
- proposals for greater partnership engagement, participation and reward as part of the local discretion permitted by the DCLG
- Programme launch date: April 1st 2012.

3.2 This report offers information on progress both in regard to continued strategic links in order to achieve a collaborative transformation through the life span of the initiative, and in terms of operational activity.

4 MANAGEMENT TRANSITION ARRANGEMENTS

4.1 The Board are informed that with effect from the 2nd April 2013, management of the Change and Challenge Programme has passed to Anne Stoker, Head of Parenting Support Service and Parent Commissioner. The move of the programme to this portfolio of services forms part of the wider transformation of services aimed at building resilience for future delivery. The role of the Change and Challenge Co-ordinator will be integrated into a new management structure aligning it more closely with other preventative services areas including the Parent Support Service, and the Homeless Young People's Project and the Asylum and Homeless Families Service.

5 SYSTEMIC TRANSFORMATION AND THE CONTINUUM OF NEED

5.1 It is clear that the Change and Challenge Programme does not operate in isolation, and must play its part in the redesign and transformation of services to families across sectors. The development of appropriate strategic links in the design and delivery will address a whole continuum of need, reduce duplication, increase joint working and learning, and engagement of agencies to a greater preventative outcome.

5.2 The development of the Single Point of Entry (SPOE) is a practical illustration of the transformation that is taking place through a pragmatic partnership approach to the assessment of family need. Having gone live at the end of 2012 the SPOE is already reaping benefits in ensuring a holistic and multi-agency response is made to presenting need, and appropriate agency referral is made with a lead professional assigned swiftly. Referrals are being made from a range of agencies including schools, clinicians and voluntary sector partners.

5.3 Further work is taking place to ensure our CAFs are fit for purpose, streamlined, electronic and appropriate for all key partners and eCAF is due to go live in April 2013. A further ICT system to integrate the identification process is in development (see 6.5).

5.4 Restructuring is taking place within the Council's Schools and Children's Services Department and under the "Building Resilience" pillar of the Leaner Programme. Services have been reconfigured under 3 leadership teams: Children's Services, Education Services and Commissioning and Community Engagement. Work is currently in place that makes significant changes to management structures within these 3 teams and affecting many of the services within. Full consultation processes are already either underway or planned as appropriate and implementation across the whole department should be completed in the autumn.

6 FAMILY IDENTIFICATION WITH PARTNERS AND STAKEHOLDERS

6.1 In order to identify the list of target families a host of agencies have been consulted and their data collected, shared and matched. These include:

- Civica Housing database
- Database of families affected by the welfare benefit reforms in relation to the housing benefit cap
- Open cases to the Education Welfare Service
- Current roll at the Primary Behaviour Support Service
- Current roll at the Secondary Tuition Centre and families known to the Secondary Support Service
- Open cases to the Children in Need Service
- Young people known to the Youth Support Service who are NEET or on the Teenage Pregnancy database
- Open cases to the Youth Offending Service on both databases
- ASB cases known to Enfield Homes
- Persistent absence data (from the schools census)
- Exclusions data (from the schools census)
- Gangs and call in list
- CAF database
- Data from 4 RSLs
- Data from EPC/4Children Turnaround Project
- Compass Young People substance misuse data
- Police database (cross matching with YOS)

6.2 In filtering the data the team narrowed down the initial 6,000 identified potential individuals to a declared list of 334 families for year one of the programme, with a target to attach 280.

6.3 As stated above, the development of the Single Point of Entry (SPOE) is one of the key features of the transformation that is taking place in Children's Services; engaging partners across all sectors who may have a concern about a child they are working with. The increased capacity created within the SPOE through this initiative will enable them to check all their referrals against the Change and Challenge criteria and cross match with the list of target families. On the allocation of a matched case to any agency as the lead professional additional consideration will be made to a complete family plan as part of the programme.

6.4 In addition, secondary schools have been consulted on the best way to gather and cross match data on the families high on their day to day concerns. Work has started

to contact each secondary school with a list for them to check and agree (on the basis of the data listed above at 6.1) and add to as appropriate.

6.5 Further development of the Multivue (Visionware) programme has taken place to enable multiple datasets to be searched and compared automatically in future to match individuals who appear across different services. This will provide a single view of a child, noting address and the services or agencies to whom the individuals are known.

6.6 Since December we have met with the software company and started the process of integrating information from Youth Offending Service, Youth Support Service, and Common Assessments. The next steps will be to integrate education data it is envisaged that a usable programme will be running by April 2013.

6.7 Arrangements are currently being put in place for active information sharing on those presenting directly to both the Youth Offending Service and Adolescent Support Teams, similar 'live' information sharing will be put in place between Behaviour Support and ASB services.

7 DEVELOPMENT OF EFFECTIVE REFERRAL MECHANISMS

7.1 The year one cohort of families was identified through cross matching of existing service information rather than through active referral into the programme, as we move into year two, we need to establish effective pathways into the programme including the SPOE, direct identification and open referrals from partners as described below.

7.2 Following discussion with the Enfield Strategic Partnership in December, it was felt that a mechanism was needed to ensure that all partners would have the opportunity to both identify families and take on the role of a lead agency, as part of the Change and Challenge programme.

7.3 Opening up the identification process to the whole partnership in a more proactive and transparent way would enable organisations to refer families of concern into the initiative and ensure that there was no sense of exclusivity in relation to the programme.

7.4 A guidance pack was designed and issued across the partnership on the 20th December. The guidance explained how partners could get involved with the programme through the identification of potential families that meet the Change and Challenge Programme criteria and express an interest in taking a lead professional role with families that they have referred.

7.5 The initial 'Open Identification and Referral' process was open from 20th December 2012 to 31st January 2013.

7.6 In February 2013, the Change and Challenge Advisory Group reviewed the document and decided that it remained a useful mechanism for identifying potential new families. It has now been uploaded to the Children's Trust Website. http://www.enfield.gov.uk/ChildrensTrust/info/27/change_and_challenge/48/change_and_challenge_family_identification_and_referral_guidance

7.7 On the 4th March the Government announced that further support would be put in place to support the employment strand of the Troubled Families agenda.

"*The employment goals of the Troubled Families Programme are ambitious, and rightly so. We know that employability and – ultimately – employment is critical to tackling the often intergenerational cycle of benefit dependency and low aspiration for families with particularly complex needs.*

*Problems such as poor school attainment, crime, mental illness, substance misuse and domestic violence can make it incredibly hard for troubled families to secure and retain employment. The Troubled Families Programme aims to address these long-standing barriers to work and **make employment an ambition for all**.*

Building upon the good work already underway in many local areas, this agreement sets out a series of commitments to which the Government hopes all upper-tier local authorities in England and Jobcentre Plus will sign up to.

*This is a **national approach** that aims to boost the employment and employability objectives of the Troubled Families Programme. This approach will be supplemented, at a local level, with a similarly joined-up approach to engagement between local authority and Jobcentre Plus partners with skills and welfare to work providers, as well as local employers.*
*The Department for Work and Pensions is offering the top 94 upper-tier local authorities with the highest numbers of troubled families fully-funded and dedicated Jobcentre Plus secondees – **Troubled Families Employment Advisers**.*

They will be in place for the remainder of the programme (until May 2015) and will support the delivery of these ambitious employment and employability goals. The 94 local authorities are working with over 80% of England's troubled families."

(DCLG Delivery Agreement: Putting Troubled Families on the Path to Work, 4th March 2013)

7.8 Enfield will be allocated one JCP Troubled Families Adviser.

8 COMMISSIONING ACTIVITY AND OUTCOMES

8.1 Commissioning Round 1

Expressions of Interest were invited from partners through the distribution of funding application packs on the 16th October. This was disseminated to all Children's Trust Board members, Safer and Stronger Communities Board Members, Employment and Enterprise Board Members, Schools Communications (all Head teachers and Governors), ETYEB, Steering Group Members, all SCS Managers and it has been further distributed to the wider partnership through networks.

8.2 In order to meet the time constraints and maximise benefits to families we are initially working on the basis of enhancing existing services with a proven track record and evidence base in meeting the needs of families with complex needs. At the same time we will be assessing future needs from the wealth of data available, in order to provide further targeted support to meet the outcome targets of the programme.

8.3 A commissioning fund of £350,000 was identified from the attachment fee for this element of the programme. Bids received from partners totalled approximately £1.2 million. 16 bids were received including two bids from third sector organisations, two bids from schools and one bid from a mental health provider.

8.4 The Change and Challenge Advisory Group met on the 18th December to review all of the bids received and make recommendations to ETYEB for final decision. Below is a summary table of approved bids. The recommendations were approved by Cllr. Bambos Charalambous and Andrew Fraser on behalf of the Enfield Targeted Youth Engagement Board on January 14th 2013. Two bids from Youth Offending Service and Edmonton County were subsequently considered and agreed pending further negotiation on the 28th February 2013.

Bid Summary	Bid Amount	Organisation
Gangs Plus, activity budget to compliment the Parent Support Adviser role agreed in December	15,000	Community Safety
Hub family support, offering intensive targeted support to challenging families.	20,000	Oasis Academy Hadley
Mentoring , counselling and parent support services	12,500	*Life Youth Resource Centre
Engagement of Parent Support Adviser to work with, train and support parent champions	47,537	Parenting Support Service
Youth Offending Social Workers and parenting support	140,000	Youth Offending Service
School based support	25,000	*Edmonton County School

Approx. Value £ 260,937

8.5 As a part of this commissioning process we have been able to join some projects up to enable them to form part of a continuum of support and challenge in a specific area.

8.6 Welfare Reform

The Change and Challenge initiative has been working closely with LBE's Revenues and Benefits Service to identify where those identified as meeting the programmes criteria will also be adversely impacted upon by the reforms to the welfare programme.

8.7 Of the 334 families (572 individuals) 99 Individuals are identified as living in households who will be impacted on by the upcoming changes. The majority of these families are known to the Children in Need in Service, they have been working with the 'Benefits Taskforce' to ensure families are aware and signposted to support as appropriate.

8.8 In year two of the programme there will be an increased focus on worklessness, supported by the additional identified resource from Job Centre Plus, this will enable us to work proactively with families where the impact of welfare reform will be felt most keenly.

8.9 We also recognise that there may be particular risks associated between these changes and families where there has been prior offending.

8.10 Additional Capacity
At the December meeting of the Enfield Strategic Partnership four posts were agreed to add delivery capacity to the programme (CAF Screening Advance Practitioner for the SPOE, DV worker for the SPOE, Employment Liaison Officer, and a Parent Support Advisor for gangs work). Appropriate recruitment processes are now underway for these posts. A Programme Support Officer has now been appointed to assist in the day to day business management of the programme. In addition, a small allocation has been made to the Police for initial vital data matching. We are aware that a further request for support will be forthcoming in order to sustain the data work for the life of the programme.

8.11 A graduate trainee has been allocated to the programme for a period of 6 months to assist in the development of a Commissioning Strategy for year 2 of the programme, to monitor and evaluate current commissioned programme and to consult partners on a refresh of the local priorities.

8.12 As discussed under 7.7 there will be additional resource within Job Centre Plus of a Troubled Families Advisor, this worker gives additional capacity within employment strand to focus on this agenda.

9 CURRENT FAMILY ACTIVITY AND ATTACHMENT INFORMATION 2013/4

9.1 As stated above we identified a list of 334 families for year one of the programme, with a target to attach 280. In our return to the Troubled Families Unit earlier this month we were able to declare that we have attached 239 families. These attachments were largely through the YOS and Gangs projects already in place.

9.2 At Appendix 2 is a comparison table of London Authorities year one progress to date. In summary - of the 33 London Boroughs, we had identified the 8th highest number of families so far (334) - those LAs identifying more were: Tower Hamlets (423), Lambeth (1080), Newham (783), Lewisham (378), Islington (377), Redbridge (364) and Harrow (340). In numerical terms the DCLG data shows Enfield as 15th in London in relation to the number of families attached.

10. MONITORING OUTCOMES AND IMPACT

10.1 The recent letter to Local Authorities from Louise Casey at the DCLG recognises that the vast majority of the work undertaken to date in Local Authorities with their partners has concerned the identification of families, data analysis, data cleansing and the setting up of systems to enable develop the programme. This is further borne out in the messages shared at the coordinators network meetings to which Enfield’s Coordinator is a participant. However, the letter is also clear that the focus for the coming months should be working effectively with those families now identified and ensuring that their pathways into work, school and out of crime should be established and monitored effectively. It is on clear evidence of this that any reward payment can be claimed.

10.2 The development work in Enfield to date has been focused on “attachment” and identification of families, along with developing broad participation opportunities for partners in the delivery of projects and work-streams. Whilst it is too early to have outcome data on these attachments it is imperative that we now track their progress and the recent recruitment to key support posts within the Change and Challenge Team, the SPOE, along with financial support for additional capacity within YOS and the Police will enable appropriate performance monitoring to take place.

10.3 The DCLG Troubled Families Unit have revised their monitoring and claims schedule and will be facilitating quarterly returns from July 2013 and will require evidence of outcomes monitoring in order for claims to be paid. In accordance with the local governance arrangement Enfield's returns will be circulated to ETYEB and the ESP in order that all partners are aware of progress.

10.4 In addition to the formal PBR claim process discussed above, the DCLG have engaged a consortium Ecorys UK to evaluate effectiveness of the Troubled Families Programme. This is likely to be through a dip sampling process of 10% of local cohorts.nThe Ecorys UK consortium is made up of 5 organisations, with each leading on different parts of the evaluation:

- Ipsos MORI
- National Institute for Economic and Social Research
- Clarissa White Research
- Bryson Purdon Social Research
- Thomas Coram Research Unit, Institute of Education

The consortium won the 3-year evaluation contract worth an average of up to £435,000 per year after a full tender process. The Local Government Association will contribute £100,000 per year and the Department for Communities and Local Government up to £335,000 per year. The evaluation contract will run from 2013 to 2016 to allow for a full assessment of the troubled families payment-by-results programme, which is funded until 2014 to 2015. It will produce regular interim reports and its findings will be made public

11. THE GOVERNANCE MODEL

11.1 **Advisory Group**
The former Change and Challenge Steering group have revised their terms of reference to more accurately reflect their advisory role to the Enfield Targeted Youth Engagement Board. It will now be referred to as the Change and Challenge Advisory Group. Both the Voluntary Sector Forum and the ESP have been invited to nominate members to join the advisory group.

12. ALTERNATIVE OPTIONS CONSIDERED

N/A
Enfield's participation in the Troubled Families Initiative is not optional.

13. REASONS FOR RECOMMENDATIONS

This report requests that the Health and Wellbeing Board note the information and continue to engage with and promote the programme as appropriate as it contributes to achieving positive outcomes for Enfield's families.

14. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

14.1 Financial Implications

In 2012/13, which was Year 1 of the Troubled Families programme, the Council received an attachment fee grant of £745,600 plus a coordinators grant of £100,000. This grant funding has been used or earmarked to fund additional posts to support the grant objectives and to commission targeted services. It is estimated that a balance of £752,000 will be carried forward into 2013/14.

We received notification on 12th February 2013 of the DCLG intentions for the attachment fees for 2013/14. Although all LAs submitted management information to the Troubled Families unit in January, the attachment fees will be calculated using the information in the final quarter of the current financial year to ensure any new family activity is captured.

"DCLG Proposals for issuing attachment fees

We will split areas into one of three groups depending on performance at 31 March 2013:

- *Group 1:* Areas working with 75% or more of Year 1 families as of 31/3/2013 to be paid all of requested Year 2 attachment fees in full, in one payment in the first quarter of 2013/14.
- *Group 2:* Areas working with between 33% and 75% of their Year 1 families as of 31/3/2012 to be paid half of requested Year 2 attachment fees in first quarter of 2013/14 with the remaining half to be paid in the second quarter of 2013/14 providing they have caught up (i.e. commenced working with remainder of Year 1 families) by then.
- *Group 3:* Areas working with less than 33% of their Year 1 families as of 31/3/2013 won't be paid Year 2 attachment fees until they have caught up, at which time we will agree with them a realistic ambition for the remainder of Year 2."

14.2 On the 12th March 2013 the DCLG wrote to Local Authority Chief Executives regarding attachment fee claims for year two of the programme. The letter confirmed that the DCLG are ready for councils to commence working with an additional 50% of their troubled families in 2013/14. The aim "*has been to give councils reassurance around continuing funding and thereby sustain the fantastic momentum that has been building, whilst also acknowledging that a few councils have a little way to go in spending their Year 1 allocation before they're ready to start claiming all of their Year 2 monies*".

14.3 Enfield submitted the formal bid for attachment fees by the 8th April deadline. Our return, as stated above at 9.2, shows that we met the required 75% threshold (210) and as a Group 1 we are allowed to claim the maximum attachment fee for 2013/14. In addition, we have responded that we will aim to identify all of our remaining target number of families in year 2 (495 families representing 64% of our total target figure). Under the terms of PBR we confirmed that we will be working with 413 and this is the basis for the upfront 60% attachment fee (giving £991,200). There will also be further allocations of the £100,000 Coordinators grant in 2013/14 and 2014/15.

This gives maximum opportunity to receive the 60% attachment fee, but time to offer a real focus on those remaining families for the 2 year remaining life span of the initiative. There will be further opportunities to claim the PBR element of the

Troubled Families grant for the families that we have been successful with. We have estimated that by July we will see evidence of turnaround for 14 families. This figure will increase later in the year once the targeted services are introduced and more focused working by existing services is implemented.

14.4 **Legal Implications**

In order to comply with the data protection principles under the Data Protection Act 1998, the sharing of data should be covered by a data sharing agreement to ensure that common standards are set and that all parties understand the requirements.

Section 2B of the National Health Service Act 2006 came into force on 1 April 2013. Section 2B(1) imposes a duty on each local authority to take such steps as it considers appropriate for improving the health of the people in its area. Subsection 3 sets out the steps which may be taken under subsection 1. These include (a) providing information and advice; (b) providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way) and (c) providing assistance to help individuals to minimise any risks to health arising from their accommodation or environment.

Section 195 (1) of the Health and Social Care Act 2012 also came into force on 1 April 2013. It imposes a duty on a health and wellbeing board, for the purpose of advancing the health and wellbeing of the people in its area, to 'encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner'.

This proposal would appear to meet the requirements of both these statutory duties.

14.5 **Property Implications**

N/A

15. KEY RISKS

15.1 The targets for Enfield are challenging and the current climate of welfare reform and family mobility compound the challenges. Enfield has made representation to the DGLG Troubled Families Unit in this regard and is working alongside other London LAs, through the coordinators network, who face similar challenges to monitor the situation and ensure the join up of work on this initiative to other services and schemes to tackle multiple disadvantage and challenge.

16. IMPACT ON COUNCIL PRIORITIES

16.1 The Change and Challenge Programme meets the Council priorities of Fairness for all, Growth and Sustainability, and Strong Communities by working intensively with families to ensure they reduce incidences of crime, truancy and worklessness, through positive, personalised and tailor made interventions and therefore create a more positive outlook for the whole family and the community at large.

17. EQUALITIES IMPACT IMPLICATIONS

17.1 A full strategy document is currently being prepared and will be accompanied by an Equalities Impact Assessment

18. PERFORMANCE MANAGEMENT IMPLICATIONS

18.1 See also section 10.3. Performance of the Change and Challenge programme is monitored by the DCLG through quarterly reporting. Locally this takes place through the Advisory Board and the regular reporting to ESP, SSG and ETYEB. Since the scheme carries both attachment funding and payment by results elements we recognise the performance monitoring and management to be of vital importance.

19. PUBLIC HEALTH IMPLICATIONS

19.1 Although Department of Health money forms part of the cross-government funding for the national troubled families programme, no Government national performance targets were set. Local areas were at liberty to establish local priorities, for year one of the programme Enfield included young people's substance misuse as an area of concern.

19.2 Inevitably the complex nature of Enfield's Change and Challenge families will mean that as lead professionals are identified a fuller picture will emerge of families experiencing issues such as adult mental health, poor nutrition, childhood obesity and infant mortality. It will at this point be essential to fully ensure effective protocols and partnership working across the health agenda are utilised to secure the best possible outcomes for families, identifying cost saving benefits to existing provision such as accident and emergency or employing leverage on the commissioning of additional services for families through the Clinical Commissioning Group to secure provision to meet needs.

19.3 The Health and Wellbeing Board will have a role on informing future local targets, the Enfield Strategic Partnership have already suggested a higher focus on families where childhood obesity is an issue.

19.4 The Common Assessment Framework form and process are currently being reviewed with health colleagues who work across borough boundaries to ensure referrals can be captured effectively in frontline practice situations.

Background Papers

Appendix 1 – Referral Guidance
Appendix 2 – Progress Table

Appendix 2

London Boroughs TFP progress and families turned around as at December 2012

London Boroughs	Total number of Families	Number of families identified at December 2012	*Percentage of total required families identified*	Number of families worked with as at December 2012	*Percentage of identified families worked with*	Number of families turned round at January 2013	*Percentage of families turned round at January 2013*
Inner London							
Tower Hamlets	1120	423	*37.8%*	344	*81.3%*	0	*0.0%*
Southwark	1085	250	*23.0%*	250	*100.0%*	54	*21.6%*
Lambeth	1080	1080	*100.0%*	455	*42.1%*	0	*0.0%*
Hackney	1000	306	*30.6%*	117	*38.2%*	19	*6.2%*
Newham	985	783	*79.5%*	121	*15.5%*	0	*0.0%*
Lewisham	910	378	*41.5%*	168	*44.4%*	17	*4.5%*
Haringey	850	270	*31.8%*	199	*73.7%*	0	*0.0%*
Islington	815	377	*46.3%*	252	*66.8%*	11	*2.9%*
Westminster	790	255	*32.3%*	54	*21.2%*	0	*0.0%*
Camden	755	240	*31.8%*	240	*100.0%*	94	*39.2%*
Wandsworth	660	262	*39.7%*	262	*100.0%*	5	*1.9%*
Hammersmith and Fulham	540	314	*58.1%*	40	*12.7%*	0	*0.0%*
Kensington and Chelsea	400	106	*26.5%*	59	*55.7%*	0	*0.0%*
City of London	25	3	*12.0%*	3	*100.0%*	0	*0.0%*
Outer London							
Ealing	880	300	*34.1%*	265	*88.3%*	11	*3.7%*
Brent	810	303	*37.4%*	174	*57.4%*	0	*0.0%*
Greenwich	790	136	*17.2%*	65	*47.8%*	0	*0.0%*
Croydon	785	275	*35.0%*	207	*75.3%*	22	*8.0%*
Enfield	775	334	*43.1%*	154	*46.1%*	0	*0.0%*
Waltham Forest	760	290	*38.2%*	229	*79.0%*	9	*3.1%*
Barnet	705	256	*36.3%*	256	*100.0%*	34	*13.3%*
Barking and Dagenham	645	247	*38.3%*	237	*96.0%*	11	*4.5%*
Hounslow	585	208	*35.6%*	120	*57.7%*	0	*0.0%*
Hillingdon	555	80	*14.4%*	52	*65.0%*	0	*0.0%*
Redbridge	550	364	*66.2%*	122	*33.5%*	0	*0.0%*
Bromley	490	90	*18.4%*	90	*100.0%*	0	*0.0%*
Havering	415	109	*26.3%*	112	*102.8%*	9	*8.3%*
Bexley	400	172	*43.0%*	45	*26.2%*	0	*0.0%*
Harrow	395	340	*86.1%*	97	*28.5%*	0	*0.0%*
Merton	370	104	*28.1%*	45	*43.3%*	0	*0.0%*
Sutton	320	218	*68.1%*	24	*11.0%*	9	*4.1%*
Kingston upon Thames	225	90	*40.0%*	49	*54.4%*	0	*0.0%*
Richmond upon Thames	190	89	*46.8%*	21	*23.6%*	0	*0.0%*

An average of 40.7% of total number of families required have been identified across London boroughs as at December 2012. Inner London boroughs have identified an average of 42.2% and Outer London an average of 39.6%. Lambeth have found their total number required 1080 (100%) as at 31st December 2012 and have began to work with 455 (42.1%). An average of 60.2% of families have been worked with across London boroughs as at 31st December 2012. Inner London boroughs have worked with an average of 60.8% and Outer London an average of 59.8%. Southwark, Camden, Wandsworth, Barnet and Havering (102.8%??) have worked with all families identified as at 31st December 2012. 39.4% of all London boroughs have turned some families around (claimed PBR) as at 31st December 2012, 6 Inner London and 6 in Outer London.