

Supporting Leicestershire Families

Business Case

Proposing sustained funding, inclusion in the integrated Health and Social Care delivery arrangements, improvements to capturing impact and opportunities for development

Leicestershire County Council – Children and Family Services

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Note of thanks

To all those staff and colleagues who have given their time so generously in the researching and drafting of this document I give my deepest appreciation. It has been a pleasure discovering the hidden depths of the service and commitment to deliver is inspiring.

Executive Summary

The core service of Supporting Leicestershire Families has provided support to 1,420 families and 6169 individuals from 2013 to the end of September 2015.

The service is managed by Leicestershire County Council's Children and Families Department and is delivered through a partnership approach. The service has been funded over the last 3 financial years through a pooled budget made up of Department for Communities and Local Government (DCLG) funding and financial contribution from partners (Leicestershire County Council, Clinical Commissioning Groups, District/Borough Councils, Police and Public Health). The total budget over three years is £8.5 million over the three years 2013/14 – 2015/16.

The Service is Leicestershire's response to the National Troubled Families Programme, led by the DCLG. The DCLG funding accounts for one third of the service funding with a proportion of this funding reliant upon a "Payment by Results" (PbR) arrangement which requires delivery of agreed targets. SLF has been successful in each year of delivery so far in meeting these targets and has secured 100% of the available PbR contribution from DCLG.

The aims of the service are as follows;

- Improve outcomes for families
- Ensure resources are focused on those who need it the most
- Join up work across agencies to support families in the most effective way
- Reduce cost to public services
- Maintain and develop a pooled budget to deliver the Service.

From the outset the partnership agreed that the Service would work with a broader range of families than those prescribed through the Troubled Families Unit (families with young people offending, disengaged from school and adults not in employment).

In April 2015 the DCLG launched phase two of the Troubled Families programme, a five year programme up to 2019/20, maintaining a national commitment to the work with troubled families across England. The criteria for inclusion in phase two of the

programme is much broader and reflects better the delivery of the programme by the SLF Service during its first three years of operation.

Supporting Leicestershire Families operates a locality model in all seven district/borough localities. The Service is led by the Head of Supporting Leicestershire Families and Safer Communities and is operationally managed by the SLF Service Manager. At the heart of the Service is a team of 51 Family Support Workers who each hold small caseloads of families, offering intensive support.

The service has impacted upon the lives of the individuals and families it has worked with, the schools the children attend and the communities the family reside in. This service has helped achieve behavioural change that has resulted in;

- Reduced dependency upon unemployment welfare benefits
- Improved behaviour and attendance in school and a reduction in exclusions
- Reduced disruption and nuisance to the local community
- And improved confidence and well-being for the individual members of the family

Programme delivery has provided valuable insight and learning that has influenced the continued development of the service provision;

- The modelling behaviour approach is successful in engaging “difficult” client groups
- Intense working on a one-to-one basis is required to undertake this work
- Working in a family context increases the likelihood of behavioural change
- Intervention ‘manages’ otherwise ‘difficult’ families/individuals
- Intervention leads to improved behaviour, compliance and participation in education and improved health outcomes and use of health services
- Intervention leads to sustained impact particularly in areas of lifestyle and health and well-being
- Intervention leads to reduced dependency upon the welfare state and public services

Performance information collected to support the PbR requirements of the DCLG provides much of the evidence to support these claims.

The findings from SLF's work also have relevance to other integrated care and multiagency case management approaches that are either already in place, or being developed. The service helps "build stronger and more resilient communities" and the work compliments other recognised programmes in Leicestershire that share similarities in approach particularly a modelling behaviour approach and working with targeted individuals and cohorts;

- Local Area Co-ordination
- The Light Bulb Project (Housing Support)
- Hospital admission avoidance initiatives
- "Frequent Flyer" initiatives / Risk Stratification
- Public health prevention and lifestyle improvement work.

This Business Case:

- Sets out the key outcomes and other achievements of the SLF service to date, including case study examples containing service user perspectives
- Presents findings and recommendations about the future strategic oversight and governance of the service, particularly from a commissioning perspective.
- Makes recommendations to inform future commissioning intentions of partners
- Proposes how funding could be sustained through national and local sources of funds
- Highlights where findings from SLF's work could be applicable to other services/service developments, particularly in line with the overall vision of health and social care integration

There are five main recommendations of this business case:-

- 1) Partners to confirm their commissioning intention to sustain service delivery for the next 3 years by February 2016

- 2) Governance of the programme becomes part of the Health and Social Care integrated delivery arrangements
- 3) The Partnership commits to undertaking a local evaluation and plans are drafted with a time-frame to do this
- 4) The Partnership commits to applying learning from the local and national evaluations to the programme in future service development
- 5) Recommending to Health and Well Being Board that when SLF is discussed District and Police/OPCC colleagues are invited to enable a single conversation around SLF thereby creating a formal decision making route for SLF.

Supporting Leicestershire Families (SLF) – Service Overview

Supporting Leicestershire Families was established in April 2013 and has provided support to 1,013 families and 4,034 individuals to the end of March 2015.

The service is part of a National Government programme to work with “Troubled Families led by the Department for Communities and Local Government (DCLG) and reports delivery to this department.

Supporting Leicestershire Families operates a locality model in all seven district/borough localities. The Service is led by the Head of Supporting Leicestershire Families and Safer Communities and operationally managed by the SLF Service Manager.

At the heart of the Service is a team of 51 Family Support Workers who hold small caseloads (10) of families. Their role is to:

- provide intensive, practical 'hands-on' support to families around a range of issues
- take a persistent, assertive and challenging approach
- look at what 's happening for the family as a whole and focus on helping families function
- co-ordinate the delivery of 'team around the family' services

The Family Support Workers are managed by a team of 6 Senior Family Support Workers and all of the staff are based in District and Borough Council buildings. The Professional backgrounds of the Family Support Workers include social work, youth work, parenting support, children's centres, substance misuse and youth offending.

In each Locality the District/Borough has nominated a locality lead officer who is responsible for the leadership of Supporting Leicestershire Families in the locality across the partnership.

The SLF service sits in Leicestershire County Council's Children and Families Department, who oversee and manage the service. The Service sits alongside other

Early Help Services, the Youth Offending Service and Children's Social Care. Leicestershire County Council Early Help Services are part of a wider Early Help Offer delivered by a range of agencies across Leicestershire. This offer is part of a shared responsibility across partners for the delivery of Early Help Services in Leicestershire.

The aims of service are to;

- Improve outcomes for families
- Ensure resources are focused on those who need it the most
- Join up work across agencies to support families in the most effective way
- Reduce cost to public services
- To maintain and develop a pooled budget to deliver the Service.

Practitioners work intensively with small caseloads to deliver direct support to families in the following ways;

- Parenting skills, daily routines, life skills, self-confidence, resilience, motivation and goals
- Practical help in managing the household as well as information, advice & emotional support for family members and support with debt management
- Secure employment and improve the likelihood of returning to work
- Co-ordinate the delivery of services working with the family
- Lever in new support when appropriate
- Accessing and using other public sector services including health
- Improving relationships with neighbours and the wider community

Referrals for SLF are made via the First Response Central Duty Desk (FRCD).FRCD is the social work led central referral point for both safeguarding (Priority 1 and Priority 2) and Targeted Early Help (Priority 3). Priority 3 cases are identified through a triage process, and from FRCD are either sent directly to services where a simple, single service response is required (Priority 3b) or to one of seven Locality Hubs, where the request is more complex, there are multiple issues for the family, and may require a multi-agency or multi-service response (Priority 3a).The Locality Hubs are organised on a district council basis, and provide a forum for multi-agency discussion to identify the most appropriate response to the needs identified in the request for

service. In addition, the Hubs also provide a forum for considering the needs of families who are coming to an end of their involvement with children’s social care. All referrals for SLF come via the Locality Hubs.

Finances

The Supporting Leicestershire Families pooled budget is made up of partnership contributions (seven District Councils, two Clinical Commissioning Groups, Public Health, Leicestershire County Council and the Police) and the Troubled Families Unit (TFU) attachment fees and Payment by Results (PBR) funding. The partnership funding was committed for three years (2012/13 to 2014/15). The SLF Service became operational in April 2013 therefore the funding was rolled forward to fund the service until 2015/16.

The total budget allocated over the three years was £8.5 million.

Table 1	
Organisation	Financial Contribution
Department for Communities and Local Government (DCLG)	£4,414,760
Leicestershire County Council	£1,712,495
Both Clinical Commissioning Groups	£1,500,000
All 7 Leicestershire District/Borough Councils	£575,001
Police Crime Commissioner	£234,750
Public Health	£75,000
Total	£8,512,006

Over the first three years of the programme the budget was made through a mixture of reserves and annual income (TFU and some partners) due to the way in which contributions to the pooled budget were made by some of the partners.

Pooled Budget income and expenditure 2012/13 to 2015/16

<u>Income</u>	2012/13	2013/14	2014/15	2015/16
Department for Communities and Local Government;				
Upfront Attachment fees	1,065,600	1,304,400	693,600	474,000
Payment By Results	35,000	121,387	4,773	216,000
Troubled Families Co-ordinator Grant	100,000	100,000	100,000	200,000
Service Transformation				
Total Government Grant	1,200,600	1,525,787	798,373	890,000
Contributions from Partners;				
Blaby District Council	26,667	26,667	26,667	
Harborough District Council	21,667	21,667	21,667	
Oadby & Wigston Borough Council	23,333	23,333	23,333	
Charnwood Borough Council	30,000	30,000	30,000	
Hinckley & Bosworth Borough Council	30,000	30,000	30,000	
Melton District Council	30,000	30,000	30,000	
North West Leics District Council	30,000	30,000	30,000	
Clinical Commissioning Groups	1,500,000			
Police / OPCC	100,000		78,750	56,000
Leicestershire County Council - Public H	75,000			
Leicestershire County Council	570,832	570,832	570,832	
Total Partner Contributions	2,437,499	762,499	841,249	56,000
General Income		700		
TOTAL INCOME	3,638,099	2,288,986	1,639,622	946,000
<u>Expenditure</u>				
Staffing		1,640,361	1,907,636	1,861,416
Indirect Employee		48,025	32,910	50,000
Premises		3,133	4,824	6,000
Transport		53,508	69,360	80,000
Supplies and Services		276,278	310,217	306,050
Leicestershire One View ¹				121,000
TOTAL EXPENDITURE	0	2,021,305	2,324,947	2,424,466
Funding from K 9552 975 reserve		-172,037		
IN YEAR RESERVES MOVEMENT	3,638,099	439,718	-685,325	-1,478,466
RESERVE CARRY FORWARD	3,638,099	4,077,816	3,392,491	1,914,025

¹ OneView is the multi-agency information sharing service established to support the SLF arrangements. Oneview produces a holistic Family Summary by interrogating the databases of SLF partners and compiling relevant information into a single picture of a family and its circumstances.

At the end of 2015/16 there will be a reserve balance of £1,914,025 in the pooled budget.

The programme is part of a National Government programme to work with “Troubled Families led by the Department for Communities and Local Government (DCLG). Central funding has been provided which accounts for one third of the service funding with a proportion of this funding reliant upon a “Payment by Results” (PbR) arrangement which requires delivery of agreed targets. SLF has been successful in each year of delivery so far in meeting these targets and secure full investment from DCLG.

Activity and Performance

Service activity over the first two years of delivery is shown in the first two columns of the table below with the year to date information for 2015/16:

Table 3 – Activity

	2013/14	2014/15	2015/16 Year to date End Sept
Overall number of families supported	390	552	478
Overall number of individuals this comprises	1624	2417	2128
Adults	668	907	836
Children	956	1510	1292
Average number of members in family	4.2	4.3	4.5
Average number of adults in family	1.7	1.6	1.7
Average number of children in family	2.5	2.7	2.7
Average age of adult in family	35.2	35.6	35.4
Average age of children in family	10.4	9.9	9

One of the challenges presenting in delivering a model of intensive family intervention over a significant period of time, is the demonstration of outcomes through data. This is because there can be a considerable time delay between assessment and case closure, and many of the DCLG reporting mechanisms require 12 month tracking prior to and after intervention.

Appendix One contains the 2014/15 Annual report which details activity and outcomes for year two of the programme.

Over the three year Service operating period the total spend on the Service will be £6,770,718. Based on the total number of families supported to date (1491) the cost per family of intervention averages £4,541 per family.

On average each family had 10.9 issues identified at the point of assessment. The most frequent issue, applicable to 87.4% of SLF families in 2014/15 at the start of intervention was 'Lack of parenting is an issue in family'. 'Negative lifestyle factors', affecting 75.5% of families, was the second most frequent issue.

National data analysis as commissioned by Department for Work and Pensions and DCLG was produced earlier this year to support the continuation and expansion of the programme over the next term of Government. These demonstrate the most common characteristics in families supported by the programme are:-

- Poverty
- Unemployment
- illness
- disability
- in social housing
- and dependent upon the welfare state

In addition the national data showed;

- 49% are lone parent families.
- With 51% having both matriarch and patriarch heads of household
- 74% were workless households;
- 83% received out of work benefits;
- 27% were in rent arrears;
- 21% were at risk of eviction.

(All data DWP Experimental Official Statistics National Data January 2015)

This profiling helps establish exactly who is being supported by the programme and reflects the selection criteria as set by DCLG.

Payment By Results and Outcomes

The phase 1 PbR scheme was a three year programme that ran from 2012/13 to 2014/15. The maximum funding available from the DCLG to Leicestershire for phase one of the programme was £2.7 million. This is made up of a combination of up front attachment fees (£1.9 million) and the Payment by Results payment (up to £800k), payable once positive outcomes have been achieved with a family. This equates to a maximum of £4k for each family.

In Phase One of The Troubled Families Unit (TFU) Programme the TFU identified that Leicestershire had 810 troubled families.

DCLG established very clear guidance in phase 1 as to what needs to be evidenced to be able to claim the “PbR” element of the funding. It required;

- Each child in the family to have had fewer than 3 fixed exclusions and less than 15% of unauthorised absences in the last 3 school terms; and
- A 60% reduction in anti-social behaviour across the family in the last 6 months; and
- Offending rate by all minors in the family reduced by at least 33% in the last 6 months...if...
- They do not enter work but achieve the progress to work

Or alternatively, if the service achieved the following work goal PBR, this target alone, resulted in full payment of the PBR;

- At least one adult in the family has moved off out-of-work benefits into continuous employment in the last 6 months.

Leicestershire was successful in achieving results for 100% of its 810 families and therefore secured the full contribution of attachment fees and PbR funding. This is reflected in the budget information in the previous section.

Phase Two of the national programme officially started on 1st April 2015, however areas that were performing well in phase one were invited to enter phase two early (September 2014). Leicestershire was one of these authorities.

The expanded Troubled Families Programme (Phase Two) is a five year programme from 2015/16 targeting an additional 400,000 families nationally (2790 in Leicestershire over 5 years). Leicestershire County Council remains committed to delivering over the 5 year horizon but will require support, including financial support, of partners in order to sustain the service into the future.

The programme is focusing on a much broader set of families than those included in phase one that allow areas to work with the families of most concern locally. The headline indicators set out for phase two are:-

1. Parents and children involved in crime or anti-social behaviour.
2. Children who have not been attending school regularly.
3. Children who need help.
4. Adults out of work or at risk of financial exclusion and young people at risk of unemployment.
5. Families affected by domestic violence and abuse.
6. Parents and children with a range of health problems.

The expanded troubled families programme asks local authorities to sign up to a number of key commitments. These include the following:

- To achieve significant and sustained progress with an agreed total number of families over the 5 year period from 2015/16.
- To engage with an agreed number of families in the first year of the phase 2 programme (2015/16). The local authority will receive upfront attachment fees in 2015/16 for this number of families.
- To integrate and transform local public services.

Leicestershire has already made two claims under the expanded programme for 97 families in May and October 2015.

Outcomes

The service has impacted upon the lives of all those worked with, the schools the children attend and the communities the family reside in. This service has helped achieve behavioural change that has resulted in;

- Reduced dependency upon unemployment welfare benefits
- Improved behaviour and attendance in school and a reduction in exclusions
- Reduced disruption and nuisance to the local community
- And improved confidence and well-being for the individual members of the family

This analysis confirms that the very definition of what constitutes a troubled family, the way this then leads to criteria selection and what metrics are used to measure success inevitably means a focus upon unemployment benefit dependent mothers with children having problems in schools. This is perhaps not surprising giving the service is part of Leicestershire County Council Children's services.

DCLG criteria is a limitation upon the ability of the service to deliver a more flexible provision particularly during phase one. Some degree of flexibility has been achieved whilst still delivering to the core expectations of DCLG and phase 2 already brings DCLG into line with actual delivery of the service but through working with the partnership even more could be achieved.

The data shows that the implementation of the Supporting Leicestershire Families service are highly effective in identifying and then working with the client group intended by the Government for this initiative. This conclusion is supported by the continued success in meeting Payment by Results performance data which the service has a 100% record in doing.

The table below provides a breakdown of families 'turned around' under phase one of the programme and the first two quarters of the second phase. Families meet the criteria of being 'turned around' when they meet the criteria as set out in the above section

			Families Turned Around
Phase 1	Claim 1	Jan-2013	58
Phase 1	Claim 2	Jul-2013	288
Phase 1	Claim 3	Oct-2013	40
Phase 1	Claim 4	Feb-2014	247
Phase 1	Claim 5	May-2014	139
Phase 1	Claim 6	Aug-2014	38
Phase 2	Claim 7	May-2015	18
Phase 2	Claim 8	Sep-2015	79
Total			907

Appendix 2 provides case study examples of the work undertaken and the impacts achieved.

Learning from the Programme

At a local or national delivery level there has been no comprehensive evaluation to evidence learning undertaken so far. DCLG have commissioned an evaluation but the timetable for this has not been made clear nationally at the time of drafting this Business Case. The value in undertaking a formal evaluation at a local level is recognised and becomes a key recommendation in this document. The active participation of all funding partners in the service will be sought to develop the approach.

The service has delivered the following learning so far;

- The modelling behaviour approach is successful in engaging “difficult” client groups
- Intense working on a one-to-one basis is required to undertake this work

- Working in a family context increases the likelihood of behavioural change
- Intervention “manages” otherwise “difficult” families/individuals
- Intervention leads to improved behaviour, compliance and participation in education and improved health outcomes and use of health services
- Intervention leads to reduced dependency upon the welfare state and public services
- The current approach is strongest in working with children and young mothers and less so when working with male heads of family

Information collected to support PbR provides much of the evidence to support these claims.

Financial Modelling

In order to sustain the Service into the future continued partnership funding is required.

As indicated in the financial section due to the way in which the income has come into the Service the majority of the budget is held in reserves and used throughout the year in order to fund the Service at the agreed level. At the end of 2015/16 the reserve balance in the pooled budget will be £1,914,025.

The following financial modelling is based on the Service remaining at the same staffing levels for the next 3 years (2016/17 – 2018/19) and based on the following assumptions:-

- Cost of living and incremental rises are built in
- Any vacancies within service will be managed in order to keep the in budget
- Retain the same level of management funded through the pooled budget
- Increased level of families supported through phase two by contribution of other LCC Early Help Services
- Retain a contingency of c£400k in budget as agreed at the outset of the pooled budget development for redundancy costs

The DCLG have confirmed Payment By results and Attachment fees for the next four financial years. For Leicestershire it is anticipated that this will equate to around £900k per annum (based on achieving 60% Payment By results):

It is therefore proposed that the following partnership contributions are secured in order to sustain the service for a further three financial years:-

<u>Income</u>	2016/17	2017/18	2018/19
Department for Communities and Local Government;			
Upfront Attachment fees	474,000	474,000	474,000
Payment By Results	227,520	227,520	227,520
Troubled Families Co-ordinator/ Service Transformation Grant	200,000	200,000	200,000
Total Government Grant	901,520	901,520	901,520
Contributions from Partners;			
Blaby District Council	26,667	26,667	26,667
Harborough District Council	21,667	21,667	21,667
Oadby & Wigston Borough Council	23,333	23,333	23,333
Charnwood Borough Council	30,000	30,000	30,000
Hinckley & Bosworth Borough Council	30,000	30,000	30,000
Melton District Council	30,000	30,000	30,000
North West Leics District Council	30,000	30,000	30,000
West Leicestershire CCG	150,000	150,000	150,000
East Leicestershire and Rutland CCG	150,000	150,000	150,000
Police / OPCC	78,750	78,750	78,750
Leicestershire County Council - Public H	25,000	25,000	25,000
Leicestershire County Council	428,124	428,124	428,124
Total Partner Contributions	1,095,417	1,095,417	1,095,417
TOTAL INCOME	1,996,937	1,996,937	1,996,937
<u>Expenditure</u>			
Staffing	1,861,416	1,861,416	1,861,416
Indirect Employee	50,000	50,000	50,000
Premises	6,000	6,000	6,000
Transport	80,000	80,000	80,000
Supplies and Services	306,050	306,050	306,050
Leicestershire One View	121,000	121,000	121,000
TOTAL EXPENDITURE	2,424,466	2,424,466	2,424,466
IN YEAR RESERVES MOVEMENT	-427,529	-427,529	-427,529
RESERVE CARRY FORWARD	1,486,496	987,090	487,685

Recommendations

There are five main recommendations of this Business Case;

- 1) Partners to confirm their commissioning intention to sustain service delivery for the next 3 years by February 2016
- 2) Governance of the programme becomes part of the Health and Social Care integrated delivery arrangements
- 3) The Partnership commits to undertaking a local evaluation and plans are drafted with a time-frame to do this
- 4) The Partnership commits to applying learning from the local and national evaluations to the programme in future service development.
- 5) Recommending to Health and Well Being Board that when SLF is discussed District and Police/OPCC colleagues are invited to enable a single conversation around SLF thereby creating a formal decision making route for SLF

Each recommendation is elaborated upon below

1) Commissioning Intentions

The sustainability of the service is now the priority. The Government's commitment to continuing its funding through DCLG was contained in the Comprehensive Spending Review. This is expected to mean £650,000 upfront funding through attachment fees and service transformation grant with an estimated £216,000 PbR through a target of 60% metrics delivery. Given the previous record of success in PbR it is expected that this target will be met.

All the partners are now being approached through this business case to sustain their financial and programme investment. Leicestershire County Council, West Leicestershire CCG, East Leicestershire and Rutland CCG, District/Borough Councils, the Police and Crime Commissioner and Public Health are being approached to ascertain their commissioning intentions, governance procedure and timetable for decision making and to make their intentions known by February 2016.

As part of this there is an opportunity to explore opportunities where duplication of provision can be avoided and savings can be achieved through the intervention of the SLF service or through the effective capturing of SLF delivery.

The expected running costs of the service are expected to be held at £2.4m per annum and partner contributions are proposed to remain at the same levels as previously made.

2) Health and Social Care integrated Governance

It is recognised that the current governance arrangements for SLF are insufficient in that they do not reflect the multiagency partnership involvement required for governing of the programme and since the SLF service began 3 years ago, the overall interagency governance arrangements across health and care have changed significantly.

The proposal in this business case is to bring the service under the umbrella of the Integration Executive, which was introduced in February 2014 to oversee the integration of health and care. Due to the Better Care Fund's introduction and its initial focus on adult/older people's services the work of the integration executive has to date not included a focus on children/family services, however it is now felt to be the right time to review this. The integration executive has also maintained a watching brief on the development of an approach to whole life disability, with the intention of including this in the scope of its work in due course. It is therefore recommended that the terms of reference of the integration executive be amended to provide governance and oversight to the future delivery of the SLF programme, based on the preferred option agreed by partners as a result of this business case and that the performance management of the service and associated budget be governed within the integration executive and its sub structure. See diagram of current governance arrangements for the integration executive at Appendix 3.

There are additional benefits of this approach as this would also place the service alongside other locality based integrated services which are focused on similar goals and outcomes which support vulnerable people by focusing on demand

management, reducing dependence and supporting independence (e.g. Local Area Co-ordination, the Lightbulb housing initiative, First Contact etc.)

In joining the integration executive governance arrangements, the SLF service will work with partner agencies to extend the current outcomes dashboard to focus upon jointly agreed metrics with partners to supplement those required by DCLG. Performance against these outcomes will be reported back through the Integration Executive and its sub structure.

The Health and Care integrated programme have developed use of an information sharing and reporting tool with a commercial provider, called PI and it is clear that including the SLF data in the use of this tool would aid the production of dashboards and reporting for the SLF service. This needs to be explored further in order to understand the potential for this, including a clear business case around cost and the interaction with our existing case management systems utilised by SLF.

A specific example of the interventions made by practitioners that support integrated Health and Social Care goals but are not being recorded is in the case of improving health, lifestyle and reducing “frequent flyers”. Case analysis with practitioners has revealed that the intervention of the service has identified the following as issues and has helped families;

- Registering with a GP
- Registering with a Dentist
- Registering with an Optician
- Supporting families to attend and keep appointments
- Support families ensure vaccinations and immunisations are carried out
- Supporting families comply with treatment requirements including medication and physio
- Support families complete advised health checks and screening
- Learn and understand how their lifestyle behaviour impacts upon their health
- Improving take up and participation in exercise and sport activity
- Make other changes to lifestyle including healthy eating and quitting smoking

- Where quitting is not achieved even steps towards improvement such as not smoking in vehicles with children present is worked on

The data and research evidences that these health issues are common place in these families. Details behind the specific examples have been provided in the case studies in Appendix 2.

Aligning the programme with the overall health and care integration programme and including monitoring as part of the “Pi” project would greatly enhance understanding of what the service delivers, provide a more consistent and transparent reporting framework within a multiagency setting, and inform its continued development.

3) Local Evaluation

The partnership commitment to evaluation requires a dedicated timetable and co-ordinated approach in the planning of it. The focus is to be upon capturing the wider impact of the service delivery particularly providing an evidence base of how all partners’ goals and interests are supported by the service.

4) Commitment to apply Evaluation learning

Partners are committed to applying learning from both the national and local evaluation. This applies the principal of evidenced based learning to the continued service development. The evaluation is to focus upon the first three years of the core service delivery and will benefit from the Pi integrated Health and Social Care tool and the active participation of all partners.

There is an opportunity to learn from pilot projects working at a locality or a specific Primary Care Practice level. This would be a safe way to experiment with approaches and potentially explore particularly specific relationships between a Primary Care Practice for example and the service.

5) Health and Well-Being Board

It is recommended that the Health and Well Being Board consider extending an invitation to District and Police colleagues to the HWBB when SLF is discussed. This would enable the establishment of a single governance arena for SLF.

Appendix two - Case Studies

SLF Staff were asked to provide examples of actual cases they are currently or have recently worked upon with specific consideration of wider partner delivery. The following examples have been provided which are offered to illustrate the kind of activities, support and outcomes the service provides.

Case

1

“I was working with a Parent who was diagnosed with OCD/Depression and Fibromyalgia. I supported her accessing Counselling group at Francis Dixon Lodge, went with her on first and second session on the bus after identifying a possible bus route from Mountsorrel to General Hospital. By the 3rd session she was comfortable going on her own. This Parent was also overweight and she wanted help with this so I did a referral to LEAP (Lifestyle, Eating and Activity Programme), went with her to the first session. The Parent got talking to someone at the group and they both arranged to come together the following week.

Before our involvement she was only going to the GP to ask for medication when she ran out. However when SLF became involved I went with her to one of the appointments and spoke to the GP and encouraged him to put in more support for her other than prescribing medication. He then made a referral to Francis Dixon Lodge. Which was a waiting list however a space became available few weeks after he made the referral. This overall helped her self-esteem and left her feeling more positive about herself.”

Case

2

“Before SLF involvement - L is a 13 year old boy in year 9 in a secondary school in our rural villages in Hinckley and Bosworth. L has been out of education for 3 years. Not accessed health at all since 2008 and has never visited an optician or dentist. L is showing signs of low mood, poor sleep and his mum reports that he draws ‘disturbing’ images of violence. However she has not accessed any support. L’s mum is stating she feels low in mood, does not go out and does not access any GP services.

Since SLF involvement - L is now in school 5 mornings a week; L is now under the care of CAMHS and has recently had a diagnosis for ASD. L has had an eye test

and has received a prescription for glasses to wear on a fulltime basis. L is now seeing the school nurse weekly to address his emotional health. L is going to the dentist 6 monthly and has now been referred to an orthodontist for a brace. In order for this to be achieved, as an intensive family support worker I have had to build a trusting and engaging relationship with both L and his mum. On a practical level I have had to speak with their GP and arrange appointments and arrange transport for them to attend. Transport to all appointments such as CAMHS, GO, Dentist and Opticians has all been provided by SLF.”

Case

3

Before SLF Involvement

M is a 5 year old boy and E is a 9 year old boy who lives with K there mother in Hinckley. M and E have not accessed the GP in 2 years and both have not been seen by a health visitor or a school nurse in around 1 year either. M has not had his age 4 immunisations due to his mother not wanting to engage in health services. K has previously used Heroin but stopped this 3 years ago but engaging in a methadone programme but now states she feels ashamed to visit her GP. She feels she is low in mood and is scared of a relapse. E is severely overweight weighing approx. 8 stones and age 9. Neither M, E nor K are registered with a dentist and have never had an eye test.

Since SLF Involvement - Through building a therapeutic and trusting relationship on an intensive level I have been able to work with K to challenge her thoughts and ideas preventing her from accessing the health service. K herself has now accessed her GP and is now receiving medication for depression and anxiety. K is also now accessing a drug service called Swanswell to help support her in her fear of relapse. K has now been reviewed by the health visitor and has had his 4 year boosters. E is now under the dietetics service and is due to attend a FLIC club specially run for SLF families starting in October 2015. K, M and E are now registered with a local dentist and have had an initial check-up. K, M and E have all had an eye test and K is now wearing glasses for reading.”

Case 4

“D C (Dad) was admitted to A & E x 2 for seizures induced by cocaine use/taken extra anti-anxiety medication. On first occasion he was discharged after care plan agreed with Crisis Team, 2nd occasion discharged himself without seeing the doctor. Multi-agency meeting held on 15/9/15 and 5/10/15. Establishing joint working in order to support D to manage his medication and substance misuse therefore reducing A&E attendances. .”

Case 5

This family was referred to SLF due to maternal mental health issues, non-school attendance and child's (6 years old) health problems. Mother was suffering from mental health problems and had not been attending her appointments. The children had been on a child protection plan in Scotland due to neglect. Neither parent was working, they had always been on benefits and had never worked. Parents had a number of debts which were not being managed.

Child A (6) was soiling up to five times per day at school, she was still in nappies and parents were getting calls every day to go to school to change her. When Father disappeared up to Scotland, Mother would not go to the school to change the child due to her anxiety. Mother saw school as a threat and was not communicating with them. Child A was not accessing all of her learning due to her soiling herself and Mother was not attending doctors and hospital appointments for herself or the children.

Eventually Child A got excluded from school as school could not cope with the soiling and Mother was not going up to school to change her.

SLF involvement

The SLF worker supported mum to access the school to discuss the concerns around Child A. the SLF Worker also facilitated Mother and Child A access to health appointments. Mother was diagnosed with anxiety, bipolar and ADHD. Which in turn meant that she then started to get the correct medication and support.

The family received Debt advice and they started to get her debts under control this in turn started to take away some of her anxiety.

Mother and father were supported to access employment advice and Father was put on a Princess Trust group which involved football, he had always been nervous about going on

courses before as he cannot read or write, but he engaged well with this course. He started looking for work and is now in full time employment.

Mother started attending the sessions for her mental health and got the confidence to start volunteering at the local cafe on their estate, through this she made some friends.

With parents now having the confidence to speak to school they started attending meetings in order to plan for Child A to go back to school. The school nurse made sure that Child A was receiving the adequate support according to her needs. She is now using the toilet at school. The family have been attending all of their hospital appointments

Mother now has a good relationship with school, Child A is now back in full time school and out of nappies

Appendix Two – proposed governance