

Central Bedfordshire Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information No.

Title of Report The Implications of the Troubled Families Programme on the NHS

Meeting Date: 31 January 2013

Responsible Officer(s) Edwina Grant, Deputy Chief Executive/Director of Children's Services

Presented by: Edwina Grant, Deputy Chief Executive/Director of Children's Services

Action Required: The Board is asked to:

- Consider and comment on the implications for Health of the Troubled Families Programme.
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Executive Summary

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| 1. | This report looks at the implications for Health Services of the Troubled Families Programme in Central Bedfordshire. The report is presented to the Shadow Health and Wellbeing Board for discussion and action. |
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Background

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| 2. | The Government has instituted a Troubled Families programme designed to "turn around the lives" of 120,000 of the most troubled families nationally by 2015. While it is not a statutory requirement for Local Authorities to have a Troubled Families Programme, the Prime Minister and ministers have publicly supported it as a key initiative for the government. It is estimated that these families, which will typically suffer multiple and complex difficulties, cost the public services on average £75,000 a year. The programme is designed to operate primarily on a payment by results basis to incentivise local authorities and others to take action to turn around the lives of troubled families in their local area. |
| 3. | A Troubled Family is defined by the Government as households which:

1) are involved in crime and anti social behaviour.
2) have children not in school.
3) have an adult on out of work benefits.
4) cause high cost to the public purse. |

4.	The Department for Communities and Local Government (DCLG) has estimated that there are 305 such families in Central Bedfordshire, with 254 of these families expected to be eligible for funding within the payment by results element of the programme. There is an expectation that 85 families are worked with as part of the programme during Year 1.
5.	There are many potential benefits for Central Bedfordshire, including reduced duplication of services, preventing the escalation into more resource intensive specialist services and improved outcomes for children and adults. Specific outcomes required to meet the payment by results funding include: <ul style="list-style-type: none"> • ensuring children are back into school; • reducing criminal and anti-social behaviour; and • helping adults back into work.
6.	While Local Authorities are expected to lead the development and delivery of the Troubled Families Programme, it is essential that the programme is seen as a partnership responsibility. A conference was held on 9 October 2012 as a launch event for the Council and partners.
7.	Strategic leadership and management of the programme in Central Bedfordshire are located in Children's Services. A programme co-ordinator will be in post from the 10 January 2013. A Programme Board chaired by the Deputy Chief Executive/Director of Children's Services has been set up. Two multi agency operational groups (north and south) chaired by the programme co-ordinator are being established.
Issues	
8.	<p>The potential impact of the Troubled Families programme is across a range of Health related issues including:</p> <ol style="list-style-type: none"> 1. Adult and Children's Mental Health. 2. Lack of exercise/poor diet/obesity (linked to worklessness). 3. Drug and substance misuse. 4. Drinking problems or alcoholism. 5. Teenage Pregnancy. 6. Domestic Abuse and Violence. 7. Safeguarding Children and Vulnerable Adults. 8. Sexual Health. 9. Childhood immunisations. <p>It is recognised that families fitting the profile of a Troubled Family are often 'chaotic users' of Health services. This can include them not accessing relevant services or, conversely, overusing services such as GP and Accident and Emergency services.</p>
9.	<p>The approach to the programme will be to ensure that there are:</p> <ul style="list-style-type: none"> • Named workers for identified families; • Persistence with families backed up by rewards and sanctions; • A common endeavour among agencies for each family, operating within agreed structures.

	Conclusion and next steps.
10.	<p>Work will need to be done to:</p> <ul style="list-style-type: none"> • identify the appropriate Health professionals for the families; • clarify the role of specific health professionals such as Health Visitors; • establish operational links to services, including mental health, drug and alcohol teams.
Strategy Implications	
11.	<p>This report relates to the following three cross cutting priorities in the Health and Wellbeing Strategy:</p> <ul style="list-style-type: none"> • Improved outcomes for those who are vulnerable • Early Intervention and Prevention • Improved mental health and wellbeing <p>The report also relates to the following specific priorities:</p> <p>Priority 7: Helping people make healthy lifestyle choices Priority 8: Improving mental health for children and their parents Priority 9: Improving mental health and wellbeing of adults</p>
Governance & Delivery	
12.	Reports on progress go to Central Bedfordshire Together which oversees the delivery of the Programme.
Management Responsibility	
13.	Responsibility for ensuring that action is taken to meet the Health requirements of the Troubled Families Programme rests with Bedfordshire Clinical Commissioning Group and Public Health.

Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Failure to deliver good outcomes for those on the Troubled Families Programme	Possible	Significant	Delivery of the programme plan
Source Documents		Location (including url where possible)	
The Troubled Families Programme		Department for Communities and Local Government	