

<b>MEETING:</b>	Overview and Scrutiny Committee
<b>DATE:</b>	Tuesday, 17 January 2017
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

### Present

Councillors Ennis (Chair), P. Birkinshaw, G. Carr, Charlesworth, Clarke, Clements, Frost, Daniel Griffin, Hampson, Hayward, W. Johnson, Lofts, Makinson, Mathers, Mitchell, Phillips, Pourali, Sheard, Tattersall, Unsworth and Wilson together with co-opted members Ms P. Gould and Mr J. Winter and

### 41 Apologies for Absence - Parent Governor Representatives

No apologies for absence were received in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

### 42 Declarations of Pecuniary and Non-Pecuniary Interest

There were no declarations of pecuniary or non-pecuniary interest.

### 43 Minutes of the Previous Meeting

With reference to item (ii) relating to the Barnsley Safeguarding Children Board (BSCB) Annual Report 2015-16, the Chair advised that the case of Female Genital Mutilation (FGM) occurred elsewhere and not in Barnsley. The minutes should therefore read 'The Group were advised of one case elsewhere which made the national headlines was related to a surgeon correcting a previous FGM procedure'.

The Chair also advised that the NHS consultation on proposed changes to Hyper Acute Stroke Services and Children's Surgery and Anaesthesia Services has been extended to 14 February 2017.

A Member of the committee queried how the hospitals who are proposed to deliver the Hyper Acute Stroke Services coped over the Christmas period with demand for services. The Chair confirmed once this information has been received from the hospitals, this will be forward to all Elected Members.

The minutes of the meeting held on 8<sup>th</sup> November 2016 were then approved as a true and accurate record.

### 44 Support to Families in Barnsley Including the Troubled Families Programme and Changes from Children's to Family Centres

The Chair welcomed the following witnesses to the meeting, which included:

- Rachel Dickinson, Executive Director of People, BMBC

- Jayne Hellowell, Head of Commissioning, Healthier Communities, BMBC
- Margaret Libreri, Service Director, Education, Early Start and Prevention, BMBC
- Nina Sleight, Head of Early Start, Prevention and Sufficiency, BMBC
- Claire Gilmore, Early Start & Families Strategy and Service Manager, BMBC
- Councillor Jenny Platts, Cabinet Member for Communities
- Councillor Tim Cheetham, Cabinet Member, People (Achieving Potential)

Jayne Hellowell introduced the report, explaining that it is in two parts; firstly providing an update on the Troubled Families Programme (TFP), for which we need to consider its sustainability; followed by an update on our Family Centres.

Nina Sleight confirmed the change from Children's to Family Centres could be considered as largely successful and that services continue to be available on a borough wide basis. Due to the expanded age range, work has been undertaken to both engage and strengthen partnership working, in particular with schools and health practitioners. These changes support the Think Family approach. Family Centres are part of the Early Start, Prevention and Sufficiency Service within the council and this brings together other services which support children and young people and their families including the Targeted Youth Support Service including the Early Intervention and Prevention Team, Youth Offending Team and the Multi-Systemic Therapy Team. In the future the service will need to explore how the developments around early help and specialist services align with the Public Services Hub. Additionally, we have statutory local Family Centre Advisory Boards which provide Members with an opportunity to become involved in the local governance arrangements for their respective Family Centre.

Members proceeded to ask the following questions:

- i. Following the introduction in 2012 of the TFP has this led to any changes in working practices?

The committee were advised the changes have instigated better integrated working amongst different services. For example Family Centres used the funding to challenge existing systems. The TFP is a complex programme; it's not just about one caseworker working with one family, it is wrap-around support which requires a number of different organisations. The funding from the TFP has enabled the strengthening of partnerships through the work we've done.

- ii. How do you rate the relationships amongst partner organisations involved in the different services, such as the Clinical Commissioning Group (CCG), Berneslai Homes (BH), South West Yorkshire NHS Partnership Foundation Trust (SWYPFT) etc.?

Members were advised relationships are patchy in areas. However, we have a good relationship with BH who are integrated with the Think Family approach. Our relationship with 3<sup>rd</sup> sector providers is also good; although, with the CCG there is still work to be done to align commissioning at a strategic level; however the Sustainability and Transformation Plan (STP) is a good forum for these discussions. Full engagement amongst all partners has not yet been achieved; there is good

engagement with the Think Family approach which we need to continue to strengthen.

- iii. After the funding ceases in 2020, how will you ensure these services continue to be delivered and a good standard of service is maintained?

The group were advised the sustainability of the programme is essential. As the funding is only for a limited period, we are currently working with services to ascertain what the implications will be when the funding ceases. To ensure sustainability, the majority of the funding has been assigned to transform services rather than set up new ones. We have currently increased capacity to make improvements so that when funding ceases the good practice will continue and be sustained.

- iv. How reliant are the Family Centres on receiving continued funding?

The committee were advised one-off funding is available through the government, for example the Department for Communities and Local Government (DCLG) has made some available in relation to domestic violence against women and girls which we have bid for. If we are successful we will use this money to transform areas for improvement such as to our systems. £15 million is available nationally; however this is not a lot across the whole country. Some bids have to be joint, for example in relation to rough sleepers funding has been awarded for 2 years across the South Yorkshire Authorities.

- v. The national evaluation of the TFP could not directly attribute whether changes made by families were as a direct result of the programme or not; in view of this, how does Barnsley compare?

Members were advised there is some merit in the criticism of the programme, as, if we are honest about the figures, it is difficult to say that we have 'turned around' a family in 6 months, even though the national TFP says this is expected. In Barnsley we need to show sustained progress and be realistic about how many families we can support, as well as monitor sustained change to ensure those families are not coming back into the system after 2 years. We want to use the funding to support the use of the Maturity Model as an audit tool to establish baselines so we can understand the progress of our families.

- vi. Are secondary schools, including academies and our colleges aware they are able to utilise the facilities provided by the Family Centres?

The group were advised one of the benefits in the transition to Family Centres is the range of early help services for families is now provided up to the age of 19 years and 25 years old if the young person has a disability. This is overseen through a borough wide multi-agency steering group which our secondary schools are a key part of, particularly as they are able to identify issues at early opportunities. Currently, a multi-agency deep dive analysis is being done to ensure delivery of services is evidence-based. The service is also going to undertake work with secondary head teachers to inform them of what support is available in relation to their work with young people and families. Stakeholders from the local community, for example from health, care, education, voluntary sector with parents/carers, come together on Family Centre Advisory Boards and look at the needs of that community, what services are being offered and what else may be needed or improved to have a

positive impact. Members can help support this work by raising awareness of early help services on offer to people in our communities and also encourage our partner agencies to engage in this work.

- vii. What happens outside in communities often affects how children behave in schools; what is done to consider this?

The committee were advised that support to families is important as behaviour in school, and engagement in education can be attributed to other issues and needs. As part of the performance framework one of the indicators that is monitored is persistent absence from school figures, as this can be an indication of engagement and a sign of whether support or intervention is working. Data and local knowledge are also utilised to consider if what is in place to support pupils is effective.

- viii. The report confirms there are four Troubled Families/Think Family Programme family support providers, are these public, private, third sector or former employee providers?

Members were advised these are all provided by the public sector and within the Council's ownership as one is from our Family Centres, another from the Youth Offending Team, another from Safer Communities and another from Berneslai Homes.

- ix. Will there be a move towards utilising both the private and third sector to administer the Think Family programme in the future?

The group were advised the Think Family Programme plan is to continue the services in place for the next few years, but also put some of the money into the Public Service Hub. Although the service funds four family support advisors there are a lot of other organisations in the community which are not mapped. In terms of Domestic Abuse services, another public sector agency delivers this, however we provide the funding, therefore we need to take the credit for this as we also obtained this funding as part of the TFP.

- x. A member of the committee advised over the potential closure of the Barnsley Churches Drop-in Project who provide help and support to troubled families in Barnsley, and whether the service was aware of this?

The committee were advised that the Churches Project is currently operated from John Street where Addaction is located. Addaction was funded to provide our needle exchange programme but this has recently been awarded to another provider. However Addaction did not bid for it, therefore will lose their funding and will no longer rent the building from the Council which they then allowed the Churches Project to use. As the building is the Council's we have a commercial interest, however we have now got confirmation that the Churches Project will lease Temperance House. This is by Sarah's Flower Shop and she does training to help people obtain employment therefore this will create additional useful links. We are not currently clear what the Churches Project are supporting as their ethos is that they don't judge, however we're currently trying to work with them so we can understand support requirements and have given some assistance to their staff.

The Chair of the committee commended the response from the service which indicates how well informed and responsive our officers are.

- xi. A Member raised concerns that there had been a new manager at their local Family Centre since April 2016, however they were only scheduled to meet them in January 2017, however the manager is now leaving and therefore this creates difficulties with them engaging with the service?

The committee were advised that the service were aware of the concern when the member had raised this previously and the service promptly contacted the manager involved. Whilst the service understood the manager had contacted local members since, all concerned were sorry that this had not happened sooner. The service commented that due to the significant transitions that had taken place including streamlining previous Children's Centre Advisory Boards into Family Centre Advisory Boards there had been some delays in some areas. The service advised that it is very important to them that they support Members to be involved in their local Family Centre and would encourage their ongoing participation. The service confirmed that recruitment was underway for a new manager in the relevant centre; and apologised for the gap during the transitional period.

- xii. How many families do we expect to be a part of the TFP and what measures are in place to ensure their improvement is assured?

The group were advised that to date there have been 908 families on the programme against a target of 1196; however, the service is confident this target will be achieved. To date, 68 families have been successfully turned around, which is short of the target of 100 however we're confident this will be achieved by the end of March 2017. In relation to sustainability, we will be working with providers to review if changes have been sustained by families by reviewing them on a periodic basis so that we can re-engage with families if we need to. We have ambitious targets over the next 3 years and we are aware that for some, it will not be possible to turn them around as the problems are so complex. We plan to engage with 800 families this year, 600 the next, then 400, with outcomes being 250 turned around in the first year, then 350, then 450, with numbers accumulating to our target of 1000 TF turned around over the 5 year programme. It will take years to review the sustainability of the changes and for some families we know there will not be an end point.

In relation to Family Centres and the wider offer, from 1<sup>st</sup> April 2016 to 30<sup>th</sup> September 2016, 5292 families have been engaged with, compared with 4,380 in quarter 4 of 2016. Some families only need a little support, whereas some families need a lot more which can be more intensive. These figures don't include the young people aged 11+ who have been engaged with as part of the offer from the Targeted Youth Support Service. Through the new model, families continue to access provision and we try to ensure this is in a timely way. For example, within three weeks of an Early Help Assessment (EHA) being started we follow up with agencies to check they have a clear plan for the family. We also have an 'outcomes star' which looks at how a family feels on a range of indicators and ensure interventions are appropriate by measuring how they feel at certain points to assess the distance they have travelled. We also audit cases to ensure the quality and timeliness of interventions which also helps us to keep an eye on long term outcomes. All this creates a rich picture in terms of service access, quality and outcomes.

- xiii. It is difficult to get volunteers to come in and engage in the Family Centre Services, as some find it boring just attending a meeting therefore how can we involve people differently?

The committee were advised that we need to focus on the involvement of volunteers as they are a key part of the service strategy and we need to encourage them to work in our communities. Some people may only want a short voice and influence on the service, whereas there are others who want to be engaged on an ongoing basis. We need to ensure that Family Centres continue to be non-stigmatised and gateway to other services including facilitation of peer-support.

The Chair reiterated this and highlighted that this is where Members can take a lead role in encouraging volunteers to participate even though this can be difficult.

- xiv. What impact have the changes (positive and negative) from Children's to Family Centres had for families in Barnsley?

Members were advised we have received anecdotal feedback from parent forums and advisory boards regarding the improvements the changes have made. By expanding the age range to cover the whole family this has strengthened the holistic support to families and avoids silos. The new model has also helped with relationship-building and has particularly strengthened our relationship with Primary Schools, helping us to make a difference across the Borough.

- xv. In relation to TF and the evaluation of Phase 1: how 'troubled' were the families; when a family is 'turned around' what does this mean; and what has been done to evaluate the impact of Phase 1?

The group were advised the service don't have the specific data to hand as it covers a number of areas but the figures can be provided to the group in relation to the outcomes and evaluation. We know that 36% of families had evidence of domestic violence; therefore we want to get meaningful data on this so we can focus on it in future and bid for government funding. The data for the first two years was in relation to payment by result; we have not yet looked at the detail of this which we will be doing, so we can identify what were the key things that made a difference.

In terms of evaluation, we plan to use the Maturity Model so we can use this for the next Phase of the programme. It has taken some time to set up the programme; however we are now in a good place to make a difference and evaluate what are the key things which have worked.

- xvi. Approximately how many troubled families are living in social and private-rented sector housing?

The committee were advised this information can be forwarded to Members.

- xvii. In relation to the TFP criteria in Appendix 1, are all family members considered as part of the plan, for example if there was an absentee parent?

Members were advised that what constitutes a family is a complex picture, therefore all would be considered. Some families may have 100 contacts therefore support can

be very complex, particularly as some people may not live in the house but play an important role in the family.

A member of the committee commented that it is important that we dispel the myth that troubled families are only seen as being endemic in social housing, as they can also be found within private sector housing.

Another committee member explained there needs to be consistency and regular attendance within the Advisory Boards; this comment was echoed by the service.

- xviii. In terms of young people at risk of entering the criminal justice system, parenting orders were being utilised; is there any evidence that the new methods are helping pre-court diversion and keeping young people out of trouble?

The committee were advised Parenting Orders are one tool available. We are exploring whether this is something we could use in the right circumstances, however we don't expect a spike in their use. We now have an early intervention team who undertake work with specific groups. Also, we provide one to one support in family centres who are able to take a holistic view of a child.

The structural transformation has enabled work to be done in a whole family way and provide age-appropriate support, such as for teenagers. Over the next few months we will review if the roles we have created are working and will amend other roles if we need to.

- xix. Historically Children's Centres have been seen as a local resource where new mums can obtain general support; are we continuing this ethos with Family Centres?

The group were advised this continues with the Family Centres and we're still subject to Ofsted regarding provision of services from pre-birth to 5 years. It is important that Family Centres are seen as a resource for all families and that it is a non-stigmatised access to services and an opportunity to build up relationships with our communities.

The Chair thanked all the witnesses for their attendance and helpful contribution and declared the public part of the meeting closed.

#### **45 Exclusion of Public and Press**

RESOLVED that the public and press be excluded from the meeting during consideration of the following items, because of the likely disclosure of exempt information as described by the specific paragraphs of Part I, of Schedule 12A of the Local Government Act 1972, as amended as follows:-

Item Number	Type of Information Likely to be Disclosed
10	Paragraph 2

#### **46 Children's Social Care Reports**

Members reviewed and provided challenge to Children's Social Care performance information in relation to early help assessments, contacts, referrals, assessments, section 47 investigations, child protection, looked after children, and caseloads. Witnesses gave further information on issues raised by the report submitted in response to questions from Members.

### **Action Points**

1. Patient numbers for over the Christmas period for the Chesterfield Royal Hospital, Doncaster Royal Infirmary and The Royal Hallamshire Hospital, Sheffield, the proposed alternative care providers for Hyper Acute Stroke Services to be provided to all Elected Members.
2. Members to support the work of our services by raising awareness of early help services on offer to people in our communities and also encourage our partner agencies to engage in this work.
3. Members to engage with their local Family Centre by participating in the relevant Advisory Board and encouraging the engagement of volunteers.
4. Service to provide details of the Phase 1 data and work done with troubled families.
5. Service to provide data on the number of troubled families living in social and private rented sector housing.