

AGENDA

COMMUNITY, ENVIRONMENT AND HOUSING OVERVIEW AND SCRUTINY COMMITTEE MEETING



Overview and Scrutiny

Date: Tuesday 9 December 2014
Time: 6.30 pm
Venue: Town Hall, High Street, Maidstone

Membership:

Councillors: Mrs Joy, D Mortimer (Vice-Chairman), Munford,
Mrs Parvin, Round, Sargeant, Mrs Stockell, B Watson
and J.A. Wilson (Chairman)

Page No.

1. **The Committee to consider whether all items on the agenda should be web-cast**
2. **Apologies**
3. **Notification of Substitute Members**
4. **Notification of Visiting Members**
5. **Disclosures by Members and Officers**
6. **To consider whether any items should be taken in private because of the possible disclosure of exempt information**
7. **Minutes of the meeting held on 11 November 2014** **1 - 17**
8. **Review of Maternity Services in Maidstone Borough** **18 - 42**
An update on Maternity Services for Maidstone Borough residents since the services were moved to Pembury Hospital, Tunbridge Wells, in 2010.

Interviews with:

- Dr Bob Bowes, Chair of West Kent Health and Wellbeing Board;

Continued Over/:

Issued on 27 November 2014

Alison Broom

**Alison Broom, Chief Executive, Maidstone Borough Council,
Maidstone House, King Street, Maidstone Kent ME15 6JQ**

- Councillor Susan Grigg, Maidstone Borough Council (whose suggestion it was to review Maternity services);
- Maternity service users since the move to Pembury Hospital.

9. Review of Street Cleansing Service	43 - 51
An interview with Jennifer Shepherd, Waste and Street Scene Manager, Environmental Services.	
10. Maidstone Families Matter update - report only	52 - 104
Update report for information only.	
11. Financial capability update - report only	105 - 109
Update report for information only.	
12. Future Work Programme and SCRAIP update report	110 - 123

The reports included in Part I of this agenda can be made available in **alternative formats**. For further information about this service, or to arrange for special facilities to be provided at the meeting, **please contact Tessa Mallett on 01622 602524**. To find out more about the work of the Overview and Scrutiny Committees, please visit www.maidstone.gov.uk/osc

MAIDSTONE BOROUGH COUNCIL

Community, Environment and Housing Overview and Scrutiny Committee

MINUTES OF THE MEETING HELD ON TUESDAY 11 NOVEMBER 2014

Present: Councillor J.A. Wilson (Chairman), and
Councillors Mrs Joy, D Mortimer, Round, Sargeant,
Mrs Stockell and Vizzard

38. THE COMMITTEE TO CONSIDER WHETHER ALL ITEMS ON THE AGENDA SHOULD BE WEB-CAST

RESOLVED: that all items on the agenda be webcast.

39. APOLOGIES

Apologies were received from:

- Councillor D Parvin
- Councillor Watson
- Councillor Munford

40. NOTIFICATION OF SUBSTITUTE MEMBERS

The following substitute member was noted:

Councillor Vizzard for Councillor Watson.

41. NOTIFICATION OF VISITING MEMBERS

There were no visiting members present.

42. DISCLOSURES BY MEMBERS AND OFFICERS

There were no disclosures by member of officers.

43. TO CONSIDER WHETHER ANY ITEMS SHOULD BE TAKEN IN PRIVATE BECAUSE OF THE POSSIBLE DISCLOSURE OF EXEMPT INFORMATION

RESOLVED: that all items on the agenda be taken in public as proposed.

44. MINUTES OF THE MEETING HELD ON 9 SEPTEMBER 2014

RESOLVED: that the minutes of the meeting held on 9 September 2014 be approved as a correct record and signed by the Chairman.

45. MINUTES OF THE CRIME AND DISORDER OVERVIEW AND SCRUTINY COMMITTEE MEETING 14 OCTOBER 2014

RESOLVED: that the minutes of meeting held on 14 October 2014 be approved as a correct record and signed by the Chairman.

46. REVIEW OF LONELINESS AND ISOLATION IN THE OVER 65S OF MAIDSTONE BOROUGH

The Chairman welcomed everyone to the meeting, including students from Oakwood Park Grammar School and Invicta Grammar School.

The Chairman invited the witnesses to introduce themselves and then went on to explain the purpose of the meeting.

The review Working Group met on 9 October 2014 to scope the aim and objectives for the review. The Working Group decided to carry out a review of Loneliness and Isolation in the over 65 age group. A revised scope for the review was attached to the agenda.

Witnesses had been invited to help the committee answer the following questions:

- How big was the issue of loneliness and isolation in the over 65s of Maidstone Borough;
- What areas was it most prevalent;
- What was the impact of the issue;
- What work was being done to combat the issue, and;
- Where were the gaps in provision.

Witnesses attending the meeting were:

- Jo Tonkin, Public Health Specialist, Kent Public Health;
- Louise Holden, Public Health Workforce Development Programme Manager, Kent County Council;
- Colin Thompson, Public Health Consultant, Kent County Council;
- Janet Greenroyd, Kent Community Warden Service, Maidstone District Supervisor;
- Samantha Sheppard, Adult Social Care, Kent County Council;
- Paul Coles, AgeUK, Maidstone;
- Sarah Robson, Community Partnerships Manager, Maidstone Borough Council;

Jo Tonkin, Public Health Specialist, Kent Public Health presented her report titled Loneliness and Social Isolation in Adults and Older People in Maidstone (attached to the minutes as Appendix A), which had been presented to the Working Group at their meeting of 9 October 2014.

Ms Tonkin explained the definitions for loneliness and social isolation:

Social Isolation – an absence of social interactions, social support structures and engagement with wider community activities or structures. It could be through choice or it could be a result of deteriorating mental capacity, discrimination, or a trigger event such as illness or bereavement.

Social Isolation could be measured quantitatively through the number of interactions a person had over a defined period of time. People who were socially isolated were more vulnerable to strokes, heart failure and coronary heart disease and were less likely to follow a treatment plan.

Loneliness – was described as more subjective and related to a person's personal sense of a lack of connection and contact with others and the quality of the contact they had. Loneliness impacted negatively on a person's health and wellbeing with lower life satisfaction making them more likely to suffer from alcoholism, suicide and physical ill health.

Ms Tonkin explained loneliness and isolation were difficult to measure and map and as such there was no validated data for the Maidstone borough to inform the review. She went on to explain that nationally it was estimated that 7% of the population were socially isolated. This statistic, when translated to the population of Maidstone, meant an estimated 8,693 people were possibly socially isolated.

Ms Tonkin went on to explain that Medway City Council had developed an experimental Social Isolation Index (SII) using MOSAIC types which referred to the risk factors for social isolation, such as vision loss, hearing loss, depression, urinary incontinence, dementia etc. The second map used in Ms Tonkin's report showed where the most socially isolate people over the age of 65 may live using the SII method. The greatest concentrations of socially isolated over 65 year old residents were estimated to be in:

- Parkwood;
- Shepway North;
- Shepway South;
- East Ward;
- Allington;
- Bridge;
- Fant and;
- Coxheath and Hunton Wards.

Due to the subjectivity of loneliness it had been measured through self-reporting surveys using validated sets of questions. Using these surveys it was estimated that nationally 5% of the adult population were 'highly lonely'. Applying this statistic to Maidstone resulted in an estimated 6,200 adults were possibly 'highly lonely'. This figure had not been broken down to identify the estimated number of 'highly lonely' people in the over 65 year old age group. However, it was estimated this would be high due to the risk factors for social isolation being more prevalent in this age group.

The factors thought to be the biggest risk factors contributing to loneliness included; poor health; being disabled; not having access to a car; living in a smaller household; not being a parent.

Ms Tonkin described the third map within her report which showed the highest concentration of people at risk of loneliness due to ill health and disability were concentrated in the central and urban wards of Maidstone, for example:

- High Street;
- Shepway North;
- Shepway South, and;
- Parkwood.

All described as the four most deprived wards in the Borough.

Other areas showing high levels of loneliness due to poor health and disability were North, Bridge, Fant and Coxheath and Hunton.

Ms Tonkin outlined effective interventions to help ease loneliness and isolation, which included:

- One to One services – befriending, mentoring, community navigators;
- Group interventions – lunch clubs, self-support groups, hobby groups;
- Built environment – can be a barrier or a facilitator of social connectedness;
- Community and voluntary sector – who developed many interventions, although funding is a concern.

During discussion regarding Ms Tonkin's report the following points were raised:

- It was suggested the data presented outlined what the problem should be and not what it actually was. However, it was felt this should not mean the data was not used to design interventions. Public Health regularly used this type of data to influence the services they provided.
- It was agreed that as loneliness and isolation were difficult to quantify it highlighted the need for a service such as Community Wardens, who were in regular contact with individual people within communities. This service could help to pin point exactly where the most lonely and isolated people were.
- The importance of maintaining existing relationships was emphasised.
- It was explained a useful way of gathering data from individuals was to establish how many times they met people in the space of a

day/week/month and establish how satisfied they were with those interactions.

Colin Thompson, Public Health Consultant, Kent County Council explained the work he had been doing with Medway City Council with their strategy for tackling social isolation.

Mr Thompson explained establishing data to inform the Medway strategy proved challenging. Medway had decided that a random sampled survey proved too costly.

Mr Thompson went on to explain how he compiled data for use in Ms Tonkin's report by using National Census data to establish the number of over 65 year old people who were living on their own. It was noted that just because they were living on their own did not necessarily mean they were lonely.

Mr Thompson then developed the Social Isolation Index (SII) using MOSAIC data which held 69 types of population groups taken from consumer data, national survey data and census data. The data was then broken down by identified risk factors, which were established by interviewing stakeholders. The stakeholders had listed factors such as not having the use of a car and not seeing family and friends as being high on their list.

Mr Thompson accepted the data was not perfect but it was the best available at this point in time.

Mr Thompson informed the committee that focus groups with elderly residents, carers, mental health service users etc. had also been used as a way of gathering data to inform the strategy.

The themes developed regarding factors that created social isolation included; lack of awareness of what was available; transport (lack of and cost of); lack of involvement in the community; being consulted but not involved in developing the interventions. Another finding from the focus groups was geographically isolated communities such as the Isle of Grain, tended to create its own support networks.

Mr Thompson advised that key to the success of the strategy was the involvement of the relevant Cabinet Member, Health and Wellbeing Board and Clinical Commissioning Group. This had resulted in many of the interventions already being implemented.

The draft strategy on social isolation in the Medway area concentrated on social isolation in the whole of the community rather than one particular group. The key themes within the strategy included; raising awareness of what was available to residents; action for individuals and action for communities. The draft strategy was due to go before Medway City Council's cabinet on 25 November 2014.

During discussion the following points were raised:

- Loneliness and isolation affected a variety of groups in society and the people best placed to identify those 'hidden' people who were not engaging were doctors and those working within the community. In their strategy Medway City Council had prioritised the introduction of Community Navigators to help identify these people.
- From the data gathered in the Medway area a fear of crime was not picked up as a factor creating loneliness and isolation, but committee agreed it would make sense if it were.
- Medway had decided to base their strategy on Social Isolation and not loneliness. This decision was guided by a piece of research carried out by Steptoe (2013) which stated that interventions concentrating on social isolation (and not loneliness) were seen to have a significant impact on health improvement.

Paul Coles from AgeUK Maidstone addressed the committee and explained AgeUK had carried out research on the prevention of loneliness in the over 65 year olds.

The AgeUK research had found that those over 65 years old who were interviewed said having friends was more important than having frequent contact with their friends to ward off loneliness.

AgeUK found in 2013 there were 29,319 people over the age of 65 living in Maidstone with 3650 of them being 85 years old or older.

47.9% of those over 65 had a long term limiting health problem which had been described as having an impact on loneliness and isolation.

Nationally it was estimated 6-13% of over 65 year olds reported being lonely and isolated most of the time and 33% reporting being lonely and isolated some of the time. This equated to 2052 lonely and isolated people over the age of 65 in the Maidstone borough and 9,000 to 10,000 sometimes lonely and isolated.

Mr Coles went on to say that the British Longitudinal Study of Aging concluded that mortality rates were higher in participants who reported being lonely and isolated.

Mr Coles informed the committee of the services offered by AgeUK in Maidstone which included:

- Day care centres;
- Transport to Day Care centres;
- Dementia Day Care – catered for carers too;
- Home and Settle service – delivered by AgeUK East Sussex sub contracted to provide the service at Pembury and Maidstone hospitals. This service started recently and offered help when going home from hospital and sign posting to other services;

- Befriending service – funded by Kent County Council;
- Wii and Tea in Bearsted;
- Independent Living Services – working with the client in their homes for a minimum of one hour, helping with house work etc.
- Dementia Art Therapy;
- Information and advice service.

Mr Coles then advised the committee of where he saw gaps in services. These included:

- Community hubs – for example cafes or somewhere where hot food and community meals could be served;
- Activities for early stage dementia – matching people with similar hobby interests;
- Support to use IT and social media - 87% of 16 to 24 year olds were said to use social media. Support to help the over 65s to use social media or develop a bespoke equivalent of Facebook for the over 65s;
- Good neighbour strategies, Know Your Neighbour Days to help build friendship connections.

After some discussion the following points were raised:

- Charges for the services offered by Age UK were a potential barrier to those living in the more deprived areas where it was reported there were the greatest density of potentially lonely and isolated over 65 year olds;
- With the befriending service, if a client was unable to pay then AgeUK were committed to meeting the cost through their funds.
- It was important to engage with ethnic groups within the community. AgeUK in Maidstone had recently engaged with the local Nepalese community to establish a project offering cultural trips to historical places that demonstrated what it meant to be British.
- Maidstone had a BME Forum, which was new and increasing in numbers and had established that people wanted to be more involved in the design of the interventions offered.
- Work on making Maidstone a Dementia Friendly Town had started with training Maidstone Borough Council officers and members to be Dementia Friends. The next step was to take it forward and promote it to other organisations.
- AgeUK predictions for the future were:
 - An 18% increase in 65-74 year olds living alone in Maidstone by 2030;
 - A 42% increase in over 75 year olds living alone in Maidstone by 2030.

- The chronic loneliness statistic was clarified. On average 7% of over 65 year olds in the UK were lonely. This figure had remained static for over 30 years. In some areas the figure can go up to 13% of the over 65 year olds in population. However the population was aging so the actual number of over 65 year olds who were lonely would increase although the percentage remained unchanged.

Samantha Sheppard, Adult Social Care, Kent County Council addressed the committee and offered to share a MOSAIC profile for Maidstone from 2011. This data profiled high risk factor groups in Maidstone.

Ms Sheppard went on to explain that Adult Social Care (ASC) focussed on supporting those in the community who had been assessed to have eligible social needs. Loneliness and isolation was a primary risk factor for people being referred to ASC.

Ms Sheppard informed the committee that ASC were looking at ways of reducing demand with an aging population and how resources could be targeted to those who really needed them by not drawing people into the system who did not actually need social care.

ASC provided support through two particular methods:

- Direct support and services to those assessed as having eligible social care needs. This was delivered through contractors who provided services such as day care and domiciliary care.
- Investment in preventative services through communities and the voluntary sector. These serviced focussed on maintaining independence.

Ms Sheppard went on to explain there were a range of people who needed the service; those who have been assessed as eligible for the service and were funded; those who have been assessed as eligible for the service and were self-funded, and; those who the service were unaware of.

Ms Sheppard informed the committee that Maidstone received an estimated £372,000 of funding from ASC. This focused on community based services supporting the older population of the borough. Services provided through this funding included:

- Day care;
- Befriending;
- Dementia cafes;
- Peer support groups.

Ms Sheppard went on to say that ASC was dealing with historical funding commitments which were not necessarily fit for purpose. People were not accessing the services provided. This was found to be partly due to people who were assessed as being able to make a contribution to the

service choosing not to access it because they felt it did not suit their needs.

ASC were looking at the services provided and working on making them fit for the future demand.

Ms Sheppard explained to the committee ASC were faced with two challenges; The Care Act information, advice and guidance, and; a significant workforce that delivered services but not in a standardised, co-ordinated way.

After some discussion the following points were raised:

- ASC's primary relationships were with those organisations who were funded to provide services. ASC work with some faith groups including the Trinity Resource Centre in Thanet providing a Dementia Café.
- Kent County Council (KCC) were looking at how to build community capacity to enable communities to become almost self sufficient to support their vulnerable residents. The work involved representatives from across KCC directorates and representatives from external organisations such as churches and voluntary groups. The main aim to begin with was to understand how things worked before investing in them.

Janet Greenroyd, Kent Community Warden Service, Maidstone District Supervisor was invited by the Chairman to address the committee.

Ms Greenroyd explained to the committee she had been a Community Warden for the past 12 years and had worked mainly in rural communities doing a role similar to the Community Navigator role described as being in the Medway City strategy.

Ms Greenroyd went on to explain the Community Wardens had set up several clubs and activities in rural areas and were best placed to identify residents who were suffering from loneliness and isolation.

Ms Greenroyd confirmed, in her experience, many people are lonely and isolated due to a fear of crime which prevented them going out. A lack of sufficient street lighting was an issue creating perceptions of being unsafe also led to people avoiding going out.

Lonely and isolated people tend to be at greater risk of scams, where the scammer befriends them.

Ms Greenroyde considered that many people would not pay for a befriending service because it made them feel humiliated.

Ms Greenroyde explained it could take up to a year to establish a trusting relationship with someone who was lonely and isolated and time should be spent finding out what would help individuals and what they wanted.

The Chairman invited the students present to ask questions or make any points they may have.

One student raised concerns regarding the safety of the elderly using social media. The same issues faced by young people using social media would apply to vulnerable elderly people. The committee agreed this was a potential issue and raising awareness of these issues would need to be considered in any intervention designed around social media.

It was agreed an intergenerational project where younger people in the community shared their IT skills with older people in the community would be valuable. The committee were informed that research showed face to face interaction was really important, IT had a role but was not the whole solution.

Sarah Robson, Community Partnerships Manager advised the committee in her opinion the best services to help identify were health services, voluntary and community groups and Community Wardens.

Ms Robson told the committee the key areas to focus on would be raising the awareness of the support available to the community and agencies within it.

Ms Robson suggested a piece of work should be carried out to develop a model where Wards were targeted by the Community Development Team. Agencies such as the police, fire and rescue service, community safety teams, housing providers, bereavement services and GPs could be brought together to establish a model where staff in contact with people as part of their job could report back any concerns. This would require improved workforce development and better coordination of referrals.

The committee asked what bereavement services were provided by MBC. Ms Robson agreed to find out and report back to the committee.

Ms Robson informed the committee Kent Chief Executives had written to KCC expressing their concern should the Community Warden Service be reduced. The letter suggested the service be moved into the management of the Community Safety Team. This would give the wardens more opportunity to target areas where there were numbers of lonely and isolated residents.

The committee agreed Community Wardens were an important resource which should be maintained and expanded into Maidstone town and other rural areas and not reduced. It was agreed the Chairman would write a letter to KCC raising the committees concerns should the service was reduced. (This recommendation had already been agreed at the committee's meeting of 14 October 2014). Sarah Robson agreed to assist with writing the letter.

Note – Councillor Round left the meeting at 7:28pm.

RESOLVED: that

- 1 The Overview and Scrutiny Officer obtain copies of the following and pass on to all members of the committee:
 - a. The Maidstone MOSAIC data:
 - b. Details of AgeUKs Neighbour Day, and:
 - c. The Medway Social Isolation Strategy.
- 2 The Community Partnership Manager be asked to assist the Chairman of the committee in writing a letter to Kent County Council expressing the committees concerns regarding plans to reduce the Community Warden service.
- 3 The Community Partnership Manager be asked to provide an update to the committee at their meeting of 13 January 2015 on bereavement counselling services offered by Maidstone Borough Council and other organisations.
- 4 The Community Partnership Manager be asked to co-ordinate existing resources to develop a model to identify where the greatest number of lonely and isolated over 65 years olds resided in the borough of Maidstone. When developing the model elderly residents be involved, together with representatives from ethnic and other minority groups. A report to be presented to committee at their meeting of 13 January 2014.

47. FUTURE WORK PROGRAMME AND SCRAIP UPDATE REPORT

RESOLVED: that

- The updates to the committees Future Work Programme be noted;
- The updates for SCRAIPs issued by the committee be noted;
- The information concerning the Questioning and Influencing Skills workshop programmed for 3 December 2014 (Getting the Most Out of Your Meetings) be noted.

48. DURATION OF MEETING

6:30pm to 8:45pm

Loneliness and Social Isolation in Adults and Older People in Maidstone

Why reduce Social Isolation and Loneliness?

Reducing social isolation and loneliness in Maidstone will increase physical and mental health, reduce admissions to hospital and early admission to residential care.

What is Social Isolation?

Social Isolation is 'characterised by an absence of social interactions, social support structures and engagement with wider community activities or structures'¹. It can be a positive choice but more often, it is not. It can result from marginalisation, discrimination or deteriorating mental capacity. It can occur in the short term, because of a trigger event or illness, or can persist over time. Adults have been the focus of most of the research around social isolation.

What are the consequences of Social Isolation?

Social isolation has a negative impact on health and wellbeing including increased hospital admissions, increased vulnerability to stroke, heart failure and coronary heart disease. People who are socially isolated are less likely to be compliant with treatment. There is a close association between social isolation and mental ill-health, although it is not clear whether social isolation causes mental ill-health or vice versa.

What is Loneliness?

Loneliness describes an individual's personal, subjective sense of a lack of connection and contact with others. Adults have been the focus of most of the research around loneliness, although there is survey data in Kent to suggest that young people experience loneliness as well.

What are the consequences of loneliness?

Loneliness impacts negatively on health and wellbeing. People who report loneliness report lower life satisfaction and are more likely to suffer from alcoholism, suicide and physical ill-health.

¹ Taken from Varney () 'Public Health Approaches to Social Isolation and Loneliness'
<http://www.campaigntoendloneliness.org/wp-content/uploads/downloads/2013/07/Public-Health-Approaches-to-Social-Isolation-and-Loneliness-Part-1.pdf> page 6 Accessed 09/14

How big is the problem of Social Isolation in Maidstone?

Nationally, it is estimated that 7% of the population are socially isolated². If this statistic is translated for Maidstone, it would mean that there are 8,693 people who are socially isolated there.

The Public Health Outcomes Framework includes two measures of social isolation amongst older people. These measures are taken from the Adult Social Care Users Survey. Data is available for Kent County level but not for Maidstone. Kent data indicates that % of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey, is in line with the England percentage but the % of adult carers who have as much social contact as they would like according to the Personal Social Services Carers survey is significantly worse than the England percentage.

However, variation exists because it is understood that there are particular risk factors for social isolation: These are:

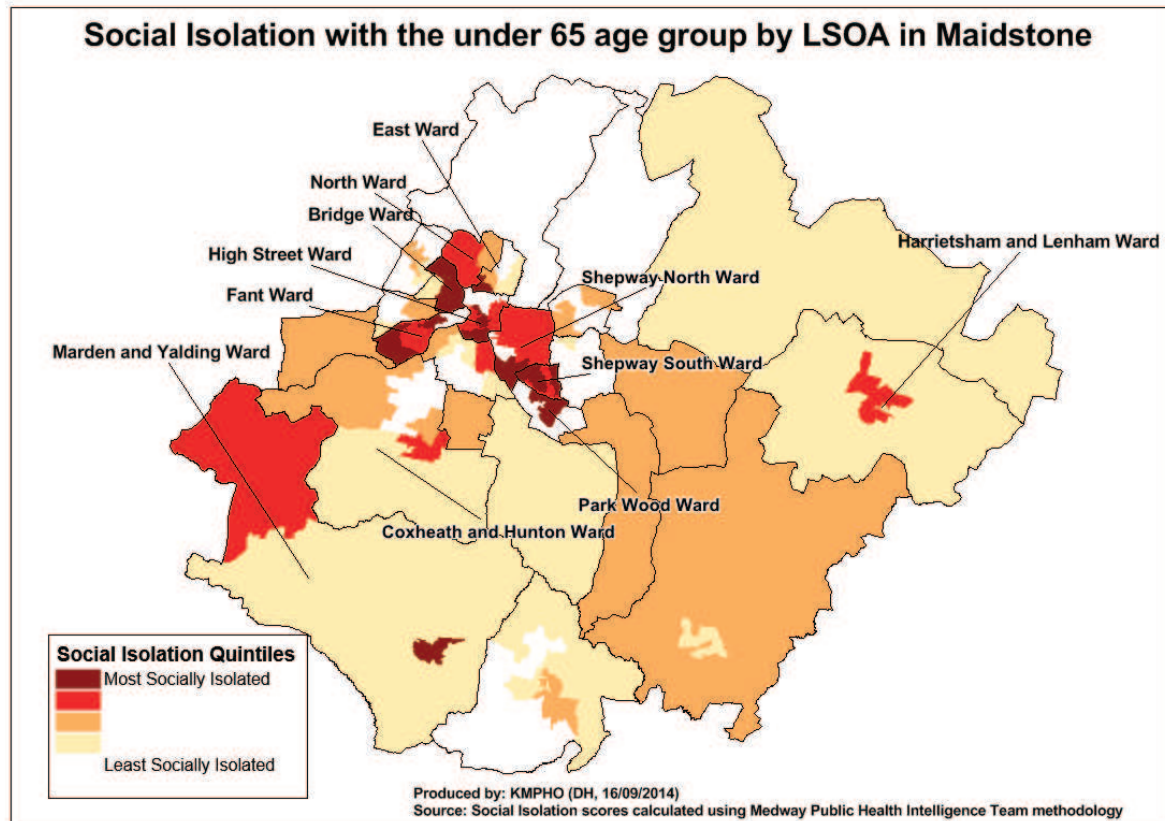
- Age – this is because the risk factors are more likely to be present and in older people.
- Unemployment
- Deprivation/ Low Income
- Being Overweight
- Multiple Chronic ill-health
- Vision loss
- Hearing loss
- Urinary incontinence
- Alcoholism in men
- Depression
- Dementia
- Cognitive decline
- Mental ill-health
- Adult Self-harm

In the absence of a nationally validated measure for social isolation which can be expressed at a district and ward level, a Social Isolation Index has been developed in Medway City Council by Mark Chambers, Analyst and Colin Thompson, Consultant in Public Health. The maps below applies this index to Maidstone and shows where the higher levels of social isolation exist in the under 65, and in the over 65 population, at lower super output area.

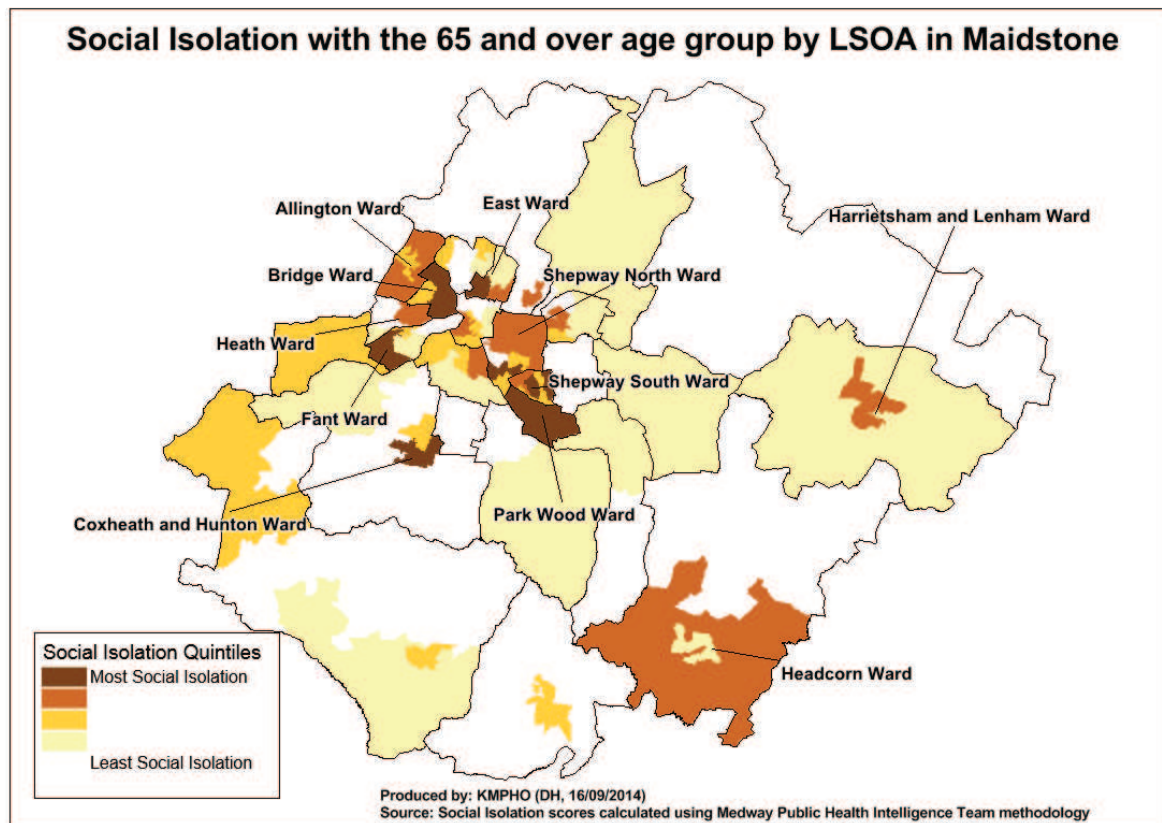
It is important to note that this method is experimental and not validated to date. It uses MOSAIC types which refer to risk factors for social isolation. Not all the risk factors identified above will translated into MOSAIC types. The types are then

² Ibid

weighted by a stakeholder group. This weighting and the number of homes which fall into the MOSAIC segmentation groups, form the basis of the final index. Limitations of this methodology includes the extent to which deprivation and ethnicity are taken into account.



The map above shows the greatest concentrations of social isolation in the under 65s in Maidstone are within the four most deprived wards of Parkwood, Shepway South, Shepway North and High Street. High concentrations also exist in Fant and Esat Ward and in Marden and Yalding, specifically Marden.



The map above shows the greatest concentrations of social isolation in the 65 and over age group in Maidstone are within Parkwood, Shepway North and Shepway South, East ward, Allington, Bridge, Fant and Coxheath and Hunton.

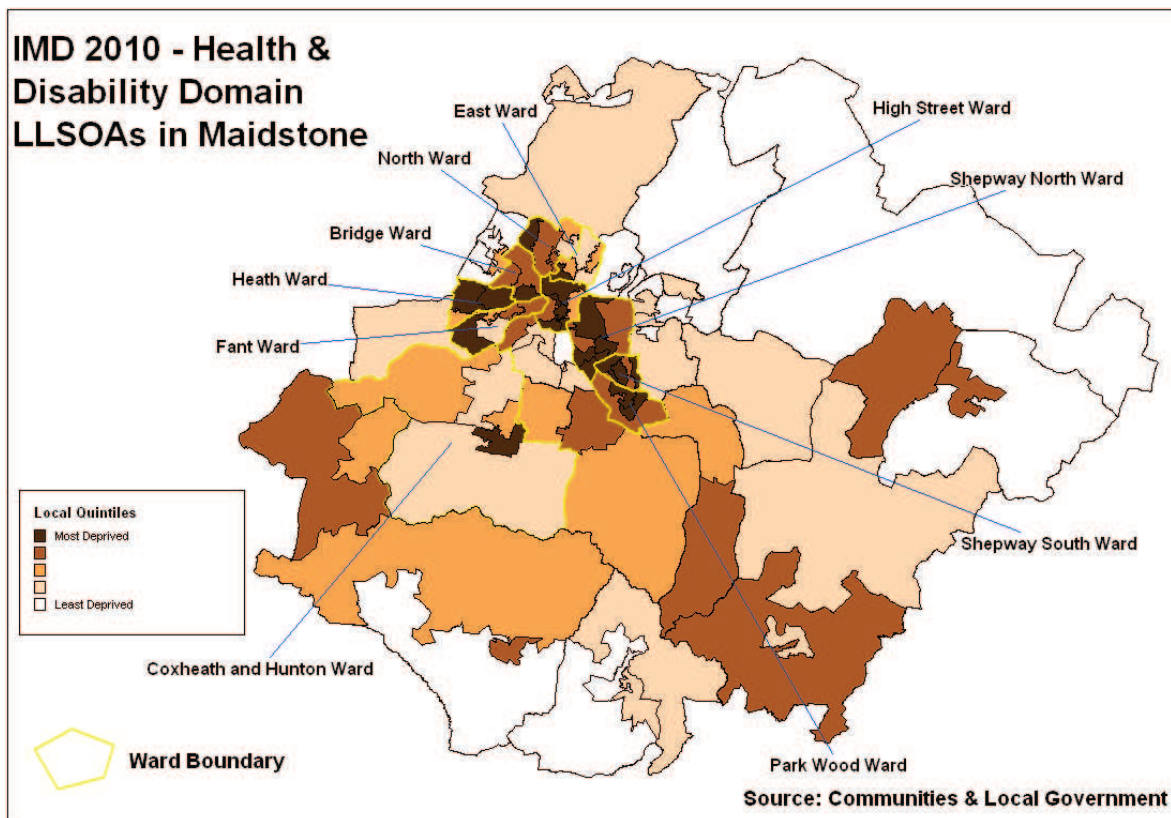
How big is the problem of Loneliness in Maidstone?

Loneliness is subjective and is measured through self-reported surveys, which use validated sets of questions. Nationally it is estimated that 5% of the population are 'highly lonely'. If we apply this to Maidstone, 6,200 adults in Maidstone are 'highly lonely'.

The risk factors for isolation include:

- Being in poor health particularly when you are under 65
- Being disabled
- Having no access to a car
- Living in a smaller household
- Not being a parent

The map below shows the distribution of a measure of health and disability for Maidstone. The measure includes reduced quality of life that is a result of poor mental and physical health. It shows us where the population at risk of loneliness are concentrated.



This map shows that highest concentration of populations who are at risk of loneliness is concentrated in the central and urban wards of Maidstone, including the 4 most deprived wards of High Street, Shepway North, Shepway South and Parkwood. North, Bridge, Heath and Fant also feature in the highest quintiles, with a pocket of risk of isolation due to health and disability in Coxheath and Holton.

What works to reduce Social Isolation and Loneliness?

The type of interventions designed to improve social isolation and loneliness differs. Social isolation can be effectively reduced through group interventions, whereas loneliness may benefit from a more qualitative relationship that can be built through a one to one intervention. Group Interventions for social isolation may be more effective if referral to the intervention is linked to a time when a diagnosis is made or life event occurs e.g. when someone experiences bereavement or .

Effective interventions include:

One to one Services: This includes Befriending, Mentoring and Community Navigators. Community Navigators are able to build relationships, guide and engage individuals into activities and services that meet their needs and fit their interests.

Group Interventions: These largely social groups increase social interaction. They include lunch clubs, self-support groups, hobbies groups and health promotion groups including postural stability groups.

Built environment: The built environment can be a barrier to and a facilitator of, social connectedness. Ensuring that there are meeting places and seating can play an important role.

Community and Voluntary Sector: Many of the effective interventions to reduce social isolation are developed through the community and voluntary sectors. Reviews of evidence in this field refer to concerns about funding and sustainability of the work.

Wider Health Inequalities: Social isolation and loneliness are experienced disproportionately by the poorest and therefore acting to reduce the root causes of inequality will influence positively on both these life-limiting issues.

Summary:

Social isolation and loneliness differ. Social isolation is largely objective whereas loneliness is subjective. Social isolation can be improved by improving the quantity of social interactions, whereas loneliness can be improved by the quality of those interactions.

Prepared for Maidstone Borough Council by Malti Varshney, Consultant in Public Health; Jo Tonkin, Public Health Specialist and Del Herridge, Senior Analyst, Kent Public Health Observatory; Kent County Council

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Agenda Item 8

Maidstone Borough Council

Community, Environment and Housing Overview and Scrutiny Committee

Tuesday 9 December 2014

Review of Maternity Services in Maidstone Borough

While reading the following report you may want to think about:

- What you want to know from the report;
- What questions you would like answered.

Make a note of your questions in the box below.

As you read the report you may think of other questions.

Questions I would like to ask regarding this report:

-
-
-
-
-

Guidance note - Making Quality Overview and Scrutiny Recommendations

Scrutiny recommendations should seek to make a real difference to local people and the services provided. Recommendations that note a change or request further information fail to resolve problems or make changes. The scrutiny team have identified the following criteria for quality recommendations, they:

- affect and make a difference to local people;
- result in a change in policy that improves services;
- identify savings and maintain/improve service quality; or
- objectively identify a solution.

One way of checking the usefulness of recommendations is to evaluate them against the 'six Ws' set out below:

Good recommendations should answer these questions:

Why does it need to be done?	This will help ensure the outcome is relevant and in the right context – if a meeting is being requested it will ensure the correct people are invited to attend
Who is being asked to do it?	Without this nothing will get done (no one will take ownership)
What needs to be done?	Needs to be clear and specific
HoW will it be done?	Again, needs to be clear and specific, what is the expected output- for example a report to be written or a meeting to be arranged
Where does it need to be done/go?	If it's a meeting – where is it needed If it's a report – where is it to go, who needs to see it
When does it need to be done?	Crucial to have a timescale – without a deadline it will never get done

Thinking about these points will help ensure the outcomes of scrutiny are effective and will aid monitoring.

Maidstone Borough Council

Community, Environment and Housing Overview & Scrutiny Committee

Tuesday 9 December 2014

Review of Maternity Services in Maidstone Borough

Report of: Tessa Mallett, Overview & Scrutiny Officer

1. Introduction

- 1.1 At their Future Work Programming workshop on 17 June 2014 the Committee agreed to carry out a review of Maternity Services in Maidstone Borough since they were moved to Pembury Hospital, Tunbridge Wells, in September 2011.

2 Recommendation

- 2.1 The Committee are recommended to interview the following witnesses regarding the maternity services provided to Maidstone borough residents:
 - Dr Bob Bowes, Chairman of the West Kent CCG Health and Wellbeing Board;
 - Councillor Susan Grigg, and;
 - Maternity service users since September 2011.
- 2.2 The committee may want to focus their questioning on the following areas:
 - Since the move of maternity services from Maidstone Hospital to Pembury Hospital what has been your experience?
 - What has worked well?
 - What could be done better?

3 Reasons for Recommendation

- 3.1 At the end of October 2010 consultation regarding the proposed changes to the way maternity services were provided in Maidstone ended.
- 3.2 During the consultation many concerns were raised about the changes. A particular concern was the journey time and route Maidstone residents would have to make to access services at Pembury Hospital in Tunbridge Wells.

- 3.3 The changes to the service have been in place for three years. The committee agreed, at their Future Work Programme workshop in June 2014, to review the service to establish if the concerns raised during the consultation in 2010 have proved to be the case.

4 Background

- 4.1 In 2010 Kent and Medway NHS's ambition was to provide women with the best possible choice over where to have their babies, in safety at all times. The proposal was to continue to provide antenatal care at both hospitals and in the community. Midwives would support home births and midwife-led units and inpatient obstetric care would be concentrated on at Pembury Hospital.
- 4.2 Kent and Medway NHS had put specialist gynaecology for cancer at Maidstone Hospital and then planned to put inpatient gynaecology that was not cancer-related at Pembury Hospital. They also planned to develop rapid access early pregnancy services at both hospitals. The idea being to make best use of highly skilled clinical teams and enable both hospitals to work very closely together. The plan was, this would:
- Create a focus on normal deliveries, give women choice and continue providing outpatient and antenatal care locally;
 - Develop day case surgery, early pregnancy services, foetal medicine, outpatients and diagnostics, and urgent assessment and short stay treatment on both sites;
 - Create a single, consultant-led unit for high risk obstetrics at the new Pembury Hospital.

It was also planned to create at both hospitals:

- Midwife-led care, with a high focus on normal deliveries, home births and the provision of birthing centres, and;
 - Continuation of the vast majority of women being seen in outpatients and as day cases.
- 4.3 The location and extent of the services provided at the birthing centres was decided with the input of a consultation exercise undertaken during 2010.
- 4.4 The consultation document "Excellence in Care, Closer to Home – Kent and Medway NHS the future of services for women and children" from 2010, is attached as **Appendix A** and outlines the proposed changes to maternity services at the time.
- 4.5 **Appendix B** "Having Your Baby – choosing the right care for you" outlines the maternity services currently available to expectant

mothers. This leaflet was produced by Maidstone and Tunbridge Wells NHS Trust in March 2011 and was revised in March 2013.

5. Impact on Corporate Objectives

- 5.1 The review will primarily impact on the Council priorities: 'For Maidstone to be a decent place to live'.

6 Relevant Documents and information

- 6.1 **Appendix A** – Excellence in Care Closer to Home – Kent and Medway NHS the future of services for women and children consultation document 2010.
- 6.2 **Appendix B** "Having Your Baby – choosing the right care for you" outlines the maternity services available to expectant mothers.

This document has been published jointly by:

South West Kent Primary Care Trust
Maidstone Weald Primary Care Trust
Sussex Downs and Weald Primary Care Trust

Working with: Maidstone and Tunbridge Wells NHS Trust

Excellence in care, closer to home

The future of services for women and children –
a consultation document



..EXCELLENCE IN CARE...EXCELLENCE IN CARE...EXCELLENCE IN CARE...EXCELLENCE IN CARE...

Over many months your local NHS has been testing local opinion on the best way of providing hospital services both now and in the future. We have found that process very useful in helping us to focus on the best way forward in planning our hospital services.

We want two vibrant hospitals at Maidstone and Tunbridge Wells, each with emergency care centres providing general accident and lifesaving services for the local populations.

We will have a full range of inpatient specialist care in units at either hospital and a wide range of outpatient, day case and rapid assessment at both hospitals. These services will complement each other and, working together with community teams, we will be caring for more patients closer to their own homes.

This **consultation** document looks at the way we provide hospital services for women and children and makes proposals for changes to make sure we continue to provide a safe service to women having babies and undergoing gynaecological treatment, and to continue to provide the very best and safest service for children.

On the same day that we publish this document we are also publishing a **discussion** document on orthopaedic services (accidents leading to broken bones and booked operations on the bones such as hip and knee replacements).

And both documents follow the earlier **consultation** document called **Shaping Your Local Health Services**, which focused on specific changes to:

- Services for patients who have had a stroke or need a medical bed at Pembury Hospital.
- Services for women requiring inpatient gynaecological (non-cancer) treatment
- Services for children requiring planned routine inpatient surgery.
- Inpatient clinical haematology (blood disease).

That consultation period formally ends on ~~4 October~~, and the comments received will be fed into the decision-making process.

What this debate is about

This document is part of the launch of a public debate into two very important topics – how we care for patients who break bones or who need routine operations on their bones (orthopaedics), and how we provide the best possible services for children and women, including maternity services.

It is useful to understand the difference between discussion and consultation. With a discussion document we want to have an open debate about the future provision of services, before proceeding to formal consultation, whereas with a consultation document we want your formal views on proposals before we go ahead and make decisions.

Both approaches demonstrate our commitment to a continual engagement with local people about how they are cared for in hospital and in the community.

The consultation period on women's and children's services will last for three months, until **31 December 2004**. Then we will consider all your views and make a decision about the future shape of these services.

The whole of this debate is underlined by our overall vision for the future of hospital services in our area, which has as its aim the establishment of two major hospitals working together, each with its own centres of excellence in clinical care, together with our ambition to provide more and more services in outpatient clinics and in community and home services, closer to where you live.

Women increasingly want more choice about where and how they have their babies and we want to focus on midwife-led care in supporting mothers who want natural deliveries and home births, as well as providing expertise for women with complications and babies who are born prematurely.

We want your views about both the location and the type of service we should provide for the future, what a new style birthing centre might look like and where best these centres should be situated.

We also need to provide safe, sustainable services for children that meet modern standards both in hospital and the community. We must also ensure that we can provide high quality care for premature babies.

Why are we doing this now?

As you know, we have Government approval for a £300 million new hospital which will be

built at Pembury, replacing both the existing Pembury Hospital and the Kent & Sussex Hospital in Tunbridge Wells.

This is really excellent news for local people, because we have been waiting for this decision for 25 years and finally, in 2010, the new hospital will be up and running.

We need to decide as soon as possible how we will provide the full range of services at both our hospitals. We want to get this right.

We are also faced with pressures that mean we must act now. In women's and children's services these include:

- Europe-wide laws on the number of hours people can work mean we have real difficulty recruiting enough doctors to keep all services running at both our hospitals.
- Because we are especially short of skilled staff at Maidstone we have had to move a number of babies from the Special Care Baby Unit there to other hospitals. This means transferring premature babies soon after they are born, often separating them from their mothers.
- We do not currently meet the national standards for labour ward cover at Maidstone.
- We currently have a 12% vacancy rate in the numbers of children's nurses with some specialist areas having to manage with over 20%. This makes sustaining services difficult.
- Full obstetric services cannot be maintained if we cannot staff our paediatric service. It is important to understand that premature babies are cared for by paediatricians and they need to be available around the clock.

Why should hospitals change?



Pembury Hospital

Not all hospitals provide identical services. Local people will be aware that Pembury Hospital is different from the Kent & Sussex, which is different from Maidstone. We know there are specialist hospitals for cancer like the Royal Marsden, and specialist hospitals for children like Great Ormond Street.

The 21st century NHS can provide many more specialist services than before, and because they need specialist doctors and other staff they cannot all be at every hospital. We need to concentrate our specialist care so that we can deliver safer standards and an increased range of services.

At the same time patients are having much shorter stays in hospital than they used to. For example, only 20 years ago a woman would stay in hospital for a week after having her baby, whereas now the majority of women go home within a day or two.

Our ambition is that when the new hospital opens, we will have two superb modern hospitals, providing the widest possible range of services to our local population.

But we recognise that both hospitals will not be the same and that instead of working as they have in the past as stand alone hospitals serving their local communities, they will be working together and become more integrated with community clinical teams, to provide for the 500,000 people who use them.

We also recognise that if we are to make changes to the services provided at each hospital that may mean changes to travel arrangements both for patients and their relatives. Although road connections are relatively good between Maidstone and Pembury, public transport is not.

So we will be engaging in active discussions with the public transport providers and drawing up a detailed travel plan as part of the work we are doing in the run-up to the Pembury opening.



Kent & Sussex Hospital

We welcome the widest possible debate on the ideas in this document, and we are meeting local groups and organisations to outline our thinking and to pick up your ideas.

What we would ask is that, in considering these proposals, you try to look at the whole picture – the services that will be provided by two modern hospitals, with expert medical teams complementing each other at both hospitals, rather than looking only at your local hospital.

This is about improving hospital services for all patients and making sure they get expert care and treatment from the professionals in our Trust. Hospitals don't care for patients – doctors, nurses, midwives and many other special staff do.

The local NHS organisations are all totally committed to keeping both Maidstone and the future hospital at Pembury as fully functioning hospitals providing the best possible range of services to local people.

As part of our commitment to Maidstone, in the last year alone we have opened the £3.07 million Peggy Wood Breast Centre, designed with the help of patients, and the £11.3 million Eye, Ear and Mouth unit. We are also about to open a £1.7 million emergency care department that will dramatically improve the treatment people receive when they are taken ill or have an accident.

Our proposals for the future of services for women and children

There are a number of critical challenges that are particularly visible in services for women and children, and that we must solve before we move forward.

Local people will remember a consultation that was carried out into these services back in 2000 by the then West Kent Health Authority.

The conclusion of that consultation was that the services provided at Maidstone and Pembury could not be sustained over a long period and that the Trust would need to centralise:

- Neonatology – care of premature babies in special care baby units
- Inpatient care for children
- Consultant-led obstetrics (maternity care by specialist doctors).

The situation remains the same today and we are faced with the same pressures, only magnified.

We need to:

- Reduce the hours that doctors work to bring them into line with the new laws across Europe. This means in simple terms that we cannot provide 24 hour cover at both hospitals without employing many more doctors, and this at a time when there is a national shortage of doctors within paediatrics and obstetrics and gynaecology.

- Make sure the doctors in training see sufficient patients within their reduced hours to gain the skills they need to do their work most effectively
- Benefit from improved drug treatment and surgical techniques that have reduced the need for inpatient gynaecological care for women. Many more procedures are carried out as day cases, with the woman going home the same day, as well as in outpatient clinics and GP surgeries. We do not need as many inpatient beds for this specialty as we did.
- Follow the new National Service Framework for Children, recently published by the Government. Their Standard for Hospital Services provides a framework for us to follow on how services for children in hospital should be provided.
- Manage the Trust as a single organisation, rather than as a collection of separate hospitals.
- Meet the demands of more technological and complex care.
- Provide a greater range of both routine and specialist care locally.

The new hospital at Pembury provides us with a unique opportunity to reshape services to patients, make best use of all our staff and work with patients and users to achieve the following:

- Modern effective hospitals in Pembury and Maidstone providing 21st century care across all the medical and surgical specialties.
- Closer working with GPs, community nurses, social services and other specialists to bring more care and treatment closer to the patient's own home.
- Focus on day case, outpatient care and rapid assessment to maintain the vast majority of services locally.
- Services are set up in local communities, such as Children's Community Teams, which would both prevent hospital admission and enable children to return home from hospital more quickly.
- More choice provided for women who would prefer to have their baby in a midwife-led unit or at home.
- A better outcome for patients by concentrating scarce clinical resources, for example in neonatal care.
- A better working life for doctors under the new law, so they no longer work exhausting hours.
- Sufficient numbers of patients seen at both hospitals, so that doctors maintain their skills.

We believe that the proposals we are making will:

- Improve specialist care for our youngest and most vulnerable patients
- Improve access for women and children to local rapid assessment, day case and outpatient services
- Modernise and develop services in line with the latest clinical practice
- Improve both the standards of care and outcomes for patients
- Maintain clinically safe and viable services
- Stand us in good stead to develop more specialist services in Kent.

The proposals in detail

Children's services

The essential point about treating children is that it is increasingly uncommon for a child to need an overnight stay in hospital. Children do not like to be away from home even for a night, and if we can help by treating them in their home, or in a local clinic or outpatient department, that is always the best solution.

Factfile:

Last year we treated 68 percent of children as day cases. For those who were admitted the average length of stay was around two days.

This shows already that most children are not admitted and with changes to how we care for children many more could be seen on the same day.

The time that children need to spend in hospital is falling and we want to take advantage of that trend, while ensuring that whenever a child does need inpatient treatment, they will get it.

The new National Service Framework for children, published in September 2004, sets out for the first time a set of national standards that the NHS and local councils should meet. As it says, the standards 'promote high quality, women and child-centred services and personalised care that meets the needs of mothers, children and their families.' We believe our proposals will fully meet the NSF standards.

Our proposals are:

- To develop rapid assessment and treatment for children in ambulatory care (walking, not overnight) facilities at both hospitals, allowing us to see and treat the vast majority of children locally
- To expand community children's nursing to enable more care to take place in the child's home, keeping children out of hospital
- To create one Special Care Baby Unit at Pembury to care for children who need specialist help immediately after birth, especially those born prematurely. This would be where our current unit is, close to paediatricians and inpatient care for children.
- To centralise the decreasing number of children needing inpatient care at the new Pembury Hospital
- To further develop specialist paediatric facilities at the new hospital by building on clinical expertise.

We believe this new way of working will provide a very safe service for children and their families, designed to meet their personal needs and provide as much care as possible close to the child's home.

If these proposals go ahead children will still get to be seen by experts at both hospitals, will receive rapid assessment at both, but will only go into hospital for overnight stays at Pembury. Much more care and treatment will be provided in the community and the child's home.

Maternity and Gynaecology services

Factfile:

Last year 2,700 babies were born at Maidstone. Of those, 490, or one in every five – possibly more – would be suitable for midwife-led care.

Our ambition is to provide women with the best possible choice over where to have their babies, in safety at all times. We will continue to provide antenatal care at both hospitals and in the community. Midwives will support home births and midwife-led units and we will concentrate inpatient obstetric care at Pembury.

We have put specialist gynaecology for cancer at Maidstone and want to put inpatient gynaecology that is not cancer-related at Pembury. We also want to develop rapid access early pregnancy services at both hospitals. This would make best use of highly

skilled clinical teams and enable both hospitals to work very closely together. This would:

- Create a focus on normal deliveries, give women choice and continue providing outpatient and antenatal care locally
- To develop day case surgery, early pregnancy services, foetal medicine outpatients and diagnostics, and urgent assessment and short stay treatment on both sites
- Create a single, consultant-led unit for high risk obstetrics at the new Pembury Hospital.

We would create at both hospitals:

- Midwife-led care, with a high focus on normal deliveries, home births and the provision of birthing centres.

Both hospitals would continue to see the vast majority of women in outpatients and as day cases.

The location and extent of the services provided at the birthing centres is yet to be decided and we want your comments to help inform how best we can provide this care.

All services will have agreed protocols and 'patient pathways' in place to ensure the safest possible treatment and care for local women.

Factfile: Of the 2,700 babies born at Maidstone, 1,640 could safely be transferred to Pembury. With extra growth from other areas, Pembury could deliver 5,226 babies a year. This allows us to concentrate expertise and increase the range of specialist services such as foetal medicine.



This is how services will be provided for both women and children if our proposals go ahead:

Pembury	Maidstone
Gynaecology	Gynaecology
Outpatient service	Outpatient service
Day care	Day care
Early pregnancy assessment	Early pregnancy assessment
Inpatient service, non-cancer	Gynaecological cancer
Paediatrics	Paediatrics
Outpatient service	Outpatient service
Assessment and ambulatory care including medical and surgical day beds	Assessment and ambulatory care including medical and surgical day beds
Community nursing team – seven days per week	Community nursing team – seven days per week
Child & Adolescent Health and Development Centre	Treat and transfer facility
Neonatal service	Child & Adolescent Health And Development Centre
Inpatient service	
Obstetrics/Maternity	Obstetrics/Maternity
Midwife-led birthing centre	Midwife-led birthing centre
Outpatient service	Outpatient service
Antenatal care	Antenatal care
Day and fetal assessment	Day and fetal assessment
Community midwifery	Community midwifery
Consultant-led maternity unit	



If these changes are approved, when would they happen?

We want to have these services in place for 2010 to coincide with the opening of the new hospital at Pembury.

Some of our questions for you

- Q1. Are midwife-led units a good idea? Would you welcome a unit at both Pembury and Maidstone? What do you think should be provided at such a unit?
- Q2. Do you agree it makes sense to have specialist gynaecological cancer treated at one hospital rather than two?
- Q3. Would you prefer your children to be seen and treated without the need to stay overnight in hospital?
- Q4. Would you like to have a midwife-led unit away from the hospital or closer to the obstetric service?

Some of the questions you may have for us:

Q1. My daughter has frequent asthma attacks and has had to go into hospital a number of times. Will I still be able to take her to Maidstone for treatment, or will she have to go all the way to Pembury?

A. She will certainly be able to be seen at Maidstone for an assessment and treatment, and would only be transferred to Pembury if there was a need for an overnight stay. Most children get better very quickly, especially when treated by highly skilled staff in an assessment unit.

Q2. At a time when there are so many childhood ailments and risks surely we need more children's wards, not fewer?

A. Most children can be very effectively treated for the majority of conditions outside hospital. Most care is already provided by your GP and community nurses and we want to expand that part of the service in the future.

Q3. Are you trying to move the cost of treating children away from your Trust, because of its financial problems, into the primary care sector?

A. No, we are trying to design the very best service for the future, involving both hospitals and community teams. The question of who picks up the bill does not come into it, but the whole of the local NHS is working together on this.

Q4. It is difficult enough to book a maternity bed these days and now you are reducing choice by closing the unit at Maidstone.

A. We want the focus to be on providing as many opportunities for women to have natural pregnancies as possible. We want to support women at home or in midwife-led birthing centres. However, if you need to be transferred during your antenatal care or in labour the facility will be there at the new hospital at Pembury.

Q5. What if complications develop while I am having my baby at Maidstone?

A. The midwives are highly experienced and competent to handle most problems, but when necessary we will be able to transfer mother and baby to Pembury for obstetric care.

Q6. Why do you say we will get a better service when you divide up the teams between the two hospitals rather than leaving them as they are?

A. It is about strengthening the teams at the two hospitals. At both inpatient units for children and women we will be able to have a team of sufficient size to handle any clinical problem that arises.

Together involved...

Write to:

Excellence in care, closer to home

FREEPOST NAT 17963

Sevenoaks, Kent TN13 3BR

Leave a message on 01892 824278

Fax us at: 01892 825468

Email us at: mtw.shapingyourlocalhealthservices@nhs.net

or on line at: www.kentandmedway.nhs.uk

Please send your responses by 31 December 2004

Having your baby



Choosing the right
care for *you*



Later this year (2011) our maternity services in Maidstone and Tunbridge Wells NHS Trust are changing. The changes will help ensure we continue to provide you with the highest standards of care in the very best place for you and your baby.

This leaflet provides the following information:

- 1 An overall summary of the changes to maternity services
- 2 Information about antenatal services, which we will continue to provide at Maidstone
- 3 Choices for place of birth from September 2011 (each option will be discussed in turn)

The options are:

- Hospital (Tunbridge Wells Hospital at Pembury)
- Birth Centre at Maidstone
- Home

Summary of the changes

In September 2011 we are moving our delivery suite and inpatient wards at Maidstone Hospital to the new Tunbridge Wells hospital at Pembury.

We will still be carrying out all your antenatal (scans etc) and postnatal care locally, but from September 2011 you will no longer be able to give birth at the existing Maidstone Hospital.

These changes will help us ensure that all the babies we deliver continue to be seen and cared for by teams of highly skilled doctors, and receive specialist care if they require it at birth.

It also means we can provide you with a new range of choices that few hospitals in the NHS can match.

When and why are maternity services changing?

The changes happen in September 2011. We are creating a centre of expertise for women and children's care at the Tunbridge Wells Hospital (Pembury) to maintain the highest and safest standards of care for mothers and babies throughout West Kent.

Antenatal and Community services continuing at Maidstone

Antenatal and postnatal care make up the majority of care women receive. This will still be provided in Maidstone after September 2011.

Women with straightforward pregnancies will continue to have most of their care from their community midwife. Women with more complicated pregnancies will be seen by a consultant-led team in the antenatal clinic at Maidstone. Ultrasound scans will continue to be carried out at Maidstone. A Maternity Day Assessment Unit will also continue to be provided for those women who require it.

If you need inpatient antenatal care, from September 2011 you will be cared for in the women and children's centre in the new Tunbridge Wells Hospital at Pembury.

From September 2011 women in Maidstone and other neighbouring areas will have three choices when considering where to give birth. Your midwife will help you make the very best choice for you and your baby.

The choices are:

- Having your baby in hospital (see page 4)
- Having your baby in the new Maidstone Birth Centre, which is led by midwives (see page 5)
- Having your baby at home (see page 6)



Giving birth in hospital



Valentina and Mike

“The new hospital is great. It was only when I saw someone in uniform I remembered it was a hospital.”

The women and children’s centre in the new Tunbridge Wells Hospital at Pembury is unique in the NHS.

Every pregnant woman, both antenatally and postnatally, has her own room with en-suite facilities and flat screen freeview television. Each room is individually temperature controlled and some have woodland views. The Delivery Suite also has two birthing pools.

The centre has two dedicated theatres, intensive care for babies and full obstetric and paediatric support from consultants specialising in women and children’s care.



New mum Rebecca was impressed with the size of her single room, standards of cleanliness and caring and friendly staff. She said

“We were surprised at the size of the room – it’s much bigger than we thought.”

As with the Birth Centre and home birth, we aim to provide one to one care in labour.

New parents Valentina and Mike were thrilled with the services at the Tunbridge Wells Hospital at Pembury.

Valentina, who enjoyed the privacy of her own room, said: “The new hospital is great. It was only when I saw someone in uniform I remembered it was a hospital.”

Mums say one of the main benefits of our single rooms, over and above the obvious privacy, is.... a good night’s sleep!

Giving birth in the new Maidstone birth centre

Birth centres are small maternity units which are staffed and run by experienced midwives.

Maidstone's new birth centre will provide women with a home-from-home birth experience from September 2011, with comfortable bedrooms and en-suite facilities in a new building in Maidstone. Women can choose this option if their pregnancy is low risk.

Some of the benefits:

- A non medicalised approach to birth provided solely by midwives.
- One-to-one care
- Facilities to promote a normal birth in a homely environment which include:
 - water birth pools
 - complementary therapies
 - double beds for partners to stay
 - garden area
 - kitchen and lounge facilities
 - antenatal and postnatal care, breastfeeding support and parent education

Some things to think about:

- As with a home birth, you cannot have an epidural at a birthing centre
- If your labour is progressing slowly, you require an epidural or there are complications, you will be transferred by ambulance to the new Tunbridge Wells Hospital at Pembury, or hospitals in Ashford or Medway.

Maidstone mum Jenny had two of her children in a birthing centre in Canterbury. She said: "I much preferred the calmer, more relaxing environment of the centre. Everything seemed so much easier than in hospital and I felt in charge."

Jenny was transferred by ambulance to hospital on one occasion.

She added: "I can understand people's concerns about travelling some distance, but they needn't."

"The midwives are fully experienced and didn't take any risks."



Giving birth at home



Mum Rebecca had two home births. She said:

“We always hoped that giving birth would be as positive an experience as possible and so when home was an option we thought why not...no pressure to go anywhere, we would be in familiar surroundings and still have access to TENS, entonox and a birthing pool.”

“You have one to one continual care from very conscientious and caring midwives. There was never any compromise over mine or the baby's safety and we never felt isolated as the home care continued for several days. When planning the birth of our second child we had no hesitation in wanting to be at home and feel fortunate that Noah and Bella were born into the environment they will grow up in.”

Home births are a popular choice for some women who have an uncomplicated pregnancy. Home births offer a non-medicalised experience for women who prefer to give birth in familiar, homely surroundings.

The benefits of home birth include:

- Familiar homely surroundings
- One-to-one care from your midwife
- Non-medicalised care
- Some women choose to hire their own pool for labour and birth

Some things to think about:

- You cannot have an epidural at home
- If your labour is progressing slowly, you require an epidural or there are complications, you will be transferred by ambulance to the new hospital at Pembury, or hospitals in Ashford or Medway.

Your midwife will monitor you during your pregnancy and labour to make sure a home birth remains an appropriate and safe option for you.

We very much hope this leaflet is a helpful guide to the maternity services available to you in the Maidstone and Tunbridge Wells NHS Trust.

Please talk to your midwife or doctor for further information to help you make the best choices for you and your baby.

While we hope you will stay with us for your whole maternity experience, taking advantage of the wonderful and unique new facilities we now have, we can still provide your antenatal and postnatal care if you decide to have your baby delivered elsewhere.

There are other maternity care providers who you may wish to consider when booking your maternity care, including Medway Maritime Hospital and William Harvey Hospital in Ashford.

For more information about maternity care in general you may also find one of the following groups helpful:

National Childbirth Trust (NCT)

Pregnancy and birth helpline **T: 0300 330 0772**

Web **www.nct.org.uk/home**

Mumsnet **www.mumsnet.com**

General information

Patient Advice and Liaison Service (PALS)

If you would like to raise any concerns, make comments and suggestions or require information on Trust services, you can contact **PALS**. Office opening times are **Monday to Friday 10.00am to 4.00pm**. Both offices offer a 24 hour answering machine. Messages will be responded to within one working day, so please do leave a contact number.

PALS Maidstone Hospital **T: 01622 224960**

PALS Tunbridge Wells **T: 01892 632953**

PALS Email **mtwpals@nhs.net**

PALS SMS **T: 07747 782317**

PALS Maidstone Fax **T: 01622 224843**

PALS Tunbridge Wells Fax **T: 01892 632954**

Maidstone and Tunbridge Wells NHS Trust is proud to be among the small number of NHS hospitals nationally who provide women with the widest possible range of birthing options.

We are one of just five per cent of NHS hospitals providing women with a choice of giving birth:

- in hospital
- in a birth centre
- at home

We are one of the first NHS hospitals nationally to provide all women with single rooms and en-suite facilities.

*Thank you for choosing to use
our maternity services.*

Maternity Services contact details

Maidstone Hospital

Delivery Suite T: 01622 224426

Tunbridge Wells Hospital (Pembury)

Delivery Suite T: 01892 633500

For more information about your local health service visit
www.mtw.nhs.uk

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the PALS Team. We will do our best to arrange this.

Maidstone Borough Council

Community, Environment and Housing Overview and Scrutiny Committee

Tuesday 9 December 2014

Review of Street Cleansing

While reading the following report you may want to think about:

- What you want to know from the report;
- What questions you would like answered.

Make a note of your questions in the box below.

As you read the report you may think of other questions.

Questions I would like to ask regarding this report:

•

•

•

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Guidance note - Making Quality Overview and Scrutiny Recommendations

Scrutiny recommendations should seek to make a real difference to local people and the services provided. Recommendations that note a change or request further information fail to resolve problems or make changes. The scrutiny team have identified the following criteria for quality recommendations, they:

- affect and make a difference to local people;
- result in a change in policy that improves services;
- identify savings and maintain/improve service quality; or
- objectively identify a solution.

One way of checking the usefulness of recommendations is to evaluate them against the 'six Ws' set out below:

Good recommendations should answer these questions:

Why does it need to be done?	This will help ensure the outcome is relevant and in the right context – if a meeting is being requested it will ensure the correct people are invited to attend
Who is being asked to do it?	Without this nothing will get done (no one will take ownership)
What needs to be done?	Needs to be clear and specific
HoW will it be done?	Again, needs to be clear and specific, what is the expected output- for example a report to be written or a meeting to be arranged
Where does it need to be done/go?	If it's a meeting – where is it needed If it's a report – where is it to go, who needs to see it
When does it need to be done?	Crucial to have a timescale – without a deadline it will never get done

Thinking about these points will help ensure the outcomes of scrutiny are effective and will aid monitoring.

MAIDSTONE BOROUGH COUNCIL
COMMUNITY, ENVIRONMENT AND HOUSING OVERVIEW AND
SCRUTINY COMMITTEE

TUESDAY 9 DECEMBER 2014

REPORT OF DIRECTOR OF ENVIRONMENT AND SHARED
SERVICES

Report prepared by Jennifer Shepherd

1. REVIEW OF THE STREET CLEANSING SERVICE

1.1 Issue for Consideration

- 1.1.1 To consider the conclusions and recommendations identified from the review into the Street Cleansing Service.

1.2 Recommendation of the Head of Environment and Street Scene

It is recommended:

- 1.2.1 That the Committee notes the work which has been undertaken as part of the Review; and
- 1.2.2 That the Committee considers the recommendations identified within the review and makes further recommendations as appropriate.

1.3 Reasons for Recommendation

1.3.1 Background

- 1.3.2 The Council is committed to continually developing street cleansing operations to ensure Maidstone is a clean and tidy borough. Over the past 2 months a review of the Street Cleansing Service has been carried out to identify the core cleansing requirements for the borough and the service best suited to achieve the required standards.
- 1.3.3 It has been recognised that the fabric of the Borough has changed significantly over the past few years along with the needs of our residents and visitors. Therefore our current service may no longer fit the evolving environment.

1.3.4 The purpose of the Review was to identify whether the current service meets the needs of residents and visitors to the Borough and is able to adapt to future challenges.

1.3.5 The key objectives of the Review were:

- To provide greater transparency and visibility of the Service
- To ensure the Service reflects the actual needs of the borough, particularly the 24/7 culture and diverse geography of the area
- To ensure the Service is robust and able to adapt to change more effectively
- To provide a service which offers greater attention to detail and good levels of cleanliness across the Borough

1.3.6 The last significant change to the Street Cleansing Service was in 2010 when Area Based Cleansing was introduced. This enabled the service to make substantial efficiency savings by focusing cleansing on streets which fell below the required standard. However this did not substantially change the staff structure or working arrangements.

1.3.7 This Review has enabled a more comprehensive analysis of the Service.

1.3.8 The current service is based on the Borough being split into three areas; the Town Centre, Area A – the west of the Borough and Area B – the east of the Borough. There are 31 frontline operatives within the Cleansing Team, excluding the Support Crew and those responsible for cleaning public conveniences.

1.3.9 At present the work is split between core hours and paid overtime. The majority of reactive work, such as the removal of fly tipping, as well as scheduled cleansing outside of the Town Centre is only carried out during core hours which are 6am to 2pm Monday to Thursday and 6am to 1.30pm on Fridays.

1.3.10 In 2013/14, the Street Cleansing Service cost just over £1.5 million, with £529,780 spent on direct salary costs and an additional £123,600 spent on overtime payments.

1.3.11 Work Undertaken

1.3.12A significant amount of work has been undertaken to understand the current needs of the Borough, the levels of cleansing required, appropriate productivity levels and identify the most effective and efficient service which meets these needs.

1.3.13 The following detailed work has been carried out:

- Analysis of current working structure and practices
- Previous changes to the Service
- Review of team structures
- Information gathering from the private sector and other local authorities
- The level of cleansing required to achieve a good standard across the Borough
- Benchmarking proposals against the private and public sector

1.3.14 As a result of this work, a Street Cleansing Directory has been produced which details the cleansing requirements for every road within the Borough. This also includes the centreline length data for the street enabling productivity to be measured.

1.3.15 Review Conclusions

1.3.16 The Review has identified that the current productivity levels are below that of comparable services, with a high reliance on overtime to cover essential, core duties.

1.3.17 The main reason for this is that the Service has been continually developed over a long period of time in an effort to make it fit the changing needs of the Borough. However this has resulted in lower levels of efficiency and a fragmented structure.

1.3.18 It is therefore recommended that a complete re-design of the Service is carried out to enable increased productivity levels and performance standards to be set and the resource tailored accordingly. This will ensure the Service is specifically designed to meet the needs of the Borough.

1.3.19 The current team structure also does not support a high level of efficiency and a more structured management model is required.

1.3.20 The Review has also highlighted the need for a higher level of detailed cleansing to improve customer satisfaction and ensure the service can deliver a consistently good level of cleanliness.

1.3.21 Proposal

1.3.22 Based on the conclusions above and the information identified during the Review, it is recommended that a task-based team is introduced with a greater focus on detailed manual cleansing. This will provide an increased visual presence and allow time to achieve a greater attention to detail. There would also be a re-introduction of hit squads to deal with responsive issues alongside the retention of inspection-based cleansing teams for scheduled cleansing of residential areas.

- 1.3.23 The team would include a higher number of barrow beats, staff patrolling on foot, enabling closer attention to detail in areas of high footfall and on key routes, such as the removal of weeds.
- 1.3.24 The large mechanical sweeping vehicle schedules, operated by Biffa, have also been included in the Street Cleansing Directory. This will ensure that the mechanical and manual cleansing operations complement one another to provide a higher level of cleansing.
- 1.3.25A key area identified in the Review is the reliance on overtime to cover part of the core service. There is a concern regarding the reliability of the Service to continue this way. It is therefore recommended that as part of the new team structure we develop ways to incorporate this work into core hours. We will involve the workforce in the development of the detailed arrangements.
- 1.3.26 The proposed changes are mainly focused outside of Maidstone town centre which already receives a high standard of cleansing. This will ensure there is a greater presence outside of core hours in residential and rural areas including for the faster removal of fly tipping.
- 1.3.27 The roles within the new team will also be more clearly defined to ensure levels of responsibility are recognised and strong management lines are in place.
- 1.3.28 The proposal supports the work which has already been undertaken by the mobile technology project which allows residents to report issues online , meaning responsive requests can be dealt with swiftly and information can be passed easily back to the customer.
- 1.3.29 It is also recommended that a greater level of monitoring is carried out. Currently the levels of detritus and litter are recorded from sampled roads; however a more robust quality assurance monitoring regime will be introduced which builds upon this. This will become the responsibility of the Cleansing Manager.
- 1.3.30 Overall, the proposal has been developed to ensure the Service delivers a good level of cleansing across the Borough, taking into account the 24/7 culture, diverse geography and that it can continue to adapt to change.
- 1.3.31 Next Steps
- 1.3.32 The street cleansing staff affected have been briefed on the proposed changes and an initial discussion is being held with the Union representatives. Staff working groups will be set up to discuss the proposal and develop a more detailed plan.

1.3.33 This work will form part of the final recommendation which will be presented to the Cabinet Member for the Environment and Housing in early February 2015 for a decision.

1.3.34A full consultation will be carried out with staff following Portfolio Holder approval of the proposal and regular staff briefings will be held.

1.3.35 It is proposed that the final recommendation is implemented from April 2015, although this date will remain flexible until after the formal consultation process is completed.

1.4 Alternative Action and why not Recommended

1.4.1 There are other options which could be introduced; however these are not recommended as they are unlikely to address the underlying issues identified with the service.

1.4.2 Alternative actions include:

- Implementing the service changes without changing team structure
- No changes to the core service, however changing overtime payments to reflect the role being carried out
- Retaining area-based approach but working outwards from the Town Centre
- Retain current service and structure

1.5 Impact on Corporate Objectives

1.5.1 Corporate and Customer Excellence – The proposal will increase the Council's ability to respond quickly to customers and a greater presence in areas of high footfall. The changes will also ensure a reliable and robust service is provided.

1.5.2 For Maidstone to be a decent place to live – The proposal will ensure increased cleansing is provided in areas of high footfall and the outskirts of Maidstone town centre, and that responsive requests across the borough are dealt with more swiftly.

1.6 Risk Management

1.6.1 The risks associated with the proposal relate specifically to the staff and consultation process. These risks will form part of the staff engagement and a full risk management strategy will be completed as part of the decision making process.

1.7 Other Implications

1.7.1

1. Financial
2. Staffing
3. Legal
4. Equality Impact Needs Assessment
5. Environmental/Sustainable Development
6. Community Safety
7. Human Rights Act
8. Procurement
9. Asset Management

X
X

1.7.2 Financial – In 2015/16, the recommended changes will not have any financial implications. However it is projected that there will be a saving of £50,000 per annum from 2016/17.

1.7.3 Staffing – A full consultation will be required with all staff affected and Union representatives. Staff will be engaged in the process throughout and will be given the opportunity to help develop the final proposal which is not expected to see a reduction in the number of staff

1.8 Relevant Documents

1.8.1 Appendices

1.8.2 None

IS THIS A KEY DECISION REPORT?

THIS BOX MUST BE COMPLETED

Yes

☐

No

☒

If yes, this is a Key Decision because:

.....

Wards/Parishes affected:

.....

Agenda Item 10

Maidstone Borough Council

Community, Environment and Housing Overview and Scrutiny Committee

Tuesday 9 December 2014

Maidstone Families Matter update – report only

While reading the following report you may want to think about:

- What you want to know from the report;
- What questions you would like answered.

Make a note of your questions in the box below.

As you read the report you may think of other questions.

Questions I would like to ask regarding this report:

-
-
-
-
-

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MAIDSTONE BOROUGH COUNCIL

**COMMUNITY, LEISURE SERVICES AND ENVIRONMENT
OVERVIEW & SCRUTINY COMMITTEE**

TUESDAY 9 DECEMBER 2014

REPORT OF HEAD OF HOUSING & COMMUNITY SERVICES

Report prepared by Ellie Kershaw

1. MAIDSTONE FAMILIES MATTER PROGRAMME UPDATE

1.1 Issue for Consideration

- 1.1.1 To update the Committee on the progress of the Maidstone Families Matter programme and provide information on Phase 2 of the programme.

1.2 Recommendation of the Head of Housing and Community Services

- 1.2.1 That the Committee notes the contents of this report.

1.3 Reasons for Recommendation

- 1.3.1 Maidstone Families Matter is the local project name for the government's Troubled Families programme. Across the country, this programme aims to turn round the lives of 120,000 families with multiple problems including; a family member out of work, poor school attendance or exclusion and anti social behaviour among the under 18's. Kent has been tasked with working with 2560 families by March 2015, with 189 families identified in the Maidstone borough area.
- 1.3.2 There are now 264 families who have been accepted on to the programme in Maidstone. This is above the target for Maidstone, which is positive as it should enable more families to be supported through the work with partners. This has also helped to achieve the overall Kent target. These families were nominated by a range of partners including schools, the Community Safety Team, Community Wardens and Social Services. Of these families, 52 are currently working with a Family Intervention Project (FIP) worker who offers intensive support to the family for up to approximately 12 months, helping them identify barriers that prevent change and learn new methods of coping with issues that arise.

- 1.3.3 The programme aims to seek innovative projects that can help families. Examples of this are;

Young Lives Foundation mentoring scheme

The young lives foundation provides support to young people on the Maidstone families matter project through trained volunteer mentors. To date

- 21 young people aged 10-18 have been referred for a mentor.
- 11 are waiting to be matched with a suitable mentor.
- 10 are engaged with a mentor

J is a young person with behavioural difficulties open to the early help team; he has been supported by his mentor to access social groups that will assist with normalising his behaviour. The mentor has also linked him into services and courses that have improved his confidence.

D has achieved a lot since meeting his mentor. He is being supported in looking for a work experience placement, completing homework and has given a radio interview explaining his experience of mentoring.

S has been identified as involving herself in risky behaviour. Her mentor has supported her through discussing positive relationships, arranging a meeting with the sexual health nurse and enrolling her on a course for vulnerable girls.

Challenger troop

Maidstone Families Matter and the CSU have run two Challenger troop courses, which are military boot camp like sessions which teach team building and responsibility whilst the young people learn new skills. These have proved popular with the young people attending them, with many parents noticing a difference in behaviour. This was funded through a successful bid to the Armed Forces Community Covenant.

"Both sets of parents whose children I have referred have said they would recommend Challenger Troop to others and feel that their children not only enjoyed but benefited immensely from the opportunity to participate in such a well organised event (one child has attended twice)." Early help Practitioner

Schools have indicated that the discipline and attitudes learned on the course have improved pupils' confidence in their ability and therefore their behaviour.

"for the young people who may only have been praised in school for accomplishments, they are able to succeed at something quite separate from any academic achievement. All the young people who completed the course enjoyed it, and while being very tired were proud of themselves." Family support worker.

1.3.4 The most recent figures for families turned around, that is, having found employment, no longer committing anti social behaviour or with children now having returned to school were sent to the DCLG in October this year. The figure across Kent was 66.7% families turned around, with Maidstone hitting 78.7%.

1.3.5 As a result of over 65% families being turned around at this stage, Kent will now be funded by DCLG to move into Phase 2 of the national Troubled Families Programme. For this next phase, the number of criteria has been significantly extended to allow work to take place with more people. For example, domestic abuse, substance misuse and not taking up and new mothers with mental health problems all become criteria that will allow the programme to offer support. A full list of criteria is attached at Appendix A, Financial Framework for the Expanded Troubled Families Programme. This Phase will be adopted from January 2016.

1.4 Alternative Action and why not Recommended

1.4.1 The Committee could choose not to receive update reports. However, given the importance of the programme to vulnerable families, this course of action is not recommended.

1.5 Impact on Corporate Objectives

1.5.1 The Maidstone Families Matter programme impacts on all corporate objectives.

1.6 Other Implications

1.6.1

1. Financial
2. Staffing
3. Legal
4. Equality Impact Needs Assessment
5. Environmental/Sustainable Development
6. Community Safety

x
x

- 7. Human Rights Act
- 8. Procurement
- 9. Asset Management

1.6.2 Funding for the project is provided by KCC.

1.6.3 The Community Safety Unit is a key partner in the project, as one of the criteria for the families worked with is anti social behaviour.

<u>IS THIS A KEY DECISION REPORT?</u>		<u>THIS BOX MUST BE COMPLETED</u>	
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If yes, this is a Key Decision because:			
.....			
Wards/Parishes affected:			
.....			



Department for
Communities and
Local Government

Financial Framework for the Expanded Troubled Families Programme



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November 2014

ISBN: 978-1-4098-4387-0

Contents

Introduction	4
The Role of ‘Early Starter’ Local Authorities	5
Identifying Families	6
Measuring Success	9
Verification and Validation of Results	10
Annex A - Principles for Identifying Families	12
Annex B - Indicators and Nomination Routes to Assist in the Identification of Families	13
Annex C – Age Thresholds for Eligibility and Measuring Results	23
Annex D – Success Measures for 400,000 Families	25
Annex E - Proposed Structure of Troubled Families Outcomes Plan	31
Annex F - From Family Monitoring Data to Family Progress Data	33
Annex G - Troubled Families Cost Savings Calculator	36
Annex H - Payment Terms	38
Annex I - The Expanded Troubled Families Programme: Data Sharing Guidance and Principles	41

Introduction

In April 2012, the Government launched the Troubled Families Programme a £448 million scheme to incentivise local authorities and their partners to turn around the lives of 120,000 troubled families by May 2015. The current programme works with families where children are not attending school, young people are committing crime, families are involved in anti-social behaviour and adults are out of work. The programme is making strong progress and as at the end of August 2014, had already turned around nearly 70,000 families.

In June 2013, the Government announced plans to expand the Troubled Families Programme for a further five years from 2015/16 and to reach up to an additional 400,000 families across England. £200 million has been committed to fund the first year of this five year programme.¹ This increased investment is testament to the Government's ongoing commitment to improve the lives of troubled families and as this work is taken to a significantly greater scale, to transform local public services and reduce costs for the long-term.

The Government announced in the Budget 2014 that it would offer the highest performing areas (those that have 'turned around' the lives of the most families in the current Programme) the opportunity to start delivery of the expanded Troubled Families Programme early – during 2014/15. Fifty-one such areas have been identified and signed up to be part of the first wave of 'early starter' areas. These areas began delivery in September 2014 and are working intensively with the Troubled Families Team to implement and refine the operating model for the national roll out of the expanded Troubled Families Programme. There will be a second wave of early starters announced later this year who will begin delivery in January 2015.

In September 2014, the Troubled Families Team published an interim version of this Financial Framework and sought feedback from the early starter areas and other government departments. This was followed by a series of thematic workshops with areas to discuss the identification indicators in more depth and begin conversations about appropriate outcomes. This Financial Framework reflects as much of this feedback as possible and provides the terms on which the expanded Troubled Families Programme will operate for the remainder of 2014/15.

Ahead of the national roll out of the expanded Programme in April 2015, the Department for Communities and Local Government's Troubled Families Team (TFT) will provide a further iteration of the Financial Framework. This will reflect learning and examples drawn from work with the 'early starter' areas during the remainder of 2014/15. However, in order to

¹ The remaining funding commitment will be determined as part of the next Spending Round process.

provide financial certainty to early starter local authorities, the core components of the operating model and its financial terms will not change.

The Role of ‘Early Starter’ Local Authorities

The ‘early starter’ areas have an important role to play; they are critical to maintaining the momentum of the current Troubled Families Programme and helping to build a strong evidence base in order to inform the case for continued investment in the expanded programme beyond 2015/16. Furthermore, these areas will work with the TFT on the detail of this Financial Framework over the coming months and help refine and improve the guidance and support offered to other local areas as they join the programme. The early starters are the best performing areas in the country. The flexibility of this Financial Framework reflects the Government’s trust in their ability to shape and deliver the next phase of the Programme.

TFT is working collaboratively with the early starter areas with a particular focus on the following:

- The development of an independent national evaluation for the expanded Troubled Families Programme;
- The completion and continued improvement of the Troubled Families online cost savings calculator;
- The design and implementation of a new system of Family Progress Data;²
- The refinement of the indicators suggested to identify families and the development of best practice approaches to measuring significant and sustained progress with families;
- The design of the ‘spot check’ process for results and engagement of local authority Internal Auditors in the approval of local results claims; and
- The introduction of a model of transparent local accountability for the success of the programme as a tool to drive greater service transformation, using streamlined data collection tools.

² Currently local authorities provide family monitoring data for a 10% sample of families worked with. This system of data collection will be developed to have a greater focus on tracking the progress of families against a range of outcome measures.

Identifying Families

The current Troubled Families Programme has led the way for the first systematic identification of families with multiple problems across England. Although faced with data sharing, partnership working and service development challenges, the programme has identified and is working with nearly all 120,000 troubled families who are receiving support. This is a major achievement upon which the expanded programme will build.

The expanded Troubled Families Programme will retain the current programme's focus on families with multiple high cost problems and continue to include families affected by poor school attendance, youth crime, anti-social behaviour and unemployment. However, it will also reach out to families with a broader range of problems, including those affected by domestic violence and abuse, with younger children who need help, where crime and anti-social behaviour problems may become intergenerational and with a range of physical and mental health problems.

Reflecting the expanded programme's focus on a broader range of family problems, rather than a small number of nationally defined criteria, the inclusion of families into the programme will be based upon a cluster of six headline problems. Below these problems will sit a basket of indicators, suggested nomination³ routes and information sources, which local authorities should use to identify families with these problems. While the headline family problems on which the programme focuses are unlikely to change, the indicators and information sources underneath are designed to be flexible and can be updated over the course of the programme's proposed five year life.

There will not be a sign off process where local authorities look to introduce new or different indicators under any of the six problems as this is intended to be a locally responsive and flexible model. However, to ensure best practice examples are shared and the list of indicators provided to local authorities is up to date, local authorities should inform the Troubled Families Team if they would like to use new or different indicators or information sources.

³ The interim Financial Framework referred to 'referral routes'. However, local authorities fed back that the term 'nominations' is more appropriate at identification stage, because referrals suggest work will be undertaken and a nomination is for identification screening purposes. A family's suitability for an intervention will only be agreed once the prevalence of other problems is understood and the local area has prioritised families for support.

To be eligible for the expanded programme, each family must have at least two of the following six problems:

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: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan.
4. Adults out of work or at risk of financial exclusion or young people at risk of worklessness.
5. Families affected by domestic violence and abuse.
6. Parents and children with a range of health problems.

While families may be identified as eligible for the programme on the basis of two problems, the information available at the point of identification may not reflect the entirety of each family's complexity of problems. Some problems, such as domestic violence or mental illness, may be hidden from public services until work begins with the family and uncovers the full extent of their needs. A similar situation has been apparent in the current Troubled Families Programme whereby families have entered the current programme having met at least three eligibility criteria, but our evaluation has so far found that, on average, families have nine significant problems on entry to the programme⁴. The expanded Troubled Families Programme remains a programme for families with multiple, high cost problems, although the profile and extent of these problems may differ from those of families supported by the current programme.

The formula for identifying families allows for a level of discretion which should be exercised reasonably. Local authorities should identify families across all six problems and ensure the Programme's resources are being used to best effect. Families should be prioritised for inclusion in the programme on the basis of the following:

- They are families with multiple problems who are most likely to benefit from an integrated, whole-family approach; and
- They are families who are the highest cost to the public purse.

⁴https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/336430/Understanding_Troubled_Families_web_format.pdf

While the detail of this prioritisation should be agreed locally, the periodic collection and publication of Family Monitoring/ Progress Data and the cost savings calculator⁵ for every local area will provide a form of accountability. These will show the types of families and problems that areas are prioritising. The TFT will also consider this information as part of the programme's ongoing 'spot check' processes. The TFT will collect examples from 'early starter' areas over the coming months to gather information regarding the prioritisation of families, which will inform guidance for the national roll out.

The first group of 'early starter' local authorities began delivery of the expanded programme on 1 September 2014 and the second group will begin on 1 January 2015. Families who meet the eligibility criteria for the programme from these dates onwards may be considered as part of each area's delivery commitments, irrespective of whether they were already receiving a targeted family intervention. However, no results may be claimed for successes achieved with families prior to these dates.

Annex A provides further information on the principles underpinning the identification process. Annex B provides more detail on the indicators and suggested information sources underpinning each of the headline problems. Annex I provides details on some of the data sharing arrangements and this will be updated over the lifetime of the programme to reflect the latest information, advice and best practice.

⁵ See Annexes F and G for further information.

Measuring Success

The expanded Troubled Families Programme has ambitious service transformation goals and therefore differs from the current programme in how it will measure, and pay for success. Rather than focusing on a small number of relatively tightly defined national results to be achieved with each family it asks local authorities and their partners to measure success in three main ways for which funding is available:

1. Firstly, by demonstrating either **significant and sustained progress** or **continuous employment** with an agreed number of families in each upper-tier local authority, representing the area's share of the estimated national total of 400,000 families. Each family's achievement of 'significant and sustained' progress will be assessed against a locally defined Troubled Family Outcomes Plan. This will provide a new, more flexible approach to measuring results. See Annex D and E for more detail.

Funding for this is available for each family who achieves success and will be paid in two parts: an upfront attachment fee of £1,000 per family and a results-based payment of £800 per family. Once the programme is rolled out nationally from April 2015, payments of attachment fees will normally be made in the first quarter of each financial year, subject to satisfactory performance against the previous year's agreed commitments in regard to the number of families for which attachment fees were received.

2. Secondly, by capturing a much richer understanding of the progress achieved with a representative sample of families across a broader range of outcomes. This will be achieved during 2014/15 through the collection and publication of **Family Monitoring Data** (using existing systems). However, this approach will be improved through a co-design process with 'early starter' areas to focus more on capturing a richer picture of the progress achieved (**Family Progress Data**) with a representative sample of families through the programme. See Annex F for more detail on the transition from Family Monitoring Data to Family Progress Data.
3. Finally, by developing a much better understanding of the financial benefits achieved through the programme and by stimulating ongoing service transformation through transparent local accountability for these benefits. All local authorities will be asked to complete the online troubled families **cost savings calculator**, which has already been made available. The calculations produced by local areas and Family Progress Data analysis will be published periodically. This will show the complexity of the families supported by the programme, the effectiveness of interventions and the benefits of this work to local services and the taxpayer. Work is already

underway with a group of ten 'exemplar' areas⁶ and a HM Treasury led group of economists from across government departments to improve the functionality of this tool and the unit costs available. See Annex G for more detail on the the cost savings calculator.

Funding to support the collection, analysis and publication of the Family Monitoring/Family Progress Data and the completion of the cost savings calculator is provided via the Service Transformation Grant (STG). To reflect the increased data collection requirements of the programme, this is higher than the funds offered for troubled families coordinators in the current programme, but remains weighted in accordance with the number of families that each area will be working with. The bandings for this grant are set out in Annex H.

Once the programme is rolled out from 1 April 2015, STG payments will normally be made in the first quarter of each financial year subject to satisfactory compliance with requirements to provide Family Progress Data, to participate in the National Impact Study⁷ and to complete the costs savings calculator during the previous year.

Verification and Validation of Results

It is important that each local authority puts in place robust results verification and validation systems. Learning from the current Troubled Families Programme suggests that those areas that invested early on in good local data management and in analytical resources have strongly benefited. To deliver the increased evidential expectations of the expanded programme, most areas will need to at least retain (and most likely increase) this resource.

As per the current programme, results should be claimed under the powers of the local authority's Chief Executive. The local authority's Internal Auditor should check and verify at least a random representative sample of results for each claim before it is made. The Internal Auditor should refer to the area's Troubled Family Outcomes Plan (see Annex E) and, therefore it is recommended that s/he is consulted during the development of that plan.

The first opportunity to claim a result as part of the expanded programme will be during January and February 2015. Given the emphasis on sustained outcomes, it is unlikely that areas will be in a position to claim many results at this stage. Results should only be claimed once a Troubled Families Outcomes Plan is in place and has been shared with the area's Internal Auditors as part of their sign off process.

⁶ Members include the London Borough of Wandsworth, Manchester, Salford, Bristol, Redcar & Cleveland, Staffordshire, Derbyshire, Birmingham, Newcastle and Leeds.

⁷ A project initiated under the current programme's evaluation, which makes a quantitative assessment of the impact of the Programme, but matching data about individuals in troubled families to national administrative datasets held by government departments (e.g. Police National Computer and DWP's benefits systems).

As with the current programme, there will be regular 'spot checks' of a sample of local authorities' claims for payment. The TFT is planning to work with internal auditors across a range of the 'early starter' areas over the coming months to review the lessons learnt from the current 'spot check' process and refine the approach as necessary ahead of the national roll out of the expanded programme. The new process will have particular reference to local authorities' Troubled Family Outcomes Plans.

Annex A - Principles for Identifying Families

There are three key principles that underpin the expanded programme's approach to the identification of troubled families. These reflect the programme's broader policy purpose:

1. The Troubled Families Programme aims to work with families who have multiple problems, who will in turn benefit from a integrated whole family approach. To reduce the likelihood that a family becomes eligible for the Programme exclusively on the basis of a problematic individual without reference to their wider family, an adult with parenting responsibilities who does not live with his/her children on a full-time basis may only account for only one of the problems that deems a family eligible. For example, a father leaving prison who will not live with his children but has some parenting responsibilities may only account for one of the problems that deems a family eligible for the expanded Programme, even if he is an individual with multiple problems. There should be at least one other member of the family who has at least one of the other headline problems targeted by the programme for the family to be eligible.
2. The programme aims to improve outcomes for children and intervene earlier in families with problems; all eligible families must include dependent children⁸.
3. To identify the estimated 400,000 troubled families across England, we expect all local authorities to identify families across all six headline problems. The scale of the programme means it is unlikely to be possible to focus on only some of these problems and still identify the volumes of families that this programme aims to reach. However, if a local authority and its partners identify more families than its mutually agreed share of the overall 400,000, families should be prioritised on the basis of need and those with more than two problems should be offered support first.

As explained above, the level of discretion that this formula allows local areas in regard to the identification of families for the expanded programme should be used reasonably with regard to relevant factors. Like the current programme, the expanded Troubled Families Programme remains a programme for families with multiple problems. Local authorities need to be satisfied that the programme's resources are being used for families who will most benefit from an integrated, whole-family approach to their problems and that the highest cost families are being prioritised for support.

⁸ For the purposes of the programme, a dependent child is a person aged 0-15 in a household or aged 16-18 in full-time education, in training or unemployed and living in a family with his or her parent(s).

Annex B - Indicators and Nomination Routes to Assist in the Identification of Families

1. Parents and children involved in crime or antisocial behaviour.

The Troubled Families Programme works with families who have significant problems with some families who also cause problems. The current Programme's focus on youth crime and anti-social behaviour across the family has enabled local areas to reach families whose problems span not only behavioural issues, but are also strongly related to wider family issues such as substance misuse, domestic violence and mental illness. Many areas have also used these criteria as a basis on which to build strong partnerships with local criminal justice and housing services on which the expanded programme will look to build.

The expanded programme retains the current programme's youth crime and anti-social behaviour criteria, but broadens the reach to families including an adult offender with parenting responsibilities. This reflects the evidence that a significant family factor in youth offending is having criminal or anti-social parents. Furthermore, children of offenders are also more likely to be excluded from school and twice as likely to suffer from behavioural and mental health problems.

The indicators below also offer the flexibility for criminal justice professionals to nominate parents and children where there is a potential crime problem, but no proven offence and they think this could be a sign of wider family problems. This may be particularly helpful when identifying families where there is strong intelligence about a family's involvement in activities such as gang and youth violence or serious organised crime, but no proven offence.

Indicators	Suggested Information Source
<i>The family includes at least one of the following...</i>	
A child ⁹ who has committed a proven offence ¹⁰ in the previous 12 months.	Information provided by Youth Offending Teams and the Police.
An adult or child who has received an anti-social behaviour intervention (or equivalent local measure) in the last 12 months.	Information provided by the Police, anti-social behaviour teams and housing providers.

⁹ under 18 year olds

¹⁰ A proven offence is one where a formal outcome is given, either in or out of court.

Indicators	Suggested Information Source
<i>The family includes at least one of the following...</i>	
An adult prisoner who is less than 12 months from his/her release date and will have parenting responsibilities on release.	Information provided by probation providers ¹¹ and prisons.
An adult who is currently subject to licence or supervision in the community, following release from prison, and has parenting responsibilities.	Information provided by probation providers ¹² and prisons.
An adult currently serving a community order or suspended sentence, who has parenting responsibilities.	Information provided by probation providers ¹³ .
Adults or children nominated by professionals because their potential crime problem or offending behaviour is of equivalent concern to the indicators above.	Nominations from the Police, multi-agency gang units, probation providers, Serious Organised Crime Partnerships, Integrated Offender Management Teams and CHANNEL coordinators ¹⁴ .

2. Children who have not been attending school regularly.

Suitable full time education is not only an essential pre-requisite to better attainment; but also strongly associated with a broad range of family outcomes including reducing the risk of worklessness, youth crime and anti-social behaviour. In light of this, the expanded programme's indicators generally mirror the education criteria used in the current programme. However, where the current programme has focused exclusively on persistent unauthorised absence, the expanded programme offers a broader opportunity to identify children whose absence is persistent but authorised and a cause for concern. This reflects feedback from local authorities about different recording practices and also the broader policy intent of the expanded programme.

The suggested information sources also reflect learning from the current programme. While information collected locally for submission to the Department for Education should provide most of the information needed to identify families against these indicators, some supplementary information may be needed from Education Welfare Officers (or equivalent) to produce a complete picture of each child's circumstances and the reason for their absence. See Annex I for further information on data sharing arrangements.

¹¹ National Probation Service, Community Rehabilitation Companies and other providers of probation services.

¹² As above.

¹³ As above.

¹⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118194/channel-guidance.pdf

Indicators	Suggested Information Source
<i>The family includes at least one of the following...</i>	
A child who is persistently absent ¹⁵ from school for an average across the last 3 consecutive terms.	Information compiled locally for submission to the Department for Education for the School Census and Alternative Provision Census. Information provided by Education Welfare Officers.
A child who has received at least 3 fixed term exclusions in the last 3 consecutive school terms; or a child at primary school who has had at least 5 school days of fixed term exclusion in the last 3 consecutive terms; or a child of any age who has had at least 10 days of fixed term exclusion in the last 3 consecutive terms.	
A child who has been permanently excluded from school within the last 3 school terms.	
A child who is in alternative educational provision for children with behavioural problems.	
A child who is neither registered with a school, nor being educated in an alternative setting.	Information compiled locally from within the local authority
A child nominated by education professionals as having school attendance problems of equivalent concern to the indicators above because he/she is not receiving a suitable full time education ¹⁶ .	Nominations from teachers and education welfare officers (or equivalent).

3. Children who need help: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan.

The national eligibility criteria for the current Troubled Families Programme are purposely weighted towards families with school age children and based on assessments of poor school attendance and youth crime. However, in light of the broader focus of the expanded programme, the indicators below will enable local authorities and their partners to identify a wider group of families who may benefit from family intervention. These are: children who have been identified or assessed as needing early help; and children who have been

¹⁵ Currently measured as missing 15% of sessions. Threshold will reflect Department for Education metric

¹⁶ Sections 7 and Section 19 of the Education Act 1996 provide a definition of a 'suitable' education. In summary, this means it is appropriate to the child's age, ability and aptitude; and to any special educational needs, either by regular attendance at school or otherwise.

identified as a 'child in need', children subject to a Child Protection Plan or have been subject to section 47 enquiries. In these cases, the social worker will put forward a family that they believe would benefit from family intervention.

Indicator	Suggested Information Source
<i>The family includes at least one of the following...</i>	
A child who has been identified as needing early help. ¹⁷	<ul style="list-style-type: none"> • Information from local authority early years foundation stage providers (e.g. children's centres) about children who don't take up the Early Years Entitlement, by cross-referencing a list of those children eligible with those who are not in an early years setting.¹⁸ • Information from local schools, academies and education welfare teams, Special Educational Needs Coordinators (SENCOs) or equivalent about children identified in the School Census as having social, emotional and mental health problems¹⁹. • Information from the Police and Children's Services (including youth services) about children who have been reported missing from home and identified as of concern²⁰.
A child who has been assessed as needing early help. ²¹	<p>Information from Children's Services or related multi-agency teams²² about children who are:</p> <ul style="list-style-type: none"> • repeatedly assessed under Section 17 or 47, of the Children Act 1989, but not deemed a 'child in need', or • subject to Early Help Assessments (or equivalent).

¹⁷ This may include children below the threshold for services under Section 17, Children Act 1989 and those experiencing or at risk of poor parenting, with developmental delay, at risk of exploitation, with challenging behaviours and those previously accommodated and returning home from care.

¹⁸ All three and four year olds are entitled to free 15 hours of Early Years Entitlement per week; All two-year-olds who live in households which meet the eligibility criteria for free school meals are entitled to a free early education place, along with children who are looked after by the state; and From September 2014, the two-year-old entitlement will be extended to 40% of the least advantaged two-year-olds (meaning up to 260,000 children could benefit from the two year offer).

¹⁹ From September 2014, the school census code for social, emotional and mental health problems will use the following code - SEMH

²⁰ For example, this may include local information following 'safe and well' checks carried out by the Police or Independent Return Interviews.

²¹ This may include children, who when assessed were deemed below the threshold for services under Section 17, Children Act 1989.

²² For example, Team around the Child, a Team Around the Family or a Team Around the School.

Indicator	Suggested Information Source
A child 'in need' under Section 17, Children Act 1989.	Information provided by Children's Services.
A child who has been subject to an enquiry under Section 47, Children Act 1989.	
A child subject to a Child Protection Plan.	
A child nominated by professionals as having problems of equivalent concern to the indicators above.	Nominations ²³ from schools, social workers, early years providers (including Children's Centres), health visitors, education psychologists, school Special Educational Needs Coordinators (SENCOs), Youth Offending Teams and the Police.

4. Adults out of work or at risk of financial exclusion or young people at risk of worklessness.

The focus on employment in the current Troubled Families Programme is one of its most powerful elements. It has had a transformative impact not only on family outcomes, but also on the approach and design of local family intervention services. The financial case for the prioritisation of employment outcomes for troubled families is compelling. Welfare benefits are the single greatest area of public expenditure on these families and the wider benefits of reducing welfare benefit dependency are felt across improvements in health, reductions in crime and local economic growth.

In light of this, the expanded Troubled Families Programme's indicators mirror the existing worklessness criterion, while taking account of the transition from the current welfare and tax benefits system to Universal Credit; and go further to reach young people at high risk of worklessness and those experiencing problematic debt, particularly those who have financial responsibilities in their household.

²³ Where there are concerns about children at risk of abuse or neglect, the existing referral route to local child protection teams should be followed in accordance with the statutory guidance - *Working together to Safeguard Children*
<https://www.gov.uk/government/publications/working-together-to-safeguard-children>

Indicators	Suggested Information Source
<i>The family includes at least one of the following...</i>	
An adult in receipt of out of work benefits. ²⁴ or An adult who is claiming Universal Credit and subject to work related conditions ²⁵ .	All 'early starters' now have access to the Department for Work and Pension's Automated Data Matching Solution (ADMS) for the Troubled Families Programme.
A child who is about to leave school, has no/ few qualifications and no planned education, training or employment.	Information drawn from Personal Learner Records ²⁶ and the local authority's Client Caseload information System (or equivalent) ²⁷ Information collected by local schools, academies and alternative providers for the Department for Education's School Census and Alternative Provision and Youth Contract providers ²⁸ Key Stage 4 data compiled by schools and academies' pupil level for the production of published school performance tables.
A young person ²⁹ who is not in education, training or employment.	Local authorities' Client Caseload Information Systems (or equivalent) ³⁰ , which indicates whether young people have been identified as not in education, training or employment (NEET) or whether their activities are 'not known'.

²⁴ As per the current programme, this includes adults in receipt of Employment and Support Allowance, Incapacity Benefit, Carer's Allowance, Income Support, Job Seekers Allowance and Severe Disablement Allowance.

²⁵ To be consistent with the Department for Work & Pension's approach, this includes adults required (i) to attend 'work focused interviews'; (ii) to meet 'work preparation requirements' (e.g. those with limited capability for work currently, but could make reasonable steps to prepare for work); and (iii) to proactively look for work (e.g. those expected to look and be available for work).

²⁶ All 16-18 year olds should have a Personal Learner Record (PLR) and most local authorities already have access to this information as registered providers of education and training.

²⁷ Local authorities are required to encourage young people to participate in education and training and identify those who are not engaged. For most areas, a key part of this is collecting good information about young people with few/ no qualifications and many record these details on a Client Caseload Information System (or equivalent) and others have arrangements in place to gather attainment data from providers.

²⁸ <https://www.gov.uk/government/publications/youth-contract-16-and-17-year-olds>

²⁹ See Annex C

³⁰ See above comment.

Indicators	Suggested Information Source
<i>The family includes at least one of the following...</i>	
Parents and families nominated by professionals as being at significant risk of financial exclusion. This may include those with problematic/ unmanageable levels and forms of debt and those with significant rent arrears.	Nominations from organisations specialising in debt and finance, such as the Money Advice Service, Jobcentre Plus and housing providers.

5. Families affected by domestic violence and abuse.

Domestic violence and abuse has been a damaging and widespread problem across families in the current Troubled Families Programme. Its prioritisation in the expanded Programme is led by a clear request from local areas and is reinforced by a compelling financial imperative; the consequences of domestic violence and abuse are felt across health, police, housing and Children's Services budgets.

While the expanded Troubled Families Programme will explicitly focus on reaching families affected by domestic violence and abuse, the definition of indicators and suggested information sources is by no means straightforward. By its very nature, domestic violence and abuse often goes unreported for some time and this means the indicators and suggested information sources used must capture what is often considered 'hidden harm'. In response, local authorities will have the flexibility to draw upon the intelligence of specialist agencies, rather than just formal reporting mechanisms. This means they are likely to lend themselves to nomination-based models of identification, rather than the cross-referencing of larger datasets.

The Troubled Families Programme will apply the agreed cross-government definition of domestic violence and abuse, which defines it as: 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over³¹ who are, or have been, intimate partners or family members³² regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial and emotional.'³³

³¹ Violence or abuse between those under the age of 16 should be captured as part of the youth crime or children who need help indicators.

³² This may include adult siblings, grandparents, uncles, aunts etc.

³³ <https://www.gov.uk/domestic-violence-and-abuse>

Indicator	Suggested Information Source
<i>The family includes at least one of the following...</i>	
A young person or adult known to local services has experienced, is currently experiencing or is at risk of experiencing domestic violence or abuse.	Nominations from local domestic violence and abuse services or professionals, such as Independent Domestic Violence Advisors (IDVAs), housing providers, health services, the Police, Children's Services and Youth Offending Teams.
A young person or adult who is known to local services as having perpetrated an incident of domestic violence or abuse in the last 12 months ³⁴ .	Local Police data and intelligence. Nominations from local domestic violence and abuse services or professionals, such as Independent Domestic Violence Advisors (IDVAs), housing providers, health services, the Police, Children's Services and Youth Offending Teams.
<i>The household or a family member has...</i>	
Been subject to a police call out for at least one domestic incident in the last 12 months ³⁵ .	Information from the Police, Multi-Agency Safeguarding Hubs (MASH) and Multi-Agency Risk Assessment Conferences (MARAC).

6. Parents and children with a range of health problems.

Health problems for families in the current Troubled Families Programme are costly and pervasive. Troubled families have disproportionately high levels of health problems compared to the general population. Findings from the current programme's independent evaluation indicate that, on entry to the programme, 71% of families included someone with at least one health problem; 46% included an adult with a mental health problem; a third (33%) of children were suffering from a mental health problem; nearly a third (32%) of families included an adult with a long-standing illness or disability; and one-in-five (20%) families included a child or children with a long-standing illness or disability. Building on these findings, the expanded programme will place an even greater emphasis on reaching families with a range of physical and mental health problems.

³⁴ The time limitation is to ensure the data share is proportionate and in line with the requirements of the Data Protection Act. However, local authorities and their partners (particularly the Police can agree alternative local arrangements whereby information covering a longer period of time is shared where relevant) this is entirely permissible and in line with the programme's broader policy objectives.

³⁵ As above.

Following extensive joint work with local authorities, the Department of Health, Public Health England and NHS England, the expanded programme's indicators and suggested information sources reflect three main health priorities: mental illness, substance misuse and vulnerable new mothers. Improved data sharing will be integral to success in these areas as well as a much deeper and wider programme of integration and service transformation to improve health outcomes for families.

On 5 November, a new national health offer was launched to help health professionals and councils work more effectively together to improve troubled families' health. This includes:

- A leadership statement setting out how local doctors, nurses and community health workers should work more closely with councils' troubled families teams;
- A new protocol to enable health information to be safely shared with troubled families' key workers; and
- Troubled families teams being able to access specialist health training.

The national 'health offer' is accessible on the www.gov.uk website.

Indicator	Suggested Information Source
<i>The family includes at least one of the following...</i>	
An adult with mental health problems who has parenting responsibilities or a child ³⁶ with mental health problems ^{37 38} .	Nominations from Community Mental Health Services, Child & Adolescent Mental Health Services, local GPs, education psychologists and school Special Educational Needs Coordinators (SENCOs).
An adult with parenting responsibilities or a child with a drug or alcohol problem.	Information drawn from the National Drug Treatment Monitoring System. Nominations from local GPs, the Police or local substance misuse support services.

³⁶ This includes children with conduct disorders.

³⁷ The adult or child does not need to be in receiving specialist treatment.

³⁸ This report provides information on recognising and working with young people with mental health in schools: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326551/Mental_Health_and_Behaviour_-_Information_and_Tools_for_Schools_final_website_2_25-06-14.pdf

Indicator	Suggested Information Source
<i>The family includes at least one of the following...</i>	
A new mother who has a mental health or substance misuse problem and other health factors associated with poor parenting. This could include mothers who are receiving a Universal Partnership Plus service ³⁹ or participating in a Family Nurse Partnership.	Nominations from health visitors, midwives, family nurses or local GPs. Information from the Local Child Health Information System.
Adults with parenting responsibilities or children who are nominated by health professionals as having any mental and physical health problems of equivalent concern to the indicators above. This may include unhealthy behaviours, resulting in problems like obesity, malnutrition or diabetes.	Nominations from health professionals, including GPs, midwives, health visitors, family nurses, school nurses, drug and alcohol services and mental health services.

³⁹ Universal Partnership Plus is a service offered by a health visiting team and local services to support families with children under 5 years old who have complex issues that require more intensive support.

Annex C – Age Thresholds for Eligibility and Measuring Results

The programme aims to improve outcomes for children and intervene earlier in families with problems, all eligible families must include dependent children. For the purposes of the programme, a dependent child is a person aged 0-15 in a household or aged 16-18 in full-time education, in training or unemployed and living in a family with his or her parent(s).

Family Problem	Age Threshold
If a child is involved in crime or anti-social behaviour...	...the relevant family member should be between 10 ⁴⁰ and 18 year olds. If 18 or over, the family member is considered an adult for these purposes.
If a child or young person has not been attending school regularly...	<p>...the relevant family member should be in suitable <i>full-time</i> education, if the child is under 16 years old⁴¹.</p> <p>This rises to 25 years old if the child or young person is under an education, health and care plan⁴². This applies to children who currently have a statement of special educational needs.</p>
If a young person is not in education, training or employment...	...the relevant family member should be 16-18 years old.
If a child has been identified/assessed as needing early help; or is a child in need under S.17, Children Act 1989; or is a child who has been subject to enquiry under S. 47, Children Act 1989...	...the relevant family member should be under 18 years old ⁴³ .

⁴⁰ <https://www.gov.uk/age-of-criminal-responsibility>

⁴¹ or last Friday in June if you will turn 16 by the end of the school holidays.

⁴² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349053/Schools_Guide_to_the_0_to_25_SEND_Code_of_Practice.pdf

⁴³ Working Together to Safeguard Children defines a child as anyone who has not yet reached their 18th birthday (see https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281368/Working_together_to_safeguard_children.pdf)

Family Problem	Age Threshold
If an adult is in receipt of out of work benefits; or an adult is claiming Universal Credit and subject to work related conditions...	...if the relevant family member is 18 years or over. However, there are a small number of exceptions whereby 16 and 17 year olds can claim the following benefits under specific circumstances: Jobseekers Allowance, Employment and Support allowance and Carer's Allowance.
If a person is experiencing or perpetrating domestic violence...	...the relevant family member should be 16 years old or over ⁴⁴ . If under 16 years old, violence or abuse should be captured as part of youth crime or children who need help indicators.

⁴⁴ <https://www.gov.uk/government/news/new-definition-of-domestic-violence>

Annex D – Success Measures for 400,000 Families

While maintaining the current programme's powerful focus on the measurement of multiple outcomes at a per family level, the payment by results framework for the expanded Troubled Families Programme will operate differently. A results payment can be claimed by a local authority if it can demonstrate that a family who was eligible for the Troubled Families Programme has either:

1. **Achieved significant and sustained progress, compared with all the family's problems.**

Or

2. **An adult in the family has moved off benefits and into continuous employment.**

Sustained and Significant Progress

Descriptions and definitions of the outcomes and measures that constitute and demonstrate significant and sustained progress for all troubled families in each local authority should be agreed locally and set out in a Troubled Family Outcomes Plan. The purpose of these local Plans is three-fold:

1. To lay out **what your local authority aims to achieve with each family** in regard to the six problems the programme aims to tackle; and how this supports your wider **service transformation** objectives (e.g. how these 'per family' outcomes support broader area wide goals in terms of demand reduction for services or fiscal savings);
2. To provide a basis against which your local authority can determine when **significant and sustained progress** has been achieved and, therefore, a results claim may be made for the family.
3. To provide a framework against which your **internal auditors** (and the TFT's 'spot checks') may establish whether a result is valid.

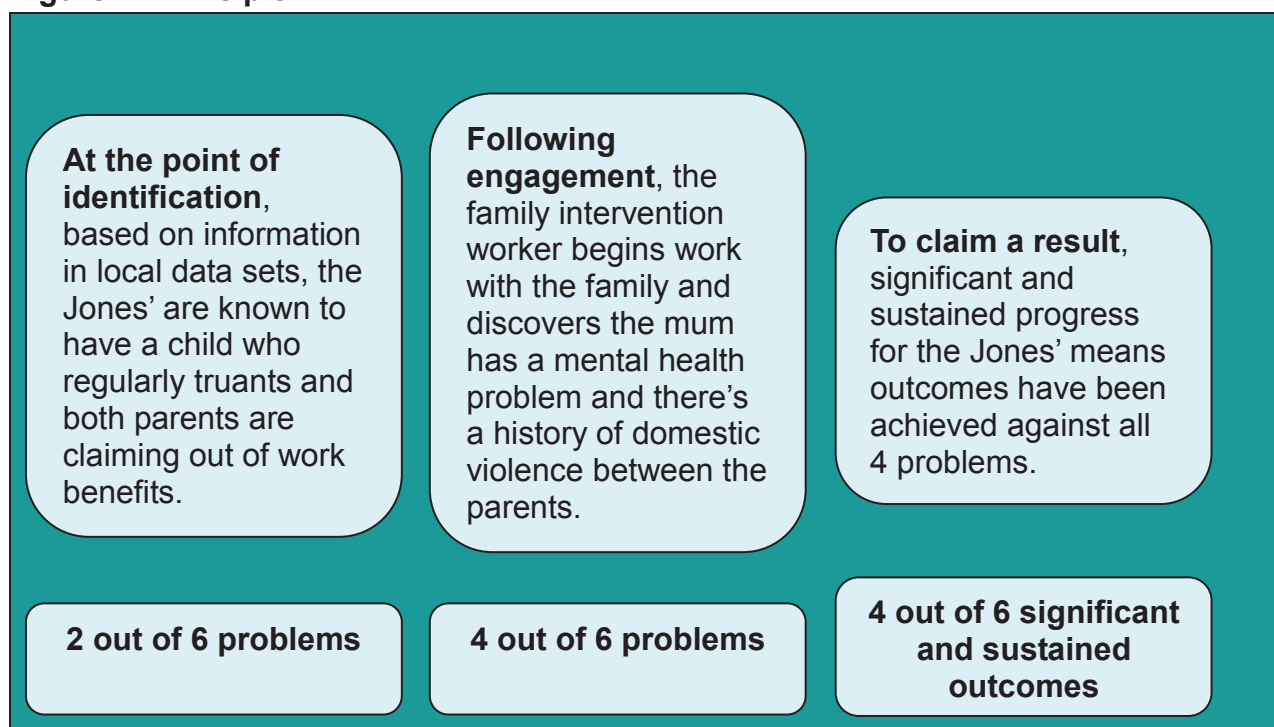
The Troubled Family Outcomes Plan will provide an area-wide set of success measures applicable to all families, from which the outcomes and measures relevant to each family may then be drawn. For example, if a family has a debt problem, domestic violence problem and is unemployed at the point of engagement, then relevant outcomes would be drawn from the area's Troubled Family Outcomes Plan and form the goals against which significant and sustained progress would be judged for this family.

There are eight key principles that all Troubled Family Outcomes Plans should reflect:

Principle 1: Troubled Family Outcomes Plans should focus on the demonstration of outcomes, rather than inputs, processes and outputs. For example, the completion of a course or intervention would be a process or input, whereas the outcome should focus on the measurable change achieved by the family as a result.

Principle 2: As some family problems may not be evident at the point of identification and only become apparent following engagement and trust is established with the family intervention work (e.g. domestic violence and abuse), the relevant outcomes within the Troubled Family Outcomes Plan should be set at this later point, when a fuller picture of the family is known.

Figure 1: Principle 2



Principle 3: Where some problems are not relevant to a family at the point of engagement (e.g. the adults are in work and therefore worklessness is not an issue), the local authority does not need to demonstrate significant and sustained progress against this problem to claim a result, but must ensure that the family's status has not regressed (e.g. has not become unemployed between engagement and claim)⁴⁵. This is consistent with the approach adopted by the current Troubled Families Programme.

⁴⁵ There may be exceptions to this if the circumstances are considered particularly unusual. Such cases should be agreed with TFT on a case-by-case basis.

Principle 4: All school age children in every family for whom significant and sustained progress is claimed must be receiving a suitable⁴⁶ full time education. This should include ensuring all school age children attend at least 85% of possible sessions on average⁴⁷ across three consecutive school terms⁴⁸. This measure has been set to be equivalent to the Department for Education's measure of persistent absence.

Principle 5: As far as possible, local authorities should develop and agree outcomes with local partners in the relevant public service areas. For example, health outcomes should be developed and agreed with local health partners and with reference to the Public Health⁴⁹ and NHS Outcomes Frameworks⁵⁰ and employment outcomes should be developed and agreed with local Jobcentre Plus District Managers, with reference to local skills, job market and growth objectives.

Principle 6: Where unemployment is a problem for a family on entry to the programme, an adult in the family does not have to secure continuous employment in order that a result for significant and sustained progress can be claimed. Instead, in these cases, as a minimum, a family should demonstrate significant and sustained progress towards work. For example, this might include outcomes such as achieving a recognised vocational qualification, undertaking significant relevant work experience over a sustained period of time or successful completion of an apprenticeship⁵¹. This progress should be undertaken with a view to securing work ultimately and a 'subsequent continuous employment' outcome may be reported in these cases (see below).

Principle 7: Areas may wish to have reference to the measures used in the programme's Family Monitoring / Progress Data and the troubled families cost savings calculator in their Troubled Families Outcomes Plans to reduce any data collection burdens.

Principle 8: The purpose of a Troubled Family Outcomes Plan is to provide a short and simple account of the goals that each local authority strives to achieve with its troubled families, against which success claims may be measured and verified. It should not be a complex, bureaucratic process.

This approach aims to provide the flexibility to measure success in a way which reflects the service transformation and costs reduction priorities of each local authority and its partners.

⁴⁶ Sections 7 and Section 19 of the Education Act 1996 provide a definition of a 'suitable' education. In summary, this means it is appropriate to the child's age, ability and aptitude; and to any special educational needs, either by regular attendance at school or otherwise.

⁴⁷ As per the current programme, this outcome is measured as an average across three consecutive terms rather than an average per term.

⁴⁸ If a child ages between entry to the programme and when significant and sustained progress is claimed and is no longer of 'school age', this measure is no longer relevant to this child. However, we would still expect the local authority to demonstrate significant and sustained progress in the form of another locally determined education, training or progress to work outcome. This means a claim should not be made if the child is considered Not in Education, Employment Training (NEET) after leaving school.

⁴⁹ <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

⁵⁰ <https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015>

⁵¹ Unlike the current programme, there is no separate 'progress to work' measure. This should form part of the significant and sustained progress where unemployment is a problem for the family on entry to the programme.

Given the five year duration of the programme, it provides the scope to update and refresh outcome measures to reflect changes in delivery and information sharing arrangements over time. Outcome measures may increase in their ambition as the programme progresses. While the TFT will not mandate the outcomes, we will work with the early starters to support this process and develop guidance and examples for other areas on the best approach.

Further detail on the proposed structure of a Troubled Family Outcomes Plan is provided in Annex E.

Off Benefits and into Continuous Employment

Worklessness is a problem across troubled families in the current programme and achieving continuous employment has often been a transformative outcome. Findings from Troubled Families Programme's independent national evaluation found that an estimated 83% of families were receiving an out-of-work benefit on entry to the programme – compared with around 11% of the population nationally⁵² - and the programme's latest results show that nearly 6,500 adults in troubled families have moved into work so far⁵³.

During the current Troubled Families Programme, in recognition of the scale of the challenge and importance of its success, the Department for Work and Pensions seconded 152 Jobcentre Plus advisors into local authorities to support troubled families into work. Known as Troubled Families Employment Advisors, this additional resource and expertise has been widely welcomed and local authorities have reported its significant impact on employment outcomes. To date, this resource has been concentrated in the 94 local authorities with the highest numbers of troubled families. From April 2015, this resource will be increased to 300 Troubled Families Employment Advisors. This means a further 57 local authorities will benefit and many others will see an increase in their existing capacity. Further details on the distribution of these secondees will be finalised alongside the proposed distribution of families for 2015/16 onwards. This information will be available in December 2014. The Troubled Families Team is working with the Department for Work and Pensions and the 'early starter' areas to review the role of the Troubled Families Employment Advisors and how we can use this valuable resource to best effect.

The movement of a family off benefits and into continuous employment often represents the culmination of significant and sustained progress across a range of outcomes for many families. For example, mental illness, substance misuse, offending behaviour, poor school attainment and experience of domestic violence and abuse are all well evidenced barriers to employment. To overcome these barriers, secure work and maintain it for at least 13 weeks represents a major outcome for most families.

⁵²[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/336430/Understanding_Troubled_Families_web_format.p](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/336430/Understanding_Troubled_Families_web_format.pdf)
df

⁵³ As per the end of August 2014.

As per the current Programme, this results has two parts:

1. The movement off out of work benefits (or off Universal Credit, as appropriate), and
2. The sustainment of a period of continuous employment.

For the first part, where family members are in receipt of Universal Credit (UC) and remain on benefit, the outcome must satisfy an earnings threshold of £330 (for people aged 25 and over) or £270 (for people aged under 25; and apprentices). Where families move onto UC, Troubled Families Employment Advisors will help local authorities with any queries and provide the information they need. This will include information about earnings thresholds.

If an adult moves into self-employment or is under a zero hour contract, in the interim local authorities should agree the best measurement approach with their Troubled Families Employment Advisors and local auditors. A longer-term approach will be agreed ahead of national roll out.

For the second part of the result, the length of time an adult must remain in work depends on the type of benefit they were receiving previously. These measurement periods reflect the Department for Work and Pensions' previous approach with its own providers.

Benefit	Period of continuous employment
Job Seekers Allowance	26 weeks (out of the last 30 weeks)
Job Seekers Allowance (ex-Incapacity Benefit claimant)	13 consecutive weeks
Employment Support Allowance	
Income Support	
Incapacity Benefit	
Carer's Allowance	
Severe Disablement Allowance	

Subsequent Continuous Employment

Where a family member has already achieved significant and sustained progress towards work, but not yet secured a job, many local authorities have emphasised the importance of ensuring this is followed through and an adult in the family is moved into work.

While no additional central funding is available for these additional outcomes, many local authorities have asked to ensure that the total employment outcomes achieved with families

is recorded systematically and forms part of their published results figures. This accountability and clear prioritisation of employment outcomes will serve as an incentive to ensure employment outcomes are maximised and the local fiscal and social benefits are realised.

In response to this feedback, from January 2015, local authorities will be able to report a 'subsequent continuous employment' outcome. This outcome is based on the following terms:

- It should only be reported for families where a sustained and significant progress result has already been claimed;
- It should not be reported for families where a continuous employment result has already been claimed;
- The adult in the family should have moved off out of work benefits and maintained a job for the same amount of time as the continuous employment result requires; and
- The outcome should be approved to the same standards as other results by the local authority's internal auditors.

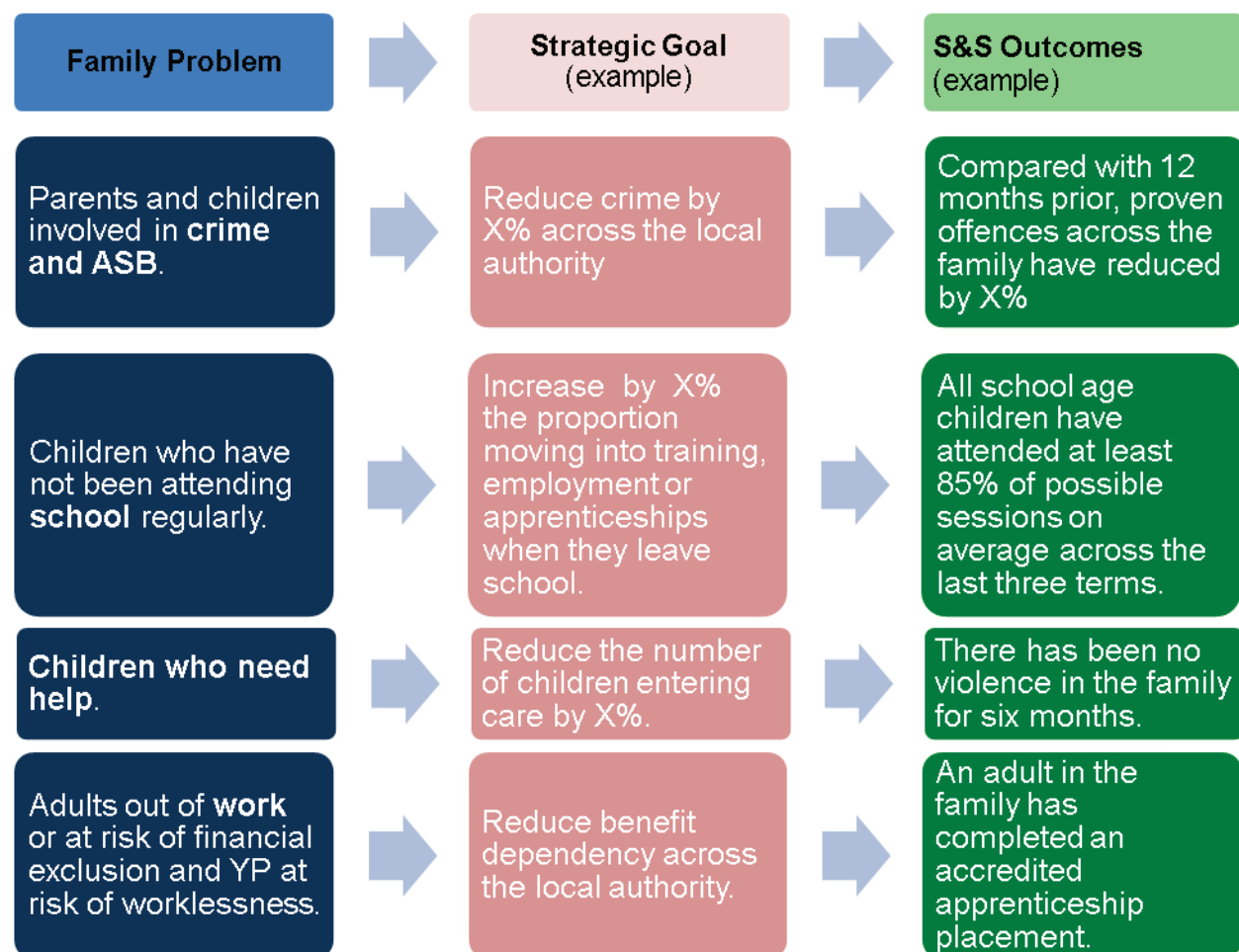
These outcomes will be published regularly on a per local authority basis as part of the programme's management information.

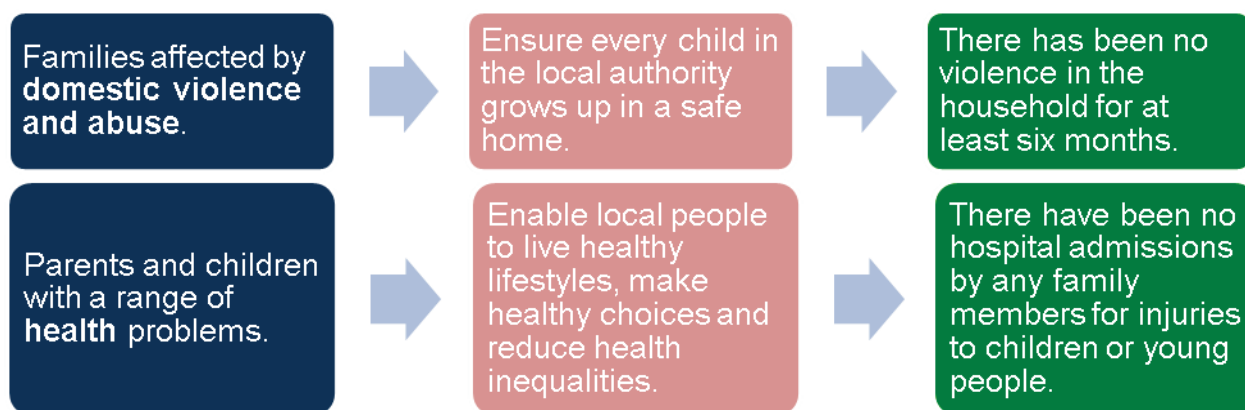
Annex E - Proposed Structure of Troubled Families Outcomes Plan

The Troubled Family Outcomes Plan for each local area should be a short, simple and clear articulation of each area's definition of success through the programme. The Plans should be agreed as a local authority wide set of expectations, although they should be based on outcomes which may then be applied on a per family basis. Some local authorities are agreeing Troubled Families Outcomes Plans with their neighbouring areas in order to reinforce more ambitious service transformation objectives.

While the form and content of the Troubled Families Plan is for each local area to agree, the TFT is working with the 'early starters' to understand the approaches being adopted and will showcase best practice examples ahead of national roll out. This is part of the programme's work with early starter areas to design the detail of the programme and is currently only at an initial stage, but the following reflects the emerging lessons:

Figure 2: An example of the possible structure of the Troubled Families Outcomes Plan, using hypothetical strategic goals and significant and sustained outcomes.

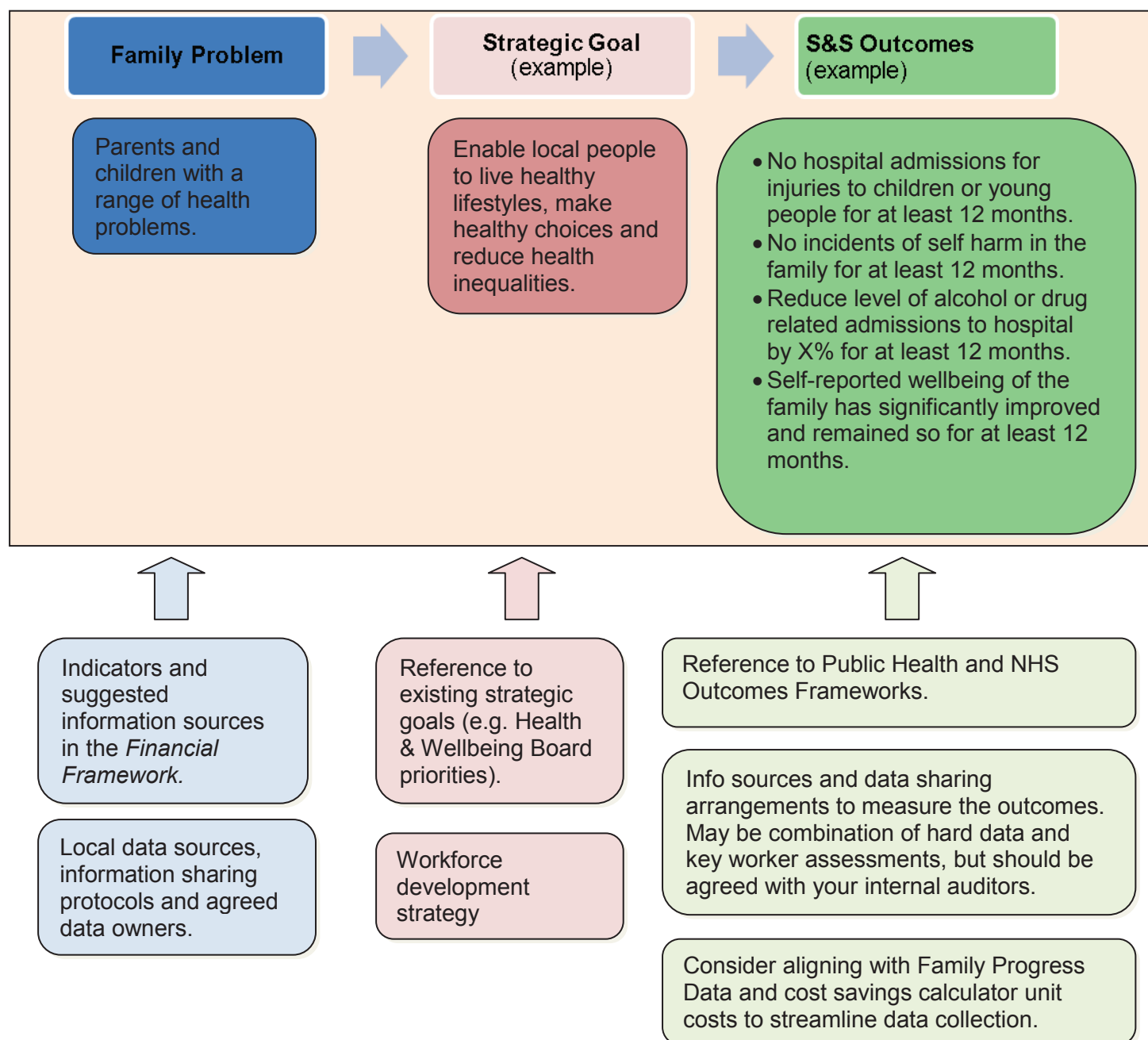




The TFT will not sign off each area's Troubled Families Outcomes Plan as these should be agreed locally. However, the Team would like local authorities to share these with them as part of the regular and ongoing discussions between local areas and the Team. While some areas are working to share examples sooner, the TFT will ask all wave 1 'early starters' to share their Troubled Families Outcomes Plan with the Team in January 2015 in order that we may share good practice examples more widely alongside the Financial Framework ahead of the programme's national roll out.

Many of the early starter areas are developing wider operational and information management arrangements to support the implementation of their Plans locally and the measurement of outcomes.

Figure 3: Example Structure of section in a Troubled Family Outcome Plan plus possible supporting agreements



Annex F - From Family Monitoring Data to Family Progress Data

As part of the current Troubled Families Programme's independent national evaluation, local authorities are providing detailed information about the characteristics and problems of at least a 10% sample of their troubled families across a broad range of public service areas, including health, crime, education, worklessness, housing, child protection and housing. An initial report, based on information relating to nearly 8,500 families, was published in July 2014.⁵⁴ For the remainder of the current Programme, local authorities will continue to provide this information at six-monthly intervals and, over time, this will build a significant evidence base on the problems experienced by these families and the change demonstrated across these problems.

In January 2015, as an interim approach, all of the first wave of 'early starter' local authorities will provide Family Monitoring Data using the existing system. This information will be provided for a random representative sample of at least 10% of families who enter the expanded Troubled Families Programme in this year. This information will help us to map the profile of families reached by the expanded programme and will help build a strong evidence base for continued investment.

By April 2015, we will move from the collection of Family Monitoring Data to the collection of Family Progress Data, with a greater emphasis on the change achieved by family members. Where existing measures are valuable and collectable locally, we will retain them. However, the purpose of this change in approach is to focus more on measures which will demonstrate the progress achieved with families, streamline the number of measures we ask local areas to collect and align them with unit cost measures in the cost savings calculator as far as possible. Achieving this involves a number of pieces of work:

- To minimise the amount of data collected locally, we will maximise the use of the National Impact Study (NIS) in the expanded programme. NIS is a project initiated under the current programme's evaluation, which makes a quantitative assessment of the impact of the programme, by matching data about individuals in troubled families to national administrative datasets held by government departments (e.g. Police National Computer and DWP's benefits systems). Furthermore, it provides an estimate of the added value of the programme by comparing families who have received an intervention with individuals in families before they started intervention and/ or who fell just short of eligibility for the programme.

⁵⁴

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/336430/Understanding_Troubled_Families_web_format.pdf

The TFT is exploring options to increase the number of national data sets against which local family data is matched as part of the National Impact Study and also to provide localised findings. We will ask all local authorities to participate in this work as part of the sign up process ahead of national roll out. It will be an integral part of the expanded Troubled Families Programme.

- Where outcomes are not recorded in national datasets, our understanding of the change achieved by the programme will be supplemented with the collection of Family Progress Data for a random and representative sample of families. As far as possible, the TFT are working to align these with the measures collected locally for the cost savings calculator.
- To inform the development of the Family Progress Data measures, the TFT hosted an initial consultation workshop with a group of 'early starter' areas in September 2014. This provided feedback on the current system and ideas for the new approach.
- One of the ideas provided during the workshop was to assess the usefulness and availability of the data collected in the current Family Monitoring Data and cost savings calculator. In response, the TFT has issued a questionnaire to all 'early starter' areas. The findings will inform the selection of the finalised list of Family Progress Data measures.
- The TFT has started work on the development of a new streamlined system for the collection of data which aims to enhance its usefulness locally and reduce the bureaucratic burden on local authorities and their partners.
- In December, we will be hosting a market testing event for the evaluation of the expanded programme in order to gauge the interest of the potential providers.

The progress being achieved with families as evidenced through collection and submission of Family Monitoring and Family Progress Data, and the financial benefits evident from each local authority's completion of the cost savings calculator (see Annex G), will be included in regular publications by the TFT, as part of the expanded Programme's drive to help transform services through transparent local accountability.

Annex G - Troubled Families Cost Savings Calculator

In May 2014, the Troubled Families Team provided all local authorities with a new online cost savings calculator. This incorporates unit costs information approved by HM Treasury and other government departments and has been tailored to focus on the fiscal, social and economic benefits of greatest relevance to the Troubled Families Programme. It is an evaluative tool which enables local authorities and their partners to calculate the savings achieved through the delivery of the current programme with real families by looking at their actual outcomes before and after intervention. For some time, many areas have showcased striking examples of the costs and savings derived from work with individual troubled families. However, this tool aims to take this work to a more comprehensive, rigorous and representative level and thereby ensure the programme is well placed to make a compelling case locally and nationally about the value for money it achieves.

During 2014/15, all early starter areas will complete the cost savings calculator for a random representative sample of families in the current Programme and the first wave of early starters will complete it for a further 25% random representative sample of families who enter the expanded programme in 2014/15. This will be used alongside the Family Monitoring Data and this evidence will not only be essential in building a strong evidence base for continued central investment in the programme but will also provide useful evidence to support local discussions about the relative resource contributions of local authorities and their partners to the delivery of the programme.

The Troubled Families is working with a group of local authorities (primarily early starters) and a HM Treasury led group of economists from across government to test and improve the cost savings calculator. While the calculator is currently the most credible and robust tool available to evaluate the cost benefit of the Troubled Families Programme, we know there is a lot of work that can be done to improve it. This includes joint work with early starters to align the information collected for the Family Progress Data and the unit costs contained within the the cost savings calculator as far as possible. We are exploring a number of options to achieve this and aim to have made significant progress towards this before national roll out in April 2015.

The financial benefits evident from each local authority's completion of the cost savings calculator, and the progress being achieved with families as evidenced through collection and submission of Family Monitoring and Family Progress Data (see Annex F), will be included in regular publications by the Troubled Families Team, as part the expanded Programme's drive to transform services through transparent local accountability. For each local authority, this will lay out the form and extent of the problems of families in the programme, the progress achieved with these families and the fiscal benefits realised as a

result. This rich information will enhance local accountability for the success of the programme and help shape discussions about the service transformation objectives and overall effectiveness of delivery.

Annex H - Payment Terms

As per the current Troubled Families Programme, the majority of the funding will be available on a per family basis for the achievement of significant and sustained progress or continuous employment outcomes. It will remain in two parts: an upfront attachment fee and a results-based payment.

All early starters have committed to bring an agreed number of families into the expanded programme during 2014/15. An upfront attachment fee of £1,000 will be paid to these areas for each of these families. Each local authority will be asked to report on their progress against this commitment in January and then again, ahead of national roll out, in March. If an area does not fulfil its 2014/15 commitment, the Department may withhold future funding in 2015/16⁵⁵.

A results based payment of £800 will be offered for each family for whom the local authority claims to have either (a) achieved significant and sustained progress, or (b) moved off out of work benefits and into continuous employment. The first available opportunity to claim results will be in January/ February 2015. However, given families may take time to achieve change and demonstrate the sustainability of their outcomes, we expect most families to achieve results later in 2015.

If a family has achieved significant and sustained progress and a claim for a results payment is made, the local authority may not claim a further result payment if an adult in the family subsequently moves off benefits and into continuous employment. This would constitute double payment for the same family. However, a field will be available on the results claim form (on the existing Logasnet system) to record that a 'subsequent continuous employment' outcome has been achieved. While no additional funding will be paid for this outcome, the results will be published to evidence each area's overall success in terms of employment outcomes for families.

Local authorities may not receive further funding payment for a family for whom any payment have already been received as part of the current Troubled Families Programme. While it remains in areas' wider interests to ensure the improved outcomes of these families are sustained and they do not deteriorated, outcomes achieved with these families should not be counted twice. **The estimated 400,000 families supported by the expanded programme are in addition to the 120,000 families supported by the current programme.**

⁵⁵ Unlike the current programme, local authorities will not be asked to report against the number of families identified and being worked with every 3 months. Instead, areas will be asked to provide a single number – the number of families brought into the programme in January and then again by the end of March 2015. A schedule of reporting arrangements for 2015/16 will be set out for all local authorities ahead of national roll out in April 2015.

In addition to the funding for achieving outcomes with each of the estimated 400,000 families, each participating local authority will also be offered a Service Transformation Grant. This grant will be weighted in accordance with the number of families that the TFT and the local authority mutually agree will be part of the expanded programme in each area. It will follow a comparable band structure to the current programme. During 2014/15, the funding is offered as an additional *pro-rata* supplement to each early starter's existing Troubled Families Coordinator grant at the following levels:

Estimated number of families in the expanded Troubled Families Programme	2014/15 grant for service transformation for the first wave of 'early starter' areas (Sept 2014)	2014/15 grant for service transformation for the second wave of 'early starter' areas (January 2015)
0-150	£17,500	£7,500
151-1500	£44,000	£19,000
1500-3500	£58,500	£25,000
3501-6500	£102,000	£44,000
6501-10,000	£116,500	£50,000
10,001-13,000	£146,000	£62,500
13,001 +	£175,000	£75,000

In 2015/16, we expect the level of service transformation grant offered to each area to be around double that which each area currently receives as a Troubled Families Coordinator Grant. This reflects the increased challenges of coordinating the programme at this scale, as well as the programme's expectations in terms of wider service transformation and the increased provision of evidence via Family Progress Data and the completion of the costs savings calculator. Some areas' Service Transformation Grant may not be double because the work to update the evidence on the distribution in families across local authorities may mean they move up or down bands. Further detail on this will be provided to local authorities in December 2014.

The Troubled Families Team may withhold future funding if commitments made by the local authority before the release of funding are not achieved⁵⁶

⁵⁶ For example, if a local authority commits to bring an agreed number of families into the Programme in 2014/15 and receives attachment fees for this number, but then does not fulfil this commitment. The Troubled Families Team may withhold any or some future payments until this commitment is fulfilled. Similarly, if a local authority does not provide Family Monitoring / Progress Data or complete the costs savings calculator as agreed, the Troubled Families Team may withhold any or some future Service Coordination Grant payments until these commitments are fulfilled.

Annex I - The Expanded Troubled Families Programme: Data Sharing Guidance and Principles

The current Troubled Families Programme has driven significant changes in the ways that local authorities, government departments and local partner agencies systematically share information to identify and work with troubled families. The expanded programme offers an opportunity to build and extend upon this area of important public service transformation.

Given the importance of data sharing arrangements, this annex highlights the different sources of information that are available to local authorities to help identify families who are eligible for support under the expanded Troubled Families Programme. It also includes potential gateways, including statutory and common law powers, for sharing information.

The information provided represents work in progress. Together with the 'early starter' local authorities the Troubled Families Team will seek to understand further, the specific barriers that might hinder data sharing under the expanded Troubled Families Programme and identify opportunities to address them. This information will therefore, be refreshed ahead of the expanded programme's national roll out in 2015.

Please note that local authorities are responsible for ensuring that any data sharing arrangements comply with the Data Protection Act 1998 and relevant data sharing legislation.

As with the current programme, families will be identified on a 'household' basis. For these purposes, the definition used by the Census 2011 may be useful – i.e. 'a group of people who either share living accommodation, or share one meal a day and who have the address as their only or main residence'. For the purposes of the programme, families must contain dependent children⁵⁷.

In some areas, population churn and engagement across local authority boundaries may present issues. For example, some children may live in one local authority, but attend school in another; and some families may move between local authorities mid-intervention. The Troubled Families Team will not prescribe how local authorities should manage these issues, but encourage collaboration to agree pragmatic and legally compliant local data sharing solutions between local authorities.

⁵⁷ A dependent child is a person aged 0-15 in a household or aged 16-18 in full-time education and living in a family with his or her parent(s). Non-dependent children in families are those living with their parent(s), and either (a) aged 19 or over, or (b) aged 16 to 18 who are not in full-time education or who have a spouse, partner or child living in the household. Such children are often young adults, but may be older.

1. Parents and children involved in crime or antisocial behaviour

In most cases, the main sources of information on parents or children involved in crime or anti-social behaviour are likely to be the police, anti-social behaviour teams, youth offending teams, housing providers, prisons and providers of probation services⁵⁸.

A significant proportion of crime and anti-social behaviour data is likely to be drawn from the local police, using the Police National Computer and local youth offending teams. The police have a general common law power to share information to prevent, detect, and reduce crime.

There are also legal gateways that support data sharing in prescribed circumstances such as section 115 of the Crime and Disorder Act 1998, which allows the police, local authorities, health authorities, providers of probation services and other relevant agencies to share information about any person for a purpose linked to any provision under the Crime and Disorder Act, including where it is necessary for crime reduction. Section 115 of the Crime and Disorder Act was relied upon under the previous programme and is still applicable.

In addition, section 17 of the Crime and Disorder Act 1998 recognises that local authorities have responsibility for the provision of a wide and varied range of services to and within the community. In carrying out these functions, section 17 places a duty on them to do all they can to reasonably prevent crime and disorder in their area.

As part of the expanded programme, local authorities may also need to obtain data in relation to prisoners and adult offenders with parenting responsibilities, for which the main sources be the National Probation Service, Community Rehabilitation Companies and prisons. This information can, in some circumstances, be shared under section 14 of the Offender Management Act, which permits the sharing of data that would assist with the supervision or rehabilitation of offenders.

Given that the National Probation Service and Community Rehabilitation Companies are new organisations, the TFT will work at a national level with the Ministry of Justice to promote the importance of sharing data with these bodies over the coming months. However, local authorities should also seek to build relationships with local providers and encourage them to collect and share the data that will help them identify troubled families in a legally compliant manner.

Many local authorities have highlighted the need to strengthen data sharing arrangements between the Troubled Families Programme. The importance of this for prisoners nearing release who are not in custody locally has been a particular issue. Linked to wider discussions about data sharing with the National Probation Service and new Community

⁵⁸ National Probation Service, Community Rehabilitation Companies and other providers of probation services.

Rehabilitation Companies, the Troubled Families Team will work with the Ministry of Justice and HM Prison Service to progress these issues ahead of national roll out.

2. Children who have not been attending school regularly

As the indicators suggested under this headline problem broadly mirror the education criteria in the expanded programme, the data sharing arrangements are broadly the same.

Most of the relevant education data is already collected by local authorities on a termly basis using Unique Pupil Numbers, as part of standard data collection requirements for the Department for Education as part of the returns to the School and Alternative Provision Census'. The Troubled Families Team recommends the use of this locally collected data to ensure the information is as current as possible.

There are a number of limited exceptions, where the information collected locally for the School Census may need to be supplemented by other sources:

- Academies: Academies collect this data through compatible systems and are legally able to share this with local authorities using Part 4 section 23 of the School Discipline (Pupil Exclusions and Reviews) (England) Regulations 2012. Around half of academies already share their data with local authorities.
- Fixed exclusions: This data is not always collected for children in alternative provision, independent schools or non-registered alternative provision providers. As such, local authorities should identify these children within their own local systems and through discussions with such schools. We expect these to be relatively small numbers. Some supplementary information may be needed from Education Welfare Officers (or equivalent) to produce a complete picture of each child's circumstances. For example, this may relate to children who are in reception year classes and sixth form.

There are a small number of children who are considered 'missing' because they are not on the school roll. These children are likely to be among the most vulnerable category of children and therefore, it is important that the Troubled Families programme identifies them as far as possible. However, it is not our intention to target children who are being appropriately home schooled, as these children will be receiving an education from their parents.

Local authorities may collect and share attendance under the school census regulations – Education (Information about Individual Pupils) (England) Regulation 2013, S.I. 2013/94 - which require maintained schools and pupil referral units to share information about pupil attendance.

3. Children who need help

Most of the information needed to apply the suggested indicators under this headline problem is already collected within local authorities, as part of their Children Services arrangements (or equivalent). However, it will typically require local authorities to combine information from across a range of sources.

For example, to identify children who have not taken up the early education entitlement, this may include cross-referencing information relating to two years old children who are eligible for the early education entitlement with information about those who are actually attending an early year setting. Under section 99 of the Children's Act 2006, local authorities obtain information about individual children who are receiving early years provision; and under s13A of Childcare Act 2006 Her Majesty's Revenue and Customs shares tax benefit credit and benefit information with local authorities for the purpose of determining whether or not a particular family may have a child who is eligible for funded early education.

Local authorities are also likely to draw a significant amount of the data relating to children who need help from their own local authority Children Services. Some of this information is already shared within the current programme and the relevant gateway is the implied powers to share information under section 17 of the Children Act 1989 in order to enable assessments to be undertaken as to whether services may be required by a child in need. More generally, implied data sharing powers under section 10 of the Children Act 2004 may also provide a means of obtaining information in order to safeguard and promote the wellbeing of children.

4. Adults out of work or at risk of financial exclusion or young people at risk of worklessness

For the current programme, the Department for Work and Pensions created a new legal gateway under the regulations of the Welfare Reform Act 2012. This allowed the Department for Work and Pensions to share data with local authorities – without informed consent – for the sole purpose of identifying troubled families.

The new regulations came into effect in May 2012 and they will continue to provide the gateway for identifying young people and adults in receipt of out of work benefits under the expanded programme. They will also provide the gateway for the sharing of this data once Universal Credit comes into effect, providing a gateway for adults claiming Universal Credit and subject to work related conditions.

Under the current programme, most local authorities have accessed this information via a manual data sharing arrangement with the Department for Work and Pensions. However, as part of a phased roll out, most local authorities are now moving onto a more flexible, frequent, accurate and cost effective automated system – known as the Automated Data

Matching Solution (ADMS) for the Troubled Families Programme. Guidance will be available to you on the 'Supporting families' Knowledge Hub.

Where family members are in receipt of Universal Credit (UC) Troubled Families Employment Advisors and Jobcentre Plus Single Points of Contact will help local authorities with any queries and provide information they need. This will include information about earnings threshold.

DWP are currently assessing how data sharing processes, for example the Labour Market System marker management information reports and ADMS, will work for families on Universal Credit. We will provide updated guidance on UC and the expanded programme ahead of its national roll out.

To identify young people who are risk of or are already not in education, training or employment, local authorities may draw on information held in their Client Caseload Information Systems (or equivalent). Local Authorities have a statutory duty to encourage and assist young people to participate in education or training. This stems from sections 68 and 70 of the Education and Skills Act 2008. As part of this duty local authorities collect information on 16 to 19 year olds and will be aware of those who are not in any form of education, employment or training, including those who are not able to work because of illness or other reasons such as caring for dependant or family members. Local Authorities may choose to share this information internally further to their general power of competence under section 1 of the Localism Act 2011. This information could be defined as individual pupil information under section 537A(9) of the Education Act 1996 so could also be shared by local authorities using section 537A(6) of that Act.

5. Families affected by domestic violence and abuse

In most cases, the main sources of information on families affected by domestic violence and abuse are likely to be the police or local domestic violence support services.

Like crime and anti-social behaviour, data obtained from the police can be shared using section 115 of the Crime and Disorder Act 1998.

Under section 54 of the Domestic Violence, Crime and Victims Act 2004 information can be disclosed by police to victim support groups (with consent). The data can also be shared between agencies via Information Sharing Agreements (ISAs). It is advised that ISAs between local services and local authorities should conform to IDVA Protocol, MARAC Protocol, MARAC/MAPP Protocol and SDAC Procedures.

Given the sensitive circumstances and nature of these cases, it is most likely that agencies will refer cases to a local authority on an individual basis (see Nomination section below).

6. Parents and children with a range of health problems

The sharing of health data for the identification of troubled families has been one of the biggest challenges of the current Troubled Families Programme. The expanded Troubled Families Programme aims to prioritise efforts to overcome these issues and ensure greater collaboration between local troubled families teams and health bodies. Given the particular sensitivities around the sharing of personal health data, the Troubled Families Team has been working with Public Health England, Department of Health and NHS England to agree an approach that allows families to be identified for support under the expanded programme on the basis of their health needs.

We have agreed a recommended minimum approach that local authorities and health partners may use to identify families on the basis of their health needs. The approach was published on 5 November in draft data sharing guidance with advice from the health data sharing governance body (Information Governance Alliance) and national health agencies.

The approach recommends that a list of families that have already been identified as meeting one of the programme's indicators is shared with relevant health partners so that they can use this to flag whether any of the suggested health indicators are met. You will then need to talk to your relevant health partners and/or governing bodies to work out the best ways of gathering and sharing this data.

While we recognise this is unlikely to unlock all the data you need to work with families, it will start the process of identifying the families in the health system that may be eligible for support. Some local authorities may already be receiving health data or have negotiated alternative data sharing arrangements with local health partners. The new data sharing guidance will not override this and should be used to help reinforce the health system's support of the Troubled Families Programme.

Further information on the interim health data sharing protocol for the Troubled Families Programme is available here:

<https://www.gov.uk/government/publications/troubled-families-supporting-health-needs>

Nominations

The financial framework suggests a range of indicators that can be used to identify families under the 6 headline problems. However, within this Financial Framework, we recognise that nominations will be one important way through which local authorities can identify the families with the breadth of problems that the expanded programme is targeting. This is why there are suggested indicators under each of the headline problems referring to 'problems of equivalent concern'.

These indicators enable nominations from professionals locally and, depending on the nature of the risk and seriousness of the circumstances, may be undertaken with or without the individual's consent. In some cases, consent must be obtained by law before a nomination is made. However, in cases where consent is not prescribed by law, individuals should be made aware that their data is being shared and their consent should be sought wherever possible. However, this will be a matter for local assessment and professional judgment in the circumstances of each case.

Given the scale of the programme, nomination arrangements are unlikely to be sufficient to identify the required volumes of families in each local authority. However, the expanded programme provides the flexibility to identify families through these means, where appropriate and as a supplement to other sources of identification.

Maidstone Borough Council

Community, Environment and Housing Overview and Scrutiny Committee

Tuesday 9 December 2014

Financial capability update - report only

While reading the following report you may want to think about:

- What you want to know from the report;
- What questions you would like answered.

Make a note of your questions in the box below.

As you read the report you may think of other questions.

Questions I would like to ask regarding this report:

-
-
-
-
-

Guidance note - Making Quality Overview and Scrutiny Recommendations

Scrutiny recommendations should seek to make a real difference to local people and the services provided. Recommendations that note a change or request further information fail to resolve problems or make changes. The scrutiny team have identified the following criteria for quality recommendations, they:

- affect and make a difference to local people;
- result in a change in policy that improves services;
- identify savings and maintain/improve service quality; or
- objectively identify a solution.

One way of checking the usefulness of recommendations is to evaluate them against the 'six Ws' set out below:

Good recommendations should answer these questions:

Why does it need to be done?	This will help ensure the outcome is relevant and in the right context – if a meeting is being requested it will ensure the correct people are invited to attend
Who is being asked to do it?	Without this nothing will get done (no one will take ownership)
What needs to be done?	Needs to be clear and specific
HoW will it be done?	Again, needs to be clear and specific, what is the expected output- for example a report to be written or a meeting to be arranged
Where does it need to be done/go?	If it's a meeting – where is it needed If it's a report – where is it to go, who needs to see it
When does it need to be done?	Crucial to have a timescale – without a deadline it will never get done

Thinking about these points will help ensure the outcomes of scrutiny are effective and will aid monitoring.

MAIDSTONE BOROUGH COUNCIL
COMMUNITY, ENVIRONMENT AND HOUSING OVERVIEW AND
SCRUTINY COMMITTEE
TUESDAY 9 DECEMBER 2014
REPORT OF HEAD OF HOUSING & COMMUNITY SERVICES

Report prepared by Ellie Kershaw

1. FINANCIAL CAPABILITY UPDATE REPORT

1.1 Issue for Consideration

- 1.1.1 To consider the work undertaken on the council's financial capability project to date.

1.2 Recommendation of the Head of Housing and Community Services

That the Committee notes the contents of the report, and makes any recommendations for any specific areas of work it would like taken into consideration in the delivery of the project.

1.3 Reasons for Recommendation

- 1.3.1 The financial capability project was set up to look at what support is available to residents of Maidstone borough and how organisations offering some kind of financial service can work together to provide a more joined up service. In order to facilitate this work, a Financial Capability Partnership was set up in February of this year chaired by the Leader of the Council. There are now 29 organisations who are members of this partnership from among the private, public and voluntary and community sectors, including Lloyds and Barclays banks, North Kent Womens Aid, South East and Southern Water, Stepchange debt charity and KCC.
- 1.3.2 The partnership has led to a number of initiatives; Barclays are working with the Army to offer advice to those facing redundancy and has offered closed advice sessions to residents of the women's refuge; a money advice for practitioners seminar was held in July with close to 100 attendees; the older persons forum dedicated a meeting to financial matters with over 100 attendees; a successful bid was made to the Illegal Moneylending team to pay for the Community Wardens to have a stand in the Mall, talking to people about illegal moneylenders,

scams and promoting Kent Credit Union; and a money advice day for Marden residents. The vast majority of these have been successful; for example, 95% of people attending the practitioners' seminar said the information would help them to advise their clients. Unfortunately the residents' day was not well attended, and the Partnership will review any future approach to engaging with residents.

- 1.3.3 As well as the work undertaken through the Partnership, work has recently started with the local foodbanks, to link them in with each other, look at how they could refer people they support to other services, and generally work as efficiently as possible. One meeting has been held so far, following which a training session on benefits was arranged. Further sessions will be arranged as required..
- 1.3.4 Some future work is also planned; a second practitioners' seminar will be held in January; an application is being prepared with Maidstone Mind for funding from Job Centre Plus to deliver financial advice sessions to people with mental health difficulties; a primary school is being sought to hold a financial awareness session with the children-funding has been granted by the Illegal Moneylending Team to run a competition as part of this; and talks are being held with Arriva to look at a potential ticket bulk buying initiative to reduce the cost of travel for those on low incomes.
- 1.3.5 Funding has been allocated from the central government grant to extend the posts of the two officers working in this area until March 2016 as part of the Welfare Reform agenda.

1.4 Alternative Action and why not Recommended

- 1.4.1 The Committee could choose not to receive updates on this project. However, as the work will impact the lives of residents of the borough it is felt to be beneficial for the Committee to be aware of it.

1.5 Impact on Corporate Objectives

- 1.5.1 This work impacts on the council's priority for Maidstone to be a decent place to live.

1.6 Other Implications

There are no specific implications to this report.

1.6.1

- 1. Financial
- 2. Staffing
- 3. Legal

4. Equality Impact Needs Assessment
5. Environmental/Sustainable Development
6. Community Safety
7. Human Rights Act
8. Procurement
9. Asset Management

1.7 Relevant Documents

1.7.1 Appendices

There are no appendices to this report

<u>IS THIS A KEY DECISION REPORT?</u>		<u>THIS BOX MUST BE COMPLETED</u>	
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If yes, this is a Key Decision because:			
.....			
Wards/Parishes affected:			
.....			

1.7.2 Background Documents

There are no background documents with this report.

Agenda Item 12

Maidstone Borough Council

Community, Environment and Housing Overview and Scrutiny Committee

Tuesday 9 December 2014

Future Work Programme and SCRAIP Update Report

While reading the following report you may want to think about:

- What you want to know from the report;
- What questions you would like answered.

Make a note of your questions in the box below.

As you read the report you may think of other questions.

Questions I would like to ask regarding this report:

-
-
-
-
-

Guidance note - Making Quality Overview and Scrutiny Recommendations

Scrutiny recommendations should seek to make a real difference to local people and the services provided. Recommendations that note a change or request further information fail to resolve problems or make changes. The scrutiny team have identified the following criteria for quality recommendations, they:

- affect and make a difference to local people;
- result in a change in policy that improves services;
- identify savings and maintain/improve service quality; or
- objectively identify a solution.

One way of checking the usefulness of recommendations is to evaluate them against the 'six Ws' set out below:

Good recommendations should answer these questions:

Why does it need to be done?	This will help ensure the outcome is relevant and in the right context – if a meeting is being requested it will ensure the correct people are invited to attend
Who is being asked to do it?	Without this nothing will get done (no one will take ownership)
What needs to be done?	Needs to be clear and specific
HoW will it be done?	Again, needs to be clear and specific, what is the expected output- for example a report to be written or a meeting to be arranged
Where does it need to be done/go?	If it's a meeting – where is it needed If it's a report – where is it to go, who needs to see it
When does it need to be done?	Crucial to have a timescale – without a deadline it will never get done

Thinking about these points will help ensure the outcomes of scrutiny are effective and will aid monitoring.

Maidstone Borough Council

Community, Environment and Housing Overview and Scrutiny Committee

Tuesday 9 December 2014

Future Work Programme and SCRAIP Update

Report of: Tessa Mallett, Overview and Scrutiny Officer

1. Introduction

- 1.1 The Committee are asked to consider the future work programme, attached at **Appendix A**, to ensure it is appropriate and covers all issues Members currently wish to consider within the Committee's remit.
- 1.2 The Committee are also asked to consider the List of Forthcoming Decisions relevant to this Committee attached as **Appendix B**.
- 1.3 The Committee are further asked to note the updates on the SCRAIP report attached as **Appendix C**.

2. Recommendation

- 2.1 That the Committee considers and notes the future work programme, attached at **Appendix A**, and the update provided in section 7.1 (below).
- 2.2 That the Committee considers the List of Forthcoming Decisions, relevant to the Committee at **Appendix B**, and discuss whether any of these items require further investigation or monitoring.
- 2.3 That the Committee notes the updates on the SCRAIP report attached as **Appendix C**.
- 2.4 That the Committee considers its continuous professional development needs and recommends possible training or development sessions it would like to undertake.

3 Future Work Programme

- 3.1 At the future work programme workshop on 17 June 2014 members agreed the topics they wanted programmed in for the 2014-15 Municipal Year. The topic suggestions were made by members of the public, Parish Councils, officers and local press.
- 3.2 Throughout the course of the municipal year the Committee is asked to put forward, and review, work programme suggestions.

- 3.3 The Committee's work programme is currently very full. Members are asked to consider the work programme to ensure it remains appropriate, realistic and covers issues Members currently wish to consider within the Committee's remit.
- 3.4 The Committee is reminded that the Constitution states under Overview and Scrutiny Procedure Rules number 9: Agenda items that 'Any Member shall be entitled to give notice to the proper officer that he wishes an item relevant to the functions of the Committee or Sub-Committee to be included on the agenda for the next available meeting of the Committee or Sub-Committee. On receipt of such a request the proper officer will ensure that it is included on the next available agenda, the Member must attend the meeting and speak on the item put forward.'

4 List of Forthcoming Decisions

- 4.1 The List of Forthcoming Decisions (**Appendix B**) is a live document containing all key and non-key decisions.
- 4.2 Due to the nature of the List of Forthcoming Decisions, and to ensure the information provided to the Committee is up to date, a verbal update will be given at the meeting by the Chairman. The Committee can view the live document online at:
<http://meetings.maidstone.gov.uk/mgListPlans.aspx?RPId=443&RD=0>

6. Scrutiny Committee Recommendation Action and Implementation Plan (SCRAIP) Responses

- 6.1 The issue of making, and monitoring, recommendations is an important part of the scrutiny process. SCRAIPs set out recommendations following scrutiny meetings/reviews and information is sought on the plan as to whether recommendations are accepted, the action to be taken and by who.
- 6.2 A SCRAIP update report for this Committee is attached as **Appendix C**.

7 Future Work Programme Update

- 7.1 Following discussions with the Chairman and officers the following changes have been made to the committees Future Work Programme:
- Impact of the Welfare Reforms – moved from 9 December 2014 to 14 April 2015;
 - Private Rented Sector Update – moved from 13 January 2015 to 14 April 2015;
 - A report on the proposed model to gather data for the Loneliness and Isolation in the Over 65s of Maidstone borough be presented at the meeting of 13 January 2015;

- A report on bereavement services in the Maidstone borough be presented at the meeting of 13 January 2014

8. Impact on Corporate Objectives

- 8.1 The Strategic Plan sets the Council's key objectives for the medium term and has a range of objectives which support the delivery of the Council's priorities.
- 8.2 The Committee will consider reports that deliver against the following priorities:
 - 'For Maidstone to have a growing economy' and 'For Maidstone to be a decent place to live'.

9. Financial Implications

- 9.1 To assist O&S committees in their inquiries, a small budget is available for the purchase of necessary equipment and to cover the costs of training, site visits, meetings in locations other than the Town Hall, witness expenses, specialist advice, books and any other cost that might be legitimately incurred by the committees in the course of their activities.

10. Relevant Documents

- 10.1 Appendix A – Future Work Programme
Appendix B – List of Forthcoming Decisions
Appendix C – SCRAIP update report

11. Background Documents

- 11.1 None

Community, Environment and Housing Overview and Scrutiny Committee Work Programme 2014-15

Meeting date	Report deadline	Agenda topics	Details and desired outcomes	Report Author and witnesses
17 June 2014		<ul style="list-style-type: none"> Election of Chair and Vice Chair Future Work Programme for 2014/15 and SCRAIP updates 		
15 July 2014		<ul style="list-style-type: none"> Cabinet Member Priorities Review of Allocations Scheme Initial reports on: <ul style="list-style-type: none"> Financial Inclusion update Troubled Families Project 		Cllrs Ring and Perry Neil Coles Ellie Kershaw
12 August 2014	30 July 2014	<ul style="list-style-type: none"> Health and Wellbeing Board <ul style="list-style-type: none"> How is it working for Maidstone? Adults and Older People Review – the way forward looking at: <ul style="list-style-type: none"> Isolation and Loneliness in Older People 		Interviews with Bob Bowes and Alison Broom
9 September 2014	27 August 2014	<ul style="list-style-type: none"> Review of the Empty Homes Plan (2013-15) Update on recommendations from Accessing Mental Health Before the Point of Crisis – including CAHMS 	Update Update on recommendations made by CLS&E OSC 2013-14	Neil Coles Sarah Shearsmith/Sarah Robson
14 October 2014	1 October 2014	<ul style="list-style-type: none"> Acting as the Crime & Disorder Overview and Scrutiny Committee <ul style="list-style-type: none"> Safer Maidstone Partnership update Street population Road safety update Night time economy – violent crime 	Update on work of SMP Future plans of SMP Witnesses: <ul style="list-style-type: none"> John Littlemore Alison Broom, Chair SMP Cl Simon Wilson, V Chair SMP Steve Horton, Kent Rd Safety Team Nick Sylvester, KFRS Insp Jody Gagan-Cook Sgt Tristan Stevens Will Myers, Street Outreach Kim Flain, CRI 	John Littlemore Sarah Robson Invite to go out to Ann Barnes PCC

Appendix A

11 November 2014	29 October 2014	<ul style="list-style-type: none"> Review Loneliness and Isolation in the Over 65s of Maidstone borough 	Interview witnesses to establish where gaps are, what can be provided and make recommendations.	Jo Tonkin, Kent Public Health Louise Hudson, Public Health Sarah Shearsmith/Sarah Robson Janet Greenroyd Community Wardens Paul Coles AgeUK
9 December 2014	26 Nov 2014	<ul style="list-style-type: none"> Maternity Services in the Borough – are they working? Review of Street Cleansing Update report – Families Matter and Financial Inclusion – report only 	<ul style="list-style-type: none"> Interview witnesses to review Maternity services in the borough since the move of the service to Pembury Hospital 	Ask Bob Bowes to attend Jennifer Shepperd Ellie Kershaw
13 January 2015		<ul style="list-style-type: none"> Annual refresh of the Health Inequalities Action Plan <i>Report on a proposed model to identify where the greatest number of lonely and isolated over 65 years olds resided in the borough of Maidstone.</i> <i>Bereavement Services in Maidstone</i> 	<ul style="list-style-type: none"> Committee to see refresh of action plan and then decide if they want to look at a specific part in more detail Requested by committee to help gather data for the review on loneliness and isolation in the over 65s 	Sarah Robson Sarah Robson
10 February 2015		<ul style="list-style-type: none"> MBC Affordable Housing Development programme Update on the second Collective Switching Campaign Update report – Families Matter and Financial Inclusion 		Andrew Connors Ellie Kershaw Ellie Kershaw
10 March 2015		<ul style="list-style-type: none"> Acting as the Crime & Disorder Overview and Scrutiny Committee 	<ul style="list-style-type: none"> Annual Strategic Assessment and rolling plan 	Sarah Robson John Littlemore
14 April 2015		<ul style="list-style-type: none"> <i>Private Rented Sector Update report</i> Review of MKIP Shared Environmental Health Service Housing Strategy Review Draft report on Loneliness and Isolation in the Over 65 Age Group of the Maidstone Borough <i>Impact of the Welfare Reforms – initial report</i> 	<ul style="list-style-type: none"> Rescheduled from September and December How is it performing one year on? 	John Littlemore John Littlemore/Cllr Ring Steve McGinnis

Future Items – with dates to be confirmed

- Young Carers*

List of Forthcoming Decisions



117

LIST OF FORTHCOMING DECISIONS

INTRODUCTION

This document sets out the decisions to be taken by the Executive and various Committees of Maidstone Borough Council on a rolling basis. This document will be published as updated with new decisions required to be made.

KEY DECISIONS

A key decision is an executive decision which is likely to:

- Result in the Maidstone Borough Council incurring expenditure or making savings which is equal to the value of £250,000 or more; or
- Have significant effect on communities living or working in an area comprising one or more wards in Maidstone.

At Maidstone Borough Council, decisions which we regard as "Key Decisions" because they are likely to have a "significant" effect either in financial terms or on the community include:

- (1) Decisions about expenditure or savings which equal or are more than £250,000.
- (2) Budget reports.
- (3) Policy framework reports.
- (4) Adoption of new policies plans, strategies or changes to established policies, plans or strategies.
- (5) Approval of portfolio plans.
- (6) Decisions that involve significant service developments, significant service reductions, or significant changes in the way that services are delivered, whether Borough-wide or in a particular locality.
- (7) Changes in fees and charges.
- (8) Proposals relating to changes in staff structure affecting more than one section.

Each entry identifies, for that "key decision" –

Forthcoming Decisions
November 2014 - March 2015

- the decision maker
 - the date on which the decision is due to be taken
 - the subject matter of the decision and a brief summary
 - the reason it is a key decision
 - to whom representations (about the decision) can be made
-
- whether the decision will be taken in public or private
 - what reports/papers are, or will be, available for public inspection

EXECUTIVE DECISIONS

The Cabinet collectively makes its decisions at a meeting and individual portfolio holders make decisions independently. In addition, Officers can make key decisions and an entry for each of these will be included in this list.

DECISIONS WHICH THE CABINET INTENDS TO MAKE IN PRIVATE

The Cabinet hereby gives notice that it intends to meet in private after its public meeting to consider reports and/or appendices which contain exempt information under Part 1 of Schedule 12A to the Local Government Act 1972 (as amended). The private meeting of the Cabinet is open only to Members of the Cabinet, other Councillors and Council officers.

Reports and/or appendices to decisions which the Cabinet will take at its private meeting are indicated in the list below, with the reasons for the decision being made in private. Any person is able to make representations to the Cabinet if he/she believes the decision should instead be made in the public Cabinet meeting. If you want to make such representations, please email committeeservices@maidstone.gov.uk. You will then be sent a response in reply to your representations. Both your representations and the Executive's response will be published on the Council's website at least 5 working days before the Cabinet meeting.

ACCESS TO CABINET REPORTS


Reports to be considered at the Cabinet's public meeting will be available on the Council's website (www.maidstone.gov.uk) a minimum of 5 working days before the meeting.

Forthcoming Decisions
November 2014 - March 2015

HOW CAN I CONTRIBUTE TO THE DECISION-MAKING PROCESS?

The Council actively encourages people to express their views on decisions it plans to make. This can be done by writing directly to the appropriate Officer or Cabinet Member (details of whom are shown in the list below).

Alternatively, the Cabinet are contactable via our website (www.maidstone.gov.uk) where you can submit a question to the Leader of the Council. There is also the opportunity to invite the Leader of the Council to speak at a function you may be organising.

Decision Maker and Date of When Decision is Due to be Made:	Title of Report and Brief Summary:	Key Decision and reason (if applicable):	Contact Officer:	Public or Private (if Private the reason why)	Documents to be submitted (other relevant documents may be submitted)
 Cabinet Member for Community and Leisure Services Due Date: Friday 12 Dec 2014	Maidstone Play Strategy - A Strategy for Outdoor Equipped Play Areas 2014-2024 To consider the adoption of the Maidstone Play Strategy – A Strategy for Outdoor Equipped Play Areas 2014-2024 and the actions within the document	KEY Reason: Expenditure > £250,000	Jason Taylor, Parks and Leisure Manager jason.taylor@maidstone.gov.uk	Public	Maidstone Play Strategy - A Strategy for Outdoor Equipped Play Areas 2014-2024

Forthcoming Decisions
November 2014 - March 2015

Decision Maker and Date of When Decision is Due to be Made:	Title of Report and Brief Summary:	Key Decision and reason (if applicable):	Contact Officer:	Public or Private (if Private the reason why)	Documents to be submitted (other relevant documents may be submitted)
<p>Cabinet Member for Environment and Housing</p> <p>Due Date: Friday 12 Dec 2014</p> <p>121</p>	<p>ANTI-SOCIAL BEHAVIOUR, CRIME AND POLICING ACT 2014 - NEW ANTI-SOCIAL</p> <p>To provide Members with an overview of the important new measures for tackling anti-social behaviour contained within the Anti-Social Behaviour and Police Act 2014 (the Act). The local plans for its implementation and for Members to consider the implications for the Council, as a 'relevant body', for the purposes of the Act.</p>	<p>KEY</p> <p>Reason: Affects more than 1 ward</p>	<p>Martyn Jeynes martynjeynes@maidstone.gov.uk</p>	<p>Public</p>	<p>ANTI-SOCIAL BEHAVIOUR, CRIME AND POLICING ACT 2014 - NEW ANTI-SOCIAL</p>

SCRAIP Report for Community, Environment and Housing Overview and Scrutiny Committee 9 December 2014

As at 26 November 2014



Meeting, Date & Minute	Recommendation	Executive Decision Maker	Action Expected Outcome	Response	Lead Officer
CEH.140909.21a	That the following question be send to the Head of Housing and Community Services: . Would funding beyond 2015 be available to staff the Empty Homes initiative?	Cabinet Member for Environment and Housing		As part of the Budget Review Housing has requested continued funding for this post.	John Littlemore
CEH.140909.21b 122	That the following questions be send to the Head of Planning and Development regarding the Empty Homes Strategy: . Would the empty homes bought back into use be used as 'windfall' figures to reduce the objectively assessed housing need figure for the Local Plan?			Empty homes are already part of the borough's housing stock, which has been taken into account in the methodology used to calculate the borough's objectively assessed housing need. So bringing empty homes back into occupation would not reduce the housing need figure. Only new dwellings created through new build or conversions will count towards need.	Rob Jarman; Sue Whiteside
CEH.140909.22.1	That the Private Rented Sector Update report be presented to the 13 January meeting of the Community, environment and Housing OSC.			26/11/14 - report delayed until April 2015/ The report has been delayed by structural changes within the Housing Service, the lead officer for this report has left the service and this piece of work has yet to be reassigned.	John Littlemore
CEH.140909.22.2	That an update report on the second collective switching campaign be presented to the committee at their 10 February 2015 meeting by Programme Manager (Financial Inclusion and	Cabinet Member for Community and Leisure Services;	Agreed	Date noted, agreed.	Ellie Kershaw

Meeting, Date & Minute	Recommendation	Executive Decision Maker	Action Expected Outcome	Response	Lead Officer
	Maidstone Families Matter);	Cabinet Member for Environment and Housing			
CEH.141014.32.3	The Chair of the committee write a letter to Kent County Councils' Cabinet Member for Community Services to express the committee's deep concern should the Community Warden service cease and to appeal to him to find the funding to ensure its continuation.	Cabinet Member for Community and Leisure Services		Maidstone Borough Council and the Kent Chief Executives wrote to Kent County Council to express their concerns regarding the reduction in the Community Warden Service and outlined proposals to maintain the service.	Tessa Mallett
CEH.141014.34.1 123	The Head of Housing and Community Services provide the committee with an analysis of the costs of policing and clearing up after the Night Time Economy and the financial benefits it provided.	Cabinet Member for Community and Leisure Services		Will be approaching the relevant agencies to ascertain whether the information can be provided in the format requested by the committee.	John Littlemore
CEH.141014.35.1	The Cabinet Member for Environment and Housing be recommended to explore funding opportunities to ensure the important work of the street population project continues.	Cabinet Member for Community and Leisure Services		The Head of Housing and Community Services has approached Portchlight to establish whether they would agree to extend the arrangement. Portchlight have stated they would be willing to have a further 12 month secondment. The head of Housing and Community Services is looking at possible ways of funding the post.	John Littlemore
CEH141014.32.4	That the Head of Housing and Community Service and the Chair of the Safer Maidstone Partnership formulate and submit a response to Kent County Councils consultation on the review of the Community Warden service.	Cabinet Member for Community and Leisure Services		See SCRAIP CEH.141014.32.3	John Littlemore