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Portsmouth
CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Subject:	Troubled Families, Early Help Self-Assessment
Date of meeting:	23rd September
Report by:	Alison Jeffery, Director of Childrens Services
Wards affected:	All Wards

1. **Requested by**
   Alison Jeffery, Director of Childrens Services

2. **Purpose**
   a) For the HWB to note the positive picture in Portsmouth on system-wide early help and safeguarding work with children and families and the importance of this work to the wider health and care preventative agenda.

   b) To inform the HWB of the development of work on 'predictive analytics' to more effectively use personal level data to identify risk and harm to children and potential future issues for population health.

3. **Background and Context**

3.1 The Ministry of Housing, Communities and Local Government (MHCLG) leads the national Troubled Families Programme on behalf of central government and working through all relevant government departments - e.g. Department for Education, Department of Health, DWP and the Home Office.

3.2 The national Troubled Families Programme is coming to the end of Phase 2 with any announcement on a Phase 3 currently awaiting the Comprehensive Spending Review. Local performance against the national programme in Portsmouth has been successful.

3.3 A key expectation from MHCLG is to complete a self-assessment at local authority level on how embedded key practices and work is in the local area around:
   - Whole-family Practice (one family, one worker, one plan)
   - Multi-agency working including multi-disciplinary and co-located services
   - A shared set of family outcomes across the system and in direct practice with families
   - All agencies contributing to the lead professional workforce

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- The use of multi-agency data to identify vulnerable families and measure progress and outcomes

Portsmouth Self-Assessment

3.4 The Self-Assessment has been completed by the multi-agency Portsmouth Early Help Board (part of the wider Children's Trust governance structure overseen by the Health and Wellbeing Board).

3.5 The Table below outlines the areas we were asked to reflect on and how we scored ourselves on key descriptors using the MHCLG scales which run through a four-point scale of:
- 'Yes'
- 'Mostly Yes'
- 'Mostly No'
- 'No'.

Self-assessment Area (No. of descriptors)	Yes	Mostly Yes	Mostly No	No
Whole-family practice (10)	4	6	0	0
Empowering Communities (8)	2	6	0	0
Workforce Development (14)	5	9	0	0
System Leadership (9)	5	4	0	0

Key Findings

3.6 The key findings are as follows:

What we do well
- Whole-family practice with allocated lead professionals
- One family, one plan
- Common set of family outcomes
- Evidence of improved outcomes for families
- Shared case management systems
- Joint working between agencies
- Joint working with the Voluntary and Community Sector
- Joint workforce development
- Shared practice model (restorative practice and trauma informed practice)
- NHS services fully engaged in whole family working

2

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- Joint working with Neighbourhood Police
- Multi-agency audit and learning from practice
- Co-location of services (the Multi-Agency Teams)
- System leadership is strong through Children's Trust structures

What we need to further improve
- Use of data to identify vulnerability and need
- Work with schools on early help
- A single shared workforce development plan

Predictive Analytics

3.7   The main area of work we need to develop is around our use of child and family level data from across the system to highlight which families we should be concerned about and what progress those families make following support.

3.8   A number of other areas (Bristol, Reading, Dorset) have developed quite sophisticated systems for pulling together council, NHS and police data into a single place to identify multiple vulnerability factors for single families. Portsmouth has previously pioneered some similar work (in 2007-8) and has some legacy systems that put us in a good place to bring this work back.

3.9   There are myriad Information Governance issues and some technical issues - but these can and have been overcome in other areas. The benefits of such systems are enormous in terms of using already held data to enable more effective targeting of stretched resources to prevent families from requiring more expensive service support later down the line.

3.10   A simple example. Data in education may indicate to a school a potentially vulnerable child through diminishing school attendance. Meanwhile in police systems, police colleagues may note that an officer has been called out twice to the same child's family. And in NHS systems, mental health colleagues may note that the child's sibling has not been turning up to sessions with CAMHS. Each individual episode may not trigger much immediate action. But taken together - these three occurrences would tell us that we should be concerned for this family and some form of assessment and plan is required to stop things getting worse.

3.11   In Bristol, reading and Dorset, this work has also expanded into commissioning tool - able to map vulnerable families across localities and reshape services at particular hotspot localities.

3.12   We would like to explore the potential of such a system for Portsmouth and would be seeking to keep the Health and Wellbeing Board informed of progress.

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Signed by Alison Jeffery
Director, Children, Families and Education

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

www.portsmouth.gov.uk