Meeting Health and Well-Being Board

Date 31 January 2013

Subject Strategic Direction for Early Intervention and

Prevention

Report of Director for People

Summary of item and decision being sought

Work on Early Intervention and Prevention continues to be a strategic priority for the Council and other partners. As this develops, it is important to have complementary and consistent principles and implementation. This report proposes some key

commitments and ways of working.

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Reason for Report To advise the Health and Well Being Board of the Council's

strategic direction and proposed business priorities for Early Intervention and Prevention to assist the Board in implementing its

objectives and to seek the Board's comments.

Partnership flexibility being in

exercised

n/a

Wards Affected All

Contact for further information

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1. RECOMMENDATION

1.1 That the Health and Well-Being Board note and comment on the Council's proposed strategic direction for Early Intervention and Prevention.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Health and Well-Being Board, 29 November 2012- item 9 Forward Work Programme
- 3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)
- 3.1 The principles of effective early intervention and prevention are central to the Health and Well Being Strategy approved by the Board on 4 October 2012. Prevention is cited in the Strategy as a key principle, and the Strategy is based on Marmot Report's evidence that the greatest opportunities to reduce health inequalities are through interventions in childhood. Family Support is also one of the factors that assists people to take responsibility for their and their family's health and well-being, which is another thread running through the Strategy.
- 3.2 These principles are also reflected in the Safer Communities Strategy and the Children and Young People Plan.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 This approach is aimed at improving outcomes for all people but in doing so narrowing the gaps and health inequalities identified in the JSNA.

5. RISK MANAGEMENT

5.1 Strong programme management, governance and information management minimises the risks of Early Intervention activities not being managed properly. A regular focus on outcomes and strong performance management will minimise the risk that improved outcomes and reduced costs to the health and care system do not materialise. The way in which this is being done is outlined in Paragraph 10.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 The Children Act 2004 (CA 2004) provides the legislative framework for integrated planning, commissioning and delivery of children's services and for lines of accountability through the appointment of directors of all Children's Services. It provides a statutory framework for local co-operation between local authorities, key partner agencies (health, police, schools, housing, early years, youth justice, probation etc) and other relevant bodies including the voluntary and community sector, in order to improve the wellbeing of children in the area. This provided for the framework for Children's Trusts within which agencies have been able to integrate commissioning and delivery of children's services with arrangements for pooled budgets. Barnet has chosen to keep a Children's Trust Board and to publish a Children and Young People Plan each year.
- 6.2 Statutory guidance Working Together to Safeguard Children (2010) sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the CA 2004. The latest version (2010) followed the publication of Lord Laming's report. Following the

Munro Review, Working Together to Safeguard Children was revised and published for consultation in 2012.

- 6.3 The broad target duty has been mentioned in accompanying reports to the Health and Wellbeing Board. For completeness, Section 12 of the Health and Social Care Act 2012 introduces section 2B to the NHS Act 2006. This imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area. Steps that may be taken include providing information and advice, providing services or facilities designed to promote healthy living, providing services for the prevention, diagnosis or treatment of illness, providing financial incentives to encourage individuals to adopt healthier lifestyles, providing assistance (including financial) to help individuals to minimise any risks to health arising from their accommodation or environment, providing or participating in the provision of training for persons working or seeking to work in the field of health improvement, making available the services of any person or any facilities.
- 6.4 The new public health functions will enable the council to provide strong local leadership for public health, thereby improving health and reducing inequalities by tailoring local solutions to local problems as described in this report.
- 6.5 With reference to paragraph 10 below, consideration will need to be given to Information law when further developing existing practice.

7. USE OF RESOURCES IMPLICATIONS-FINANCE, STAFFING, IT ETC

7.1 The proposals made by this report will be delivered through existing resources and budgets. Any requirement for additional or transferred resource would be subject to a full business case development and resource specific decision process.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 Early Intervention and prevention work involves joint working with a range of partners and these are set out in Paragraph 10. There are a number of multi-agency groups such as the Troubled Families Group (formerly the 'top 100' group).

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 Paragraph 10 sets out partners who include a number of providers such as hospital and community healthcare staff and mental health services.

10. DETAILS

Strategic Direction for Early Intervention and Prevention

- 10.1 As part of the senior management restructure in Barnet Council, the new Family Support and Early Intervention Service has been developed. This has brought together the Multi-Agency Support Team (which drives the Common Assessment Framework), Children's Centres, Early Years commissioning and provision and the Family Focus team, which deals with Troubled Families.
- 10.2 We continue to recognise that in order to tackle the social determinants including health inequality in Barnet, all agencies need to intervene early and work well and productively together.

10.3 Barnet Council is already recognised nationally for our work on Troubled Families. We are now further developing our co-ordinated offer of early help to families. This will build on the impact evidence available about more positive life outcomes and costs avoided from the community budgets project and the ongoing evaluation of Family Focus work by Action for Children. We will also draw on the Multi Agency Support Team's involvement with the new Multi-Agency Safeguarding Hub initiative, our evaluation of Children's Centre impact, a review of early years and nursery provision and our developing offer of free childcare for 2, 3 and 4 year-olds.

We are committed to developing the following:

- Partnership working
- A shared risk and reward model of intervention
- A cultural commitment to early intervention and prevention
- Quick and effective information sharing

We also seek to agree with our key partners to implement jointly the following ways of working:

- We target activity at the right groups, based on shared intelligence
- We make sure one open door leads to the right intervention across our services
- Our current activity supports future provision in later life
- We maximise the benefit of our universal services and their place among communities and families
- Our resources follow risk in order to reduce escalation

Key Partners

- 10.4 It is particularly important that we build upon working relationships with the following, although it should be noted that this list is not exhaustive:
 - GPs
 - Health Visitors
 - Midwives
 - Mental Health Services
 - Hospital staff
 - Children's Centres and Nurseries
 - Schools
 - Barnet Homes
 - Adults and Communities
 - Workfinder and other employment initiatives
 - Metropolitan Police
 - Probation Service

How We Plan to Achieve our Aims

10.5 We will:

- work closely with the Council's new Head of Information Management in order to develop information sharing governance and practices that we and our key partners can all sign up to and help to facilitate the easier sharing of information.
- work with our partners to develop a joint mission statement and set of commitments around early intervention and prevention that will benefit all involved.
- ensure that clear pathways for referral and feedback facilitate meaningful teamwork around the child or family and joint working arrangements.
- work in partnership to maximise shared resources and venues for joint work. develop and review agreed multi-agency processes and procedures.
- continue to identify areas where joint work can reduce the burden on services or increase access to engagement, for example, joint health checks between Children's Centres and health visitors.
- 10.6 Our commitments will include change implementation plans and mechanisms to feed back progress on these.

Future Aims

- 10.7 Once we have strengthened partnership working, developed a culture of early intervention and prevention and significantly improved information sharing, we will look to develop a reinforcing and coherent "programme" of support for children run by different agencies and professionals.
- 10.8 This programme should be jointly designed and committed to by the agencies and professionals involved.
- 10.9 It should ensure that activity targeted at earlier stages in a child's life is built upon and reinforced at later stages. This should give a kind of "compound interest" of benefit for the child, protecting both their physical and mental health and giving them a greater chance of succeeding in their lives.
- 10.10 A presentation will be made at the meeting which will outline in more detail the key areas where health can make a contribution to this strategic approach and where there are synergies with the Health and Well-Being Strategy.

11 BACKGROUND PAPERS

- 11.1 Early intervention the next steps- independent report to HM Government by Graham Allen MP- Jan 2011
- 11.2 'Fair Society Health Lives', Prof Marmot, February 2010

Legal – HP CFO – JH