

Whole Essex Community Budgets Programme

Families with Complex Needs (FCN) Business Case

Version 0.17

This business case sets out the plans for and benefits of adopting a new multi-agency way of working with disadvantaged families. This approach requires significant cultural change in the way in which all agencies and professionals engage with and work with families and each other. It is important to note that many of the aspects surrounding the partnership and operational implementation of the Family Teams are to be fully developed and are therefore documented as proposals within this business case and may be subject to change.

Final Business Case - DOCUMENT HISTORY

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05	C Burrell	Edit and we-write up to page 17 (not the financial sections)	17/8/12
06	G Mackenzie	Amended 'Outcomes' at the request of AG to reflect project scope	17/08/12
07	J Cammack	Highlighted areas that the media will pick up on. Either to flag as need to be aware of or to flag that we may need to include more information on	17/08/12
08	AG	Rewrote Exec summary, scope and asks	17/08/12
09	AG	Edited As Is and To Be	18/8/12
10	DM	Edited / inserted the following: Sect iii – Cost benefit summary – financial Sect 2 introduction Sect 3.1 objective – Paragraph 2 Sect 3.3 To be – Partnership, Governance, Accountability, MDFT, Volunteers Sect 3. 6 - Dependencies, Risks and Constraints Sect 4. Impact on Organisation – early staff draft for HR refinement Sect 7 – Implementation plan, Evaluation of benefits, Performance monitoring, evaluation of benefits and profit sharing, Developing the Partnership	19/08/12
11	DM	Edited document in preparation for submission to sponsor group	20/08/12
12	AG	Implementation Plan & Critical Success Factors	21/08/12
13	DM	Draft Resource Plan	21/08/12
14	AG	Engagement plan etc	23/08/12
15	JC	Amends to engagement plan	24/08/12
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<i>Decision / Governance Matrix</i>		Error! Bookmark not defined.

1. Executive Summary

1.1 Proposition

The proposition is to establish a new approach across Essex to working holistically with disadvantaged families with multiple difficulties to enable them to make significant changes and improvements to their lives and thus reduce their dependence on high cost public services.

This new approach requires significant cultural change by and within all agencies and professionals working with children and families, in working practices, in roles and responsibilities, in multi-agency co-operation and in the way in which we all engage with families.

The new approach will:

- Establish eight multi-disciplinary family teams across Essex from October 2013. Each team will work intensively with 100 families from disadvantaged backgrounds and with multiple difficulties for up to a year.
- Establish four further teams in 2014 with the option for further expansion in 2015. In 2014 there will be a team in each District Council area with the possibility of more teams in areas of high need. (The current proposal does not include Southend or Thurrock but would be open to them)
- Provide an evidence-based multiagency/disciplinary family-centred approach to support and enable families identify what they want to change, build resilience, improve their lives long-term and become active participants in their local communities.
- Teams will be both multi-disciplinary and multi-agency with staff and resources in the teams from children's services, housing, health and others.
- Teams will be located in accessible premises in the areas that they serve
- Establish a single advice, information and referral point for families and professionals
- Establish a well understood model of working with children and families across all levels of need in Essex ('Effective Support for children and families in Essex')
- Establish a single data system for recording family details, work undertaken and outcomes used by all team members
- Establish a large scale peer mentoring volunteer programme to offer longer term support to families by local volunteers/peer mentors and the opportunity to become volunteers themselves when they have been through the programme
- Set up a multi-agency governing board to oversee the resourcing, development, and evaluation of the programme

This approach will secure short, medium and long term cost savings to the public purse by reducing the need of families for expensive reactive and specialist services, and by reducing duplication within the system. The programme will be voluntary for the families concerned and the methods of working will allow families to identify how they want to improve their lives and what solutions they wish to achieve.

The family (key) worker will build a strong and lasting relationship with the family, based on respect and positive regard. FCN will design and deliver a new effective service delivery models. By enabling families to change inter-generational dependency there will wider system savings through increased employment, good health, learning and attainment and community participation and reduced crime, family conflict and social care involvement.

1.2 Background

Essex is a two tier authority, with complex structures that are not always co-terminus with its own or partner organisational geographical boundaries. There are 2 neighbouring unitary authorities, 12 District /Borough Councils, two mental health trusts, five Clinical Commissioning Groups and in excess of 550 schools. This makes navigation of and access to services difficult for families and professionals.

This complexity is systemic within Essex and has led to difficulty in developing agreed and shared models across all partners of delivering early intervention and targeted service to children and families in an effective way that helps them change their lives. This puts pressure on all services including health, social care, police, probation and education and results in reactive and costly responses that are driven by structural and professional boundaries and often involve duplication of effort.

This situation demands change. It is exacerbated and made more urgent by the impacts of the changing landscape of current Education, Benefits, Police and Health and Social Care reforms.

1.3 Scope

The Families

The Families with Complex Needs (FCN) programme will work with families whose needs cannot be met sufficiently by universal services nor by services working together to meet families' additional needs (see 'Effective support' windscreen). The programme will not be for families requiring specialist intervention for example where children are suffering significant harm or where family members need tier 3 and 4 mental health services. FCN is for those families whose needs are at level 3 of the windscreen who agree to a multi-disciplinary programme to support them to make lasting changes.

The FCN criteria incorporate the DCLG 'Troubled Families' categories but also includes local priorities:

- Families with no member in work
- Families with significant non-school attendance (for whatever reason)
- Families with members involved in crime or anti-social behaviour
- Families affected by domestic violence
- Families living with drug and alcohol misuse
- Families where parents have difficulty establishing routines and boundaries
- Families where children are in need and open to social care
- Families where children exhibit significant behavioural difficulties
- Families facing eviction or with significant rent arrears or neighbour disputes
- Families with one or more member of the household with (tier 2) mental health needs

Agencies

- Essex County Council (ECC) will provide funding for staff to each FCN team:
Team manager, 2 family support/early intervention workers, CAMHS tier 2 worker, youth worker, social worker, drug & alcohol worker, education worker, practice supervisor and business support
- District Councils are asked to provide a housing worker to each team
- Community health commissioners/providers are asked to provide a health visitor to each team
- Mental Health providers/ Partnership Trusts are asked to provide an adult mental health practitioner to each team
- Neighbourhood Police, Children's centre providers, Job Centre plus, Adult Learning are asked to provide a consistent link/liaison worker to each team

- Funding will be sought from partners for staff to establish an Essex-wide family referral hub (linked to an existing service) and two data/practice research posts to support the teams
- Partners will be asked to commit to a pooled budget for team infrastructure costs on a proportionate basis including funding the volunteer programme and a shared data system

1.4 Cost / Benefit summary

Community budgets provide the platform on which public bodies can truly collaborate to drive the cultural changes required to improve outcomes for FCN and reduce their dependence on public services. Other benefits aligned to the programme include:

Financial

The programme's financial objective is to provide a sustainable model, ensuring that unnecessary expenditure is avoided and that available resources are used most efficiently for the long-term benefit of the community. Achieving sustainable change is likely to take time and it will be essential to balance affordability and service provision appropriately across the county over the next 5 years whilst reducing public spend and contributing to the financial savings set out for business transformation within the respective medium term financial strategy of partnering agencies.

The total programme costs and benefits are currently estimated at £x.xm and £x.xm respectively, giving rise to an estimated net financial benefit of £x.xm over 5 years, with £x.xm attributed to Essex County Council. Upfront investment of £x.xm will be required in year xx and this will be funded from xx (detail to follow).

Social Benefits

FCN seeks to increase community cohesion and the well-being of individuals and families by working actively with the most disadvantaged families in each community of Essex so that all family members are better able to take advantage of education, health, leisure/sport, and employment opportunities, as well as improve relationships between family members and decrease isolation within the local community. This will result in improved educational achievement, health, employment and emotional well-being and reduction in crime, anti-social behaviour, domestic violence, addiction and in the high level reactive (failure) costs associated with these.

1.5 Asks of Partner Organisations/ Government

Partner agencies are asked to contribute staff and resources to ensure that the family teams are genuinely multi-agency and the approach to each family is a holistic one based on one key worker within a team that has the expertise to help the family address any issue be it health, housing, school, employment or community related. We will seek commitment from partners to this model of working and working with us collaboratively once families have entered the programme.

We will seek local premises for teams from the whole public sector local estate. We will develop one data sharing and recording system used by all agencies within a team.

We will ask central government to develop a payment by results mechanism and a national formula to return a proportion of national public sector savings from FCN (such as reduction in

criminal justice costs, welfare benefits and longer term NHS costs) to the local public sector economy from April 2015 onwards.

We will ask government to amend Section 17 of the children Act 1989 to make it clear the 'Children in Need' are the responsibility of all partner agencies who work with children and families.

1.6 Recommendation (Section to follow)

2. Introduction (Section to follow)

- *Content to be provided by the programme*
- *Context summary for how this case fits the overall*

3. Strategic Case

3.1 Objective

The Whole Essex Community Budget - Families with Complex Needs (FCN) programme will provide radically different intensive family centred interventions to help families stay together, build resilience and be more integrated within their local community, in such a way that there is a long term reduction in the total cost of public services to that family and to the local community.

Disadvantaged families in Essex and nationally have been poorly served by traditional single agency and single issue assessments of them, often not listening to them or offering them the help or understanding that they need. This way of working has led to reactive high cost interventions, often driven by professional anxiety, that exacerbate rather than ameliorate family difficulties. Multi-agency family teams, working to a clear intensive family intervention methodology and a strength based approach, represent a new and different model for driving forward sustainable change. The FCN programme will deliver whole system change that:

- Puts families at the centre, enables them to identify what they want to change and helps them find sustainable solutions to improve their lives
- Offers **intensive relationship-based support** to those families
- Builds family resilience and breaks the cycle of intergenerational deprivation
- Uses a strength-based approach that supports access to universal services and prevents the need for more formal and costly interventions
- Is underpinned by an agreed 'Effective Support' conceptual model so that all agencies understand and deliver services to children and families at the right level when they are needed
- Builds upon community resources and resilience by extending the opportunities for volunteering and peer support.

We will use CB FCN as the fulcrum for transformational reduction in demand for acute/specialist and more expensive services, not just in individuals and families, but across whole systems. Through this approach, we can reduce dependency, unemployment, crime and drug and alcohol misuse and increase skills, health, educational attainment and wellbeing.

3.2 'As Is' situation

Essex has embraced each evolutionary shift in working with children and families in the last 15 years: Sure Start Children's Centres; multi-agency working; Teams around the School, Child and Community (TASCC); CAF; Family Intervention Projects; and so on. Whilst each change has brought benefits, improvements have been more piecemeal than we would have wished. Each has been laid on top of the existing arrangements, thus hard-wiring costly complexity into our system, and often not addressing underlying problems in the way things work. On reflection there was not sufficient understanding and engagement from partner agencies in these initiatives.

This has prevented families in difficulty accessing help when they need and receiving a co-ordinated multi-disciplinary response to their needs. This puts pressure on all services including health, social care, police, probation and education and results in reactive and costly responses that are driven by structural and professional boundaries, often with duplication of effort. This complexity is systemic within Essex, with service delivery evolving from add on "improvements" rather than fundamental system change and so historic structures, processes, organisational culture and behaviours have become barriers to effective help for disadvantaged families.

'As Is' description

Guidance: The Essex Threshold of Need Guidance (January 2011) was intended to support partners understand which services to access when needed. However, it lacks clarity, particularly at tiers two or three where children and families need more support. While schools and others work hard to meet children's additional needs, when these require a multi-agency and co-ordinated response, there is no understanding and agreement about how that should be provided and who should organise it. The needs of disadvantaged families are multi-faceted, but the current guidance is not clear about partner agencies working together will ensure that families get the co-ordinated help they need.

Tools: The Common Assessment Framework (CAF) was first introduced in Essex in 2007. There is still confusion about whether CAF is a referral tool or an assessment tool, and it is not often used as an active inter-agency plan for helping a family in need. In general agencies have not adopted CAF within their own organisation, using it only when they need to access ECC services. This means that disadvantaged families experience multiple assessments that are not joined up and do not provide a holistic or co-ordinated and planned response.

Processes: The Multi-Agency Allocation Groups (MAAGs) were introduced in Essex in 2009. They are funded by ECC and professionals meet on a regular basis to discuss referrals, to problem solve and to allocate resource to meet the needs of the child/young person referred. The process does not focus on the family in the round, but on individual children. Whilst MAAGs have had some, the process has not brought about the genuine integrated delivery desired, in the main because many agencies are not willing to engage especially in acting as Lead Professional. The numbers of referrals to MAAGs remain low, representing only less than 3% of the contacts made to children's social care. In addition, the changing financial and service delivery landscape has had an impact within MAAGs reducing the resources of partners available. This has led to MAAG becoming unfit for purpose.

Access Routes to services: There are various access routes to services to and between partner agencies. The Initial Response Team (IRT) is the one front door into Children's Social Care, providing information, advice and screening. In North and South Essex there are Child and Mental Adolescent Health single gateways providing similar functions. Health, Housing, Police and others have their own different access systems designed for their own functions. MAAGs provide a referral point in each part of the County. However in 2011/12 MAAGs received 1,771 referrals of which 1,025 (58%) were appropriate requests for multi-agency support. This contrasts with 65,000 contacts to IRT in the same period of which 20% - 13000 - went on to become social care assessments. There is no single information, advice and screening point for professionals to refer families who need planned and co-ordinated multi-disciplinary help.

Support: The role of the Lead Professional was introduced in Essex at the same time as the CAF. The original intention for the role of the Lead Professional was that of a person best suited to the family to take on the role of co-ordinating the support that would help them. However, most organisations have not empowered and supported their staff to take on of the role of the Lead Professional. It often falls to the referring agency to take on that role (sometimes reluctantly) and they are not in a position to provide sustained multi-disciplinary help that the family need. As a result services are still not in a position to be responsive to need in the appropriate way.

In 2012 there has been a ***“Review of Assessment, Referral and Access Routes to Services”*** which has involved widespread consultation across Essex with agencies, schools and professional, and with parents, children and young people. The findings of the consultation are in Appendix X and raised similar concerns about the current system.

EssexFamily: As phase one of Community Budgets in 2011 the EssexFamily programme was established. Funding was given to develop innovative prototypes in District Council areas to develop new ways of working with Families. These EssexFamily prototypes have developed slowly and learning from them will inform CB FCN. The five prototypes are:

Harlow – A co-located, multi-disciplinary Family Support Co-ordination Service has been developed, consisting of Key Workers who broker and deliver a one stop shop early intervention, integrated, holistic, assertive outreach provision to identified families with multiple and complex needs. Enabling families to take control is a major feature of the approach, and 33 families ‘bubbling under’ have been worked with to date, with encouraging results.

Colchester – ‘Participle’ have been engaged to lead a multi-agency team of secondees building on their work in Swindon – the ‘LIFE’ programme.

Tendring – Much work has been completed on data sharing issues and a voluntary sector led approach to a virtual multi-disciplinary team of key workers is being developed to engage intensively with FCN.

Castle Point/ Rochford - have been prototyping a family-led, whole family assessment process, which could be utilised by practitioners from a wide range of agencies to establish trust with families and capture the family’s story (both their capabilities and their needs) as the springboard to agreeing a jointly agreed action plan. They are developing an approach to a ‘family budget’.

Basildon - are developing the notion of a ‘neighbourhood agreement’, an approach designed to bring community and public services together, harnessing the assets of both to improve outcomes for families.

Volunteers: Essex has a history of recognising the value of volunteers and the role they have to play in an integrated children and family system, through its own service delivery such as youth work or notably, through the Youth Offending Service (YOS). The YOS in Essex currently has over 70 trained members of the local community who take the lead in challenging young offenders to take responsibility for their actions and change their behaviour whilst acting as mentors, as well as those who act as ‘appropriate adults’ to young people aged under 17 who are arrested. Both youth mentors and appropriate adult volunteers receive specific training and supervision. Essex also has a strong voluntary and community sector that provides a range of support for families. ECC commissions services that provide volunteers to work alongside families. These volunteers are often not linked into the other professionals working with the same families.

Findings from ***The Review of Assessment, Referral and Access Routes to Services*** have informed us that children, young people and their families want to be a) treated with dignity and not judged or stigmatised; b) listened to and their opinions respected and c) given choices and involved in making

decisions. Whatever operational and delivery models are implemented in the future, there is a clear demand for a more integrated, flexible and family centric approach with clear access routes to support and agreed ways of working together as agencies, professionals and families.

‘As Is’ – Financial (draft section full details to follow)

Analysing how public money is currently spent by the various agencies on a range of themes and the outcomes achieved for families is complex, as this is currently a somewhat fragmented landscape. Under existing arrangements, the **xx** high level services are delivered at a gross expenditure of **£x.xm** (which include services for FCN). The staffing levels associated with the services, equate to **xxx** full-time equivalents.

Services within the scope of the programme are currently delivered by a mix of in-house and commissioned models and current expenditure and employee numbers for 2011/12 and 2012/13 are summarised below, with key performance data for 2011/12. The increase / or decreasing expenditure trends reflect the reduction in public funding and/or increase in demand for public services. (Conclusion to be updated following population of the table)

Table x – Key Delivery Partners - High Level As Is Position (To follow)

The average cost of supporting FCN varies locally and nationally, partially because the definition of FCN is very variable and costs are not directly observable or easy to estimate.

- 2007 - Social Exclusion Task Force (SETF) - £250,000 - £330,000 per annum, based on costing up interventions across services;
- 2011 - DCLG - 120,000 Troubled Families, £75,000 per annum - spent on protecting the children in these families and responding to the crime and anti-social behaviour

Essex County Council undertook a detailed cost analysis to calculate what portion of the expenditure incurred in the table above can be attributed to FCN. Using a mixture of financial / activity data, professional expertise and unit costs data where the latter was available and believed to be reliable, the average cost was estimated on a service by service basis with a mean cost of **£xxx,xxx** per family per annum.

Figure XX below illustrates the complexity and disproportionate cost of current services for FCN across the Essex ‘Wellbeing Model’. This scale of functions present significant opportunities for end-to-end service re-designs and associated benefit realisation.

Figure xx (Map 2012/13 partnering services and budget across the ‘Effective Support windscreen’ to follow)

A number of transformational projects are currently underway which will have an overlap with the services in scope for this project, namely All Age Commissioning, Strategic Commissioning Hub, Multi-Systemic Therapy and Divisional Based intervention Teams (should this include crosscutting partnership projects such as Health & wellbeing?) The figure above has been determined after taking account of known costs and proportional activity. As these projects develop the position will need to be revised to ensure ‘double counting’ of these costs and or a future benefit does not occur.

A financial baseline is provided at section **xx** and Appendix **xx**. This demonstrates how the headline figures above have been revised; Initial information captured enhanced where necessary by further

service input, and a more granular analysis of financial and activity data formulated to provide a cluster-wide baseline for the project.

3.3 'To Be' proposal

3.3.1 The key elements of the New Delivery Model

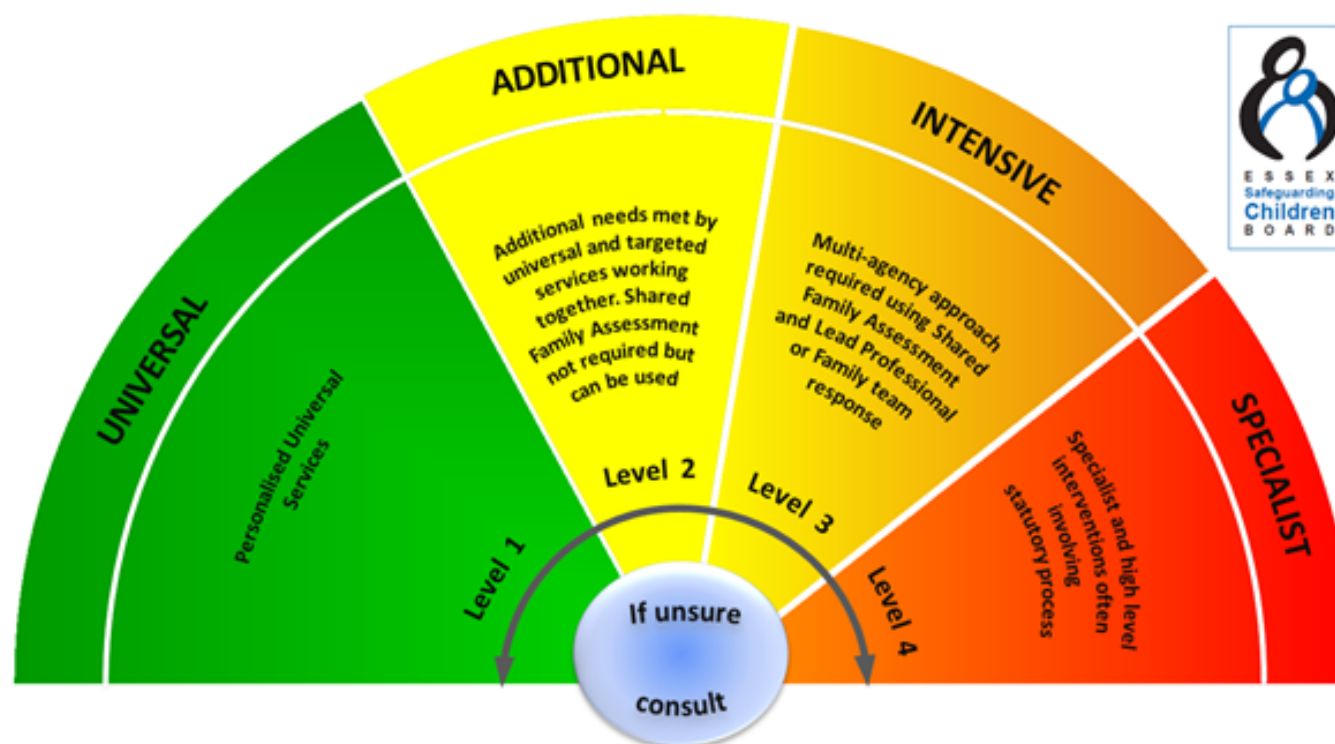
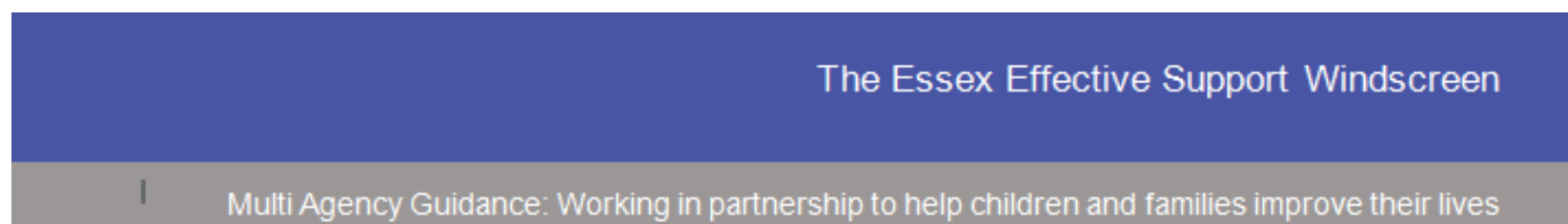
- Use of pan-public sector shared 'front-door' for individual and family referrals – developing a single 'Families support' gateway
- Focussed use and re-design of family well-being model (Effective support for children and families in Essex) and family-led Shared Family Assessment (formerly CAF) as an agreed way of working for all partner agencies
- Clear expectations on all universal services to work together to meet children and families additional needs
- Family teams in each area under a single management structure, located in a community setting, will work with families who meet three or more criteria and have needs that require a multi-disciplinary response at Level 3 – 'Intensive', delivering an integrated, holistic, assertive outreach provision to identified families
- Teams members will act as key workers/lead professionals and work intensively with families, building a strong relationship, on a voluntary basis for up to a year
- The key worker will establish a relationship of trust with the family and stay as the central point of support for the family throughout the period of intervention
- Families will be in the programme for up to a year by which time they should be able to take full control and responsibility for themselves both in their everyday family functioning in the home and in the wider community
- The key worker and family relationship involves a degree of challenge, but it is for the family to identify and agree what they want to change and the plan.
- As the family feels more capable/confident, they are encouraged and trained to take on roles as volunteers/peer mentors for other families either directly or through community groups
- Appropriate incentives will be developed to support and encourage families to achieve targets which have been negotiated and agreed with the key worker.
- The methodologies used will be solution-focused, systemic and evidence based
- A rigorous framework to evaluate impact and to learn and modify over time, based on strong customer feedback, including setting a baseline at the start to measure progress and impact

3.3.2 Effective Support for Children and Families

ECC and its partners are developing a framework and guidance called **'Effective Support for Children and Families'** (appendix x) which clarifies levels of need and responsibilities for responding to these. This will ensure that services provide effective support to help families make changes and find solutions at an early stage when needs become apparent, thus avoiding the need for costly specialist interventions.

In this guidance we have identified four levels of need: **Universal; Additional; Intensive and Specialist** as indicated on the 'Effective Support windscreen' below.

Effective Support windscreen



All partners working with children, young people and their families will offer support as soon as we are aware of any additional needs. We will always seek to work together to provide support to children, young people and their families at the lowest level possible in accord with their needs

Universal services such as schools and primary health care remain responsible for organising and co-ordinating services for children and families with Level 2 additional needs. **The FCN programme is aimed at children and families whose needs are at level 3 – requiring intensive and multi-disciplinary co-ordinated intervention.**

Sustained help for disadvantaged families

There are disadvantaged families with complex needs in every part of Essex, every town and in most villages, but we know that there are concentrations of such families in particular areas especially Harlow, Braintree, Basildon, Colchester and Tendring. There is sometimes a history of intergenerational deprivation and the families are likely to have experienced difficulties over a long period of time.

3.3.3 Criteria for the FCN programme

Our definition of families with complex needs incorporates the ‘troubled families’ categories but also includes some pressing local priorities:

- Families with no member in work
- Families with significant non-school attendance (for whatever reason)
- Families with members involved in crime or anti-social behaviour
- Families affected by domestic violence
- Families living with drug and alcohol misuse
- Families where children are in need and open to social care
- Families where children exhibit significant behavioural difficulties
- Families facing eviction or with significant rent arrears or neighbour disputes
- Families with one or more member of the household with (tier 2) mental health needs

Families will usually meet three or more criteria to enter the programme, but there will be flexible. All families worked with will have children aged under 18. All families will engage in the programme on a voluntary basis by consent.

We will establish a single information, advice and referral point for professionals and families themselves to direct families to the right sources of support and to be a point of entry to those who meet the programme criteria.

3.3.4 Partnership Structure and Arrangements

The intention is to establish a partnership board to oversee the development and implementation of the FCN programme, to monitor its delivery, to ensure equity of partner contributions, to evaluate its success and benefits. The partnership board will comprise senior officers from ECC, district councils, Health, Police and Voluntary Sector (one of each).

The FCN programme will be hosted by Essex County Council and line management of the programme will be provided by the Schools, Children and Families Directorate. The programme will remain a multi-agency service with a distinct identity operating across Essex delivering services to families with complex needs, and will be accountable to the partnership board.

The partnership will have a complex budget structure comprising of partner agency cash and in kind contributions. It is currently estimated that it will oversee a programme budget of £x.xm per annum.

In year 1 the service will be delivered by 8 multi-disciplinary family teams (with a phased increase to 15). The FCN programme will have staff compliment of 120 staff and aspirations to deploy a cohort of

250 volunteers by the end of the first year. It is expected that staff will be employed by their respective partnering agency and transfer with their existing terms and conditions protected.

3.3.5 Governance Arrangements

The Partnership Board will come into being from January 2013 with responsibility to oversee the resourcing, development, and evaluation of the programme.

Effective governance and accountability will be a key ingredient to the success of the FCN programme. The overall governance and accountability arrangements will be held by Essex County Council, which carries ultimate financial and legal responsibility. Strategic direction is delegated to the Partnership Board, which will represent the key stakeholders.

The board will include a non-officer independent member of the Board, who will be required to play a full part in the governance of the partnership across all areas of its activity.

The role of the Board will be to add value to the partnership through the exercise of strong leadership and control, including:

- Setting the programme strategic direction
- Establishing and upholding the programme governance and accountability framework, including its values and standards of behaviour
- Agreeing and supporting a single information and data recording and sharing system
- Medium term budget planning, including partner contributions and benefit sharing matrix
- Ensuring delivery of the partnership aims and objectives through effective challenge and scrutiny of FCN delivery and performance

3.3.6 Accountability

The family teams will be accountable to the partnership board and to the families they work with. The strategic accountability lies with the partnership board, who are accountable to partner agencies for effective delivery of the programme.

3.3.7 Family Teams

The establishment of family teams requires a radical shift by all partners and professionals concerned and this will involve new professional identities being built and a new shared family centred culture adopted by all agencies and a shared commitment to counting 'success' differently.

Building on the learning previous initiatives, from the Essex Family prototypes and the Troubled Families programme, the proposal is to establish by October 2013 eight multi-disciplinary family teams covering the whole of Essex. Teams will be based in accessible and family friendly locations in areas of deprivation. The teams are likely to be located in **Harlow, Braintree, Colchester, Clacton, Basildon, Chelmsford, Epping/Brentwood and Castle Point/Rochford.**

In 2014, four more teams will be established so that there is one in each district council area. Further teams may be established based on levels of need.

Family teams will be multi-disciplinary and consist of a mix of professionals from the following roles:

- Team Manager (from any relevant qualified professional background)
- Practice Supervisor (from any relevant qualified professional background)
- 3 family support/early intervention workers

- CAMHS tier 2 worker
- Youth worker
- Social worker
- Drug & alcohol worker
- Education worker
- Business support
- Health Visitor
- Housing worker
- Adult Mental Health practitioner

In addition to the above professional roles a Programme Manager will be appointed and have overall responsibility the organisation and delivery of the programme.

Each team will have a consistent liaison link to ***Neighbourhood Policing; Job Centre Plus, Children's Centre Providers and Adult and Community Learning***. Each team is expected to work with 100 families a year and families will be on the programme for up to a year. The key worker will link families to community resources and tailored support from any appropriate service, including access to evidence based parenting programmes.

The skills set within the core team will need to reflect the anticipated level of family complexity the model assumes. A training programme for all team members based on a standard operating evidence based model will be in place before teams start. Team members will need to be able to adopt a highly persistent and resilient approach to engaging with families. Team members will be key workers and will work with up to ten families at any one time. Team members will be allocated families based on their knowledge, skills and experience and the family's specific needs. Team members will use their own specialist/professional knowledge to the team offering advice, consultation and negotiating access to services.

Initially the teams will be line managed by Essex County Council, Schools, Children and Families directorate within a strong management structure. Once the model has been fully established and refined from 2014 we will explore alternative delivery mechanisms.

The single referral point will act as the gateway to the FCN programme allowing self-referral as well as agency or professional referral. The single referral point will provide information, advice and guidance to all agencies working with children and families.

Once families have entered the programme it is our expectation that partners will deal with any issues concerning the families through liaison with the key worker and work collaboratively with the family and the team to achieve the optimum solution.

We will agree and set up a single data system to record information about families entering the programme, work undertaken and outcomes achieved. This will be used by all team members. Families will need to give consent to sharing information about them within the team upon entry to the programme.

This approach will secure medium and long term cost savings to the public purse by reducing the need of families for expensive reactive and specialist services.

3.3.8 Volunteers

In conjunction with the community and voluntary sector, we will establish a large scale peer mentoring volunteer programme to support families. Support will be offered to families by local volunteers/peer mentors during the programme and will continue when they leave the programme. Families will have the opportunity to become volunteers themselves when they have successfully

been through the programme. To support the programme we anticipate the need to recruit and train 250 volunteers in year 1 (from October 2013), 500 year 2 and 750 year 3 and subsequent years to work with families.

Volunteers will be recruited, trained and supported to work with a family and build a strong supportive relationship with them. It is estimated that this will cost circa £x.xm and this has been built into the programme.

3.3.9 Outcomes

The FCN programme will seek to bring about change in the families in the programme to deliver the following achievement measures:

Health

- Reduction in substance misuse
- Improvement in mental health and well-being
- Children reach milestones at appropriate times in first five years

Education and employment

- Increase in school attendance and attainment
- Reduction in young people not in education, employment or training
- Increase take up of adult learning opportunities
- Reduction in unemployment (TF)

Community and Family Resilience

- Reduce the number of domestic abuse incidences
- Increased family independence and resilience
- Reduction of debt
- Reduction in neighbour disputes
- Reduction in crime by family members (TF)
- Families engaged in community activity

Housing

- Increased stability of tenancies
- Reduced homelessness in families and family members
- Reduced use of emergency housing placements

Protection

- Reduction in number of Children in Care
- Reduction in number of Children in Need
- Reduction in crime against family members

Evidence that the approach works

This approach is strongly rooted in the evidence that intensive interventions taking a systemic approach with the wholly family are more effective than traditional single agency/ single issue interventions. Intensive interventions are those that deliver high frequency key worker led face to face sessions with families. A mutually agreed plan of action is put in place with clear actions with anticipated goals articulated in language that all can understand. These goals are reviewed very

regularly with the emphasis very much on family based solutions rather than externalised support (such as taking young people out of the family home for leisure sessions) although these can be part of the agreed change programme.

Increasingly, evidence is suggesting that there are common themes associated with successful family based interventions. In a comprehensive literature review undertaken in Australia by the NSW Department of Community Services (2009) *“Effective strategies and interventions for adolescents in a child protection context”* Schimed and Tully looked at internationally recognised interventions such as Functional Family Therapy, Multi Systemic Therapy and Multi Dimensional Family Therapy and found that these models were consistently assessed as better at reducing key factors such as conduct disorders and other behavioural problems of teenagers. The underlying principles for all forms of intensive family therapy were found to be broadly the same. These were:

- Enhancing positive family relationships by improving communications and conflict resolution
- Tackling problems within the family
- Increasing the level of support provided from parent to child.
- Shifting the focus of the problem from something from within an individual to something in the family system.

The evaluation also found that the following areas should be considered in the development, implementation and evaluation of interventions:

- Develop interventions that shift the focus from individual young people and their families to incorporate community and neighbourhood approaches
- Utilise a strengths based approach. Strengths based approaches provide a way of identifying and fostering resilience in family members, focusing on what is important and not what is urgent.

Strengths based perspectives developed as a way to value children and young people and their parents as “experts in their own lives and experience, able to find solutions to life challenges” – Trotter (cited in the referenced study above) notes ***“people learn more and progress better if workers resist focusing on pathology instead focusing on what clients do well and on their achievements. It is an approach based on a belief that even people with the most entrenched problems and adversities have inner resources that can help them develop.”***

Where there has been significant investment in worker skills and on-going training, manageable case loads and a positive perception of organisational leadership outcomes are generally good. Effective multi agency working is identified as a critical success factor in sustainable outcomes.

In March 2011, C4EO published its detailed findings of what works in three strands of work relating to Families, Parents and Carers work:

- Improving children's outcomes by supporting parental physical and mental health
- Improving children's outcomes by supporting couple relationships, reducing family conflict and addressing domestic violence
- The impact of parenting and family support strategies on children and young people's outcomes.

Across this comprehensive review they identified three key themes:

- “Multi-agency, flexible and coordinated services, with an underpinning ‘think family’ ethos, are most effective in improving outcomes. This includes staff in adults’ services being able to identify children’s needs, and staff in children’s services being able to recognise adults’ needs. Such services are viewed positively by families and professionals alike.

- Early intervention prevents problems becoming entrenched; the practical help, advice and emotional support which many parents value can often be given without referral to specialist services. Children and young people also prefer an informal approach.
- In order to access services, parents must feel reassured that they are not being judged or stigmatised, and be helped to overcome their fears of having their children removed.

The Local Authority Research Consortium (LARC4) study into the added value of the Common Assessment Framework in supporting families with additional needs found that the costs of working and intervening in the manner envisaged by FCN are usually repaid many times over by the avoidance of greater costs later in the life of a child or family.

Other studies that evidence the effectiveness in social and financial terms of intensive family support include '*Intensive Family Support*' – Action for Children 2011 and '*Evaluation of Intensive Family Support Projects in Scotland*' – The Scottish Government 2009. 'Health Related Work in Family Intervention Projects' Institute of Education 2012, identifies the health benefits to families engaged in FIPs including the added value of seconded health professionals in such multi-disciplinary teams.

3.3.10 To Be – Financial (draft section full details to follow)

We are facing a period of financial and service delivery challenge. As funding reduces, demand for public services is rising. Notably, large increases are forecast in the number of people who often require intensive support. We recognise that our services need to change if our aim – to deliver a truly family-centric service to help families to lead successful and independent lives is to be realised.

Cultural changes redefining the way public services work together are required, creating a more effective and financially sustainable way to coordinate services.

The analysis undertaken for this business case indicates that investment totalling £x.xm capital and £x.xm revenue will be required over a 5 year period. The investment will facilitate the following:

- Initial capital and revenue set up cost (Incl ICT)
- Facilities and associated running costs
- Family Teams / Staffing establishment
- Volunteer programme, recruitment, training & support
- Family support fund

It is anticipated that contributions equating to £xxk will be available from partnering agencies for 2013/14, £xxk cash contribution and £xxk in kind contribution (aligned to facilities, secondments etc). We will continue to work with partners to evidence the financial and non-financial benefits over the coming months and realign / pool additional resources accordingly.

The business case calculates that the potential financial benefits over a 5 year period across partnering agencies, when compared to an extrapolated revised baseline position is £x.xm. For the Council in isolation this would equate to £x.xm. The financial assumptions underpinning the benefits are as follows:

Base Costs assumptions and basis to be outlined

Services out of scope assumptions and basis to be outlined

Average current costs / benefit assumptions and basis to be outlined

Complexity of need on entry to the programme..... assumptions and basis to be outlined

Outcome success matrix.....assumptions and basis to be outlined

Benefitsassumptions and basis to be outlined

Partnership Benefit / Profit Sharing matrix.....assumptions and basis to be outlined

3.3.11 Affordability

Careful consideration has been given to how the investment will enable the programme to deliver the cultural and transformational change required. In particular, we are aware of the need to ensure that the preferred delivery solution remains affordable on a sustainable and on-going basis.

All funding assumptions used by the Council have been reviewed and agreed by partners, including programme phasing. The intention is to manage the development of the programme within the capital and revenue earmarked funding available for investment and understand that the longer term benefits of x% of current cost at this conceptual stage is indicative and subject to revision as the project develops.

3.4 Policy Context

At a national level there have been several initiatives over the last eight years to develop more holistic multi-disciplinary ways of working with children and families. The Children Act 2004, Section 10, gives a duty of partners to co-operate to promote the welfare of children and allows for the pooling of budgets (see appendix 3).

The Children's Act 2004 led to the Common Assessment Framework (CAF) and other initiatives such as 'Think Family' and the family intervention projects. The DCLG Troubled Families programme is the latest national attempt to find new ways of responding to disadvantaged families. There are two major drivers: improved family and community wellbeing and the reduction of high level reactive costs to the public sector purse. These issues are as relevant across Essex as they are nationally.

The Munro review of child protection (DfE 2011) reinforced the importance of all partners' responsibilities for delivering an 'Early Help' offer to children and families before problems escalate to require social care intervention. The Local Safeguarding Children Board has a responsibility to hold partners to account in their delivery of Early Help. A new version of Working Together is currently being consulted on by the DfE. This includes the responsibilities of all partners to contribute to a 'Common and Shared Assessment'.

Public service partners in Essex have signed up to the Community Budget programme as a long term plan to develop new and innovative ways of working that are more streamlined, cross organisational boundaries, and will deliver significant public sector savings over time. The Families with Complex Needs programme at strategic level will:

- consider our relationships with children and families differently
- challenge the way the we operate across organisational boundaries
- challenge the purpose of organisations as they are currently configured and
- consider new organisational constructs

3.5 Strategic Fit

Our objective will support the overarching strategic priorities in Essex, including the Public Health Outcomes Framework, the Essex Children and Young People's Outcomes Framework and Essex Health and Wellbeing priorities agreed to date:

- Every child has the best start in life
- Individuals and communities make better lifestyle choices and take greater responsibility and control of their health and wellbeing
- Individuals and families within the communities of Essex that are least likely to take advantage of services enjoy improved health and wellbeing

The key outcomes outlined above also fit with specific Essex County Council priorities:

- To enable every individual to achieve their ambitions by supporting a world-class education and skills offer in the county
- To improve public health and wellbeing
- To protect and safeguard vulnerable people
- To give people a greater say and a greater role in building safer and stronger communities

3.6 Dependencies, Risks, Constraints and Asks

3.6.1 Dependencies

Strategic / operational leadership: Strategic leadership and commitment from partners and strong effective operational leadership will be required to implement the strategy and deliver the programme

Local community delivery options: It will be necessary to work with our partners to identify suitable premises in local areas across the collective Essex Public sector estate to accommodate family teams in line with the phased implementation plan.

Operational intelligence: A robust data sharing and information capturing system will be required to record family details and work undertaken, evaluate the outcomes and generate timely, relevant information to support operational decisions. It is proposed that this would only be accessed by workers within the family team, with an interface to other agency systems to enable key worker contact to be identified.

Key project financial assumptions: The programme seeks to build on existing service delivery models to genuinely transform the family experience, and put the families at the heart of service delivery. The actual associated costs of delivering the current range of services to the identified families and potential cashable benefits needs to be understood and agreed across the cluster of partners. Whilst initial estimates have been incorporated in this Business Case, the data set will need to be updated as more detail emerges from the Project.

Liability assessment: A high level assessment of the Council's risks and liabilities has been undertaken in developing this business case, however as the programme develops a more comprehensive assessment will need to be undertaken across all Partners to determine any additional HR, property or residual contract issues.

Interdependencies: There are a number of interdependencies between this project and others being progressed within the Essex Transformation Programme; most significantly, the Strengthening Communities work stream which incorporates the development and delivery of the volunteer programme. There is also a link to the Single Estate Strategy and Community safety, Domestic Abuse work streams. Interdependencies have been managed at project board level and actions identified to

ensure that interdependencies will not adversely impacted upon the likelihood of achieving the objectives and benefits of the programme.

Legal: Review and research of the current statutory position for Essex County Council and other stakeholders is currently in progress to identify the following:

- Statutory obligations affected by the proposals.
- Examination of the current legal and statutory provisions which may assist or prevent the proposals
- Any resulting asks of government to assist and facilitate the proposals
- Stakeholder governance arrangements required to be able to take decisions on the chosen model and implement the proposals
- Funding and Investment options

The Localism Act and the general power of competence afforded by the Act is the starting point for the legal investigations and review. This piece of work will be completed circulated and agreed in sufficient time for inclusion in the final version of the FBC.

3.6.2 Risk Management

To properly manage the risks associated with this project the Council has developed a Project Risk Register which identifies all the foreseeable partnering and operational risks and potential consequences. This includes a strategy for mitigating those risks and a named risk owner. The Project Risk Register is a “live” document and the owner of the register is responsible for updating it as the project evolves.

Risk: Partners and other stakeholders are not aligned with the CBFCN aims, or do not respond as anticipated to the proposal under consideration.

Mitigation Strategy: We will continue to engage with potential partners and provide further opportunity for input in to the project as it continues to evolve. The Programme Office will ensure clear communication of the project’s strategic objectives which will enable stakeholders to understand the Council’s aims and their role within the project. .

Risk: A poorly designed or structured programme fails to hit its objectives due to one or more of the following: a lack of a clear strategic direction, inappropriate monitoring arrangements or weak or inappropriate operational arrangements.

Mitigation Strategy: The programme has a clear implementation plan that will be effectively communicated to the partners. Qualified and competent professionals as well as legal resource will work to develop a memorandum of understanding and robust and appropriate partnering agreement to strengthen the long term solution.

Risk: The programme does not deliver the ‘cultural and behavioural change’ needed in the workforce in order that public bodies can work together to successfully deliver the objectives.

Mitigation Strategy: Ensure all partners understand the need to change, how the processes work and what type of benefits each process can bring to their own individual services and the local community as a whole. The impact of the service changes will be assessed over time, providing evidence to all partners of the delivered milestones as we work towards the wider benefits which may take 2 or 3 years to fully materialise.

Risks: The programme does not deliver the behavioural changes in families needed to reduce dependency, deliver sustainable resilience and reduce public spending.

Mitigation Strategy: Understanding and working with the families to identify and remove individual-level barriers to change, ensuring that we have sufficient, skilled, trained staff and volunteers to deliver a range of interventions at individual and local level

Risk: Central government changes, such as future government savings targets or funding reductions, or changes to legislation adversely affect the project's ability to deliver its benefits.

Mitigation Strategy: The programme professional lead and assigned legal resource will monitor legislative changes on an on-going basis. The Council's Finance Professional Services will do the same for savings targets and funding reductions. Changes will be notified to the programme board and assessed for their impact. Significant impacts will be reported to the Partnership Board in the first instance. The Board will decide whether or not to recommend a change to the programme costs / benefit profile or that the programme be stopped.

These risks will be assessed and managed in accordance with the Council's project management methodology and the Project team and Programme Board will continue to provide appropriate escalation routes.

3.6.3 Constraints

The main constraints at this stage of the project are outlined below. It should be noted that, in most instances, there are actions which can mitigate any risk of these factors having a negative impact on the success of the project.

Operational: An inability to attract and retain sufficient high-calibre employees could become a barrier to the continued success and growth of the programme

Cost: The public sector is working under increasing pressure to reduce budgets. The programme will therefore have to work within a constrained budget.

Time: The Medium Term Financial Strategy sets out the financial benefits which the council is seeking to make. This project contributes to those savings and will therefore need to work within the timescales required to deliver these financial benefits.

Authority: To proceed at any given stage rests with senior management and, as appropriate, Cabinet Members across partnering agencies. The programme will have to operate within the officer decision making process, as well as the democratic process. This may constrain the ability to progress at the desired speed.

3.6.4 Asks of Partner Organisations/ Government

Partners

1. Partners are asked to commit to this family focused key worker model of working with families with complex needs and to work collaboratively with the team once any family they are concerned about has entered the programme.
2. Partner agencies – District Councils, Mental Health Trusts, Essex County council, commissioners/providers of community health services are asked to contribute staff and resources to ensure that the family teams are genuinely multi-agency and the approach to each family is a holistic one based on one key worker within a team.

3. Partners are asked to facilitate the finding of local premises for teams from the whole public sector local estate.
4. Partners are asked to collaborate in the development of one data sharing and recording system used by all agencies within a team.

Government

1. We will ask central government to develop a payment by results mechanism and a national formula to return a proportion of national public sector savings from FCN (such as reduction in criminal justice costs, welfare benefits and longer term NHS costs) to the local public sector economy from April 2015 onwards.
2. We will ask Government to amend Section 17 of the Children Act 1989 to make it clear the 'Children in Need' are the shared responsibility of all partner agencies who work with children and families. This will strengthen and clarify the legislative framework for a multi-agency approach to working with children and families with complex needs.

There is an apparent contradiction between Section 17 (10) of the Children Act 1989 which places the responsibility for support to children in need with social services authorities and Section 10 of the Children Act 2004 which makes all partners who work with children and their families responsible for co-operating to improve the welfare of children (see appendix 4). This apparent contradiction is at the heart of the limited success in developing effective Early Help partnerships around the country and the relatively low use and impact nationally and in Essex of the common assessment (CAF). The lack of clear legislation has proved a barrier to getting agencies to engage in cross-agency working to deliver joined up services for families with complex needs. Given Government's clear steer through both Community Budgets and Troubled Families that complex problems need a collaborative approach, we consider that Government could valuably amend Section 17 of the 1989 Act to clarify the shared partnership responsibilities for meeting the needs of all children in need.

Impact on Organisation

- *Is the proposal commercially feasible / deliverable?*

System change

Process change

Management change

Staff and culture change

In creating the family teams the programme proposes to employ approximately 120 staff from which circa 50% will originate from the Family Solutions (Troubled Families) Teams, requiring planned transition from Family Solutions posts to FCN posts. It is anticipated that the new teams will be formulated based on a ratio of 80:20 qualified/non-qualified and originate from a range of partner agencies as set out in the business case.

The model is based on family workers with a generic role irrespective of professional background. All team members will become family workers, working intensively on a key worker basis with up to 10 families at one time, whilst bringing their specialist professional knowledge to the team as a whole.

Current service resource will reduce in recognition of the benefits to be delivered by this programme. Some roles may be redundant as a result but it is expected that affected employees will have the opportunity to be considered for redeployment into the new service. Agreed consultation processes will be followed with employees and trade unions.

Changes in Governance / political accountability

Impact on infrastructure (Section to follow)

Services

Buildings

4.3 Procurement and contracts

4.3.1 Procurement

The FCN programme aims to ensure that we are providing the right services, to the right people, in the right place, at the right time. The implementation plan adopts a phased approach identifying a number of activities that have been designed to complement each other and provide a cost effective short to medium term provision with clear qualitative aspects such as seamless transition and deliverability to known standards, playing a key part in the interim delivery route adopted. In removing the transparent barriers between partnering services across the county and providing the short term investment required, we will be able to use available resources in very different more efficient ways and reduce costs.

There is however a balance to be struck between relatively short to medium term phased implementation plan, current financial constraints and longer term costs and benefits. We recognise that this is a long-term challenging issue which requires a long-term sustainable solution. We will develop robust evidenced based outcomes matrix to facilitate an effective payment by results / profit sharing mechanism and continue to explore a range of structures and investment models that will deliver financing mechanisms over the long term, deliver the optimum VfM solution and ultimately increase the resource available to the public, voluntary and community sector across Essex.

4.3.2 Contracts

The key contractual issues arising from this programme are summarised as follows:

- Property - leases / licences – details to follow – key milestone and delivery date
- Staffing – T & C, TUPE etc – details to follow – key milestone and delivery date There must be clear
- Volunteer programme
- Current service contracts with providers

These contractual issues present a risk to the programme and as such are captured within the Programme Risk Register attached at Appendix X; whereby the risk, potential consequences, strategy for mitigating and risk owner is assigned.

5. Cost / Investment / Funding (Section to follow)

5.1 Overview

The following table shows the modelled savings over a number of years and for up to 1,500 families per year.

Assumptions contained in the model are as follows:

- A similar number of families are worked with each year
- Each family will require £x,xxx in delivery and administration costs
- We will work with each family for up to a 12 month period
- No benefit is recognised in the 12 months of intervention
- The success rate of xx% does not change from year to year
- The £xxx,xxx average cost based on xxxx s is a good average for the remainder of the Families with Complex Needs.
- *Simple financial context: reference back to OBC as appropriate;*
- *summary example recent funding vs actual trends;*
- *pressures;*
- *MTFP: ECC and partners 4year budgets & savings targets*

5.2 As Is Model (Section to follow)

- *Costed “as is” scenario: transparency of partners existing funding & actuals (and assessment of confidence – focus on 80:20); where the do nothing scenario is not relevant then make a comparison to the ‘do minimum’ scenario*

5.3 To Be Model (Section to follow)

- *Costed “to be” scenario: transparency of partners existing funding & actuals (and assessment of confidence – focus on 80:20)*
- *Focus on affordability; is full budget funding secured and budgeted by all parties?*
- *Are potential cost over runs provided for are the any contingent liabilities?*
- *Any guarantees?*

5.4 Investment appraisal (Section to follow)

- *costed model for investment to deliver change taking into account all project & procurement costs; appropriate contingency for known risks - legal challenge. Recognition and where appropriate quantification of optimism bias*
- *Are all economic costs and benefits clearly calculated for each year covered by the proposal with NPV calculated correctly?*
- *Is distributional analysis needed, who benefits, who pays?*
- *Are all costs and benefits quantified, if not is this justified?*
- *Are there any decisive un-quantified cost/benefits and are they clearly explained?*
- *Are there appropriate sensitivity analyses, including worst case scenario?*
- *Are results of each option presented clearly including do nothing/minimum option?*
- *Are risks, constraints and dependencies identified and managed?*
- *Is optimism bias properly included and aligned with risk?*

5.5 Sustainability (Section to follow)

- Are wider impacts assessed e.g. sustainability, competition, regulatory impact?
- Is there a Benefits register; benefits realisation (delivery) plan?
- Is best VfM = max NPV and if not do un-quantified benefits justify the cost?
- Exchequer impact calculated separately and not included in NPV
- Funding strategy for investment costs (lead accountable body; basis of sharing costs; review points & change control)[need to develop investment agreement]
- Key assumptions underpinning affordability calculations (where applicable - indexation; funding availability for MTFP; demand patterns; demographics; inflation, unit costs (state source), % surplus staff requiring CR; redundancy unit cost; pension contributions; salary uplifts; future pension contributions; TUPE costs; if using proxy measures, state reason why)

6. Benefits (Section to follow)**6.1 Savings (Section to follow)**

- Potential saving per annum: including very clear separation of
 - cashable
 - non cashable
 - cross over with other BCs
- sign off by Essex & partners as appropriate (focus on 80%)
- summary analysis of new cashable savings above the existing approved financial strategies of respective major bodies
- What are the impacts on income/expenditure and on balance sheet if applicable?
- Analysis of double counting: analysis of
- where client base is included in other CB business case – transparently identify in costing section
- ramifications for gross savings across Programme
- All objects in the FBC (tables, numbers) must be specifically cross referenced to a source in the financial model to provide a one point audit trail.
- Sensitivity analysis (high: medium: low range scenarios) and ramifications for investment requirements and potential savings.

6.2 Demand management outcomes (Section to follow)

- what benefits are reducing demand?

6.3 Sustainability of savings (Section to follow)

- mechanisms that bind-in partners and ensure outcomes

6.4 Benefits profile (Section to follow)**Evaluation of benefits**

The benefits realisation matrix is attached as Appendix XX and sets out the outcomes and timings for the financial and non-financial benefits outlined in this business case

Social

Economic

7. Implementation Plan

This high level implementation plan is intended to be an iterative document setting out the proposed approach to establishing and successfully delivering the aims of FCN

7.1 Phased delivery/change plan

1. Although not part of the Families with Complex Needs business case the DCLG Troubled Families programme in Essex (called Family Solutions) will begin operation in October 2012 with four teams covering the whole county (not Southend and Thurrock).
2. Learning from the five Essex Family prototypes and the development of Family Solutions in Essex will inform the development of Families with Complex Needs programme over the next 12 months.
3. A multi-agency FCN Programme Governance Board will be established by January 2013 to oversee the implementation of the FCN programme and to receive regular reports about its effectiveness, efficiency and evaluation of success factors. Until then, the current sponsor group will oversee early development.
4. From September 2012 we will examine the options for a data base which can be used for all families entering the programme and which can be accessed by team members from whichever agency. This data base will also be used for monitoring and recording **shared family assessments** by all agencies/partners working with children and families in Essex. The intention is to explore IT data and recording systems and identify solutions for procurement/development by March 2013. The agreed system will be in place by October 2013 with Data Sharing Agreements between all partners in relation to how the shared family assessment/family teams data system is accessed and by whom.
5. A detailed agreed model of working by all professionals and staff within the teams, based on a generic family key worker role, will be ratified by the FCN Board by February 2013 and the FCN Board will sign off the staffing and resource commitment and pooled budgets arrangements for the family teams by March 2013.
6. A new family-centred shared family assessment format and process will be established and agreed by partners by March 2013, alongside a new Family Well Being Model, called '**Effective Support for Children and Families in Essex**', which will be ratified by the Essex Safeguarding Children Board and by all relevant partner agencies.
7. The detailed specification for the volunteer/mentoring programme will be completed by January 2013, in order to complete a commissioning process with independent, community and voluntary sector by June 2013.
8. By March 2013 the role descriptions and any necessary job evaluations will be completed for new posts within the Family Teams. This will be done taking into account the learning and effectiveness of posts within the Family Solutions one year programme. Between April and July 2013, a workforce plan, incorporating the Family Solutions teams and the posts which will

make up the new Family Teams will be developed. This plan will be used to inform the process of establishing the eight Family Teams by October 2012. This HR plan will map out the roles that will transfer from Family Solutions without change, the posts that will be deleted within partner agencies and the new posts will be established. A process of consultation will take place with all staff members potentially affected with a view to establishing the teams and recruiting to vacant posts by August 2013.

9. Recruitment to the eight Family Team Manager posts will occur earlier, and be complete by July 2012, so that these managers can develop the systems and processes and further recruitment for their teams. This recruitment will include the phasing of the four Family Solutions team managers into the new FCN programme.
10. The new teams will form in September 2013 for a programme of workforce development and training prior to becoming operational in October 2013.
11. A programme of workforce planning and training for all Family Team members, building on the learning from Essex Family and Family Solutions, will be developed by June 2013 with a clear plan for team members training in September 2013.
12. A new shared family assessment/family referral point offering advice, information and guidance to all those working with children at levels 2 and 3 of the 'Effective support' windscreen, and open to families themselves to self-refer or seek advice, will be established by July 2013. This will be linked to wider systems referral and assessment functions to ensure economies of scale. Between July and October 2012 this service will begin to identify and contact families who might be interested in entering the FCN programme from October.
13. By September 2013 the ways of evaluating outcomes for families in the FCN programme will have been established in detail including base line evaluation at the point of entry into the programme, mid-point review, exit from the programme review and 6 months post programme evaluation.
14. Specification for key premises in local areas will be in place by December 2012. Identification of suitable premises for all eight teams in local areas by April 2013. Lease/occupancy agreements and funding arrangements between partners for premises and infrastructure in place by July 2013. It is anticipated that premises will come from the collective Essex Public Sector Estate.

7.2 Detailed resource plan

Essex has substantial experience of delivering programmes of work and is committed to ensuring the FCN programme has the capacity and capability to deliver the challenging objectives.

To provide strategic direction to the programme we already have in place a sponsors group, led by Dave Hill, Director of Children's Services, with key stakeholder representation from district council representative, Community Foundation, DWP and Health Commissioning. This ensures countywide support for the programme and enables the programme to be taken forward swiftly.

Operational implementation of the FCN programme will require the investment of resources. Specific considerations are the creation of a project team led by a service manager and including the use of Legal, HR, Finance and range of Partner officers. The estimated resource requirement to October 2013 (operational) is £xxxk, (ECC £xxk and Partners £xxxk). Details are outlined in the tables below; the

associated costs have been incorporated within the CBA and will need to be updated at appropriate points during the process.

People resource (Updated table to follow)

Ref	Skills needed	Skills level	Activity	Average Annual Cost	Fte	Start date	End date	Estimated Cost £	ECC Cost £	Partner Cost £
1	Operational Director	Expert	Operational Lead for the project and control the development and implementation of the programme		1.0					
2	Programme Office	Intermediate	Monitor the plan and support workteams in their planning and reporting		0.5					
3	HR	Expert	People implications incl. managing change protocol		1.0					
3	ICT	Expert	ICT System Design & Data sharing agreements		0.5					
4	Finance	Intermediate	Financial due diligence, analysis, monitoring and reporting		0.3					
5	Communication	Intermediate	Publicity, communication & consultation		0.3					
6	Legal	Intermediate	Developing partnership agreements and reviewing contractual arrangements		0.3					
7	Other (please specify)									
8	Other (please specify)									
Total								-		

Further resources will be deployed as necessary on an ad hoc basis from other service areas, for example Essex property facilities, procurement and subject matter experts to provide additional support at key stages in the project

Physical Resource & Start Up (Updated table to follow)

Ref	Resource needed	Time in hours	Activity	Date (s) needed	Estimated Cost £	ECC Cost £	Partner Cost £
9			Workforce development	Mth to Mth			
10	Meeting room with computer connected to projector		Consultative / Informative Workshop	Mth to Mth			
11			Publicity, marketing materials etc	Mth to Mth			
12			Workforce development	Mth to Mth			
13			System testing	Mth to Mth			
14			Other (please specify)	Mth to Mth			
Total					-		

7.3 Stakeholder Engagement Plan

The key communications and engagement issues are:

- Progress and development relies on the support and participation of many organisations with varying objectives, cultures, and ways of working
- The complexity of the task and the link to the Troubled Families programme of work requires good communications to support common understanding and collaboration
- Although many agree intuitively with the vision of multi-disciplinary teams from multi agencies, implementation is likely to encounter obstacles and differences

In general, the pilot requires continual communications that promote multi-agency conversations and help to secure shared objectives. As far as possible, our communications and engagement plan should include ways of taking all audiences with the programme, so that they are able to follow its findings and implications as they emerge. Appendix 3 details the full communications plan from September 2012 until the family teams are in place in October 2013 and beyond. The following points are for information and highlight the work that needs to take place in the next few months.

1. August to September 2012 - Discussion with strategic partners directly asked to contribute to the FCN programme in terms of staffing and resources
2. Between September and November 2012 consultation with all partners working with children and families about the findings of the review of assessment, referral and routes into services, including the new 'Effective support for children and families in Essex' model and the new shared family assessment format. This will include discussion about the FCN programme and where the FCN programme fits into the 'Effective support for children and families' model.
3. In April – June 2013, there will further widespread partner engagement in relation to the developed systems and processes in relation to the shared family assessment (SFA) and the advice, information and referral point for SFA and FCN.
4. Engagement with strategic partners about the development of Family Teams, including discussion and agreement about a governance model and the establishment of a Partnership Board, by the end of December 2012.

7.4 Change Management Plan (Section to follow)

7.5 Governance Pathways - decision matrix for all partners (Section to follow)

7.6 Benefits Realisation plan and method (Section to follow)

Performance monitoring, evaluation of benefits and profit sharing

The business case sets out the success measures and indicative financial and non-financial benefits to the wider Essex community. A performance framework will be developed to evaluate and monitor the benefits. The baseline position of families entering the service will be captured to ensure that progress against the success measures can be accurately evidenced and reported through the agreed performance framework.

The benefits directly attributable to the establishment of the Family Teams will be monitored against the benefits matrix and cashable savings will be apportioned in line with the partnership profit sharing arrangements.

7.7 Critical Success Factors

The aims of the FCN programme is to provide strong relationship-based support to disadvantaged families in need in such a way that they are enabled to face the difficulties they identify and make changes in their lives. By making these changes, family members will be in a better position to access and make full use of a wide range of universal services, such as school, further education, adult learning, training, employment opportunities and appropriate access to primary health, housing and other Public Services. As a result, the use of high cost, high end reactive services such as child

protection, criminal justice system, housing eviction, tier 3 health provision will be substantially reduced with appropriate savings to the public purse.

1. The model is based on the family worker who, whatever their professional background, acts as a generic key worker for the family, co-ordinating all the support, information and advice they require and helping them access appropriate services quickly. The family worker will also provide their professional expertise to the team as a whole to help families access services in their service area.
2. It is critical for the success of the model that team members selected have the right skills and attitudes and preparation. They must be allowed by their agency employers and professional bodies to operate in this generic family worker role whilst retaining their professional expertise. Arrangements will be in place for clinical/professional supervision, but each family worker will be managed and accountable to the family team manager.
3. The transition of services from Family Solutions will be critical to the success of the establishment of the eight family teams in October 2013. The learning from Essex Family and Family Solutions will inform the development and training programme.
4. Disadvantaged families must be willing and have sufficient incentive to engage with the programme. Building on evidence from research, we will learn from Essex Family and Family Solutions to inform what works best. We need to ensure that the Family Team offer is radically different so that families who have often been poorly served, or have felt antagonistic towards the existing way of doing things are going to enthusiastically embrace the new approach.
5. Partner agencies and professionals must sign up to a shared understanding of effective support for children and families in Essex, including agreement about the four levels of need and how family needs and services map against the four levels. This will have to be ratified by partners and the Essex Safeguarding Children Board.
6. There needs to be an agreed and procured data system for both shared family assessments and for the work undertaken within family teams. One pre requisite of entering into the FCN programme for families will be consent to information sharing within the bounds of the family teams. Agencies need to agree that their staff within the family teams are able to record their work in the established new data system.
7. The establishment of a single central point for information, advice, referral and screening for both shared family assessments and for the families with complex needs programme needs to be in place prior to the start of Family Teams so that there are clear and understood pathways and processes for professionals and families.
8. Agencies' agreement to pooled budgets and sharing of staff and other resources (including buildings, where appropriate) needs to be in place with an equitable contribution from partners.
9. An agreed methodology for working with families based upon strong relationships and evidence from research needs to be applied consistently in all Family Teams within Essex.
10. An agreed format and process to measure success, outcomes and benefits, beginning with baseline information upon entry to the programme need to be in place at the outset, used by all families and team members.

8. Summary (Section to follow)

8.1 Key messages

8.2 Key statements of commitment by partners:

Resources
Outcomes
Investment
Leadership

8.3 Key features of the proposed solution

9. Recommendations (Section to follow)

Appendices

1. Outcome of consultation on assessment, referrals and routes into services
2. Draft Effective Support for Children and Families
3. Stakeholder Engagement Plan
4. The Children Act 1989 and The Children Act 2004
5. Governance Structure; incorporating Family Teams and external liaison links
6. Cost Benefit Analysis
7. Benefits realisation matrix
8. Draft Memorandum of Understanding
9. Programme Risk Register
10. Programme Implementation Plan

Appendix 3

Children Act 1989 Section 17 – Children in Need

Section 17(10) states that a child shall be taken to be in need if:

(a) the child is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority under Part III of the Children Act 1989;

(b) the child's health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or

(c) the child is disabled.

Children Act 2004 Section 10 - Co-operation to improve well-being

1) Each children's services authority in England must make arrangements to promote co-operation between—

(a) the authority;

(b) each of the authority's relevant partners; and

(c) such other persons or bodies as the authority consider appropriate, being persons or bodies of any nature who exercise functions or are engaged in activities in relation to children in the authority's area.

2) The arrangements are to be made with a view to improving the well-being of children in the authority's area so far as relating to—

- (a) physical and mental health and emotional well-being;
- (b) protection from harm and neglect;
- (c) education, training and recreation;
- (d) the contribution made by them to society;
- (e) social and economic well-being.

3) In making arrangements under this section a children's services authority in England must have regard to the importance of parents and other persons caring for children in improving the well-being of children.

4) For the purposes of this section each of the following is a relevant partner of a children's services authority in England—

- (a) where the authority is a county council for an area for which there is also a district council, the district council;
- (b) the police authority and the chief officer of police for a police area any part of which falls within the area of the children's services authority;
- (c) a local probation board for an area any part of which falls within the area of the authority;
- (d) a youth offending team for an area any part of which falls within the area of the authority;
- (e) a Strategic Health Authority and Primary Care Trust for an area any part of which falls within the area of the authority;
- (f) a person providing services under section 114 of the Learning and Skills Act 2000 (c. 21) in any part of the area of the authority;
- (g) the Learning and Skills Council for England.

5) The relevant partners of a children's services authority in England must co-operate with the authority in the making of arrangements under this section.

6) A children's services authority in England and any of their relevant partners may for the purposes of arrangements under this section—

- (a) provide staff, goods, services, accommodation or other resources;
- (b) establish and maintain a pooled fund.

7) For the purposes of subsection (6) a pooled fund is a fund—

(a) which is made up of contributions by the authority and the relevant partner or partners concerned;
and

(b) out of which payments may be made towards expenditure incurred in the discharge of functions of the authority and functions of the relevant partner or partners.