
**Manchester City Council
Report for Resolution**

Report to: Economy Scrutiny Committee – 5 March 2014

Subject: Update on Community Budgets and Troubled Families

Report of: Geoff Little (Deputy Chief Executive, MCC)
Karen Dolton (Head of Integrated Care, MCC)

Summary

This paper sets out for comment the progress the Council and its partners are making in turning round the lives of troubled families. Specifically, it includes:

- The latest results from the evaluation demonstrating progress for families in the programme
- Case studies to provide Committee with an illustration how the work has had a real impact on families and provide insight in to specific interventions.
- An update on the work to understand and address smoking as an issue for Troubled Families
- An update on the next phase of Troubled Families and more specifically the 'Complex Dependency' work being led at a GM level
- An update on the Work Programme Leavers programme

Recommendations

Members are requested to note the progress made with the troubled families programme.

Wards Affected:

All

Contact Officers:

Name: Geoff Little
Position: Deputy Chief Executive
Telephone: 0161 234 3280
E-mail: g.little@manchester.gov.uk

Name: Karen Dolton
Position: Head of Integrated Care, Families, Health and Wellbeing MCC

Telephone: 0161 234 3048
E-mail: k.dolton@manchester.gov.uk

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If committee would like a copy please contact one of the contact officers above.

1.0 Introduction

- 1.1 The purpose of the report is to provide an update on the Community Budget and Troubled Families work as requested by this Committee, namely;
- The latest results from the evaluation demonstrating progress for families in the programme
 - Case studies to provide Committee with an illustration how the work has had a real impact on families and provide insight in to specific interventions.
 - An update on the work to understand and address smoking as an issue for Troubled Families in response to previous request from this Committee
 - An update on the next phase of Troubled Families and more specifically the 'Complex Dependency' work being led at a GM level
 - An update on the Work Programme Leavers programme

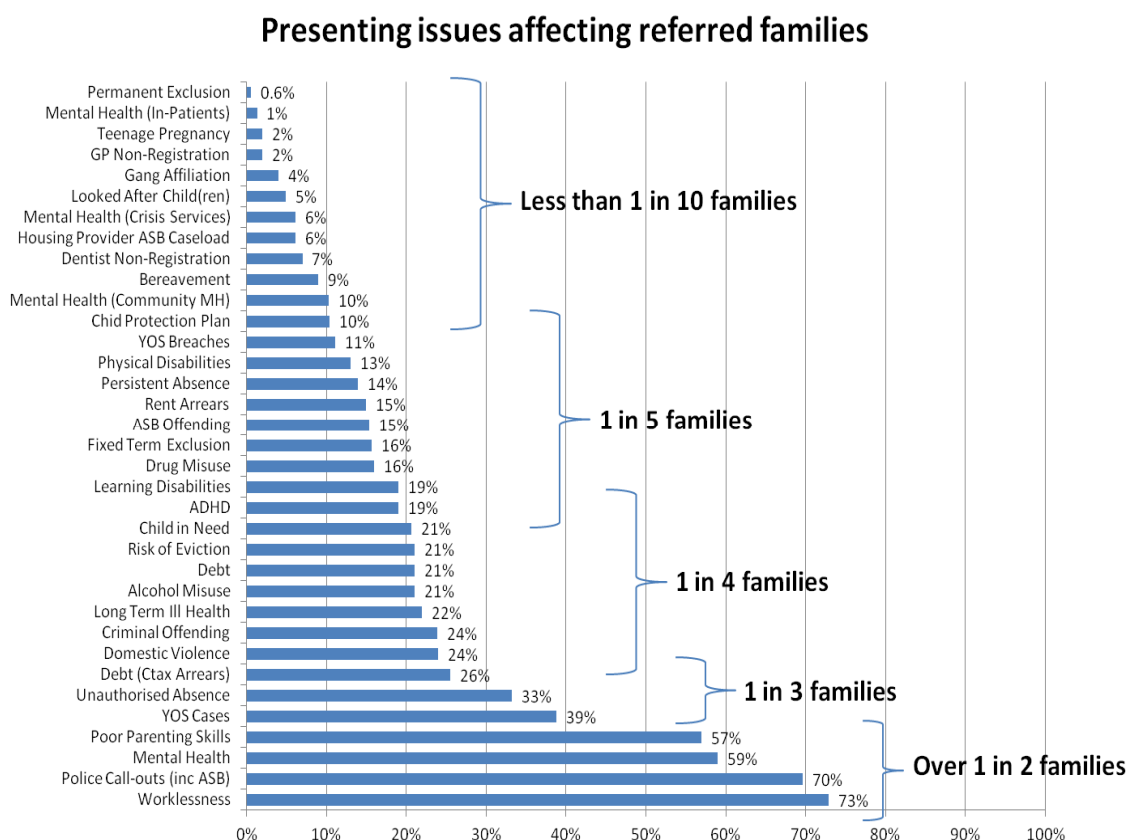
2.0 Background

- 2.1 Committee is reminded that Troubled Families is one of the central themes of the public service reform agenda and a key part of our ambition in Manchester to reduce dependency on public services and improve residents' outcomes so that they can contribute to, and benefit from, growth. It is estimated that there are between 2,000 and 4,000 troubled families and a further 3,000-4,000 families at risk of becoming complex in the city. As well as being recognised as a priority locally it is also recognised nationally and the government launched the national Troubled Families Programme led by Louise Casey's Troubled Families Unit in 2012 to provide funding and impetus to local programmes designed to work with troubled families.
- 2.2 Manchester's Troubled Families programme has develop over three phases and as reported in the last update to Committee now operates citywide. The Committee is reminded that The Troubled Families delivery model in Manchester is based on the following principles:
- Interventions chosen on the basis of available evidence of what works e.g. Family Intervention Project
 - Interventions are integrated so that families receive a bespoke package of support that meets the needs of individual families
 - The existence of a Family Lead Worker who will assess the need of the family and help them navigate public services more quickly, more effectively and in the right order
 - Integration of services around the whole family not just individuals
 - A focus on early intervention for 'at risk' families as well as support for those in crisis
 - A clear focus on moving towards sustained employment as a core goal/aspiration for Troubled Families

2.3 The last update on Troubled Families was provided to Scrutiny Committee held in October 2013. Committee are reminded that this focussed in greater detail around the delivery model currently in operation, the activity underway to move troubled families into employment and progress towards investment agreements. Given the relatively short time since the last update this information remains relevant and as such this report will include a greater emphasis on how at a Greater Manchester level the Troubled Families way of working is being applied to address a wider range of individuals and families who are living with complex problems including those at risk of developing more serious problems.

3.0 The latest evaluation demonstrating progress for families in the programme

3.1 At the October Scrutiny Committee an update was provided using the evaluation findings from July 2013. In line with the reporting schedule this information has now been refreshed. The latest evaluation covers a total of 294 families that have been through interventions within the new delivery model. These are cases that are now closed to the intervention and therefore are able to take account of the sustainability of the outcomes. The average length of time a case is open across all the interventions is 277 days (c. 9 months). The table below sets out the most common presenting issues for troubled families referred into the programme:



- 3.2 The figures below are from the latest evaluation. They represent the percentage reduction or improvement in families that had particular issues before or during the intervention in comparison to the 12 month period after the end of the intervention.
- Of a total of 223 people in Troubled Families claiming workless benefits, of which 19 (8.5%) stopped claiming workless benefits and were confirmed as in work. A further 27 have stopped claiming benefits but are not as yet confirmed as in work. These are currently being investigated by JCP and the key workers in order to determine why these people have dropped off benefits for example have they stopped claiming or were in they in short term employment and as such had just dropped off benefits for a particular period.
 - 73% of offender families stopped offending
 - 86% of families making calls on police stopped
 - 60% reduction in YOS breaches
 - 64% improvement in Domestic Abuse – this is currently based on the key worker’s view that Domestic Abuse was no longer an issue at the end of the intervention however MCC Research and Intelligence team are currently working through data provided by MARAC to verify this.
 - 49% improvement in Mental Health issues (116/148 (78%) patients accessing Community Mental Health Trust had no repeats (66/93 (71%) patients accessing crisis team had no repeats, 11/20 (55%) patients requiring in-patient care had no repeats)
 - 26% improvement in Drug Misuse issues
 - 54% improvement in Alcohol Misuse issues
 - 39.6% (67 children) had reduced needs at closure (50 into universal services)
- 3.4 Encouragingly as the following table shows there has been improvement in most areas since the last evaluation. As can also be seen from the table there are also a number of areas where the programme have been able to report progress this time as a result of improved access to the data. The outcomes presented in the evaluation demonstrate the overall net achievement made by the New Delivery Model. The latest evaluation also saw a refresh of the cost benefit analysis. This showed that a cost benefit ratio of 114.29%. In essence this means that for every £1 spend on the delivery model it will provide a £1.14 return on investment based on the benefits accrued. The biggest drivers for improving the cost benefit ratio will be the efficiency of the services and driving performance in those areas that return the highest level of benefits e.g. worklessness.

Presenting Needs Addressed by Case Closure		2014	2013
Worklessness	↑	-9%	-7.5%
Offending	↑	-73%	-70%
GMP Incidents	↑	-86%	-24%
YOS Breaches	-	-60%	n/a
Domestic Abuse	↑	-64%	-36%
Mental Health	↑	-64%	-50%
Drug Misuse	-	-26%	n/a
Alcohol Misuse	-	-54%	n/a
Disabilities or Long Term Illnesses	-	-25%	n/a
ADHD	-	-33%	n/a
Safeguarding	↑	-40%	-35%
School attendance	↑	-46%	-37%
General debt issues	-	-42%	n/a
Council Tax Arrears	↑	-26%	-20%
Rent arrears	-	-41%	n/a
Risk of eviction	-	-64%	n/a

- 3.5 The question of 'what would have happened naturally without intervention' is currently taken into account in the Cost Benefit Analysis in that there are deadweight and optimism factors built into the model that use national evidence compiled in the Greater Manchester Cost Benefit Analysis model to isolate added value. Over the next few weeks the programme will also be compiling its own localised analysis of two comparison groups. The first being the Business As Usual group which will enable us to isolate the added values between the New Delivery Model and the old way of working. The second is the do nothing group, which will look at families with similar issues and then assess what happened to them without any direct intervention, this will enable us to look at the total value of New Delivery Model against doing nothing.
- 3.6 The latest evaluation also saw a refresh of the cost benefit analysis. This showed that a cost benefit ratio of 114.29%. In practice this means that for every £1 spent on intervention is a return on investment of £1.14 in fiscal benefits to the public purse. The biggest drivers for improving the cost benefit ratio will be the efficiency of the services and driving performance in those areas that return the highest level of benefits e.g. worklessness.
- 3.7 The latest Payment by Result (PbR) claim to government was submitted on 14th of February. It included a claim for a further 310 families that are deemed to have been 'turned around' based on government criteria e.g. they found work or had their issues with ASB, attendance and exclusions addressed. Claims were made for a further 69 claims were made under the progress to work measure which nationally is defined as engagement with the DWP funded ESF programme for complex families. To date we can confirm following in relation to the claims to date:
- We have engaged with a total of 1883 families to date which is 79% of our total and well in line to reach our target of 1908 (80%) by April 2013 (NB. Committee are reminded that claims are made for families that may be

supported by a wider range of council services than the core interventions in the Troubled Families delivery model, for example the work of the social worker may have been adequate to meet the needs of the family and achieve the results needed to claim the payment)

- Out of our total of 2,385 that we would be eligible to claim for over the three years of the current national programme to date Manchester has claimed for 859 that as 'turned around' based on the Troubled Families Unit criteria - This represents a total of 36% of our total families over the three years or 45% of our families engaged so far. These figures are in line with the average across Greater Manchester.
- To date Manchester has claimed a total of £528,000 through the claims process – Committee are reminded that there is a maximum of £4000 per family which includes the attachment fee and the successful results claim.

3.8 The latest evaluation demonstrates some good progress in terms of improved outcomes for families. There are however a number of key actions that will be taken over the forthcoming weeks in order to continue to drive performance. These include:

- Breaking the latest evaluation data down by interventions so that we can see which interventions are getting the best outcomes for families and in turn building further evidence of which interventions are most effective.
- Looking in greater detail at which support services were referred to or were involved with the families so that we strengthen our view what we should be commissioning and de-commissioning to support our troubled families.
- Breaking down the evaluation by individual workers so we can use the information to help continuously improve performance through the supervision process – this will also incorporate the latest performance information on open cases.
- Breakdown the evaluation by SRF areas and feed it into the Local Integration Teams (Monthly meetings supporting integration that are chaired by MCC Regeneration teams that draw together key partners/services involved with Troubled Families in order to review progress and address barriers). The LITs will be tasked with assessing which issues are most common for Troubled Families in their area, which are the areas that most focus and what are the specific actions that as local partners can they do to help support the interventions and continue to improve performance.
- Undertake more detailed analysis to understand more about what each indicator is telling us about the programme including to what extent the interventions are focusing on the areas that put most demand on public services

4.0 Case Study to illustrate impact and provide insight into the interventions

4.1 At the October Scrutiny Committee a request was made for some case studies to be included in the next update on Troubled Families in order to provide an insight into the work of the interventions. There are a number of detailed case studies that have been produced to date and focus on the wide range of activity undertaken to support the families. These can be made readily available to Scrutiny but for the purposes of this report the following case

study is focussed on how the interventions have helped to move Troubled Families into work.

Case Study

Background to the case - Client A is a single mother who has two children aged 15 years and 12 months. The family was referred to the service because of ongoing persistent ASB perpetrated in and around their property. Possession of the family home had been granted to the Housing Provider and the family were due to become homeless. Client A had a long history of drug misuse (Class A) and her daughter aged 15 was already involved in the criminal justice system.

How was the family supported back into work? -The family's housing situation was stabilised by the FIP by offering a Dispersed Tenancy and reducing the risk of homelessness. A Whole Family Assessment took place over 6 weeks to establish the needs of all family members. This included the crucial identification of the issues that had contributed to the family's current situation and who needed to make what changes for the family to move forward. Client A was able to recognise the pivotal role she played in turning round the family and how her own behaviour could impact positively on her children. During this time the Key worker was also able to deal with practical tasks that were creating barriers to Client A focusing on employment such as finance, property condition and education.

At the time of referral both children were subject to Child Protection Procedures and the Key worker worked with the family to ensure that all actions/tasks were met and the children were removed from a plan after 12 months of intervention. Client A was referred to and successfully completed a Parenting Course, which built her confidence in her own skills and also in group settings and working with other people. This provided Client A with opportunities for socialisation outside of her current negative peers, which she enjoyed.

The high frequency of visits to the property were used to build confidence and self esteem and alongside this the Key worker challenged Client A's negative behaviour and perceptions. This helped to facilitate a positive change in Client A's attitude to seeking employment.

Within the Behaviour and Support Plan a path to employment was developed and this included all relevant factors around benefits and finance, childcare and managing the household. The Key worker contacted Gingerbread and was able to procure a place on a 3 day skills training programme. This included interview skills, CV work, adult education and confidence building. Client A attended all 3 days of the course with support from the FIP Key worker.

The Key worker liaised with Sure Start around securing a child care place for Client A's 12 month old daughter and co-ordinated this with Job Centre Plus who were able to provide some funding towards this placement.

Client A was supported in making an application for a work placement opportunity at Marks and Spencer and she was successful in accessing this ahead of 62 other applicants. Following a successful placement Marks and Spencer offered Client A full time employment. The Key worker contacts the client after work to see how things are going, to encourage continued attendance and discuss/resolve any issues. The Key worker maintains weekly contact with the Placement Coordinator to review progress check attendance and address any issues.

Current status - Client A has become very driven, particularly since she has successfully addressed her substance misuse. Client A's oldest daughter has had issues around poor attendance and Client A feels that by working she has encouraged her daughter that she too can do well and achieve more. Going out to work has given Client A a sense of pride and has improved her confidence tremendously. As a result she has redecorated her house to make this feel more like her own. She also contacts agencies to report repairs and chase up responses independently. Client A feels she now has the skills to challenge her peers and her daughter's peers when she feels they are taking advantage of her. She presents as more emotionally stable, happier and now has a more positive outlook on her life.

Client A's increase in confidence supported her implementing the skills she had picked up on the parenting course. There has been a vast improvement within her relationship with her daughter although there is still some further work to do around this. Child A's youngest daughter is enjoying her child care placement, making new friends, improving her social, emotional development and speech. The routines of working have improved the family's functioning, clarifying roles and responsibilities within the home.

5.0 An update on the work to understand and address smoking as an issue for Troubled Families

- 5.1 At a previous Scrutiny Committee there have been requests to explore the issue of smoking in Troubled Families. As previously reported this led to a number of staff delivering interventions within the Troubled Families programme received training in the Chemical Soup programme (which has a good evidence base for helping to discourage people from smoking) and all staff had materials and information available to support smoking cessation. Whilst this went some way towards equipping staff with some of the tools to encourage families to cease smoking it was agreed that a better understanding of the issue of smoking for troubled families would be beneficial. In response in December 2013, workers have been systematically asking families they work with about their smoking habits, in order to support them to stop.
- 5.2 A questionnaire was devised which is used as part of a whole family assessment process, at the point that the key worker considers it to be appropriate. To date, 100 assessments have been collated across the Family Intervention Project Teams (FIP) in the south and central areas of the city and

the Complex Families Parenting Team (CFPT). More assessments than this have been completed but have not yet been analysed. The Smoking Assessment questionnaire is now an integral part of the whole family assessments undertaken by staff in the FIP and is being rolled out across all teams. Further work is also now being undertaken to embed the approach within the delivery models at review and case closure process. The high level findings of the assessments are as follows:

- 69 of the 100 individuals questioned said they smoke.
- 75% of the individuals smoke more than 10 cigarettes a day, and 20% smoke more than 20. Given that people often minimise the amount they smoke, these figures could be higher.
- The vast majority of the individuals questioned began smoking at an early age, with over 80 % of them smoking before the age of 18. Nearly half began smoking before the age of 14. One person admitted to starting smoking when aged 8 and five were smoking by the time they were 10 years of age - This indicates that smoking was common place within their own peer group as they were growing up and for many, stopping smoking will mean breaking some deeply entrenched behaviour patterns. It also highlights the susceptibility of children to smoking and emphasises the importance of focussing on the smoking habits of the children and young people within the families we work with, who may be negatively influenced by their parents and peers. This will be a focus for staff when considering the health aspects of the whole family plan rather than consideration of the habits of the individual.
- Over half of the individuals said they smoke in the house and more than half smoke in front of their children/family. The vast majority do not smoke in the car – but this is probably just a reflection of the fact that most families are not car owners. Staff are giving a strong message to individuals that, even if they are not ready yet to quit smoking, there are steps they can take to protect their family from harmful effects. Interestingly, while 100% of the individuals said that they are aware of the harmful effects of smoking on their own health, only one-fifth of them accepted that there were any current health impacts. Of the 15 people who said that their health was affected, seven reported suffering from asthma, two from breathing problems, three with a smoking related cough, one with anaemia and two felt their health was suffering but did not specify how. Only one person reported being concerned about the possibility of developing a cancer related illness. This demonstrates either a lack of real awareness of the impact of smoking on health, or shows a strong element of denial in facing the issue.
- The majority of individuals have tried to quit smoking in the past, but fewer demonstrate a willingness to stop smoking at the present time. Some individuals referred to smoking as a way of relaxing and cited the stress and anxiety of their complex issues as a reason why they could not quit at the present time – it would be one more stressful thing to try to tackle. However, over half of the individuals assessed did indicate a desire to stop smoking and staff have positively encouraged this, making onward referrals and supporting people to quit.
- Some individuals are spending large amounts of their weekly budgets on tobacco. Most of the families open to the Family Recovery Service are on benefits and report significant problems with meeting daily living expenses and

budgeting. The more money spent, the greater the awareness that this has an impact on household finances, but more than half of the individuals appear to have no insight into the effect that this expenditure has on their finances. In fact, three individuals who spend £30, £35 and £45 report that this has no impact on their family budget. Staff obviously challenge this and assist families to budget effectively, within a framework of better money management (and increasing family income by moving into employment).

- 5.3 In terms of next steps data will continue to be collated and analysed. This will be shared with Public Health colleagues so that we can get input in terms of the full range of interventions available to staff and how they can be incorporated into a package of support for the families. The number of onward referrals will be monitored and indicators will be developed to measure outcomes, so that we can more fully understand what works in successfully motivating and supporting individuals from troubled families into quitting smoking. All staff are also to receive additional training from Stop Smoking Manchester, with five training sessions scheduled for March to train 100 staff and more to follow. This will equip staff to have conversations about giving up smoking, inform them on how to refer to the correct services when individuals are ready to quit and provide staff with more detail on Smoke Free Homes, when individuals are not yet ready to quit but is prepared to take some initial steps.

6.0 Next phase of Troubled Families and Complex Dependency

- 6.1 Good progress is being made with the Troubled Families programmes in Manchester however we are to achieve both our goals for economic growth, and ensuring all residents contribute to and benefit from that growth the pace and scale of public service reform needs to expand further. Therefore the two big ticket priorities for reform over the next two years, health and social care integration and Complex Dependency need to be brought forward through our budget and business plans for 2014/15. Making progress on these issues at pace and scale will enable Manchester to sustainably reduce demand and dependency, and help meet the financial challenges facing all public services.
- 6.2 The complex dependency work in GM is about taking the principles that underpin the Troubled Families programme (integrating and sequencing public services into bespoke packages of support, deploying evidence-based interventions with the greatest chance of success, working on a whole family basis in order to change behaviour) and expanding the approach to cover more families and individuals that have multiple issues and are dependent on public services, many of whom have been previously covered by separate services.
- 6.3 Complex dependency is defined as the families and individuals that represent the highest cost and demand for multiple public services in Manchester. It is those families/individuals where intervention can be targeted to deliver a return on investment. We also consider that Complex dependency also includes those cohorts at risk of issues escalating, and the understanding of what the early indicators of escalation are, in order to target intervention. In

essence this is about expanding the cohort so that it is broader – for example, those leaving the Work Programme, offenders, those involved in organised crime, and those with complex health needs and deeper – families at risk of becoming troubled, and those in low pay, no pay cycles. The Public Service Reform team are working with colleagues across Greater Manchester to develop a clear view of this group of people and get a sense of the scale of Complex Dependency across all boroughs.

- 6.4 Greater Manchester has an opportunity to co-design with Government, including the Troubled Families Unit and HMT, a trial of working with ‘at risk’ families during 2014/15, prior to national roll-out in 2015/16. Discussions with DCLG have progressed well to date and it is likely that GM will be selected as one of the early adopter areas. As well as providing some advanced funding and providing impetus to the Complex dependency work in GM it will provide the opportunity to design delivery models which will work across a broader cohort. Greater Manchester has also been feeding its views into how a future financial model for sharing risk and reward might operate with the potential for greater control of this across partners in GM. The Autumn Statement announcement made clear reference to the potential for multi-year budgetary certainty for places. Working in this way could be the precursor to a broader deal with Government about a multi-departmental Payment by Results approach which brings together currently silo-ed departmental PBRs in a place. That would involve agreeing priority outcomes, budgets and payment incentives, so GM and Government share in the proceeds of success, and share the risk of investing.
- 6.5 To convince DCLG that Greater Manchester is a suitable early adopter of the next phase of Troubled Families a commitment has been made to continuing to strengthen the delivery of the 10 current programmes across GM, starting with an extensive stock take exercise which has now been completed and to co-design a more GM-wide approach to the future programme with partners, in terms of cohorts, delivery models, investment and evaluation. Additional capacity has been brought into the GM PSR team to lead this work and the governance for PSR has been strengthened across GM.
- 6.6 Work is already underway across GM to start to define the Complex Dependency cohort with extensive input from a range of partners so that we can understand the key indicators and domains for this cohort. Research and Intelligence officers from across GM are being brought in to support the data requirements of this work scale of complex dependency and to consider how these people would be identified. The next phase of this work will involve more detailed work to design the delivery models needed to work with the complex dependency cohort which are likely to need to be delivered across a broader range of organisations than the current Troubled Families programme. In terms of implementation it is likely that this will be phased in with a focus on delivery models for particular cohorts in 14/15 which will include some of the ‘at risk’ families that we anticipate will be targeted by the next phase of the national Troubled Families programme.

7.0 Update on the Work Programme Leavers

- 7.1 The Work Programme Leavers group represent one of the cohorts that sit under the complex dependency banner. The Committee are reminded that Work Programme Leavers (WPL) is a new programme that will support Employment Support Allowance (ESA) Work Related Activity Group claimants who have one or more health conditions, into sustained employment. Participants will be referred into the programme by Jobcentre Plus having completed two years on the Work Programme. The purpose of the scheme, which has been co-designed between Greater Manchester and Government, is to test whether public services can work together to better integrate support for a cohort with multiple barriers to work than business as usual arrangements, alongside more intensive support from key workers. Both the integration and the key worker element are critical to the success of Work Programme Leavers in Manchester.
- 7.2 Success of the Work Programme Leavers programme will be considered to be sustaining 15% of the cohort in work for over a year which is significantly higher than the job outcomes achieved to date for this cohort under the Work Programme as reported to the February 2014 meeting of this committee. Interim success measures will include the number of the cohort who find work, and sustain work for shorter periods than a year. Evaluation of the programme has been co-designed with Government to ensure that the results will be robust.
- 7.3 Achieving success with Work Programme Leavers is critical to Manchester's strategic ambitions on growth and reform. We need to collectively generate the strongest possible evidence during 2014/15 in order to have a different conversation with Government in 2015/16 about GM potentially commissioning or co-commissioning future welfare programmes. This would be a key element within a differential deal for GM on growth and reform.
- 7.4 All ten GM local authorities have led the development of Local Integration Plans for Work Programme Leavers, working closely with their partners and there are mechanisms for integrating services in all ten localities. In Manchester this is led by the Local Integration Board.
- 7.5 Work Programme Leavers will see local public services across Manchester delivering access to a range of appropriately integrated, prioritised, and sequenced interventions, giving key workers access to a range of tools to help in the development of bespoke packages of support for participants in the programme. Drawing on evidence of success from existing public service reform programmes, Work Programme Leavers will be built around a key worker model. Working with a small number of participants (20-40) as compared with Work Programme caseloads of up to 200, key workers will be responsible for assessing participants barriers to work and developing individual programmes of activity aimed at helping them enter work.
- 7.6 In Manchester, protocols are being developed with health, skills and housing, and one on employer engagement. The purpose of the protocols is to agree specific actions with key partners to ensure that the cohort can access their

services effectively, agree how those services will be integrated and prioritised, and how actions will be coordinated across their sector. For example, the health protocol will ensure work and health are a key priority for the NHS strategic planning round, that work is recognised as a key risk factor when planning services, that GPs are trained to recognise work and skills issues and make active referrals, and that future commissioning intentions of local authorities and health commissioners prioritise services such as mild to moderate mental health provision for this cohort.

- 7.7 Good progress has been made in Manchester to prepare for implementation of the programme with the development of a local integration plan by the Manchester Work Programme Leavers Integration Board. Governance arrangements have been established to manage the integration of services and performance of the service in the city and there has been clear commitment from public service partners to collaborate on integration to develop a quality service to the cohort. The Integration Board which is chaired by the Head of Regeneration will report to the Work and Skills Board which will have overall responsibility for performance. The Integration Board includes membership from the following services; MCC Economic Development Unit, which will be responsible for day to day management of the programme in the city, the District Operations Manager from DWP, Public Health Manchester, MCC Programme lead for drug and alcohol treatment, MAES, The Manchester College, MCC Head of Care, MCC Strategic Commissioning Manager for Mental Health, Service Manager Occupation Activity and Employment for Manchester Mental Health and Social Care Trust, Clinical Lead - Primary Care Mental Health Team, Manchester Mental Health Social Care Trust, MCC Head of Strategic Housing, Eastlands Homes, the Manchester Investment Fund lead and Neighbourhood Regeneration.

8.0 Conclusion

The latest evaluation of the Troubled Families programme demonstrates some good progress and in terms of making a real impact on the lives of these families the case studies show some of the ways the interventions are able to transform their lives and in doing so reduce their dependence on public services. In order to enable residents to enjoy the benefits of economic growth in GM it is important that we build on this success and look to apply the principles and learning to a wider group of people that have complex issues and need the type of intervention and targeted support that is proving successful for Troubled Families. Work Programme Leavers is an example of how Greater Manchester can mobilise to put in place delivery models that will work for some of our most complex residents. We now want to build on this momentum so that we can design both delivery models and financial models that can cover a broader group of people with complex issues. The opportunities presented by the co-design with DCLG for the next phase of the national Troubled Families programme and the potential to test the support element of Universal Credit will help provide further momentum.