
**Manchester City Council
Report for Resolution**

Report to: Health and Wellbeing Board – 8 May 2013
Subject: Family Poverty Strategy – Action Plan
Report of: Sara Todd, Assistant Chief Executive

Summary

This report presents a short term action plan of the final draft of the Family Poverty Strategy which was agreed by the Executive in September 2012. The action plan contains 'further actions' contained in the Strategy which are the responsibility of the Health and Wellbeing Board to oversee.

Recommendations

The Board is invited to incorporate the Family Poverty Action Plan action into its work planning and performance monitoring of the Health and Wellbeing Strategy.

Wards Affected: All

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Introduction

1. The shadow Board received a report in April 2012 about the requirements of the Child Poverty Act 2010 and the need for the Council and its partners to *'prepare and publish needs assessments and strategies from 2011 onwards to drive their priorities on addressing child poverty.'*
2. From April 2012 the draft Strategy approved by the shadow Board was consulted upon at various SRF Children's Partnership Groups and SRF Delivery Groups. The results of the consultation were used to revise the Strategy which was presented to the Board on 4th July 2012. The same draft was also approved by the Manchester Board on 17th July 2012.
3. The Strategy was presented to Economy Scrutiny Committee on 5th September and agreed by the Executive in 12th September 2012. Some minor changes to the Strategy were made in response to comments made at the Scrutiny meeting and in relation to a new data release from Her Majesty's Revenues and Customs (HMRC) in the autumn of 2012. All the data was refreshed to a 2010 baseline from the HMRC figures which are based on tax credit data. The data showed only marginal changes in the numbers of children in poverty in Manchester with 38,095 children living in poverty (i.e. below 60% of median income) compared to 38,940 children from the 2009 data. All figures, tables and maps in the Strategy were updated but none of the findings, conclusions or further actions were changed.

The Action Plan

4. The report to the Executive last September stated that an Action Plan would be drawn up and its implementation overseen by the relevant Boards of the Manchester Partnership. Attached at Appendix 1 is a Short Term Priorities Action Plan which sets out the 'further actions' and performance indicators that fall under the responsibility of the Health & Wellbeing Board and which can be progressed relatively swiftly under the auspices of the Board. The performance indicators align with the indicators currently utilised in the Community Strategy Delivery Plan (though this is being refreshed); the economic indicators of the Work and Skills Plan and the indicators being used to measure progress towards the eight strategic priority areas of the Joint Health and Wellbeing Strategy (JHWBS).
5. The key areas of focus for the Health & Wellbeing Board in terms family poverty for the action plan are:
 - The need to support parents furthest from the labour market and with particular issues who might benefit from individual or group interventions to improve their mental health.
 - That front line workers across services should refer families in key areas of low family income and child poverty to the ESF Family Support Programme (and the Troubled Families programme).
 - The encouragement of further integration of health and local authority services of Public Health Manchester, the JSNA and Clinical

Commissioning Groups to ensure that services are seamlessly integrated in those areas with greatest family and child poverty.

- The need for Community Budget for Troubled Families to increasingly focus on specific individual families and children in the lowest income categories.
 - The need to improve the availability of green space in the areas of low family incomes so that children have areas to play for health and other reasons.
 - The need to ensure access to cheap, healthy and nutritious food in the areas of highest family poverty so that children's development is not hampered and obesity is reduced.
6. Many of these actions are already incorporated into the Joint Health and Wellbeing Strategy and in terms of measuring progress on these, the monitoring framework for the Health and Wellbeing Strategy already incorporates most of the indicators suggested so no separate monitoring regime is needed. The 'Proportion of children living in families with reported income of less than 60% of median income' is also now included under Strategic Priority 1 in the JHWBS.
7. Oversight of the implementation of the actions will rest with a small officer group comprising the policy leads from the Work and Skills Board; Health and Wellbeing Board; and Children's Board. The Work and Skills Board takes primary responsibility for Family Poverty Strategy due to the emphasis on work as a way out of poverty and will initiate the meetings required. There will be an annual review of progress on implementation of the Strategy initiated by the Work and Skills Board to which all the Boards be invited to contribute.

Recommendations

8. It is recommended that the Board endorse the action plan, incorporate the relevant actions and indicators into its work planning and performance monitoring and report on progress as required.

Appendix 1 – Family Poverty Strategy – Short Term Priorities Action Plan

Family Poverty Strategy – Short Term Priorities Action Plan				
Family Poverty Strategy theme	Board responsible	Further actions	Possible Indicators	Comments
Theme 1: Parental Employment and Skills	Health and Wellbeing Board/Work and Skills Board	Continuing support to parents furthest from the labour market and with particular issues e.g. those on IB/ESA who might benefit from, for example, individual or group interventions, to improve their mental health.	No. ESA claimants being supported. From Joint H & WB Strategy priority 7: 'Bringing people into employment and leading productive lives': 7.1 Proportion of adults moving back into training, volunteering or work as a consequence of accessing the Fit for Work referral service 7.4 % of people accessing the Fit for Work referral service that report improved mental health status	HWB and WASB will be supporting all IB/ESA claimants as a priority again in 2013/14 by improving links between employment and mental health services.
	Work And Skills Board Health and Wellbeing Board	The Council and its partners should utilise information on family income and child poverty to help identify key locations for the ESF Family Support	Number of low income families supported by ESF family support programme From Joint H & WB	MCC don't get full monitoring information from G4S or all three of the Family Support Brokers. We can refer in the WASP to the ESF provision being embedded

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	Children's Board	Programme to operate. Front line workers across services should then refer families in these areas to the ESF contractors.	Strategy priority 5 'Turning round the lives of Troubled Families': Headline indicator: No troubled families receiving interventions as part of the Troubled Families Programme 5.2 No. presentations at GP practices for members of Troubled Families 5.3 Improved emotional and mental ill health for members of Troubled Families	within the Community Budget model. MCC will aim to influence provision but as this is Black Box commissioning the FSBs have different models ranging from lots of outreach to none.
Theme 2. Education, Health and Family	Children's Board Health and Wellbeing Board	Further integration of health and local authority services is being encouraged through the establishment of Public Health Manchester, the JSNA and Clinical Commissioning Groups. We need to ensure that services are integrated seamlessly in the wards with greatest family and child poverty and that infant	From Joint H & WB Strategy Children's readiness for school (PHOF 1.2) 1.1 Antenatal assessments <13 weeks) 1.2 Population vaccination coverage - 2 years old (PHOF 3.03iii) 1.3 Breastfeeding (PHOF	Manchester Joint Health and Wellbeing Strategy Outcomes Framework Strategic Priority: Getting the youngest people in our communities off to the best start links well with this action. The measurement of some or all of the suggested indicators here at the local level in the most deprived areas would be very

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		mortality, low birth weight, childhood obesity, dental health and reductions in alcohol and substance misuse, smoking and teenage pregnancies are evident in the most deprived areas.	2.2ii) 1.4 Speech and language development 1.5 Children in poverty (PHOF 1.1) 1.6 Excess weight in 4-5 year olds (PHOF 2.6) 1.7 Improved performance in the Early Years Foundation Stage Profile (EFYSP) 1.8 Pupil absence (PHOF 1.3) 1.9 Emotional wellbeing of looked after children (PHOF 2.8) 1.10 Tooth decay in children aged 5 (PHOF 4.2)	instructive followed by partnership action to ensure that issues are addressed and services joined up to help the poorest families and children in the most deprived wards.

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	Children's Board Work and Skills Board Health and Wellbeing Board	There is a need for Community Budget for Troubled Families to increasingly focus on specific individual families and children in the lowest income categories as identified by the family and child poverty data. The utilisation of family income as a key criterion in the initial assessment of the family would assist this.	No. low income families supported by the Troubled Families initiative. From the Joint H&WB Strategy priority 5 – Turning round the lives of Troubled Families: No. troubled families receiving interventions as part of the Troubled Families Programme	MCC are targeting support at those on the Troubled Families Unit list – low income is not one of the criteria set by Government but worklessness is. All the families that we are working with are workless but it is highly unlikely that any families will have anything other than a low income if they are workless. Many of these families are being further impacted by welfare reform.
		The design of the roll-out of Community Budgets across the city should incorporate the need to help low income families with children as a priority.	As above	As above
		Issues of unfitness that remain in the housing stock of registered housing providers need to be tackled especially where they relate to families living on low incomes in the wards of highest poverty.	Percentage of council owned homes meeting Decent Homes Standard (currently 92%)	Issues of unfitness in social housing have been substantially reduced through the decent homes standard but do remain in certain parts of the city particularly Northwards and PFI stock

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Theme 3. Place	Health and Wellbeing Board	The Council needs to improve the availability of green space in the areas of low family incomes so that children have areas to play.	Availability of green space in low income wards From Joint H&WB Strategy: 2.3 Utilisation of outdoor space for exercise/health reasons (PHOF 2.22)	This action does not fit neatly into any of one of the Boards remits but the Health and Wellbeing Strategy takes a holistic view of health and wellbeing including giving children a good start in life and involving the community in improving their own health and wellbeing through the use of outdoor space.
		The council needs to ensure access to cheap, healthy and nutritious food in the areas of highest family poverty as a priority for SRF areas so that children’s development is not hampered and obesity is reduced. Whilst there are a number of good examples of projects that are addressing this, more needs to be done to scale up provision and put access to good food at the heart of regeneration.	Availability of healthy, nutritious food to low income families	There is a role for Public Health Manchester in looking at the range of projects and initiatives being supported across Manchester and particularly ensuring fresh food is being provided from food banks. There is a role for SRF Delivery Groups in identifying initiatives in their areas and ensuring that they are well targeted and effective and don’t encourage dependency