



HARROW PARTNERSHIP BOARD ANNUAL GENERAL MEETING

TUESDAY 26 MAY 2009 AT 4.30 PM

PREMIER HOUSE BANQUETING CENTRE, 1 CANNING ROAD, WEALDSTONE, HA3 7TS

AGENDA

Members:

Councillor David Ashton (Chairman)	Leader; Strategy, Partnership and Finance Portfolio Holder	Harrow Council
Councillor Susan Hall	Deputy Leader, Environment and Community Safety Portfolio Holder	Harrow Council
Councillor Paul Osborn	Performance, Communication and Corporate Services Portfolio Holder	Harrow Council
Councillor Bill Stephenson	Leader of the Labour Group	Harrow Council
Councillor Phillip O'Dell	Deputy Leader of the Labour Group	Harrow Council
Dr Gillian Schiller (Vice-Chairman)	Chairman	Harrow Primary Care Trust
Vacant Howard Bluston	Representative Representative	Metropolitan Police Authority North West London Chamber of Commerce
Malcolm Parr	Representative	Harrow in Business
Neil Tornes	Representative	Large Employers' Network
Dr Mohamed Aden	Representative	Voluntary and Community Sector
Julie Browne	Representative	Voluntary and Community Sector
Mike Coker	Representative	Voluntary and Community Sector
Kris Fryer	Representative	Voluntary and Community Sector
Yvonne Lee	Representative	Voluntary and Community Sector
Professor Simon Jarvis	Representative	University of Westminster
Jacqui Mace	Representative	Further Education Sector
Ann Groves	Chairman	Older People's Reference Group
Abs Malik	Representative	Learning and Skills Council
Daniel Elkeles	Representative	North West London Hospitals Trust
John Vaughan	Representative	Central and North West London Mental Health Trust
Vacant	Chairman	Harrow Council for Racial Equality
Vacant	Representative	Harrow Youth Parliament
Vacant	Representative	Harrow Youth Parliament
Paul Clark	Corporate Director, Children's Services	Children and Young People Partnership
John Edwards	Divisional Director, Environmental Services	Sustainable Development and Enterprise Management Group

Andrew Howe	Director of Public Health, Harrow PCT	Adult and Social Care Management Group
Javed Khan	Director of Community and Cultural Services	Community Cohesion Management Group
Anne Whitehead	Co-chair, Community Cohesion Management Group	Community Cohesion Management Group
Richard Walton	Borough Commander, Harrow Police	Safer Harrow Management Group
Jaswant Lall	Representative	Job Centre Plus

Guests:

Michael Lockwood	Chief Executive	Harrow Council
Sarah Crowther	Chief Executive	Harrow Primary Care Trust
Julia Smith	Chief Executive	Harrow Association of Voluntary Service
Allen Pluck	Chief Executive	Harrow in Business
Susan Phillips	Locality Manager (West London)	Government Office for London
Annette Furley	CAA Lead	Audit Commission

Officers:

Mike Howes	Service Manager, Policy and Partnership Service	Harrow Council
Trina Taylor	Senior Policy Officer, Policy and Partnership Service	Harrow Council

Contact: Claire Vincent, Senior Professional - Democratic Services
Tel: 020 8424 1637 E-mail: claire.vincent@harrow.gov.uk

AGENDA - PUBLIC

1. **Attendance by Substitute Members:**
To note the attendance at this meeting of any Substitute Members, in accordance with paragraph 4.12 of the Harrow Partnership Governance Handbook.
2. **Declarations of Interest:**
(if any).
- Enc. 3. **Minutes:** (Pages 1 - 8)
That the minutes of the Board Meeting held on 19 March 2009, having been circulated, be taken as read and signed as a correct record.
- Enc. 4. **Harrow Healthy Living Centre:** (Pages 9 - 12)
Presentation by Mr Clive Myers, Director of Harrow Healthy Living Centre.
- Enc. 5. **North West London Collaborative Commissioning Intentions 2009-2014:**
(Pages 13 - 28)
Report of Harrow Primary Care Trust.

[Note: For reasons of economy, only the Executive Summary of the above report is attached. Members wishing to view the whole report can do so by accessing the agenda for this meeting on the Harrow Council website (www.harrow.gov.uk), where there is a link to the full document. If you require further information, please contact Claire Vincent, Democratic Services on 020 8424 1637].
- Enc. 6. **Harrow Strategic Partnership Annual Report 2008/09:** (Pages 29 - 56)
Report of the Assistant Chief Executive, Harrow Council.
- Enc. 7. **Report of Harrow Chief Executives:** (Pages 57 - 58)
Report of the Assistant Chief Executive, Harrow Council.
8. **Any Other Urgent Business:**
9. **Date of Next Meeting:**
The next Board Meeting (Summit) is scheduled for Tuesday 27 October 2009.

AGENDA - PRIVATE - NIL

**IT IS EXPECTED THAT ALL OF THE ABOVE LISTED ITEMS WILL BE
CONSIDERED IN PUBLIC SESSION.**

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HARROW PARTNERSHIP BOARD

Minutes of the meeting held on Thursday 19 March 2009

(1) Present:

Harrow Strategic Partnership Board Members:

Councillor David Ashton (Chairman)	Leader; Strategy, Partnership and Finance Portfolio Holder	Harrow Council
Councillor Susan Hall	Deputy Leader, Environment and Community Safety Portfolio Holder	Harrow Council
Councillor Paul Osborn	Performance, Communication and Corporate Services Portfolio Holder	Harrow Council
Councillor Bill Stephenson	Leader of the Labour Group	Harrow Council
Councillor Phillip O'Dell	Deputy Leader of the Labour Group	Harrow Council
Dr Gillian Schiller	Chairman	Harrow Primary Care Trust
Howard Bluston	Representative	North West London Chamber of Commerce
Malcolm Parr	Representative	Harrow in Business
Mike Coker	Representative	Voluntary and Community Sector
Yvonne Lee	Representative	Voluntary and Community Sector
Jacqui Mace	Representative	Further Education Sector
Ann Groves	Chairman	Older People's Reference Group
John Vaughan	Representative	Central and North West London Mental Health Trust
Paul Clark	Corporate Director, Children's Services	Children and Young People Partnership
John Edwards	Divisional Director, Environmental Services	Sustainable Development and Enterprise Management Group
Javed Khan	Director of Community and Cultural Services	Community Cohesion Management Group
Richard Walton	Borough Commander, Harrow Police	Safer Harrow Management Group

(2) Also Present:

Michael Lockwood	Chief Executive	Harrow Council
Andrew Bland	Director of Commissioning	Harrow Primary Care Trust
Allen Pluck	Chief Executive	Harrow in Business
Sara Brattan	Locality Manager (West London)	Government Office for London
Annette Furley	CAA Lead	Audit Commission
Nick O'Reilly	Harrow Borough Commander	London Fire Brigade

(3) The following Harrow Council Officers attended:

Mark Gillett	Divisional Director, Commissioning and Partnerships, Children's and Adults	Harrow Council
Andrew Hadfield	Head of Communications	Harrow Council
Mike Howes	Service Manager, Policy and Partnership Service	Harrow Council
Trina Taylor	Senior Policy Officer, Policy and Partnership Service	Harrow Council

Apologies were received from:

Neil Tornes (Representative, Large Employers' Network), Professor Simon Jarvis (Representative, University of Westminster), Abs Malik (Representative, Learning and Skills Council), Julia Smith (Chairman, Harrow Association of Voluntary Service), Anne Whitehead (Co-chair, Community Cohesion Management Group) and Jasvant Lall who will be attending future meetings in place of Janet Matthews (Representative, Job Centre Plus).

ACTION

1. Attendance by Substitute Members/Apologies for Absence:

AGREED: To (1) note the attendance of Andrew Bland, Director of Commissioning at Harrow Primary Care Trust (PCT), as substitute member for Sarah Crowther, Chief Executive of the PCT; and

(2) note the apologies received (as set out above).

2. Declarations of Interest:

AGREED: To note that there were no declarations of interests made by Partnership Board members in relation to the business to be transacted at this meeting.

3. Appointment of Deputy Chair:

AGREED: That Dr Gillian Schiller be appointed Deputy Chair until the end of the 2009/10 Municipal Year.

4. Minutes:

AGREED: That the minutes of the meeting held on 22 October 2008 of the Harrow Strategic Partnership Board, being the predecessor body to this, be taken as read and signed as a correct record, subject to the amendment of the attendance list to show that Councillor Phillip O'Dell was present.

5. Matters Arising:

- (i) Minute 170 – Comprehensive Area Assessment (CAA)
It was noted that it had previously been agreed that Annette Furley, CAA Lead from the Audit Commission, would give a presentation to

this meeting. Ms Furley indicated that she would address the meeting during agenda item 12, "The Area Assessment".

(ii) Minute 176 – Pump Priming Grant Awards

As previously agreed, the Service Manager (Policy and Partnerships) confirmed that a report on this matter would be submitted to a future meeting of the Board.

MH

6. Community Cohesion in Harrow:

The Board was shown a brief video introduced by Hazel Blears, Secretary of State for Communities and Local Government, which explored what was meant by community cohesion, who the relevant stakeholders were, how it linked with other agencies, and how it could be mainstreamed. It highlighted that community cohesion was the responsibility of everyone who delivered services and everyone in the community, not just the Council.

The Director of Community and Cultural Services and the Head of Communications, Harrow Council, introduced a joint report which summarised the findings of some research commissioned by the Council, in the light of recent MORI surveys suggesting a reduction in cohesion in the Borough, to identify the underlying factors affecting the perception of community cohesion. The report also provided an overview of a proposed campaign aimed at improving community cohesion. Board members' comments on the research findings, and endorsement of the proposed campaign, were sought.

There was concern as to whether the economic downturn would have an impact on community cohesion. The Director of Community and Cultural Services confirmed that cohesion tended to suffer during recessions, but hate crime levels were being monitored and so far were not showing a significant increase. It was also noted that this was a Council campaign, and the extent of partner involvement was queried; the need to ensure a consistent message across all partners was highlighted. The meeting was advised that the steering group on this issue included representatives from a range of partners, with the exception of the business community, from whom representation would be sought, and officers were talking to police, voluntary and community sector and PCT colleagues about how to ensure the campaign's message was spread across the borough.

JK, AP

Board members made a number of comments on the proposed campaign, as follows:

- there was disappointment that the campaign focused solely on residents and did not include businesses;
- the campaign should celebrate similarities between communities;
- it was felt that the campaign took a good approach and was very positive, but focused primarily on cohesion between people from different ethnic communities. There also needed to be cohesion between different generations, and between affluence and deprivation;
- there was some uncertainty as to whom the campaign's message was aimed at;
- some members felt that there was a lack of connection between the

campaign and some of the issues identified in the research, such as the importance of language. It was suggested that a campaign around the issue of language would not be difficult to mount and could be very valuable;

- there was a need to give consideration as to how the campaign would reach socially excluded groups; and
- the further education sector, not just schools, was very effective at bringing together people of different cultures and age groups.

Officers undertook to take the comments into consideration.

AH

AGREED: That (1) the comments set out above be noted; and

(2) the Community Cohesion Marketing Campaign be endorsed and supported.

All to note

7. **Scrutiny Review of 'Delivering a Strengthened Voluntary and Community Sector for Harrow' - Final Report:**

The Board considered a reference from the meeting of Harrow Council's Overview and Scrutiny Committee on 9 December 2008, which set out the final report of the scrutiny review of the Council's support for the voluntary and community sector.

The Director of Community and Cultural Services, Harrow Council, reported that the Council had now reviewed the 22 recommendations arising from the scrutiny review report in detail. Of the recommendations, 17 were agreed, 1 was not agreed and 4 would be developed further as part of the development of a robust third sector strategy to be submitted to Cabinet in autumn 2009.

The report was welcomed. There was concern, however, that there appeared to be an omission from the report, in terms of the role of elected Members in engaging with the voluntary and community sector. Voluntary organisations were unclear as to whether there had been a change in policy and Councillors were no longer nominated to voluntary sector organisations. In response, it was advised that there had not been a change in policy. It was agreed that this issue be looked into.

JK

Board members were pleased that the recommendations were being looked at carefully but were concerned that implementation should not be unnecessarily delayed, and there was disappointment at the lack of engagement with the voluntary and community sector in taking the recommendations forward. In response, it was advised that there had been broad agreement with the voluntary and community sector, but that it was also appropriate for the Council itself to now consider the implications of the review. There was also a request to engage with the business community on this. A Board member additionally advised that one of the issues not included in the final report had been the lack of allowances or expenses for attending Council meetings such as this, scrutiny or grants panel meetings, which resulted in voluntary sector representatives being out of pocket. In response, it was agreed that the issue regarding expenses be looked into, and the Council's commitment to moving the review forward in a timely way and in partnership was re-emphasised.

JK

All to note

AGREED: That the report of the scrutiny review be noted.

8. Joint Strategic Needs Assessment Update:

The Board received a report of the Corporate Director of Adults and Housing, Harrow Council, which advised of the production, in line with new statutory requirements, of a Joint Strategic Needs Assessment (JSNA). The JSNA was intended as a strategic tool which identified the health and well-being needs and inequalities of a local population, to inform more effective and targeted service provision across agencies.

It was noted that one of the groups identified by the JSNA as likely to have needs requiring further investigation was people who funded their own care provision (self-funders). Board members were concerned that there should be adequate support for this group, for example in providing advice on legal issues related to employing a carer. The meeting was advised that partners were looking at how self-funders could be provided with better information and support, and that any safeguarding investigations relating to residential provision already included self-funders.

With regard to the need for further analysis of the prescription of anti-depressants, there was particular concern about the self-employed in the current economic climate. It was advised that the JSNA had been put together prior to the economic downturn, and it was acknowledged that further work would be required to keep the document up-to-date.

AGREED: That the development and progress of the Joint Strategic Needs Assessment be noted.

All to note

9. Primary and Community Care Strategy 2008/9 - 2012/13:

The Board considered the Primary and Community Care Strategy for 2008/9 to 2012/13, which set out Harrow PCT's vision for primary and community care over the next five years. The strategy described current services, set out a case for change, identified key areas for development and outlined the model for delivery.

A number of detailed questions were asked and answered relating to the extent to which geographical or racial differences were a factor in certain health inequalities, the balance between acute and preventative services, and the PCT's openness to commissioning services from the voluntary sector.

Board members supported and commended the strategy, and were impressed with its depth, but were of the view that it was rather introspective. There was little mention of the voluntary sector or of the role of carers, and the need to recognise the importance of health checks for carers in reducing the call on acute services was highlighted. The need for the PCT to show leadership in the partnership with the voluntary sector had been demonstrated by losing a previous opportunity to obtain demonstrator site funding from the Department of Health. The awarding of grants to voluntary sector organisations had been fraught. The Director of Commissioning, Harrow PCT, undertook to take the comments on board.

AB

It was also suggested that documents such as the strategy should be

All to note

circulated among partner organisations at a senior level while still in draft.

AGREED: That the report be noted.

All to note

10. Sustainable Community Strategy:

The Board received a draft report of the Assistant Chief Executive, Harrow Council, which would be considered by the Council's Cabinet meeting on 26 March 2009 and which set out the draft Sustainable Community Strategy for adoption. The results of the consultation on the strategy and a further draft of the strategy which had been amended to take account of the outcomes of the consultation had been circulated on a supplemental agenda. The strategy set out a vision for the future of Harrow to 2020 which would inform the planning processes of all partners.

Officers were congratulated on the production of the strategy. It was noted that there had been 2 summits of residents to inform the strategy, one of which had not been very well attended. Officers confirmed that lessons had been learnt with regard to publicity for the events.

A Board member stated that a lot of work had been done around business incubation, but there was no reference to it in the strategy. Officers undertook to look into this.

MH, TT

Board members were requested to forward any other detailed comments on the strategy to the Service Manager (Policy and Partnerships) as soon as possible.

AGREED: That (1) the report be noted; and

(2) any detailed comments on the strategy be forwarded to the Service Manager (Policy and Partnerships), Harrow Council, as soon as possible.

All to note

11. Local Area Agreement Refresh:

The Board considered a report of the Assistant Chief Executive, Harrow Council, which advised of changes to some of the indicators in the Local Area Agreement based on new available data or changes to the indicator's definition.

At the meeting, it was advised that two further targets had been agreed since the report had been written: NI13 relating to migrants' English language skills, for which the baseline was 71% and there was a target increase of 6% over 3 years, and NI198 relating to the mode of travel to school, for which the target was a 3% decrease but the baseline had yet to be agreed. There were also corrections to 2 targets in the report: NI11 had target of 45.5%, and NI140 referred to the fair treatment of local services, not to the percentage of people from different backgrounds getting on well together. NI115 (substance misuse by young people) was now being recommended to be included into the local section of the agreement as the 2008/09 result was already much better than the national average. This would mean the required target for 2010/11 would be very stretching, and this could not be justified as an improvement priority for the amount of resources required.

There was concern as to whether the economic downturn would reduce

the number of migrants and so affect performance against NI13, but it was advised that the indicator was based on the number of people successfully completing a language course, not the number enrolling.

AGREED: That the proposed changes in the Harrow Local Area Agreement be agreed.

All to note

12. The Area Assessment:

The Service Manager (Policy and Partnerships), Harrow Council, reported on the structure and requirements of the new Comprehensive Area Assessment (CAA). The Partnership had agreed to develop a self evaluation which would be submitted to the Audit Commission, and which would provide the basis for a partnership development programme to improve performance and delivery of outcomes. The first draft of the programme would be produced in early summer.

Annette Furley, CAA Lead from the Audit Commission, advised that CAA went live from 1 April 2009 but that dialogue and the collection of information had already started. In June or July, she would come back to the Partnership to advise of potential flags, and in September she would bring back the draft area assessment. The Partnership would have the opportunity to respond, and the final area assessment would then be published on the Audit Commission's website. There would be no surprises in the results, however, as there would be on-going dialogue throughout.

It was noted that there was a strong emphasis on engagement and involvement of communities. Ms Furley advised that she had a strong background in community engagement and would be happy to share her experience. In addition, good practice guidance on engagement had recently been produced.

AGREED: That the above be noted.

All to note

13. Any Other Urgent Business:

(i) Consultation on Stroke and Major Trauma Services

Board members' attention was drawn to the Healthcare for London consultation on proposals for stroke and trauma services. Harrow PCT had organised a roadshow at the Civic Centre on 24 March 2009 between 2pm and 8pm, and all were invited to attend. The proposals for stroke services included the creation of a state-of-the-art stroke care centre at Northwick Park Hospital, while the proposals for major trauma care included 3- or 4-centre options.

All to note

(ii) Partnership Response to the Economic Downturn

It was suggested that the Partnership Board should take a lead in addressing the problems caused by the economic downturn locally, and that at its next meeting the Board consider establishing a working group to identify ways to help residents and businesses and to promote these.

MH

(iii) Agreement in Principle – Bangladesh Olympics Association

The Director of Community and Cultural Services, Harrow Council,

was pleased to announce the signing of an Agreement in Principle by the Bangladesh Olympics Association, which would see Bangladeshi athletes use the facilities of a range of public and private sector partners in the Borough.

All to note

(iv) Smoke-Free Homes

Board members' attention was drawn to the PCT's campaign to increase the number of smoke-free homes, by getting Harrow residents to sign up on the PCT website to a gold, silver or bronze promise on keeping their homes smoke-free.

All to note

[Note: The Meeting, having commenced at 6.05 pm, closed at 8.10 pm]

Harrow Strategic Partnership: Workshop 26 May 2009

Harrow Healthy Living Centre

CONTEXT

The purpose of this paper (and the presentation that will accompany it on 26 May) is to increase awareness of the Harrow Healthy Living Centre (HHLC) and to invite stakeholders to support its long term financial sustainability.

The Harrow Healthy Living Centre was opened in February 2004. It is located in a prominent position on Wealdstone High Street together with the local library, a Centre run by Harrow Youth Services and a Health Advice and Support Centre managed by NHS Harrow.

The HHLC was one of over 250 Healthy Living Centres sponsored by the Big Lottery Fund to celebrate the Millennium. As the opening date suggests, the HHLC was one of the last of these to open and, as with the others, received a five year grant. In our case the grant was some £780,000 of which £150,000 was spent on capital.

The initial vision of the HLC was

- ✓ To promote healthy life styles by developing services and encouraging use of existing facilities
- ✓ Manage a café staffed by disabled people providing healthy food that will attract users to the centre and provide income
- ✓ Run a training and employment project for disabled people who will run the Café
- ✓ Provide training programmes for people who provide service to disabled people.

THE PAST

The grant submission was originally made in the name of a number of local charities led by Harrow Association of Voluntary Services (HAVS). By the time the grant was approved the lead had changed to Choices4All. Ultimately (in 2007) Harrow Healthy Living Centre Ltd. was created in its own right as a Company Limited by Guarantee and, later, a Registered Charity.

The HHLC Board agreed to locate the centre in Wealdstone High Street at the request of Harrow Council as a part of re-generation of Wealdstone. In return the Council allow the HHLC to occupy the premises rent free although there are significant service charges levied (c£27,000 pa).

The HHLC consists of a large (70 seat) Community Café together with 3 Meeting Rooms (each accommodating 20 people max.). The Café offers work experience for some 20 Learning Disabled clients, on a rota, and a healthy menu for the general public. The Meeting Rooms are open to any organisation to use at a semi-commercial rate. Sometimes they are used for health and well being topics.

With perfect hindsight it was always going to be difficult for the HHLC to be economically sustainable without the Big Lottery Grant:

- ✓ Until last year none of the Learning Disabled clients were funded for the HHLC to provide a service to them. To date we now have 2 that are funded, 1 from Hillingdon and 1 from Harrow – this is discussed further below.
- ✓ As a Community Café the HHLC's Red Brick Café is too large to be financially solvent. It can only attract limited passing trade and many national chains would struggle to break-even with a similar size establishment- even if located in the centre of Harrow.
- ✓ The Meeting Rooms are only capable of providing limited health and well-being activities.
- ✓ The HLC was not set up with financial or other practical support from the local NHS.
- ✓ Inevitably it took time to build up custom in the Café and this meant that in early years a disproportionate amount of the grant was spent, meaning that reserves were at a low level at the end of the 5 year period.

PRESENT

By 2008/9 the Café income with the two Learning Disability placements had built up to £90,000, but not including the Lottery grant was losing some £75,000. Meeting Room hire and other incidentals brought in some £25,000 pa but, discounting the grant, had losses of around £65,000. Without the Lottery grant, therefore, around £130,000 pa is needed. Reserves are down to around £30,000 with exit costs between £10 -15,000.

The original Director of the HHLC left in July 2008, and the Trustees have appointed me on an Interim basis to prepare and implement a sustainable business plan. I have had experience of working with some 20 HLCs as part of the Big Lottery's Development and Support Programme.

A number of actions have been taken over the last few months and, as a result, the HLC is getting close to short term balance. The longer term challenge remains. To secure short term viability one of the meeting rooms has been 'rented' to North West London Community Foundation full time. Partitions have been bought so that part of the Café can be hired for other activities during the day. In order to provide space for 'funded' clients, the parents/carers of the current students have been warned that the students will have to leave if they can't obtain funding.

Specific funding guarantees (in addition to café income and room hire):

Student Placements:	£18,000
Council Vol Sector Grant	£ 9000
Council 6 months Service Charge Suspension	£ 13000
Further Council Assistance	£ 7000
PCT Vol. Sector Grant	£11,500
PCT 'Choosing Health' Projects	£ 3000
North West London Community Foundation	£ 12000
Miscellaneous	£ 7000
<i>Total</i>	<i>£80,500</i>

Although this is still £60k short of the sum needed to break even by the end of the financial year, there are significant possibilities for more funding shortly:

- ✓ Discussions are ongoing via the Harrow Learning Disability Team (who have been extremely helpful) about getting a number of the current students reviewed to assess their eligibility for funding. There about 6 of these who could well gain direct payments and there has already been hopeful progress for 2 of these. This source could bring in £30,000 pa.
- ✓ Two bids have been made to outside agencies: Awards for All and City Bridge Trust. If successful these could bring in £45,000 pa (c £25,000 in 2009/10).
- ✓ There are a number of other external bodies where it may be possible to put in bids.

As stated above Reserves are around £30,000 and it is felt that above sources of guaranteed income will be enough to guarantee continuing to operate until November and that by that time enough money should have been secured to be viable into the next financial year.

THE FUTURE

Clearly it is desirable that in the future the HHLC has a secure enough financial base to avoid the desperate scramble for funds that has proved necessary this year.

It is for consideration as to whether current (funded) activities are sufficiently consistent with the original vision, or whether, indeed, the original vision is still appropriate and financially sustainable. The location and character of the HLC makes it highly suitable for a Community hub and it has been set up to provide training and work experience for the increasing Learning and other Disability population in Harrow. Ironically the aspect of the vision embodied in its title – health and well-being- is not sufficiently well represented in the activities and without further support from NHS Harrow this will continue.

How can the stakeholders represented at the HSP help? The purpose of the paper is to increase understanding of the current position of your HLC. It is not solely a question of handing over money, what will be required is commitment and ‘ownership’. Anyone walking into the Red Brick Café in Wealdstone can recognise its potential as a Community resource, but this will require action in partnership.

RECOMMENDATION

It is suggested, therefore, that a Workshop be held in September around this topic and the planning for this workshop is carried out by the HLC in conjunction with senior representatives of the HSP.

Clive Myers
Interim Director, HHLC

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**North West London
Primary Care Trusts**

NWL COLLABORATIVE PROGRAMME

NWL COLLABORATIVE COMMISSIONING INTENTIONS 2009-2014

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SECTION 1

FOREWARD

This Collaborative Commissioning Intentions Plan describes a five year strategy for commissioning at a supra-PCT level. It draws on the Commissioning Strategies developed for each of the eight PCTs in NWL (NWL) and the Healthcare for London (HFL) programme, focusing specifically on those areas where there is significantly greater value in commissioning collectively than individually.

The Plan is the product of joint working between the eight PCTs and their respective partner organisations; the public and clinicians. The work is overseen by the Collaborative Commissioning Group (CCG) which is the Executive arm of the Joint Committee of the NWL PCTs (JCPCT). Details of how the plan will be delivered are described in Section 5 and the governance arrangements for the JCPCT and its sub-committees are outlined in the NWL Collaborative Governance Arrangements (Appendix 1).

The plan sets out the JCPCT's vision for healthcare in NWL over the next 5 years within the context of the current health status of the population served; the level and quality of healthcare provision in NWL and the challenges identified through the local needs assessment work and the work of the Clinical Reference Group and associated Clinical Networks. From this a set of strategic objectives have been derived that outline the programme of work for the next 5 years. Specific initiatives to deliver these objectives in the short and longer term are then described in more detail with an assessment of any risks and how success will be measured and monitored.

The CCI was developed through a series of planning workshops with key partners to agree the approach content and feedback mechanisms and to determine the overarching Vision, Values, Strategic Objectives and Prioritisation Criteria.

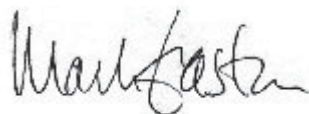
Participants in the development of this plan are listed below.

NWL PCTs

Brent	Hillingdon
Ealing	Hounslow
Hammersmith & Fulham	Kensington & Chelsea
Harrow	Westminster

NWL Clinical Reference Group; NWL Clinical Networks; NWL Specialist Commissioning Group; Local Boroughs – through the CSPs; Patients and the Public – PCT engagement events and routine feedback mechanisms.

This collaborative plan is a key component of the developing strategy for health improvement across London and should be read in conjunction with PCT Commissioning Strategy plans and the Healthcare for London plans. Although describing a 5 year time period, the initiatives will be refreshed annually.



Mark Easton
Chair, NWL Collaborative Commissioning Group
March 2009

EXECUTIVE SUMMARY

This Collaborative Commissioning Intentions (CCI) Plan describes a five year strategy for commissioning at a supra-PCT level for the eight PCTs in NWL (NWL). The plan sets out over five chapters the vision for health and healthcare for the population of NWL; the environment in which we operate; our strategic plan; and how we intend to deliver the proposed changes.

VISION AND VALUES

Vision

Over the next 5 years the PCTs in NWL will work together, where this adds value, to transform the health and well being of existing and new and changing populations.

The aim is to improve health, reduce inequalities and transform the quality and delivery of health services for the population of NWL, building on work within individual PCTs and the Healthcare for London programme (Better Health, Better Healthcare).

This will be achieved through the development of strong and sustainable partnerships with patients and the public; providers of healthcare; and health and social care within the world class commissioning framework.

VALUES

Working together for patients. We put patients first in everything we do. We put the needs of patients and communities before organisational boundaries.

Improving lives. We strive to improve health and well-being and people's experiences of the NHS.

Everyone counts. We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind.

Commitment to quality of care. We ensure continuous service development led by clinicians in partnership with patients, founded on the best international research and practice.

Partnerships in care. We will strengthen partnerships between commissioners, patients/public, healthcare providers, local authorities and the third sector so that the public receive equitable and appropriate care.

Strategic investment of resources. We will develop joint investment/disinvestment strategies that ensure the best use of taxpayers' money.

CONTEXT

This section of the plan sets the scene for the development of the collaborative commissioning strategy. It describes the demographics and health status of the population of NWL; how healthcare is currently provided, in terms of the way care is provided, the structures through which care is delivered and the level of investment; and the local and national context within which we operate. Insights from patients, public, clinicians and partners have then been sought to shape and focus the plan going forward.

The health system in NWL is highly complex – ranging from small GP practices providing primary care locally to major teaching hospitals conducting cutting edge specialist research and treating patients from across the country including the first Academic Health Sciences Centre in the UK based at Imperial Healthcare Trust.

Demographics and Health Status of the Population

- The NWL sector covers eight PCTs with a resident **population** estimated at 1.85 million people (ONS data).
- The population is predicted to grow by 3.9% over the next 10 years. Growth in PCT populations appears to be concentrated more in the inner boroughs.
- The overall growth disguises variation in growth rates by age band. For those PCTs with the highest predicted growth, the greatest growth appears to be in the 0-15 age band and the 45-64 age bands.
- There is considerable variation in **ethnic composition** of the PCT populations.
- The greatest change in ethnic profile over the next 10 years will be in the white population with an overall decrease of 4%. By contrast, both the Asian and Chinese & Other populations are predicted to rise by around 2% each.
- The population of NWL is not particularly **deprived** when viewed in the round. However, the PCT rankings vary from 53 (NHS Brent) which is the most deprived in the sector to 205 (NHS Harrow) which is the least deprived in the sector. Even at PCT level, the rankings disguise significant pockets of deprivation.
- NWL sector average life expectancy is above the England and London average for both males and females.
- There are wide differences in health outcomes for various diseases. However, these differences in health outcomes can be attributed to differentials that exist in socio-economic groups, ethnicity, pockets of deprivation in wards across PCTs and also differences in lifestyle and behaviour.
- There are no significant variations in prevalence rates between 2006/7 & 2007/8 across the NWL sector for most diseases. However, for a number of diseases there are noticeable variations in prevalence rates at PCT level.

Four diseases have a large impact on the health and well being of the population of NWL.

Coronary Heart Disease (CHD)

- CHD is one of the main causes of death for all NWL PCT's, with higher premature mortality in higher deprived or ethnic populations. Borough level rates mask large inequalities. However, all PCT's improved the CHD mortality rate from 2003-2006.
- The prevalence of CHD is not predicted to change significantly in NWL over the next 12 years.

- Future treatment priorities will include ensuring access to cardiac rehabilitation, developing community based heart failure services and end of life care and ensuring the management of angina patients is optimised.

Stroke

- Stroke is the commonest cause of severe disability in adults.
- Increased incidence of stroke is strongly associated with ageing
- High numbers of strokes are predicted in specific wards in the outer NWL PCTs (Ealing, Brent, Harrow and Hillingdon) which will need to be taken into account in determining the geographical configuration of stroke services.

Cancer

- Cancer treatments and services have improved dramatically over last seven years. NWL has the fourth lowest mortality rate for cancer in England (2008).
- The incidence rates per 100,000 of population are greater for breast cancer and prostate cancer, and lowest for colorectal and lung cancer.
- For most tumour sites, the earlier a cancer can be diagnosed, the better the clinical outcomes.
- Screening programmes and awareness-raising are vital in combating the disease.

Diabetes

- Diabetes is becoming a more common condition world-wide. It can affect people of all ages in every population.
- Significant inequalities exist in the risk of developing diabetes, in access to health services and the quality of those services, and in health outcomes, particularly with regard to people with Type 2 diabetes.
- The prevalence rate in NWL is slightly higher than the England average with little change in prevalence predicted to 2010.
- However, the NWL average disguises significant differences in prevalence rates between the PCTs. Harrow, Ealing, Brent and Hounslow all have prevalence rates above 5% which probably relates to their high ethnic populations.

How healthcare is currently provided

Provider landscape

NWL PCTs commission healthcare from a wide range of providers. The health system in NWL is highly complex – ranging from small GP practices providing primary care locally to the UK's first Academic Health Science Centre, which brings together the delivery of healthcare services, teaching and research in a single organisation, in partnership with the wider West London healthcare community. There are 7 Acute Trusts, 2 Mental Health Trusts and **8 PCT provider services, which have formed 4 groupings: Inner NWL Alliance; Hounslow with Richmond & Twickenham; Ealing & Harrow; and two borough based APOs; Brent and Hillingdon.**

Hospital Trusts

All of the acute non-FT Trusts have been rated as amber or red in relation to the quality and safety of their services for 2008-9. Three Trusts failed to meet the A&E, 4 hour target and five Trusts declared not met/insufficient assurance on at least 1 national core standard in 2007-8.

The PCTs purchased the following activity from acute providers in 2007-8

Type of activity	Quantity
<i>Acute Trusts</i>	
Spells	519126
Outpatients	2054725
A&E	790291
<i>Mental Health Trusts</i>	
Occupied bed days	612506
Day cases	68504
Outpatients	92627

NHS London is currently undertaken a stock take of acute provider ability to achieve FT status in the light of HfL projects and changes to commissioning. This is likely to signal a strategic review of provider services within NWL. This has already been anticipated and an initiative is included within section 4 of the CCI.

Community Providers

NHS London has requested all PCTs to demonstrate how they will achieve full Autonomous Provider Organisation (APO) status for their provider arms by April 2009, and to complete the externalisation process by April 2010. Plans in NWL are outlined below:

Inner London Alliance

The Alliance for NHS Community Services in inner NWL brings together the provider services arms of the PCTs in Westminster, Hammersmith & Fulham and Kensington & Chelsea. The Central West London Community Service was formed in July 2008. The current Alliance falls short of full integration as statutory accountability for the performance of each of the provider services arms remains with the respective host PCT. However, it provides a framework within which to test future models to achieve full integration. A single over-arching management team has been established and a Joint Provider Committee (JPC) has been created as a formal sub-committee of each PCT Board.

Whilst the institutional end point for many community services within the Alliance is not completely clear, the three PCTs are currently exploring a range of organisational options for the future management and delivery of their community services. These include options within and external to the NHS, including joint ventures. The JPC proposed the formation of a Community Foundation Trust (CFT) to the PCT Boards for consideration in January 2009. The proposal to form a CFT was accepted.

Outer NWL Federation

PCTs in outer NWL (Brent, Harrow, Hillingdon, Hounslow and Ealing) have established a range of vehicles to take their community services forward. Hounslow has linked with Richmond & Twickenham, Ealing has linked with Harrow, and two borough based APOs have been formed in Brent and Hillingdon. As with the inner grouping the aim is to create fit-for-purpose organisations that can compete in a market environment

The strengths and weaknesses of Provider services are described throughout the CCI. These are summarised at a high level below.

Strengths: Three teaching hospitals, one of these is the UK's first AHSC
Broad range of local provision
Progress being made in terms of reducing waiting times for treatment

Weaknesses: Performance against HCC reports (Urgent Care & Maternity) and National Sentinel Stroke Audit is mixed with some providers achieving best performing and others least well performing.
Two NWL Acute Trusts (NWLH & WMUH) reported material financial variance at Month 4. NWLH is forecasting to achieve a breakeven plan and WMUH is forecasting a £1m variance from plan.
Provider arm capacity and understanding of services being provided.
Fragmentation of services

Market development plans

Market development plans are still in their infancy and have mainly been initiatives within individual PCTs. The externalisation of PCT Provider services is the first step in shaping the market for community care, although it is not anticipated that there will be major changes in service provision before 2010-11. The development of independent sector provision of acute care has not resulted in the expected level of change anticipated by the DOH and within NWL and there is sufficient capacity within the acute trusts to deliver 18 weeks resulting in under-utilisation of the DH agreed ISTC provision. The main drivers for change on the supply-side will be the Healthcare for London programme, particularly in relation to Stroke, Urgent Care, the Local Hospitals project and Polyclinics, and the development of a NWL Children, Young People and Maternity Services network. Both the Healthcare for London programme and the Paediatric work is likely to lead to changes in the provider landscape within NWL.

Healthcare provision

The focus of the NWL collaborative programme over the last 18 months has been on reviewing clinical scale, capacity and quality.

In prioritising their collaborative work programme for 2007-9, the CCG paid close attention to a number of recent reviews (Sentinel audit, Health Care Commission reviews) which demonstrated a high level of variability between services in the sector and a variation from national averages.

As for other sectors in London, a number of clinical service reconfigurations had been implemented in NWL over the last 5 years to address issues of patient safety as well as clinical quality to achieve better health outcomes (e.g. concentration of vascular surgery within a network arrangement; reconfiguration of NICU providers into a network; implementation of the recommendations in the Coronary Heart Disease NSF through the Cardiac network; merger of the St Mary's and Hammersmith Trust renal units to create a single lead centre for the sector etc.). These changes were supported by PCTs working with their providers to deliver improved clinical pathways with consideration of the access, capacity and workforce implications.

During 2005-7, the focus on commissioning of health services had been on the delivery of national access targets and on ensuring value for money. Over the last 12-18 months, the focus has changed, as a result of the work of the CRG, endorsed by the CCG, on improving the quality of services provided to the people of NWL. For example, improving access to primary care, maternity and neonatal care and

reshaping unscheduled care services is known to improve both the quality and health outcomes from an intervention. A collaborative approach to commissioning paediatric surgery and acute stroke services both derive from evidence used successfully elsewhere to show that current service configurations do not yield the best outcomes.

The development of national standards of care has provided a means of measuring the quality of care provision (see data on stroke care as an example of this) and this approach is being adopted in SLAs to ensure that all providers are working to deliver the same level of quality. The development of true outcome measures (as opposed to structure or process measures used as a proxy for outcome) is in its infancy. However, some excellent work on 'Monitoring Clinical Outcome, Patient Experience and Equality and Diversity Metrics for SLA 2008-2009' is underway as part of the SLA with Imperial Healthcare. This work has been tested during 2008-9 and will be rolled across the sector in 2009-10.

The CRG also agreed an ambitious programme of work during 2008-9 on understanding variability across patient pathways with the intention of developing pathway indicators to support targeted interventions, leading over time to **improvements** in care within NWL. The initial phase of this work was completed in October 2008.

It is this variation in performance and a commitment to achieving levels of health and health care comparable with the world's best which are the drivers for the NWL strategy over the next 5 years.

Investment in healthcare

Total investment in healthcare in the sector will be around £3.3 billion in 2009-10 rising to £3.6 billion in 2012-13, a growth of 12% overall. The brought forward surplus at the end of 2008-9 is expected to be around £44 million. Over the 4 years period, this surplus is predicted to reduce by around 50%. Some of the surplus will be reinvested in direct healthcare and some in reducing underlying deficits. However, the current uncertainties around the medium to long term financing of the NHS suggests that the level of surplus will change over the CCI planning period.

There is considerable variability in the level of increase in investment across the 8 PCTs. Further sector-wide work is required to link the CSP analysis to programme budgeting to understand the importance of the variability in terms of collaborative service planning and commissioning.

The local and national context within which we operate

Three reports and the World Class Commissioning initiative set the national and local (London) context for strategic commissioning across NWL. These are:

- "High Quality Care For All. NHS Next Stage Review Final Report" (June 2008);
- Better Health, Better Healthcare (2008);
- **NHS Operating Framework 2009-10**

"High Quality Care For All" builds on the reforms of the last 10 years and promises to have an even more profound affect on NHS services and people's experience of them. If the challenge 10 years ago was capacity, the challenge today is to drive improvements in the quality of care. The NHS will be more personalised, responsive

to individuals, focused on prevention, better equipped to keep people healthy and capable of giving real control and real choices over care and people's lives.

The vision and key steps in the document mirror and complement the vision and values adopted by the NWL collaborative programme in 2007-9 and refined for the 2009-14 CCI plan. The information provided in the previous section and within section 4 - Initiatives demonstrates that PCTs across NWL are already making progress in delivering the Next Stage Review aspirations for the next 10 years.

“Better Health, Better Healthcare” is a programme of reform run by the NHS and local communities in London. It will improve health services throughout the capital over the next 10 years. It will make a real change and deliver what we know patients want – responsive, safe, accessible and high-quality healthcare.

NWL PCTs have been working both individually and collectively over the last 12 months to deliver the principles set out in the Healthcare for London programme and significant progress has been made in improving partnership working and reducing differences in healthcare. Our vision and values build on these principles, whilst the strategic objectives and initiatives outlined in section 4 demonstrate where we believe collaborative working will ensure delivery of the five priority areas for action outlined above and the specific programmes of work within the Healthcare for London programme.

The NHS Operating Framework 2009-10 **has as its focus ‘Implementing High Quality Care for All’**. Included within this an approach to planning and managing priorities both nationally and locally – the *“vital signs”*. These describe three levels of priorities which PCTs (working with providers) need to explicitly plan to deliver. Tiers 1 and 2 cover existing and new national priorities, whilst tier 3 allows for local discretion in the monitoring of care.

There is significant variability in performance across the eight PCTs in NWL. Performance across the board has improved from Q1; however there is still considerable work to be done. The CCG discussed performance in October 2008 and committed to work collectively to address poor and variable performance collectively through a process of ‘do once and share’. This work will be developed to support the delivery of the CCI in 2009-10.

The PCTs in NWL **were** assessed against the **World Class Commissioning Competencies** during Dec-January 2008-9 and their individual CSPs and the NWL CCI formed a key component of the evidence base for the assessments. A high level self-assessment carried out in April 2008 suggested each of the PCTs had some way to go to achieve the baseline position overall, although there was considerable variation against the individual competencies. The NWL Collaborative Programme work to date, and planned approach for the next 5 years, provides a strong platform for delivery against competencies 2, 3, 4, 5, 8 and 10. In addition, the PCTs have agreed a structure for delivering WCC (outlined in Section 5) which will, ensure continuous improvement in practice.

Engagement in the CCI planning process

All PCTs have involved their local clinicians, patients and public in the planning phase of their Commissioning Strategy Plans (CSPs) through a series of public events. The findings from these events have been used to inform their priority setting,

vision and values. In addition to the engagement of patients, public and local clinicians by the PCTs, the NWL Programme Team has also involved a number of stakeholders including local NHS Trusts, local clinicians (through PEC Chairs) and funded clinical networks to ensure that the CCI receives significant input around priority setting, vision and values from these local partners. Previous engagement activity carried out by PCTs has also helped to inform individual PCTs' CSPs and in turn, the CCI.

The key themes which PCTs have consistently found to be high-priority areas for local residents are strikingly similar and support the findings from both the HfL and nationwide consultations. Some of the key issues highlighted in PCTs' findings include:

- Healthy living and prevention, particularly the need for better information being available widely in the community for people to manage their own health and wellbeing.
- Access to primary care services, particularly GP services and Out Of Hours (OOH) care.
- Access to mental health services, in some cases particularly for BME communities.
- Integrated service provision, with a strong emphasis on the need for a stronger link between health and social care, with this extending to housing and education services.
- Improving the quality and safety of services.
- Greater emphasis on involving patients and the public.

A number of Trusts have ongoing engagement initiatives which are highly relevant to the collaborative work in NWL and more work is required to draw on the insights gained from these engagement activities. Trusts have demonstrated a high level of commitment to the continual improvement of how they engage with their patients to feed directly into the strategic planning and review of services.

At a sector-level, work will continue to develop leadership in Communications and Engagement through a specific engagement initiative (see Delivery section) as well as ensuring that there is significant and relevant public engagement within each of CCI priorities.

STRATEGY

Having laid out the context for the CCI in section 3, section 4 outlines the NWL Collaborative plan to deliver the Vision over the next 5 years.

Strategic Objectives

The CCG has developed a focused set of objectives drawing on individual PCT objectives which were then refined through discussions with PCT Chairs, Chief Executives and PEC Chairs. The final objectives listed below specifically focus on those areas where collaboration is required either at a sector or pan London level.

The PCTs will work in collaboration, where this adds significant value, to:

Improve the health of the current and future population of NWL

Individual PCTs, in association with their local Boroughs, will be responsible for improving the health of the population. However, the CCG, in line with *Better Health, Better Healthcare*, will continue to monitor indicators of health across the whole population of NWL and will actively champion prevention and early detection strategies known to lead to significant improvements in health.

Reduce inequalities

Individual PCTs will focus on reducing inequalities in health (see above). This objective focuses on reducing inequalities in access to healthcare.

- Reduce inequalities in access to care and in access to certain treatments (eg. cancer drugs).
- Improve the life expectancy of patients with cancer, to below the England average, through the commissioning of patient pathways that are compliant with NICE Improving Outcomes Guidance and through delivery of the Cancer Reform Strategy 2008 goals regarding cancer waiting times and better treatment.
- Ensure that all collaborative initiatives (described later) identify and reduce inequalities in access to healthcare.

Transform the quality and delivery of health services

The PCTs will use the benefits of collaboration across a health system to proactively manage the local healthcare market and drive system reform. They will use the leverage gained from commissioning healthcare collectively to:

- Reduce variability in the quality of healthcare provision by continuous and systematic review of healthcare provision against national and international clinical best practice standards.
 - By 2013 patients accessing healthcare in NWL will receive care commissioned against sector-wide patient pathways (within networks where appropriate).
- Improve the overall quality of healthcare for key groups of patients in line with national standards.
 - By 2014 improve health and social care services for children, young people and maternity services to the levels expected within the NSF for children, young people and maternity services (2004), Every Child Matters and “Better Health, Better Healthcare”.
 - Lead the local reconfiguration of services for patients with vascular disease in line with “Better Health, Better Healthcare”.

Stroke patients will have greater access to early detection services and will receive acute and rehabilitation care in line with the best in the world. Patients with cardiac disease will continue to have access to high quality care and cutting edge developments in acute care.

- Lead the local reconfiguration of Trauma care in line with “Better Health, Better Healthcare”.
- By 2011, ensure that the population has access to a range of appropriate (stand alone and networked), high quality and timely unscheduled care services.

Become World Class Commissioners

The PCTs will collaborate at a variety of levels across the NWL health system to achieve the transformation of health and healthcare for its population. Commissioning will be strengthened by:

- Building sustained commissioning capacity and capability within, and across, PCTs in line with the aims of ‘World Class Commissioning’.
- Developing health and healthcare information which supports determination of future trends, economic analysis and drives investment/disinvestment strategies.
- Development of strong partnerships between commissioner and patients/public, healthcare providers, local authorities and the third sector in the design and delivery of care.

Initiatives

The JCPCT plans to achieve its strategic objectives and overall vision through the execution of a targeted set of initiatives. The initiatives outlined below have been developed from a list of possible initiatives identified within PCT CSPs or through the HFL work programme which were then refined using agreed prioritisation criteria into two lists.

List One describes areas of work where there is scope for collaboration on all or part of the programme and planning over, at least, a 5 year period is required.

Vascular Health – CHD, Stroke, Diabetes¹, Hypertension
 Children, Young People and Maternity Services – delivery of the NSF
 End of Life Care
 Long term conditions
 Unscheduled care
 Major Trauma
 Mental Health
 Cancer – Delivery of the Cancer Reform Strategy
 Provider Landscape

¹ Although diabetes has been identified as a major contributor to ill health and mortality across NWL, the focus in 2009-10 will be on improving risk and developing local services through CSPs

List Two describes those initiatives, drawn from the above list, which the JCPCT intends to focus on in year one of its Strategic Collaborative Commissioning Plan. These initiatives are outlined in detail below.

Cancer: IOG Implementation
 Cancer Waiting times

Maternity
Improving Surgical Services for Children and Young People in Hospital
Stroke
Major Trauma
Unscheduled Care
Improving Clinical Practice
Strengthening the Provider Landscape

Each initiative is described in more detail in the body of the CCI.

Overall impact, by Strategic Objective

This section provides a summary of the CCI initiatives and assesses their collective impact on the delivery of the vision and objectives described in the plan.

The initiatives were selected from a range of initiatives identified by the PCTs in NWL because they meet agreed prioritisation criteria, including delivering a key component of one or more Strategic Objectives, and because collaboration will deliver the overarching vision more effectively.

Individually, the work streams have, and will be, the catalyst to achieving significant improvements in the commissioning and delivery of healthcare for the population of NWL and will contribute to the vision set out in Better Health, Better Healthcare over the next 5 years.

DELIVERY

Past delivery performance

The NWL sector has had a reputation for poor strategic planning and lack of ability to deliver change. However, over the last 18 months the position has changed as the PCTs have strengthened their approach to collaborative commissioning through the funding of a dedicated NWL Collaborative Programme Team and, more recently, through funding of **dedicated programme team to support the Strengthening Commissioning agenda in NWL**.

The main body of work during 2007-8 focused on establishing the infrastructure to support the delivery of change; developing PIDs for key initiatives and identifying the body of evidence and baseline position to support the need for change. Stroke, Unscheduled care and Neonatal and Paediatric surgery initiatives will all move to the tender/designation phase over the next 6 months with implementation of change, subject to consultation, by March 2010 where necessary.

Organisational Arrangements

The NWL sector has agreed a delivery structure which builds on the strength of existing Borough and local relationships whilst creating the capacity, authority and governance arrangements to commission strategically for services that are best dealt

with at a sub-sector, sector or pan-London level. The aim is to minimise duplication of transactional and analytical processes and maximise access to scarce or expensive capabilities and commissioning skills. The following section describes the evolving commissioning arrangements in NWL.

NWL Collaborative Commissioning

The NWL Strategy Board was established in 2007 to oversee the work of the CCG and steer the strategic agenda across the NWL sector. In August 2008, the eight PCTs in NWL agreed to form a Joint Committee of the PCTs to:

- oversee the identification and delivery of collaborative commissioning intentions (CCI) in NWL
- to lead the implementation in NWL of Healthcare for London (HfL)
- to lead any formal consultations relating to the CCI or HfL required across the sector to deliver service change

NWL Commissioning Partnership

The North West London Acute Partnership is being formed to strengthen commissioning for all PCTs in the sector. The prime focus of the partnership is to improve acute sector performance and delivery. It will do this in three ways:

- determining a viable provider landscape configuration in the sector
- agreeing acute sector contracts
- performance monitoring and management of acute sector contracts

Driven by the needs of its constituent PCTs, the Partnership will deliver both individual and collective commissioning intentions for Brent, Ealing, Harrow, Hounslow, Hillingdon, Hammersmith and Fulham, Kensington and Chelsea and Westminster PCTs and their PBC Clusters.

Clinical Networks

The funded networks relevant to the NWL collaborative work are:

- Cancer
- Cardiac/Stroke
- Critical Care
- PIC
- NIC

The networks are responsible for advising the CCG on the delivery of clinically effective services within their remit. The Cardiac & Stroke and Cancer networks are facilitating specific initiatives in the CCI. Details of how the Critical Care network plans to support the delivery of the CCI and World Class commissioning is detailed in Appendix 14.

Delivery Initiatives

Two collaborative initiatives have been identified to support the delivery of the CCI. These cover IM&T and Public Engagement. The detail of these initiatives is outlined within the body of the CCI.

Risk management

A high level risk assessment has been undertaken for the CCI. The risks outlined represent the high level, critical risk factors across the initiatives in the CCI. These risks will be monitored closely by the JCPCT.

In-year monitoring

Responsibility for monitoring the delivery of the CCI rests with the Joint Committee of the PCTs (JCPCT) supported by the CCG and its sub-groups. Governance arrangements are outlined in Appendix 1. Appendix 4 of the Governance framework outlines how initiatives are developed from ideas into detailed plans and the process by which changes are implemented and monitored.

The JCPCT has responsibility for approving the Project Initiation documentation (PID) for each initiative. Each PID is supported by a detailed project timetable and an agreed set of metrics against which progress is monitored. The JCPCT receives monthly updates on all initiatives. A standard reporting proforma is used (Appendix 15). In addition, each initiative has a Senior Responsible Officer (SRO) who is accountable for its delivery. Each initiative is reviewed at least annually, or more regularly as circumstances change.

HARROW STRATEGIC PARTNERSHIP

ANNUAL REPORT

2008 / 2009



Working together and working with you

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FOREWORD

2008/09 has been a significant year for Harrow Strategic Partnership. We have concluded one LAA, agreed a new one, refreshed the Sustainable Community Strategy, revised our governance arrangements and structures, and created a joint analysis group. All of these achievements are documented in the chapters that follow. Of at least equal importance, however, is the continued strengthening of relationships between partners that enable us to act collectively to provide the services and generate the improvements that Harrow needs.

The connections between services provided by any one of the partner organisations and all of the others have become increasingly apparent. For example, the way in which the Council delivers services for young people impacts on the prevalence of youth crime which, in turn, has implications for health care and, particularly, accident and emergency services. The quality of educational provision and attainment in the borough's schools affects the demand for further and higher education and the pool of skilled people to take forward Harrow's economy. The voluntary and community sector's understanding and representation of different communities in Harrow helps to shape the provision of services by all of the other partners.

The Partnership exists because none of the Partners can do as well on their own. We need each other's co-operation, support and constructive criticism. We are better able to meet the needs and plan for the aspirations of Harrow people by working together. We work better together when we have common aims and objectives such as those in the new Sustainable Community Strategy.

This Annual Report contains details of Partnership working over the last year and some of the ambitions for the future. What we have already achieved and what we hope to deliver in the future depends on maintaining and growing our shared commitment to improving the quality of life for people in Harrow.

*Councillor David Ashton
Leader of the Council
Chair of the HSP Board*

REVIEW OF THE HSP PERIOD APRIL 2008 – MARCH 2009

Key Successes of the Harrow Strategic Partnership 2008/09

- Three pre-business start up training workshops with Harrow in Business funded by Business Link held in February and March 2009
- 229 businesses (pre-starts, new and existing) received support through the Harrow Mentoring programme in the second year of operation.
- Funding from West London Working and the European Social Fund has been won to deliver the Excite project, an outreach project, which interacts with 300 unemployed or economically inactive people living in social housing in the borough.
- Three of Harrow's parks were awarded Green Flag Status (Roxeth and Harrow Recreation Grounds and Cannons Park) the first gained for Harrow
- Over 60 households have had solar hot water panels installed through the Heating Harrow Greener scheme. With the Green Homes Concierge Service, 75 free property surveys have been provided
- A partnership approach between the Police, the Council and the local Muslim community has been taken to build resilience in the borough. A dedicated Muslim liaison officer (a Police Officer) was funded via PVE funding to help build resilience to violent extremism together with two full time Community Reach IN Officers who are based in Harrow Central Mosque.
- Long term stability of placements for children looked after has been improved during the year and reached the LAA target of 62% at quarter 3.
- Harrow was a pilot authority for the implementation of the Miss Dorothy Dot Com programme for personal safety, developed in partnership with the police and fire services and supported by Watford Football Club. This resource has been rolled out in all Harrow primary schools
- Exercise programmes are in place to help reduce obesity and the MEND programme works with school children to increase levels of exercise and healthy eating to reduce obesity and help prevent the onset of chronic disease later in life
- Harrow has a successful smoking cessation programme. More intensive face to face support for those who find it harder to quit smoking was developed this year.
- Personal budgets and self directed support for recipients of social care – 83% satisfied with choice and control.
- Harrow's crime levels are now amongst the lowest in London. In the latest annual MORI poll in 2008, crime has fallen from first to third place in residents' priorities and the proportion of people identifying fear of crime in their top five concerns fell from 53% to 44%.
- The Council and the Police have jointly funded a new town centre policing team
- Further partnership activity has focussed upon delivering six 'Weeks of Action', an initiative involving many organisations targeted at dealing with environmental, traffic and crime issues at neighbourhood level.
- The Passport to Culture Scheme promotes the many cultural opportunities available to all ages across the borough. Key developments during the year include the building of the first voluntary aided Hindu school in the UK; the re-opening of the Gayton Central Library, and the new Harrow Central Mosque.
- The targets to improve breastfeeding rates at 6-8 weeks have been exceeded throughout the year (final data not yet available)
- The Women's e-safety project promoting internet safety awareness amongst Muslim women won 'Best Women's project' in a recent GOL PVE awards scheme.
- An additional 12 community venues were launched to encourage people to report Hate Crime. Since the launch, the number of reported incidences has increased.

HSP Governance

In October 2008 the partnership revised its governance arrangements to reflect the changing nature of the new Local Area Agreement, the closer partnership working required and the outcomes of the 2007 Peer Review of the Partnership.

The aim of the new governance arrangements was to maximise the use of the partnership to deliver the Sustainable Community Strategy priorities, meet individual partners' and multi-partner strategic objectives, provide better value for money and streamline service delivery.

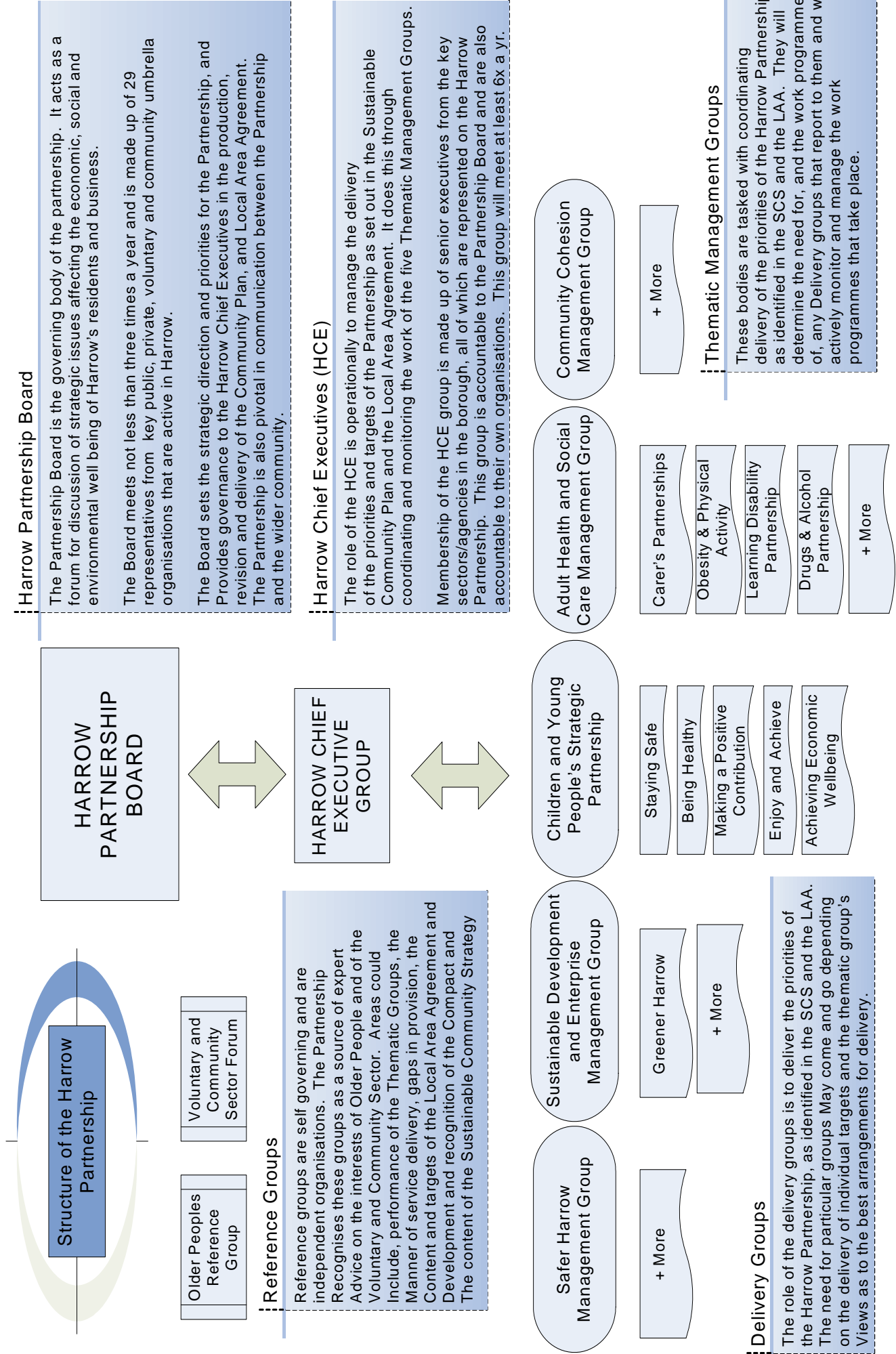
To be able to deal effectively with the questions attached to the Comprehensive Area Assessment, the Partnership needs to be a vehicle for brokering supportive joint working on issues that cross organisational boundaries in much the same way as several of the management groups successfully operate.

The partnership board was expanded to include a wider representation of partners to create a more representative and transparent structure, which is also capable of addressing a more complex and demanding agenda, and was responsible for having an oversight of issues such as the refreshed Sustainable Community Strategy and the development and delivery of the LAA. The Executive was replaced by a smaller group made up of the 5 Chief Executives of the Primary Care Trust, Harrow Police, Harrow Association of Voluntary Services, Harrow in Business and Harrow Council.

The Harrow Chief Executives group is responsible for holding the management groups to account for delivery of the Sustainable Community Strategy priorities and the Local Area Agreement indicators plus developing a shared agenda for Harrow, delivering joint outcomes and transformational change.

Councillors have a key role as community leaders and provide an important two way link between our partners and the local community. Most members already have well established networks of local contacts to keep themselves informed of local issues, for example links to community groups, links with the local electorate and businesses and day-to-day/face to face meetings with members of the local community.

The HSP Board is chaired by the leader of the council and members of the Board include the deputy leader and the opposition leader and deputy leader are also members. The new governance arrangements also introduced the official inclusion of the Council Portfolio Holder most closely associated with the business of each management group.



Sustainable Community Strategy Refresh – Working Together and Working with You

By 2020, Harrow will be recognised for:

- ➔ *Integrated and co-ordinated quality services, many of which focus on preventing problems from arising, especially for vulnerable groups, and all of which put users in control, offering access and choice*
- ➔ *Environmental, economic and community sustainability, because we actively manage our impact on the environment and have supported inclusive communities which provide the jobs, homes, education, healthcare, transport and other services all citizens need*
- ➔ *Improving the quality of life, by reducing inequalities, empowering the community voice, promoting respect and being the safest borough in London.*

The Sustainable Community Strategy provides the story of the local area and articulates the longer term ambition, evidence and rationale beyond the focus of the Local Area Agreement (LAA).

The renegotiation of the LAA in 2008 provided the opportunity to re-look at Harrow’s Sustainable Community Plan and revise the vision to something that was more distinctive to Harrow. The refresh also provided an opportunity to align the strategy with the new requirements of the Comprehensive Area Assessment (CAA).

The benefits of refreshing the Sustainable Community Plan were:

- ➔ Developing a distinct Harrow vision that is owned by all public sectors and provides a consistent and coherent message to build a co-ordinated approach to delivery in Harrow Council
- ➔ Reviewing evidence of need against our priorities to inform the new CAA
- ➔ Increasing ownership of the overarching plan by key partner representatives who were not involved in the development of the current plan
- ➔ Reflecting and aligning the strategy with the findings and outcomes of the Joint Area Needs Assessment, the Local Development Framework and the revised Housing Strategy

The approach to developing the refreshed Strategy involved:

- ➔ Interviewing 50 significant opinion formers and experts to help construct a picture of Harrow now and in the future, including members of the Youth Council
- ➔ Consultation with the Residents' Panel to obtain views on the future place and focuses of Harrow
- ➔ Reviewing and incorporating outcomes from the Local Development Framework core strategy commitments, the Housing Strategy, Joint Strategic Needs Assessment, Children and Young People's Plan, Draft Climate Change Strategy, Community Development Strategy, Strategic Assessment, PCT Plan
- ➔ Two mini summits held in November 2008

The final strategy was adopted by the Full Council on April 2nd 2009.

There are six themes within this strategy which contribute to the vision for the borough to 2020. Each of the themed chapters has a vision set out in the strategy. The chapter themes are:

- ➔ Economic Development in Harrow
- ➔ Every Harrow Child
- ➔ Health, Wellbeing and Independence
- ➔ Improving Harrow's Environment
- ➔ Harrow's Culture, Communities and Identity
- ➔ The Future of Public Services and Democracy in Harrow

Review and Refresh of the Local Area Agreement

The partnership successfully negotiated a new Local Area Agreement (LAA) for Harrow in June 2008, which reflected priority areas for Harrow that could be improved over the next three years.

At the time that the agreement was signed by the Secretary of State in June, a number of measures had not been agreed due to the unavailability of data to create a baseline and targets. In addition, over the following 7 to 8 months, Government redefined the methodology and definitions of a number of the indicators from the national indicator set. To be eligible for reward grant at the end of the three year LAA period, all indicators that were not finalised at the time of sign off in 2008 were required to be agreed and submitted to Government Office of London by the 1st April 2009.

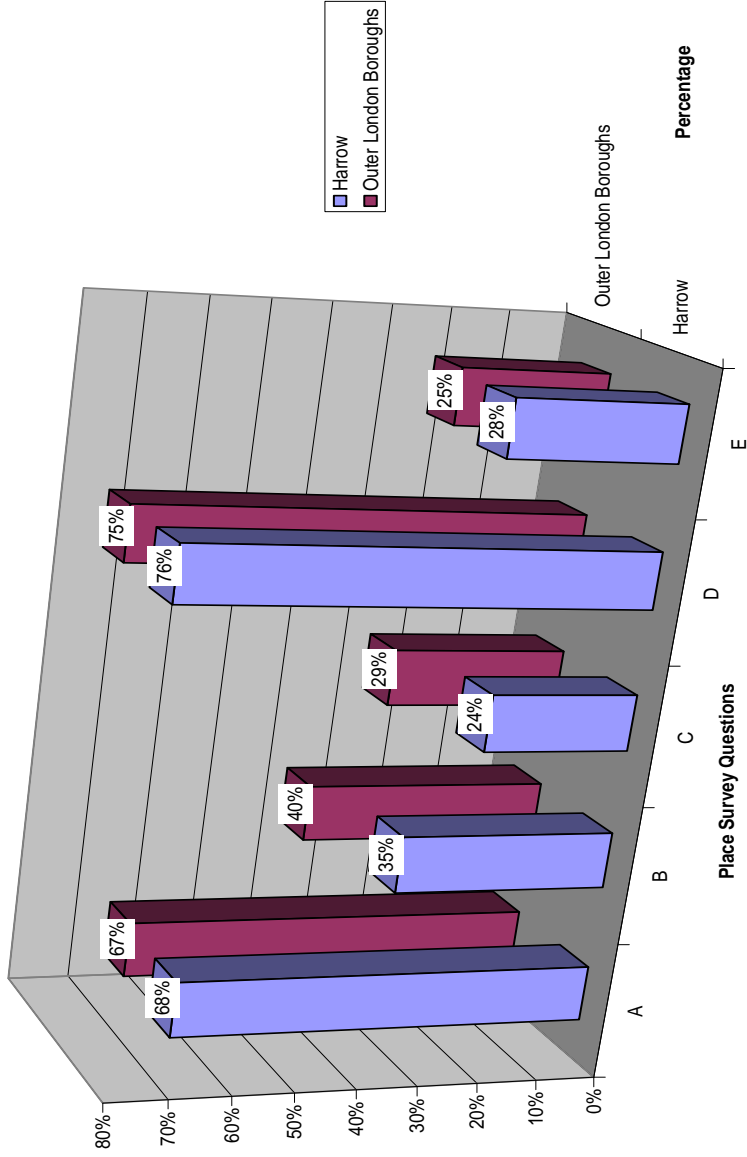
The HSP Board renegotiated 22 of the 34 indicators in Harrow's Local Area Agreement. The newly refreshed agreement now consists of 32 indicators, which are eligible for reward and 20 indicators in our local section, which are not eligible for reward funding.

Place Survey Results

The Place Survey is a mandatory survey that is undertaken every two years and has replaced the former Quality of Life Survey. The Place Survey was undertaken between the 17th October and 19th December 2008. 3,600 questionnaires were sent to addresses drawn at random from the Post Office Address File. Although the Place Survey follows a series of Quality of Life Surveys and also the BVPI surveys conducted in 2006/07 and 2003/04, the results cannot be directly compared with any previous survey. This is due to varying sample sizes, methodology, and the format of the surveys and also due to the different times of the year at which they were conducted.

Comparisons of Harrow versus Outer London Borough's

Place Survey 2008-09



- A** 68% of people felt that local public services are working to make the area safer. This result is similar to the views of residents from Outer London boroughs at 67%
- B** 35% felt that local public services promote the interests of local residents to some extent or a great deal. This is compared to an average 40% across the Outer London boroughs
- C** 24% of people felt they were very well informed or fairly well informed on how to get involved in local decision making. This compares to an average of 29% for Outer London Boroughs
- D** 76% of respondents felt that their local area is a place where people from different backgrounds get on well together, in comparison to an average of 75% in Outer London boroughs
- E** 28% of respondents felt that older people in Harrow are able to get the services and support they need to continue to live at home for as long as they want to, which includes support from public, private or voluntary services. This is higher score than the average of 25% for Outer London Boroughs

Other significant partnership features of the Place Survey results are:

- ➔ Road and pavement repairs were the top priority for areas in need of improvement locally and road congestion was second
- ➔ The level of crime, clean streets and health services were the top 3 things which people say are the most important in making somewhere a good place to live.

Joint Analytical Group (JAG)

The Joint Analytical Group was initiated by the Harrow Chief Executives Group in November 2008. The JAG encompasses all agencies within the HSP to ensure partners' decisions are grounded in sound intelligence.

The objectives of the JAG are:

- ➔ To enable information to be translated into knowledge and recommendations and used to inform policy and practice, decision-making and resource allocation
- ➔ To research and analyse specific issues around which there is a lack of knowledge or which need to be better understood
- ➔ To provide reliable sources of data which are known to be quality assured
- ➔ To develop data sharing in line with best practice principles
- ➔ To ensure that the greatest value is obtained from other data sources where appropriate
- ➔ To move towards more joined up public services
- ➔ To take a high level and strategic view of partnership trends
- ➔ To create efficiency gains resulting from shared resources and the partnership being better informed

As a virtual team, JAG members continue to be based in their existing workplaces. All work requests to the JAG are put through the Harrow Chief Executives Group. Work requests are then sent to the JAG Futures Group to estimate the resource requirements of each request.

The products produced by the group will include interpretation of the data and options and/or recommendations on what needs to be done. The Harrow Chief Executive Group is accountable for considering the recommendations and acting on these.

The group recently finalised their first JAG product, the Strategic Assessment of crime and disorder and are currently working on analysing social and economic trends and how they're impacting on cohesion, crime, Anti Social Behaviour, deprivation and the local economy. The analysis will be used to inform the development of the partnerships place shaping programme and suggest priorities for addressing the impact of the recession locally. .

LOCAL AREA AGREEMENT PERFORMANCE 2008/09

Ref	Measure	2008/09 Performance	Direction of Travel	Comments
Adult Health and Wellbeing				
NI 130	Social Care clients Self Directed Support	😊	↑	
NI 136	People supported to live independently	😊	↑	
NI 135	Carers receiving needs assessment or review	😊	↑	
NI 134	Number of emergency bed days per head of weighted population			
NI 40	Drug users in effective treatment	😊	↑	
NI 123	16+ current smoking rate prevalence			
NI 149	Adults in contact with secondary mental health services			
NI 39	Alcohol harm related hospital admission rates			
	Number of 4 week smoking quitters who attended the NHS smoking service			Target = LDP plus an extra 50 quitters per year (06/07 = 1252, 07/08 = 1260, 08/09 = 1270)
	Number of homes in Harrow that sign up to be smoke free	😊	↑	
Maternity				
NI 126	Early access for women to maternity services			
NI 53a	Prevalence of breastfeeding at 6-8 weeks from birth			
NI 53b	Coverage of breastfeeding at 6-8 weeks	😊		
NI 57	5-16 year olds participating in PE and sport 2 or 3 hours	😊		Baseline established 2008/09, no historical data available to ascertain direction of travel

NI 51	LAA	Progress towards a comprehensive CAMH service	😊	↑	NEET's remain low in Harrow, but has risen slightly in comparison to last year. It was expected that the numbers of NEET's would rise due to the recession creating less opportunities for young people to enter the labour market and the development of Harrow's Community Caller Project.
NI 117	LAA	Percentage of young people aged 16-18 who are NEET	😊	↑	
NI 108	LAA (local indicator)	Attainment for Black and minority ethnic groups			
NI 88	LAA	Number of extended schools	😞	↑	Harrow is in a confident position of having all schools fully extended by September 2010.
NI 70	LAA (local indicator)	Hospital admissions caused by unintentional injuries			
NI 63	LAA	Long term stability of CLA (2.5 years)	😊	↑	There has been an improvement in performance for the stability in placement for looked after children over the past 12 months. Although we have exceeded our LAA target we are just under 12% less than the national target of 80%. Context: LAA target exceeded in first year despite high rate of adoptions which leaves a less stable cohort.
NI 115	LAA (local indicator)	Reduce substance misuse by young people	😊	→	
	LAA - old stretch	Breast feeding initiation rates			

LAA - old stretch	Reduction in the number of permanent exclusions	☹️	👉	
LAA - old stretch	Reduction in the number of fixed term exclusions	☹️	👉	
LAA - old stretch	Improved attendance at 25% worst performing schools (primary)			
LAA - old stretch	Improved attendance at 25% worst performing schools (secondary)			
LAA - old stretch	Average points score per pupil at level 2 at age 16	😊	👉	
Local Economy and Environmental Sustainability				
NI 152	Working age people on out of work benefits	😊	👈	
NI 146	Adults with learning disabilities in employment	😐	👉	
LAA - old stretch	Number of new businesses	😊	👈	
NI 186	Per capita CO2 emissions in the LA area	😊	👉	
NI 192	Household waste recycled and composted	😊	👉	
NI 197	Improved local biodiversity - active management	😊	👉	
NI 198	Children traveling to school - usual mode of travel	😐	👉	Revised baseline established 2008/09
NI 195a	Improved cleanliness - litter	😊	👉	
NI 195b	Improved cleanliness - detritus	😊	👉	
NI 195c	Improved cleanliness - graffiti	😊	👉	
NI 195d	Improved cleanliness - fly posting	😊	👉	
NI 155	Number of affordable homes delivered (gross)	😊	👉	
Safer Harrow				
NI 17	Perceptions of anti social behaviour	☹️	👈	
NI 32	Repeat incidents of domestic violence	😐	👉	
NI 35	Building resilience to violent extremism	😊	👉	
NI 40	Drug users in effective treatment	😊	👉	

NI 115	LAA	Substance misuse by young people	😊	➡	
	LAA - old stretch	Number of residential burglaries where victim is over 75 years	😊	➡	
	LAA - old stretch	Reduction in non residential burglary in the borough	😞	➡	
	LAA - old stretch	Percentage of residents who consider ASB to be a 'fairly' or 'very big' problem in Harrow	😊	➡	
	LAA - old stretch	Proportion of adults in fear of being a victim of crime	😞	➡	
Community Cohesion					
NI 1	LAA	Percentage of people from different backgrounds who get on well together	😞	➡	
NI 6	LAA	Participation in regular volunteering	😞	➡	
NI 7	LAA	Environment for a thriving third sector	😞		Baseline established 2008/09. Historical data is not available to ascertain a direction of travel
NI 8	LAA	Adult participation in sport	😞	➡	Baseline established 2008/09
NI 11	LAA	Engagement in the arts	😞		Baseline established 2008/09. Historical data is not available to ascertain a direction of travel
NI 13	LAA	Migrants' English language skills and knowledge	😞		Baseline established 2008/09. Historical data is not available to ascertain a direction of travel
	LAA - old stretch	Number of adults volunteering in Harrow i) number of socially excluded	😊	➡	
	LAA - old stretch	Number of adults volunteering in Harrow ii) number of other adults	😊	➡	
	LAA - old stretch	Proportion of adults who say that people from different backgrounds get on well together	😞	➡	

Old Local Area Agreement Performance versus reward grant

Target	Without Reward prediction	With Reward Target Q4	Latest Available Data 2008/09 performance	%age of target enhancement achieved	Entitlement	Grant Available	Potential Reward Grant Achieved – based on performance to date
Number of residential burglaries where victim is over 75 years	297	180	164	113.68%	100.00%	£528,131.25	£528,131.25
Reduction in the number of non residential burglaries in the borough	726	601	731	-4.00%	0.00%	£528,131.25	£0.00
Proportion of adults saying they are in fear of being a victim of crime	40%	35.67%	37.66%	54.04%	0.00%	£528,131.25	£0.00
% of residents who consider suite of ASB as a 'fairly' or 'very big' problem	48.90%	41.90%	34.88%	200.29%	100.00%	£528,131.25	£528,131.25
Rates of exclusive breastfeeding at 6 weeks	36%	39%	Annual Target			£396,098.43	Awaiting results from PCT
Breastfeeding initiation rates	68.00%	69.5%	81%*	113.04%	100.00%	£132,032.81	* Q2 data
Reduction of permanent exclusions	42	27	57	-100.00%	0.00%	£75,000.00	£0.00
Reduction of fixed term exclusions	1085	964	1267	-150.41%	0.00%	£121,000.00	£0.00
Improved attendance at 25% worst performing schools in Harrow LA area with regard to attendance at primary schools	6.1%	6.0%	6.8%	-700.00%	0.00%	£33,360.00	£0.00
Improved attendance at 25% worst performing schools in Harrow LA area with regard to attendance at secondary schools	6.3%	6.2%	7.7%	-1400.00%	0.00%	£84,240.00	£0.00

Average points score per pupil at level 2 at age 16	382	388	392.1		168.33%	100.00%	£528,131.25	£528,131.25	Provisional result
Number of homes in Harrow that sign up to be smoke free	0	3000	3145		104.83%	100.00%	£264,065.62	£264,065.62	Based on Q2 data
Number of 4-week smoking quitters who attended the NHS smoking service per 100,000 population	1050	710	953		28.53%	0.00%	£264,065.62	£0.00	Final result due 2009/10
Proportion of adults who say that people from different backgrounds get on well in their neighbourhood	55%	61%	48%		-116.67%	0.00%	£528,131.25	£0.00	Final result due 2009/10
Number of adults volunteering in Harrow a) numbers of socially excluded adult volunteers in Harrow	38	300	969		355.34%	100.00%	£264,065.62	£264,065.62	Final result due 2009/10
Number of adults volunteering in Harrow b) numbers of other adults volunteers in Harrow	148	1200	685		51.05%	0.00%	£264,065.62	£0.00	Final result due 2009/10
% of young people aged 16-18 who are NEET	5.10%	4.60%	3.80%		260.00%	100.00%	£742,662.50	£742,662.50	Reward grant to be determined 2010/11
Number of businesses (new and existing) supported through the Harrow Mentoring package including mentoring, consultancy, diagnostics and case studies	156	249	229		78.49%	78.49%	£528,131.25	£414,554.64	
Total							£6,337,574.97	£3,401,774.94	

MANAGEMENT GROUP REPORTS

Adult Health and social care management group

The Adult Health and Social Care management group is responsible for overseeing delivery of the health and social care targets of the Local Area Agreement as well as providing a forum for discussing and agreeing delivery of key priorities for Harrow. The group has a wide membership with representatives from the Local Authority, PCT, Police, Age Concern, North West London Hospitals Trust, MENCAP, Job Centre Plus, NHS Brent, HAD and Harrow Health and Safety Services.

Activity in 2008/9

The group has had a number of tasks:

1. Overseeing delivery of the current Local Area Agreement targets
2. Coordinating partnership involvement and agreement in setting new priorities and targets in the new Local Area Agreement
3. Overseeing implementation of the 'Choosing Health' and other related prevention activities, with a range of programmes to:
 - a. Tackle teenage pregnancy
 - b. Improve sexual health and reduce Chlamydia infections
 - c. Promote mental health particularly in BME groups
 - d. Improve physical activity and reduce the levels of obesity (particularly in children)
 - e. Expand specialist NHS Stop Smoking Services
 - f. Introduce NHS 'Health Trainers' into communities
 - g. Reduce alcohol misuse and detect those with problems who attend A&E departments
4. Coordinating development of the first Joint Strategic Needs Assessment for Harrow led by the Local Authority
5. Providing a mechanism for consultation with partners for a wide range of policies, strategies and plans:
 - a. The Community Development strategy
 - b. The Adults and Housing services transformation programme
 - c. The PCT 'World Class Commissioning' strategy
 - d. The new Sustainable Communities strategy

6. Informing partners of progress with:
 - a. The plans for the integration of health and social care including the pooling of budgets (especially for the Learning Disability services)
 - b. The assessment framework for adult services
7. Overseeing activity in those groups reporting to the adult health and social care management group:
 - a. The Supporting People programme
 - b. The Older Peoples Partnership Board
 - c. The Mental Health Partnership Board
8. Reviewing current partnership arrangement for health inequalities and wellbeing; a consultation exercise on proposals for new arrangements has been carried out.

Plans for 2009/10

1. Following review of the current management group, further develop of partnership arrangements is planned with the establishment of a health inequalities and wellbeing partnership as well as a joint commissioning board (or 'adults trust') involving Harrow Council and NHS Harrow.
2. These partnership groups will continue to oversee and coordinate delivery of the LAA targets.
3. Further progress with integrating health and social care will be made.
4. A health inequalities and wellbeing strategy will be developed and a partnership implementation plan delivered.
5. The health inequalities and wellbeing partnership will continue to have oversight of prevention programmes.

*Andrew Howe
Chair - Adult Health and Social Care Management Group*

Community Cohesion Management Group

The Community Cohesion Management Group (CCMG) has had a very successful year with many positive developments across the range of its work. A number of the projects and activities have had positive results in assisting in meeting Local Area Agreement (LAA) targets and priority areas of work for the Harrow Strategic Partnership (HSP). However, challenges remain and the group has developed plans and projects to address these.

CCMG has responsibility for seven of the Local Area Agreement (LAA) targets:

- Percentage of people who believe that people from different backgrounds get on well together in their local area (NI 1)
- Engagement in the arts (NI 11)
- Participation in regular volunteering (NI 6)
- Migrants' English Language skills and knowledge (NI 13)
- Environment for a thriving third sector (NI 7)
- Building resilience to violent extremism (NI 35)
- Adult participation in sport (NI 8)

Additionally CCMG oversees the work of the:

- Play Strategy
- Somali Interagency Somali Taskforce
- Hate Crime

CCMG continues to include representatives from the local authority, police, PCT, HAVS and members from a wide range of local voluntary and community organisations.

CCMG members have contributed not only to the high level priorities in our Sustainable Community Strategy and LAA but also to our delivery plans e.g. Prevention of Violent Extremism (PVE) action plans, Somali Community Needs Assessment and Community Development Strategy, which has been adopted as a key action plan for the HSP.

Community Cohesion (NI 1)

Over the last four years MORI Quality of Life surveys have indicated a downward trend in perceptions of community cohesion in Harrow. These trends have led to a series of interventions and priority developments i.e. Community Connects cohesion projects; a faith, community and cultural events calendar; a new borough-wide community cohesion marketing campaign.

The Community Connects programme has targeted activities at wards where perceptions of cohesion were lowest. Community cohesion has been promoted via activities through the arts, sports and leisure - for example, street parties and the 'On the Beach' event.

We have developed a Faith, Community and Cultural Events Calendar, which provides a comprehensive on-line resource of community events as well as information about the many faiths represented in Harrow. The calendar also lists council supported events such as the Under One Sky festival, which attracted 12,000 visitors in 2008.

To better understand the reasons for the relatively low perception of community cohesion, the Council commissioned a research project by consultants Ignite. This involved research with some Councillors, key community representatives and partnership organisations followed by workshops with residents, frontline staff and young people.

Ignite identified, for example, the need to assist the integration of new migrants, and as a result Harrow has chosen NI 13 as an improvement priority in the LAA to help improve English language skills. A new resident's Welcome Guide will be launched in May 2009 to help new arrivals access essential services.

The research has also led to CCMG securing additional resources from the HSP to support a high profile community cohesion marketing campaign. It is intended that the 'Our Harrow, Our Community' borough wide community cohesion campaign will assist in the reversal of the downturn in cohesion indicators.

2009-2010 – Planned Community Cohesion Activities

- Welcome Guide to be launched and distributed
- Delivery of Community Connects planned activities in targeted wards
- Faith, Community and Cultural Events Calendar of events to be delivered, including Under One Sky 2009
- Our Harrow, Our Community marketing campaign – to be delivered in lead up to the autumn 2009 Quality of Life Survey



Volunteering (NI 6)

In efforts to increasing the number of adult volunteers in the borough, CCMG instigated the first Harrow's Heroes volunteer awards in May 2008. The pre and post event publicity around this hugely successful and high profile event coincided with the MORI survey, which highlight a significant increase in the numbers of individuals volunteering from socially excluded groups (in excess of the LAA target) and a positive trend towards the target for other adult volunteers. It is encouraging to note that even if the current results were to remain static for the third and final year of the LAA this would not have a detrimental effect on achieving the LAA target.

It is CCMG's ambition to continue to increase the number of volunteers, across all groups, within Harrow and a further Harrow's Heroes event is being planned for 2009 to coincide with the Place Survey in the autumn.

CCMG also launched and piloted the One-4-One employee volunteer scheme in the Council in October 2009. The scheme has now been rolled out across the Council and it is intended that it will be further rolled out to another HSP partner organisation in 2009-2010.

2009-2010 – Volunteering

- Harrow's Heroes volunteer awards event to be held on 14 October 2009
- Continuation of the One-4-One employee volunteering scheme in the Council
- Roll out of the One-4-One scheme to a HSP partner organisation

Environment for a thriving third sector (NI 7)

During 2008 the council undertook a scrutiny review titled 'Delivering a strengthened voluntary sector' which looked at the relationship between the council and the voluntary and community sector. The review group included Councillors and voluntary and community sector representatives. The scope of the review included funding, volunteering, partnership working and community assets. Evidence was gathered from a range of sources both from within Harrow as well as other Boroughs. The final report of the review group was presented to Cabinet in December 2008 and the Council has agreed to take forward 21 out of the 22 recommendations made.

2009-2010 – Environment for a thriving third sector

- NI 7 working group to develop an action plan to improve performance against this indicator
- Development of a Third Sector strategy.
- Review of council's grant criteria

40

Increase Adult Participation in Sports & Leisure (NI8)

The latest Active People Survey reported a local fall in the adult participation levels in sport and physical activity, dropping from an anticipated baseline of about 19% participation to 13.3% participation. We have developed a broad business plan for active recreation which will engage more fully with residents over the next 2 years of LAA planned activity

2009-2010 – Increase Adult Participation in Sports & Leisure

- For the next Active People Survey, which is now underway, arrangements have been made with Sport England to boost the borough's sample size to improve the quality of the response from residents.
- Launch the "Swim for Free" scheme- providing free swimming for all under 16's and over 60's for the next 2 years. Commission a comprehensive marketing and promotional plan to promote the Free Swimming offer to residents.
- Invest the DCMS/Sport England capital grant of £1.8m additional funding to carry out improvements to the boroughs swimming facilities at Hatch End High School and Hatch End Pool.
- Re-launch the Hitchurch Playing fields as a community sports and leisure facility in partnership with a local sports/community organization, following a public tender exercise.
- Open the new community sports and leisure facilities at the new Whitmore School development.
- Review the leisure management contract for the borough's sports and leisure facilities, ensuring an improved service for residents.

- Strengthen partnership working with local voluntary sector sports and leisure organisations, supporting development of self-sustaining models of delivery.

Engagement in the arts (NI 11)

We have been working closely with Arts Council England (ACE) on developing the NI11 Action Plan for Harrow which has already resulted in Harrow Arts Centre securing £10,000 funding under the 'A Night Less Ordinary' initiative to provide free tickets to those Under 26. The Mayor of London has just released priorities for culture that include 'improve provision in outer London boroughs' as a result of which Harrow Arts Centre has been included in ACE's funded Outer London Borough Venue Development Programme. Pin badges and stickers provided by ACE for the national campaign 'ARTS - Seen It, Done It, Got Creative', have now been received and we will begin to distribute these at events such as Under One Sky to raise the public's awareness of how much they do engage with the arts.

Over the entire 2008-09 period the Council funded programme at Harrow Arts Centre has developed to better reflect all communities of Harrow and brought new audiences to the site. Council funded performances at Harrow Arts Centre achieved an audience of 2,878 in Q4 representing eight sold-out events and an average occupancy of 84% capacity. Visitors to other activities at Harrow Arts Centre totalled 34,096 in Q4 including audiences for Harrow Music Service performances and students of ACL classes. Family tickets, Group booking discounts and daytime programmes for older people have been introduced to performances at Harrow Arts Centre.

2009-2010 - Arts

- Increase audiences to the programme at Harrow Arts Centre by 4,500 pa.
- Provide an opening night for Film-on-the-Hill and an exhibition for the school art competition at Harrow Arts Centre as part of the 'Our Harrow, Our Community' campaign
- Continue to work with the community to develop the programme at Harrow Arts Centre and appropriately target the marketing of this programme
- Deliver Open Weekend family fun day at Harrow Arts Centre
- Launch online directory of local arts organisations and activity

Adult and Community Learning (NI 13)

We have secured a two-year 'Parents into Employment' (PIE) project, funded by the Learning and Skills Council (LSC). The total funding of £462,000 is providing work-related English for Speakers of Other Languages (ESOL) training and support into employability. Twenty-one courses are being run in schools and Children's Centres through Family Learning Impact Funding of £81,000.

Additionally, we have also secured £400,000 ESF funding to work with partners to encourage residents in five targeted local areas back into work (the XCITE project).

We have invested another £1m of LSC capital funds to build and open a new Adult Learning Centre on the grounds of a local primary school. The Kenton Learning Centre is being run in partnership with a local FE college, and targets residents from one of our most deprived wards.

Our Adult Learning service was the only council provider in the country to achieve a level 2 ('very good') grade in its Ofsted Inspection.

2009-2010 – Planned Adult and Community Learning Activities

- Delivery of the Parents into Employment project
- ESOL training
- Delivery of XCITE project in targeted areas

Building Resilience to Violent Extremism (NI 35)

There has been a partnership approach to working with the Police and the local Muslim community to build resilience to violent extremism in the borough. A dedicated Muslim liaison officer (a Police Officer) was funded via Prevention of Violent Extremism (PVE) funding to help build resilience to violent extremism. Also, Two Community Reach In Officers have been appointed - one of whom is based in Harrow Central Mosque (HCM). The Community Reach In Officers have worked with local mosques and community organisations to establish a Muslim Women's Network and Muslim Youth Forum. They have undertaken a range of projects, including a young leaders training programme, a summer activities project in partnership with HCM and the police, and an e safety project – all of which have helped build bridges within the local Muslim community.

The Women's e-safety project, promoting Internet safety awareness amongst Muslim women, won the 'Best Women's Project' award in the 2009 GOL PVE awards scheme. This generated a lot of local and national media interest, as well as interest from other Councils interested in replicating our good practice.

Additionally £150,000 was secured from the Youth Justice Board (YJB) for additional PVE to support vulnerable young people. This element of PVE work is being led by the Youth Offending Team (YOT).

2009-2010 - Building Resilience to Violent Extremism

Delivery of PVE action plans (in partnership with the community and police), including:

- set up of the Prevent Panel
- continuing support for the Harrow Muslim Women's Network and the Muslim Youth Forum
- e safety training

Play Strategy

Harrow's first Play Strategy was formally adopted by the Council in May 2007 and provides the framework for the delivery of increased play opportunities in the Borough. Big Lottery funding of 465k has been used to develop and deliver projects in targeted areas and vulnerable groups. This funding was used to deliver six play projects: This includes three park playground developments in Roxeth Recreation Ground, Canons Park and Headstone Manor recreation ground; two voluntary sector-led projects for children with disabilities and one housing project in Grange Farm close, South Harrow.

2009-10 planned activities

During 2009-2011 Harrow will be receiving £1.1m Playbuilder funding to develop 22 play spaces across the Borough. Each play space will be developed in consultation with children and young people to provide good quality, open access play facilities.

Somali Inter Agency Taskforce

Harrow Association of Somali Voluntary Organisations (HASVO) was commissioned to produce research into the needs of the Somali community. This was in recognition of the fact that although the Somali community is one of the largest and fastest growing new communities in Harrow, there was very little documentary evidence available to inform policy and service provision. As a result of the subsequent report, the Council established an inter-agency taskforce and an action plan was developed to address the report findings. One of the successful outcomes of this has been the commissioning of HASVO to deliver cultural awareness sessions to staff, which have helped the Council and its partners improve understanding of the culture and experiences of the Somali community.

2009-2010 - Somali Inter Agency Taskforce

- An external evaluation and review of the work of the Task Force.
- Development of the Somali Inter Agency Task Force action plan building on the achievements of the past two years.

Hate Crime and Community Tension Monitoring

In September 2008, the Hate Crime Forum launched an additional twelve community venues where people can report Hate Crime locally, bringing the total number of third party reporting sites to twenty four. We are continuing to actively monitor levels of reported hate crime and have set up a multi-agency group to monitor community tensions and feed into the monthly returns that the Council has been submitting to Government Office for London (GOL).

2009-2010 - Hate Crime and Community Tension Monitoring

- Continuing support for third party reporting sites
- Embedding the process of community tension reporting and monitoring across the Council and partner agencies
- Community confidence road shows to be held in high visibility locations across the borough. Lead by the Council and the Hate Crime Forum and in partnership with the police and the crown prosecution service

*Javed Khan & Anne Whitehead (Co-Chairs)
Community Cohesion Management Group*

Safer Harrow Management Group

2008/09

During 2008/9, the Safer Harrow Management Group created a Joint Agency Tactical Co-ordinating and Tasking Group (JATCG). The JATCG is a multi agency action based meeting that meets monthly to address crime and anti-social behaviour challenges; analysts use trend graphs, heat maps and other tools to present identified problems to the group who decide upon the best multi agency solutions. Results analysis is undertaken to determine the effectiveness of the actions taken. This approach is joining up the activities of public services locally and making them more effective e.g. stolen number plates found in drains, refuse workers acting as eyes and ears on crime issues, graffiti hotspots eradicated etc.

Safer Harrow has also been leading on the 'Weeks of Action' across the partnership. These weeks of action identify a local area needing regeneration through analysis. A 'week of action' is then delivered involving police, council, LFB, probation, and other agencies concentrating on improving this area. Maximum resources are used to tackle long standing problems e.g. graffiti removal, tree planting, crime prevention packs, smart watering of homes, street cleaning, etc. This concept has been viewed by the public very positively and research is not on-going to demonstrate sustainability and improvements in public satisfaction.

Safer Harrow has launched Operation Reclaim, which is a targeted operation to tackle drivers in uninsured vehicles. Vehicles are stopped and if uninsured are there and then seized. If fines are not paid, the vehicles are quickly scrapped. During the past 6 months over 100 vehicles were seized in Harrow.

The Safer Harrow Management Group is leading on the creation of a Joint Analytical Group (JAG) for the partnership. This group of analysts from different agencies will undertake strategic analysis on a range of issues affecting the partnership. Analytical expertise will be used to provide an evidence base for strategic decisions.

2009/10

The Safer Harrow management group will be focusing on tackling burglary and violence in 2009/10. In particular, we will be rolling out informative burglary packs to victims and giving more comprehensive crime prevention advice through Safer Neighbourhood visits. We will produce more newsletters that are ward based and tell the public locally what the police are doing to tackle the issues that matter to them most.

*Richard Walton
Chair*

Harrow Children and Young People Strategic Partnership (CYPSP)

This is the annual report to Harrow Strategic Partnership (HSP) from Harrow Children and Young People Strategic Partnership (CYPSP)

- It describes key developments in the partnership in the period April 2008-March 2009
- The document describes the end of year position in relation to Evaluation, Planning and priority setting and next steps
- All initiatives described are multi-agency and most include the 3rd Sector.

Evaluation:

- The CYPSP overall performance continues to improve.
- The outcome of our annual performance assessment was very positive with an overall grading of 3.
- The evaluation of the CYPSP has been carried out through an away day by the CYPSP and through consultation and engagement with children and young people.
- End of year performance will be complete in July. The overall performance continues to improve.
- The Common Assessment framework is now governed by the CYPSP (previously by the LSCB)
- It will be re-framed following the Lord Laming report into Baby P.

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Planning and priority setting

- The Children and Young People's Plan has been approved by Cabinet and will go to full council this month.
- It is the result of consultation with key stakeholders, including parents, children and young people and parents.
- The plan is web-based and interactive, with links to plans, and position statements to keep it up to date and contemporary.
- It covers the period 2009-2011 when we will be required to develop a strategy to 2020.
- The Children's Trust has been approved by Cabinet and consultation on governance will be carried out from July-September this year.

Next steps

The key work streams for the CYPSP in 2009-2010 will be

- To ensure sound governance on the Children's Trust is driven by partner consensus.
- To consider and deliver on the implications of Lord Laming's report and the government response
- To consider the resource implications of the emerging programme
- To deliver a multi-agency development program to improve information sharing.

Paul Clark, Chair



Sustainable Development and Enterprise Management Group

The Sustainable Development and Enterprise Management Group is responsible for overseeing delivery of the economic and environment targets of the Local Area Agreement as well as providing a forum for discussing and agreeing delivery of the key priorities in the Sustainable Community Strategy. The group consists of representatives from Job Centre Plus, Harrow Heritage Trust, Harrow Agenda 21, Harrow Primary Care Trust, Harrow Council, Harrow in Business, Chamber of Commerce and Further Education Schools

Activity in 2008/09

- The group oversaw the development of a draft Climate Change Strategy, a draft Waste Management Strategy and a refreshed Tourism Strategy
- Received guidance and input from Greener Harrow, which provides a place to discuss policy development, a focus for consultations from partners and the Council, and an information exchange
- Identified and championed the inclusion of eight measures in the new Local Area Agreement in Harrow. This included a greater emphasis on economic development and improving environment compared to the previous agreement. The group also lobbied the Harrow Strategic Partnership for the inclusion of the biodiversity indicator to support the existing strategies in place, which aimed to preserve and improve the environment
- At the start of 2009, the Sustainable Development and Enterprise Management Group renegotiated six of the eight measures in Harrow's Local Area Agreement based on the availability of new data, redefined definitions and changes in the economic environment.
- Provided a strategic view and informed the development of key strategic documents for Harrow e.g. The Housing Strategy, The Core Strategy of the Local Development Framework, the draft Climate Change Strategy, the draft Waste Management Strategy and the renewed Tourism Strategy
- Informed partners of the progress against the 12th stretch target "the number of businesses (pre starts, new and existing) supported through the Harrow Mentoring Programme. For 2008/09 the target of 209 was exceeded with an actual performance of 229.
- Informed the progress on development a Town Centre Plan for Harrow
- Inputted to the development of the proposal for Harrow's Business Improvement District
- Supported the development and introduction of the Harrow Pledge and subsequent Xcite project and Slivers of Time to increase employment opportunities and reduce worklessness

Plans for 2009/10

- Continue to contribute to the Local Development Framework and the generation of ideas for the Town Centre development
- Contribute to the development of Climate Change and carbon reduction initiatives
- Establish improvement targets and monitor progress for the climate change cluster of national indicators
- Contribute to the economic recovery plan, including employment initiatives
- Contribute to the West London Waste Plan

John Edwards, Chair

MOVING FORWARD: NEXT STEPS

The next challenge for the Partnership is to deliver on the refreshed Sustainable Community Strategy ambitions.

From April 2009, Comprehensive Area Assessment (CAA) will replace Comprehensive Performance Assessment (CPA). This marks a significant change to the current assessment regime following the passing of the Local Government and Public Involvement in Health Act (2007). CPA focused on services provided by local authorities, CAA will look at the public services in an area delivered by councils and their partners including the private and voluntary sectors.

The introduction of the new Comprehensive Area Assessment has prompted the partnership to carry out a self-evaluation on both what we are doing well and not so well against our ambitions and targets; what impact the Partnership is having; and recognise and address risks to the delivery of short term actions and ambitions in the Strategy.

The self evaluation will be used to inform an improvement plan for the partnership made up of a series of work streams that will need to be managed by both the Harrow Chief Executive Group and the management groups. The self evaluation has been organised around the chapters of Harrow's newly approved Sustainable Community Strategy (2009-2020).

The Self Evaluation will also be used by the Audit Commission to inform the assessment of Harrow as part of the Area Assessment of the Comprehensive Area Assessment.

A dedicated website page is being developed for the partnership in 2009 to improve the communications between the various partners and to residents on partnership activities. The website page will provide a single point of access for all partnership related information. The website will be launched later in the year.

Harrow Strategic Partnership Board

Annual General Meeting – 26th May 2009

Report of Harrow Chief Executives

1. Introduction

The new Partnership governance arrangements established a new group comprising the Chief Executives of the main public service organisations in Harrow plus the Chief Executives of Harrow Association for Voluntary Service and Harrow in Business. The role of the Harrow Chief Executives is operationally to manage the delivery of the priorities and targets of the Partnership as set out in the Sustainable Community Plan and Local Area Agreement. It does this through coordinating and monitoring the work of the five Thematic Management Groups.

2. This Harrow Chief Executives (HCE) group is responsible for:

- taking forward the place shaping agenda;
- preparing for the introduction of the Comprehensive Area Assessment and ensuring that the partnership is working effectively;
- identifying opportunities for joint working to promote the Partnership's aims and objectives;
- tackling the big issues facing Harrow by proposing alignment of partner activity to address the issues identified;
- developing an overview of what is working in Harrow and why, and how other work streams and projects could benefit from their example;
- developing a joint planning framework;
- holding management groups to account for the delivery of the Sustainable Community Plan and the Local Area Agreement and providing support, challenge and direction as necessary;
- monitoring and providing support and direction as necessary for the area risk assessment; and
- identifying communication opportunities for the Partnership to increase its public profile.

3. The Group is accountable to the Partnership Board for delivery of the priorities and targets of the Harrow Partnership. Members of the Harrow Chief Executives are also accountable to their own organisations.

4. The HCE has met four times since its inception. This report sets out the issues that the group has discussed.

5. Recommendation

That the Board notes the themes discussed by the HCE Group.

6. The HCE has met on four occasions. The themes running through their agendas have included:

- Preparation for the Comprehensive Area Assessment and, as a contribution to ensuring that the Audit Commission CAA lead for Harrow is fully informed of partnership activity, Annette Furley has been invited to attend meetings whenever she is available. At the meeting in March, Annette gave a presentation on the how she will approach Harrow's CAA and helped develop a timetable for the submission of documents including the self evaluation that the Summit has been asked to consider.
- Performance on the LAA. Quarterly performance information on an exception basis has been presented to the Group on the old LAA including forecasts of the amount of reward grant funding that may be earned. This information is also contained in the HSP Annual Report. The first year outturn for the new LAA will be presented to the next meeting on 1st June.
- JAG. The opportunities available through joining together the analysis capacity of the public sector partners to provide better and more integrated data as well as bespoke analyses have been regularly discussed at the Group including accommodation and equipment for a dedicated secure room at the Civic Centre.
- Recession. The Group has supported the formation of a cross-organisational group to identify and implement measures to lessen the impact of the recession on Harrow residents and businesses. The Group receives reports on progress.
- Sustainable Community Strategy. The Group oversaw the latter stages of the process of refreshing the Strategy. From amongst the ambitions that the Strategy contains, the Group has identified 5 issues for particular attention in 2009/2010 including:
 - the recession
 - environmental sustainability
 - community cohesion
 - Public Health: a Partnership Approach and
 - Public Sector Transformation – working very much more closely together
- Issues relating to the voluntary and community sector including progress with the response to the Scrutiny Review and the outcome of complaints made under the Compact.

7. Further reports proposing Partnership action as well as providing details of HCE meetings will be submitted to each Board meeting.