



HARROW PARTNERSHIP BOARD SPECIAL MEETING

THURSDAY 22 JULY 2010 AT 6.00 PM

COMMITTEE ROOMS 1 & 2, HARROW CIVIC CENTRE

AGENDA

Members:

Councillor Bill Stephenson (Chairman)	Leader of the Council, Portfolio Holder for Finance and Business Transformation	Harrow Council
Councillor Phillip O'Dell	Deputy Leader, Environment and Community Safety Portfolio Holder	Harrow Council
Councillor Graham Henson	Performance, Customer Services and Corporate Services Portfolio Holder	Harrow Council
Councillor Susan Hall	Leader of the Conservative Group	Harrow Council
Councillor Barry Macleod-Cullinane	Deputy Leader of the Conservative Group	Harrow Council
Dr Gillian Schiller (Vice-Chairman)	Chairman	Harrow Primary Care Trust
Howard Bluston	Representative	North West London Chamber of Commerce
Malcolm Parr	Representative	Harrow in Business
Brian McGowan	Representative	Large Employers' Network
Dr Mohamed Aden	Representative	Voluntary and Community Sector
Julie Browne	Representative	Voluntary and Community Sector
Hassan Khalief	Representative	Voluntary and Community Sector
Avani Modasia	Representative	Voluntary and Community Sector
Deven Pillay	Representative	Voluntary and Community Sector
Jacqui Mace	Representative	Further Education Sector
Ann Groves	Older People's Reference Group	Older People's Reference Group
Dr Myszka Guzkowska	Pro Vice Chancellor	University of Westminster
John Vaughan	Representative	Central and North West London Mental Health Trust
John Edwards	Divisional Director, Environmental Services	Sustainable Development and Enterprise Management Group
Andrew Howe	Director of Public Health	Adult and Social Care Management Group
Anne Whitehead	Co-chair, Community Cohesion Management Group	Community Cohesion Management Group
Brendon Hills	Corporate Director, Community and Environment Services	Co-Chair, Community Cohesion Management Group
Catherine Doran	Corporate Director, Children's Services	Children and Young People Partnership

Chief Superintendent Dal Babu	Borough Commander, Harrow Police	Safer Harrow Management Group
Sue Moran	Representative	Job Centre Plus
Nick O'Reilly	Harrow Borough Commander	London Fire Brigade
Shelly Choudhury	Interim Director	Harrow Equalities Centre

Guests:

Michael Lockwood	Chief Executive	Harrow Council
Mark Easton	Chief Executive	Harrow Primary Care Trust
Fiona Wise	Chief Executive	North West London NHS Hospital Trust
Allen Pluck	Chief Executive	Harrow in Business
Dave Ashdown	District Manager, West London	Job Centre Plus

Officers:

Alex Dewsnap	Divisional Director, Partnership, Development and Performance	Harrow Council
Mike Howes	Service Manager, Policy and Partnership Service	Harrow Council
Trina Thompson	Senior Policy Officer, Policy and Partnership Service	Harrow Council
Tom Whiting	Assistant Chief Executive	Harrow Council

Contact: Vishal Seegoolam, Acting Senior Professional - Democratic Services
Tel: 020 8424 1883 E-mail: vishal.seegoolam@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 7.3 of the Harrow Partnership Governance Handbook.
2. **Declarations of Interest:**
(if any).
3. **Minutes:**
That the minutes of the Board Meeting held on 15 June 2010, be deferred until the next ordinary meeting of the Board.
4. **Local Area Agreement Reward Grant Allocation:** (Pages 1 - 8)
Report of the Assistant Chief Executive, Harrow Council.
5. **Financial Position and Turnaround Plan:** (Pages 9 - 28)
Presentation by the Chief Executive, NHS Harrow.
6. **Commissioning of Voluntary Sector Organisations 2010/11:** (Pages 29 - 50)
Report of the Chief Executive, NHS Harrow.
7. **Draft Harrow Council Evidence Submission to Harrow Magistrates' Court - For Consultation on Courts Closures:** (Pages 51 - 60)
Report of the Corporate Director, Place Shaping, Harrow Council.
8. **Date of Next Meeting:**
The next Board Meeting is scheduled for Tuesday 14 December 2010.

AGENDA - PRIVATE - NIL

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

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HARROW STRATEGIC PARTNERSHIP BOARD

Local Area Agreement Reward Grant Allocation

22nd July 2010

Introduction

On the 10th June the Government announced some details of the £6.2bn reduction in public expenditure. This included reducing the previously announced totals of LAA Reward Grant to Round 2 and Round 3 LAAs by 50%.

This means that in the best case, a total of £2,340,506 is now available and, in the worst case, £1,705,109 LAA reward grant is available compared with the Partnership's original expectation of receiving £4,681,012.

We are still awaiting confirmation from Government on the success of our second claim where we hope to receive a further £600,000 giving us the best case total. Until the final reward position has been confirmed, it has been agreed to work to the worst case figure but agree in principle the best case option.

London Councils are currently negotiating with Treasury on the possibility of converting any outstanding reward grant, i.e. the £600,000 for Harrow, to 100% revenue. Pending a decision it was recommended that allocations are based on the continuation of the 50:50 split between revenue and capital.

Following the LAA Reward Grant announcement, the Partnership Board at their June meeting recommended that the Harrow Chief Executive Group and the five Management Groups reconvene urgently to review their proposed allocations.

The Board also agreed that where expenditure had already been incurred on projects, these costs are required to be met from within the relevant management group or HCE allocation.

Proposed Action

On agreement of the proposed business cases by the Partnership Board, funding will be allocated to the lead organisations to begin delivery of the projects.

The deliverables identified in the business cases will be monitored quarterly by the respective management group and Harrow Chief Executives Group. This will be on an exception basis at the quarterly performance mornings.

What are you asking the Partnership Board to do

- Approve the management group business cases (Attached)
- Note the agreed Harrow Chief Executive business cases (Attached)

Summary of the Issue

The Harrow Chief Executives convened an extraordinary meeting on the 1st July to agree the revised allocations of the LAA Partnership Fund, as outlined in the attached spreadsheet.

The agreed proposals have taken into account commitments that have already been made through a contractual agreement and money that has been spent. The recommended allocations also aim to achieve maximum return for the investment made by the Partnership.

The five Management Groups have each resubmitted their proposals and are outlined in the attached spreadsheet. The spreadsheet outlines both the best case and worst case scenario allocation. The updated Business Cases will inform the monitoring of the promised deliverables.

Management Group	Project Title	Receiving Partner(s)	Exit Strategy	Issues		Cost		
						Revenue Yr 1	Capital Yr 2	Total Cost
Adult Health and Well Being Management Group Best Case = £66,016.40 Worst Case = £48,094.37	Smoking Cessation This project aims to further develop the tobacco control activity in the borough. Activity is proposed over a two year period. Particularly it proposes to improve update of services in hard to reach populations through additional promotional resources, evaluate previous activity, educate around the harms of shisha and smokeless tobacco and conduct preventative work, and prevent the uptake of smoking through supporting the 'Shop the Shop' initiative around underage sales.. The capital funding will be used to purchase additional resources for the Stop Smoking team, including new laptops to enable efficient uploading of client information during clinics, and carbon monoxide readers and lung function spirometers for use with clients. In addition it will purchase promotional resources and materials.	NHS Harrow	There are limited ongoing costs to this project. Other elements of the project are pilots. Once these have been conducted and the outcomes evaluated, decisions will then be made on their continuation and any further costs may be incorporated into the general tobacco budget.		Best Case	£33,008	£33,008	£66,016.40
					Worst Case	£24,048	£24,048	£48,096.00
Children's Trust Best Case = £499,731.25 Worst Case = £327,638.94	Development of Partnership Working Development and enablement of an Electronic Referral System (e-ref) that will improve safeguarding and reduce bureaucracy. Ongoing training to support electronic referral system. Data base infrastructure to support integration. The development of a web based resource directory which will stream line access to services and provide a foundation for commissioning by schools and other partners - The additional revenue funding under best case scenario will enable the appointment of a training coordinator to initiate the project with partners The worst case scenario would mean that reduced support would be provided from within existing resources	NHS Harrow Harrow Council	Ongoing revenue costs are factored into the Children's Trust Business plan	Implications on Harrow Council's IT support Need to ensure Harrow Council's IT manager has been informed about this business case and has therefore assessed any capacity issues	Best Case	£75,000	£250,639	£325,638.94
					Worst Case	£0	£250,639	£250,638.94
	Children's Health Deployment of a coordinator who will support new mums to initiate breastfeeding through the use of volunteer peer supporters at Northwick Park Hospital maternity ward and in Children's Centres. Ancillary provision such as training, accreditation, materials and resources are included in the proposal. Reduced funding would mean that a part time post would be recruited rather than a full time post - the focus would be on the most vulnerable groups	NHS Harrow	The objective is to improve breastfeeding rates through the use of volunteers on the wards. We aim to embed this work within the core role of midwives through workforce development over a two year period to sustain the improvements in initiation rates. For maintenance we aim to align workstreams with existing delivery in children's centres and will develop an exit strategy that will allow volunteer skills to be utilised in that community setting.	Need to ensure the post is not employed under a permanent contract <i>This is a health service funded post and will be a fixed term appointment for the duration of the project.</i>	Best Case	£75,000	£47,092	£122,092.31
Worst Case	£75,000	£0	£75,000.00					
Voluntary Sector Development HASVO have been asked to identify a key area of the Children's Trust objectives that they will use the funding to support	HASVO	No exit strategy available for HASVO due to lack of detail	<i>Sustainability will be a key feature of the submission from HASVO</i>	Best Case and Worst Case	£2,000	£0	£2,000	

Sustainable Development and Enterprise MG Best Case – £132,032.81 Worst Case – £96,188.76	Business Support Realignment - New, Young and Micro Businesses The development of a client enabled on-line access process to local business support services. This would involve client engagement, enhanced communications and local business representation as well as a locally based supply chain system. Its development would enable opportunities for income generation. In addition HiB would be able to provide a limited range of workshops, training and advisory support, 1-1 support, mentoring, and business diagnostics.	Harrow in Business	Supply chain element will provide income generation	It is recommended that the business plan and its deliverables are annexed to the Service Level Agreement between Harrow in Business and Harrow Council. Future reporting on the business case projects will align with the current quarterly progress report. £41,250 has been committed and spent	Best Case	£66,016.41	£66,016.41	£132,032.81
	The removal of elements of the access process and scaling down of the process and limited range of client interventions.				Worst Case	£48,094.38	£48,094.38	£96,188.76

Safer Harrow Best Case = £390,439.88 Worst Case = £284,443.89	Domestic Violence The proposal is to continue funding in the current year to support the MARAC and one post of an Independent Domestic Violence Advocate in the hope that these posts can be supported from mainstream funds in 2011/2012 and future years. If approved, the continuing project will represent a significant decrease in the local capacity to support survivors of domestic violence but recognises the pressure on mainstream budgets where capacity could not be identified to support the current 4 IDVAs and the MARAC	Harrow Council	Officers have explored potential alternative funding streams for this service but have not been able to identify a sustainable source. Discussions are underway to identify sources of mainstream support for the costs of the reduced service.	£40,000 has been contracted and spent for Domestic Violence	Best and Worst Case	£79,000	£0	£79,000
	Young People and Anti Social Behaviour A new project which involves the establishment of a detached youth worker team working alongside Community Support Officers in high risk parts of the borough.	Harrow Police Harrow Council	If this project can evidence that a joint, street based, Police and Youth Service approach is more effective in reducing ASB and exclusion, then resources will be redirected from existing activities into its continuation		Best Case	£50,000		£50,000
	The worst case scenario would reduce the extent of the involvement of youth workers				Worst Case	£15,000		£15,000
	Harrow Resilience Programme Deliver resilience training to a group of young people aged 14-18 year olds who are either excluded from school, known to the YOT or identified by agencies to be at risk of becoming involved in crime or anti social behaviour by a trained consultant.	Harrow Police	It is not anticipated that further funding will be required as the programme will include delivery of training to enable staff to provide ongoing training in the future		Best and Worst Case	£50,000		£50,000
	Media and Communication Equipment MPS software enabled laptops capable of accessing the MPS system to be available from remote locations. Installation of suitable software to enable Safer Neighbourhood Teams to produce letters and newsletters to a high standard	Harrow Police	The project does not require additional funding		Best Case		£131,000	£131,000
	The worst case would omit some of the printers and laptops				Worst Case		£110,000	£110,000
	Control of Dangerous and Status Dogs The £13,000 will contribute to the launch of a multi agency Dangerous and Status Dogs service which will provide resources to investigate and act against the anti-social use of dogs. A specialist Dog Officer will be appointed and based in Harrow.	Harrow Police Harrow Council	The Police have confirmed that the costs of the post can be incorporated into the Police budgets from 2012/12 onwards	£13,000 has been contracted and spent for Dangerous Dogs	Best Case and Worst Case	£13,000	£0	£13,000
	Alley Gating Capital funding to provide intervention e.g gates or similar measures Reduced level of alley gating	Harrow Council	The Police have confirmed that the costs of the post can be incorporated into the Police budgets from 2012/13 onwards		Best Case		£64,000	£64,000
				Worst Case		£32,000	£32,000	

Community Cohesion
MG

Best Case =
£132,032.81

Worst Case =
£96,188.76

CCMG allocations and deliverables will be tabled at the HSP Board meeting

Project Title	Lead Organisation	Priority	Sustainability	Local Area Agreement Grant Allocation			
				Revenue	Capital	Total Cost	
<p>Council and Health Integration To conduct a self assessment of the joint working of Council and NHS Harrow and produce a vision and blueprint for future integration.</p> <p>The self assessment was delivered on the 1st June 2010.</p>	Harrow Council Harrow PCT	Future Operating Model Total Place	The project was a short term, time critical project. The outcomes of the project will inform future planning for integration and help shape future joint working between health and council partners.	Best and Worst Case Scenario	£10,000	£0	£10,000
<p>Children Service Transformation Develop a model of access which meets the needs of users, safeguards children and promotes improved outcomes for children and their families. The top 100 families work will inform this work. Consider how through improved ways of working we can reduce the business and administrative workload in Children Services and link to the LEAN process and Assess and Decide Build up a business case to develop commissioning services in the Children's Trust. Examine a model of schools/children's centre cluster delivery which will provide prevention and early intervention through screening, universal service delivery and swift and easy access to specialist services Deliver agreed LEAN programmes</p>	Harrow Council	Total Place	The project is a fixed term project which will provide significant reduction in the cost of services.	Best and Worst Case Scenario	£85,000	£0	£85,000
<p>Young People Anti Social Behaviour Decrease the number of incidents of ASB committed by young people in the borough through establishing a detached youth worker team working alongside Community Support Officers in high risk parts of the borough.</p>	Harrow Police	Better Together	If this project can evidence that a joint, street based, Police and Youth Service approach is more effective in reducing ASB and exclusion, then some resources will be redirected from existing activities into a continuation of this modus operandi.	Best Case	£50,000	£0	£50,000
				Worst Case	£15,000	£0	£15,000

Reabling Focussed Care & Intermediate Care This project shifts the focus of Care from dependency-led to greater levels of independence in the community. By October 2010 all adults presented to social services, who require care, will be offered a Reablement package, which will provide tailored support. The aim is to enable service users to retain and maximise their independence, as well as reduce dependency.	Harrow Council	Total Place	Based on emerging studies on Reablement, the Department of Health have demonstrated that a Borough, which reables 2.1% of their over 65 population could make savings of around £650k in year 1 and £1.1 Million are achievable in Year 2. When applied to Harrow, after investment has been accounted for the projected savings are: £620,000. If the worst case scenario was the reality this would delay the achievement of savings	Best Case	£440,000	£370,000	£810,000
				Worst Case	£291,000	£316,000	£607,000
Harrow Transport Purchase of a second hand community bus.	Harrow Community Transport			Best and Worst Case Scenario	£0	£20,000	£20,000
Local Intelligence Database & Joint Analytical Team (JAG) Co-Location Set up and procurement of software for a Local Information System. Set up a co-located site for JAG analysts. Consolidate and develop current Information Sharing Protocols		Total Place / Future Operating Model	There should be expected revenue reductions as a result of greater insight leading to more effective front line delivery. A Local Information System should also remove the need for production of the borough vitality profiles as these would then all be online. It is expected that resources are prioritised following the end of the LAA reward grant to continue the function.	Best Case	£0	£150,000	£150,000
				Worst Case	£25,000	£90,000	£115,000

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Total Available Grant

Best Case	£585,126.50	£585,127.00
Worst Case	£426,277.37	£426,277.37

* Funding has been committed through a contractual agreement or spent

£49,000 has been committed under Reabling Focussed Care for the Tracking Officer Post and £33,000 has been committed by NHS Harrow for the Intermediate Care Strategy = a total of £82,000

Financial Position and Turnaround Plan

Briefing to Partnership Board

22 July 2010

Mark Easton, CEO

Sections

- **Looking backwards – How we got here**
- Looking forwards – Turnaround Plan
- Summary and next steps

Key Financial Facts

- NHS Harrow has achieved its statutory financial duties in each year from 2006/07 onwards however it only achieved this in 2009/10 with a £6.5m loan which has to be paid back
- There has been a significant swing in the PCT's underlying position from £7m surplus in 07/08 to £9m deficit at end of 09/10
- The deficit has been driven principally by a large increase in acute spend: c£50m (45%) over the last 3 financial years-total funding for the PCT has increased by c20% in same period
- Similar levels of acute activity growth evident also in NWL but Harrow had less financial headroom than some other PCTs to manage the position
- Initial savings requirement in 10/11 was £31.5m however NWL sector support of £7.9m and rephasing of repayment of 09/10 sector support has reduced the in-year savings requirement for the PCT to £18.3m (6% of budget)
- Underlying Position at end of 10/11 is still a deficit of £1.8m
- Sector support in 10/11 is dependent on achieving savings plan
- The need for further savings will continue into 2011/12 and onwards because of likely reduction in the growth of allocations and debt repayment

Summary of Financial Performance



Year	Outturn Position	Normalised Position (i.e. taking out in-year adjustments)	Notes
07/08	£172k Surplus	£7m Surplus	Repayment of £8.5m legacy debt relating to 2005/06 deficit
08/09	£1.4m Surplus	£1.4m Surplus	Acute Spend c£7m over budget
09/10	£126k surplus	£9m deficit	Acute Spend c£13m over budget. The PCT received NWL sector support of £6.5m during 2009/10
10/11 Plan	Break-even	£1.8m deficit	The Outturn position in 2010/11 is dependent upon achievement of savings of £18.3m and new NWL sector support of £7.9m
11/12 Indicative	Break-even	£13.2m surplus	Savings of £25m to repay up to £13.2m of support from 09/10 and 10/11 plus further 3% efficiency

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Annual Increases in Funding v Cost Increases in Acute

Year	Total Funding Increase for PCT		Acute Spend Increase	
	£	%	£	%
2007/08	£20.8m	8%	£11m	10%
2008/09	£15m	5.5%	£19m	15%
2009/10	£15.5m	5.2%	£17.6m	12%
2010/11 Plan	£16m	5.0%	£2.3m	1.5%*

Sections

- Looking backwards – How we got here
- **Looking forwards – Turnaround Plan**
- Summary and next steps

Savings Plan – Key Principles

- Savings are overwhelmingly focussed on achieving *greater efficiency, reducing unnecessary acute care, and ensuring the PCT pays what it is responsible for* rather than reducing services.

- The savings plan still has significant risk of delivery:

- 38% of plan £7.8m red-rated
- 29% of plan £6m amber-rated
- 33% of plan £6.9m green-rated

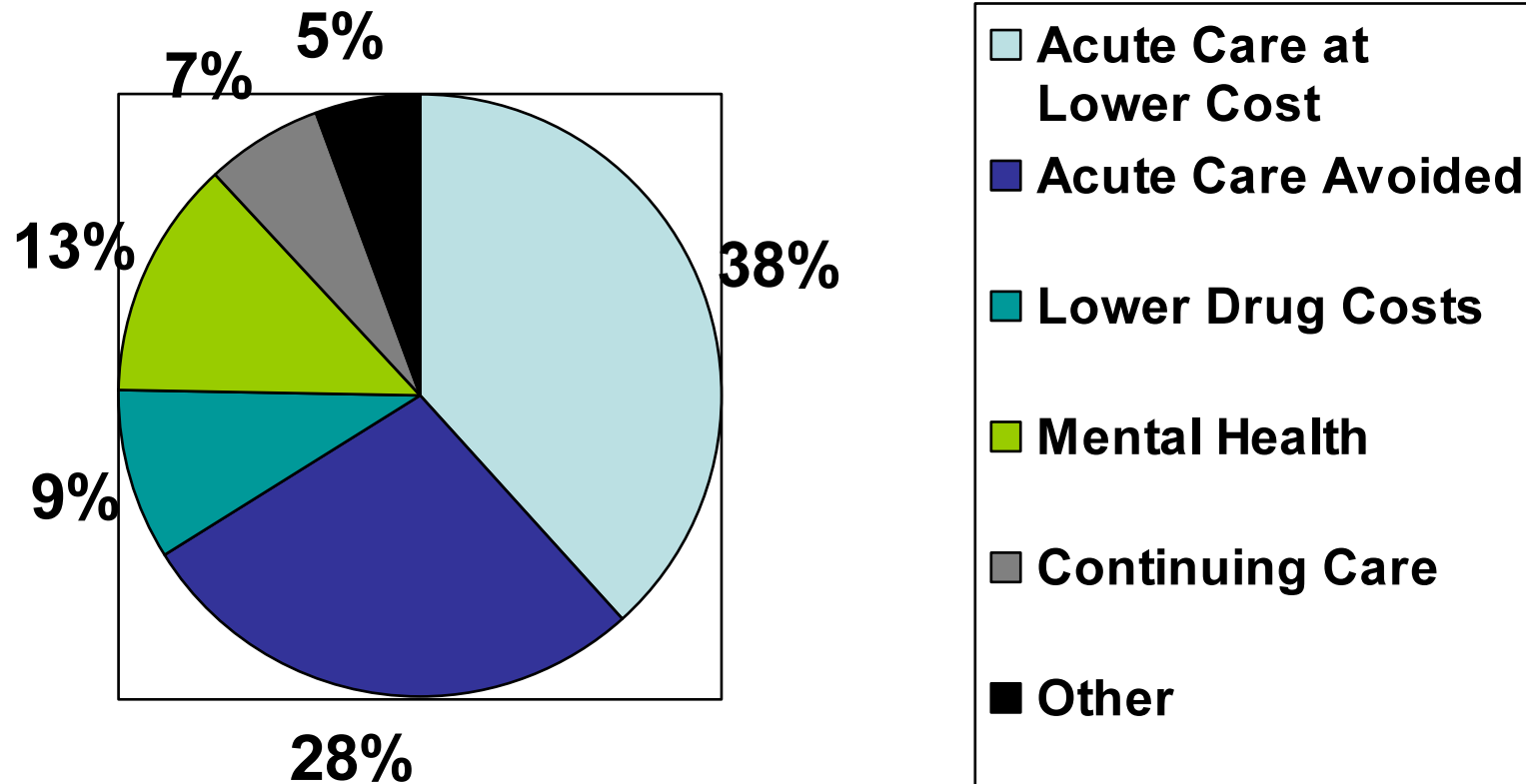
Savings Plan – Key Principles

1	Consistent, safe, good value care	<ul style="list-style-type: none"> • Ensure consistent standards of care by reducing variation in clinical practice and minimise waste in prescribing • Redesign mental health services
2	Shift from Acute to more appropriate care setting	<ul style="list-style-type: none"> • Develop / enhance primary and community care services e.g. UCC, CAU, rapid response and intermediate care • Proactive management of people with long term conditions avoiding unnecessary hospital or residential care • Repatriate people receiving high cost care out of area
3	Use NHS services appropriately	<ul style="list-style-type: none"> • Consistent approaches to referrals through the RMS, meaning fewer unnecessary outpatient appointments, less unnecessary elective surgery and fewer hospital follow-up appointments • Reduce duplication in access points
4	Stop over-spending	<ul style="list-style-type: none"> • Tighter controls on hospital spending and higher cost services • Tighter control of prescribing costs • Ensure the PCT pays what it is responsible for
5	Reduce running and management costs	<ul style="list-style-type: none"> • Cut waste and unnecessary cost in the PCT and providers • Greater efficiency and productivity • Reduce management costs by 15% in 2010/11

How we ensure the robustness of the plan

- **Clear accountability and governance**
 - Savings Plans managed through 6 Programme Boards chaired by PCT Director
 - Weekly Programme Board meetings to monitor progress
 - Workshops / meetings with stakeholders for specific schemes
 - Delivery Committee established as formal committee of the Board
 - Monthly reporting to the Delivery Committee and Board
 - Fortnightly briefing to the Board
 - Turnaround Support and Programme Management in place
- **External review** of NHS Harrow's Financial Strategy undertaken
- **External expertise** deployed to establish the Turnaround Programme
- Opportunities for service redesign and efficiencies validated through **benchmarking** against best practice
- Partnership and **engagement of stakeholders** essential to delivery
- **Impact Assessment** carried out on each project to ensure no unintended consequences

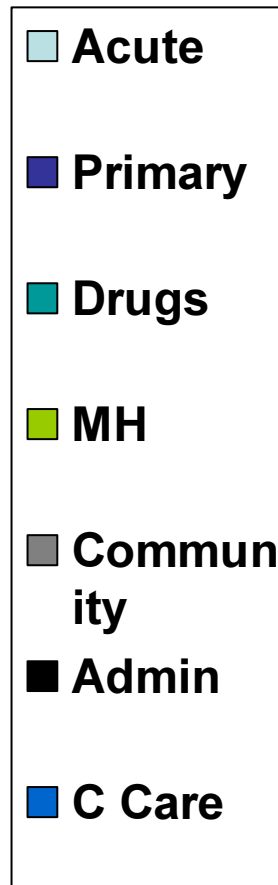
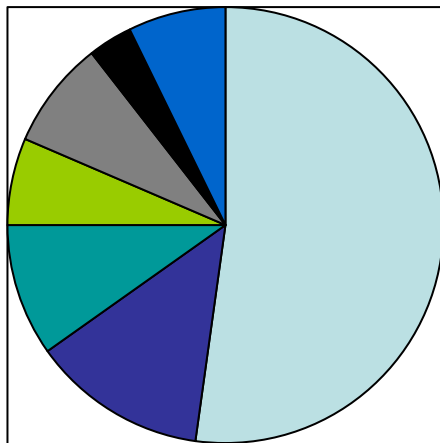
Breakdown of Savings Plan



Analysis of NHS Harrow Spend 2010 /

£340m

19



- Acute 53%
(-1%)
- Primary 13%
(+1%)
- Drugs 9%
(-1%)
- Mental Health 6%
(-1%)
- Continuing Care 7%
- Community 8%
(+1%)
- Admin 3%

Sections

- Looking backwards – How we got here
- Looking forwards – Turnaround Plan
- **Summary and next steps**

Summary and Next Steps

- Linked to unplanned cost increases in Acute spend over last 3 years NOT funding cuts
- 10/11 Plan for Acute spend is net of £9.4m of Demand Management Savings
- Increases in Acute spend evident across NWL sector and London
- However Cost reduction strategy is to move care from expensive acute settings to more appropriate and economic care settings
- Need to improve productivity and efficiency of non-acute services
- Need to reduce further PCT management costs and overheads
- Engagement of stakeholders and GPs critical to success- GP commissioning will inherit these problems from the PCT.

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Agenda Item	2.3
Paper	Delivery
Meeting Date	20 Jul 2010

FINANCIAL RECOVERY PLAN 2010 / 11

Decision Discussion Information

Report author: John Webster, Chief Operating Officer and Sarah Rollinson, Financial Recovery Programme Director

Report signed off by: John Webster, Chief Operating Officer

Purpose of the report:

This report updates the Board on progress with the delivery of £20.8 million of savings as detailed in the Financial Recovery Plan and builds on information contained in the fortnightly briefing for Board members circulated on 7 July.

In summary:

- The PCT is required to achieve savings of £18.3 million in 2010/11 but has an overall savings target of £20.8 million to allow for any in-year slippage.
- At Month 3 £5.7 million savings have been delivered against a target of £6.9 million, a shortfall of £1.2 million. The following table provides a summary position for each Programme Board.

Programme Board	Target M3 (£k)	Actual M3 (£k)	Variance (£k)	Progress since M2
Care Closer to Home	382	172	(210)	↓
Unscheduled Care and Admissions Avoidance	1070	675	(395)	↑
Productivity of Non-Acute Services	1122	673	(448)	↑
Acute Contracting	3063	2963	(100)	→
Mental Health	279	280	1	↑
Other Schemes	1008	1008	0	→
Total	6924	5771	(1152)	↓

Further detail is provided in the Executive Scorecard at Appendix 1.

The Board should note progress in relation to:

- The LMC has now agreed that the RMS should proceed as planned.
- A clear action plan has been developed to ensure that the trajectory of 11 patients per day is reached for the CAU.
- A review of voluntary sector commissioning has been completed to inform funding decisions in 2010/11 (see separate Board paper).
- New to follow-up ratios have been agreed.

The Board should note critical issues and risks in relation to:

- The CNWL contract has not been agreed. Following discussions at the Modernisation Board regarding service / pathway redesign initiatives already underway it has been estimated that the sum in dispute is now £500k as opposed to £845k. Schemes for out of contract savings have not yet been agreed.

Agenda Item:	2.3
Paper:	Delivery
Meeting Date:	20 Jul 2010

- Continuing care disputes with Harrow Council remain unresolved. This will be discussed at the Adult Joint Commissioning Board on 22 July.
- A robust savings plan to recover the ICO financial position has not yet been agreed. This will be discussed at a meeting on 19 July.
- Forecast RAG rating for each Programme Board are to be assessed to determine whether the pace of implementation should be accelerated.
- The savings plan needs to be delivered in the context of a reduction in management costs.

This report is presented to the Board for scrutiny and challenge.

Recommendations to the board:

The Board is asked to :

1. Note progress with the delivery of savings and the critical issues and risks highlighted.
2. Make recommendations on the content and format of future Board reports.

Related PCT objectives:

- Financial performance
- Performance improvement to "good"
- Commissioning developments

Related "QIPP":

- Quality Diversity
- Innovation
- Productivity
- Prevention

Related "Use of Resources"

Reference to risk on Board Assurance Framework / Risk Register

Related "Links to World Class Commissioning Competencies"

6, 11

Report history:

This is the first report to the Board on the Financial Recovery Plan.

Agenda Item:	2.3
Paper:	Delivery
Meeting Date:	20 Jul 2010

Board Report Executive Director sign off

This report has been approved by the accountable Executive Director and satisfied that the implications for the following areas have been adequately considered.

Financial

Equalities

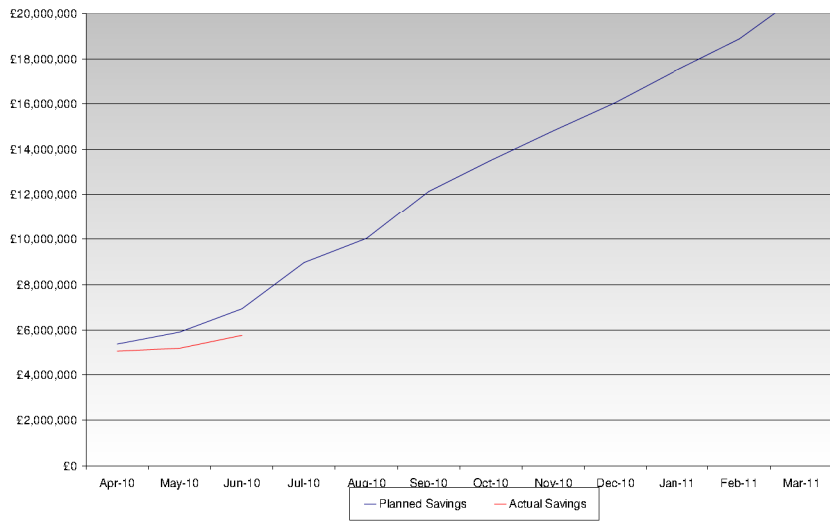
Name: John Webster

Job Title: Chief Operating Officer

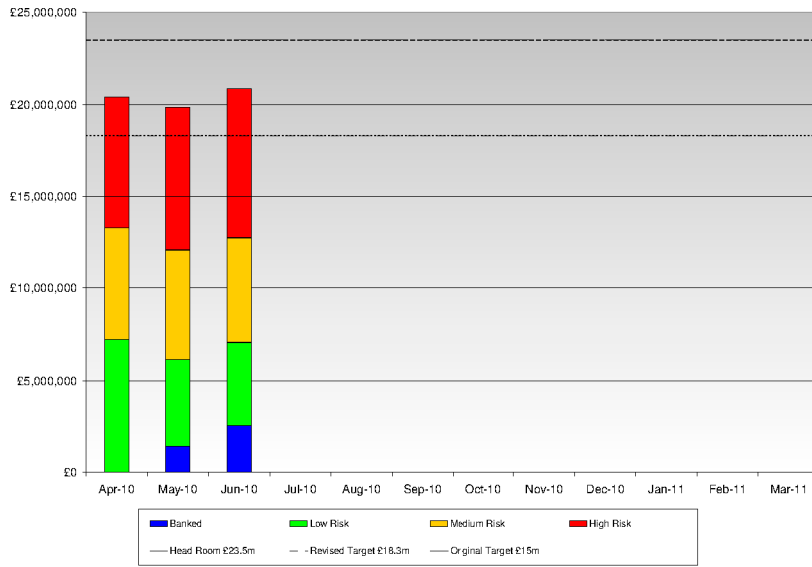
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SAVINGS PLAN 2010-11: Executive Scorecard

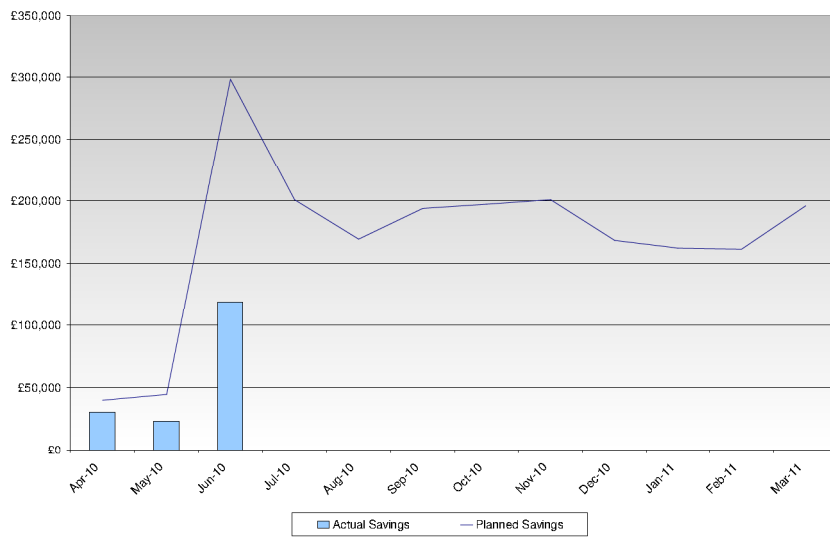
Planned Saving Vs Actual Savings (to Month 3)



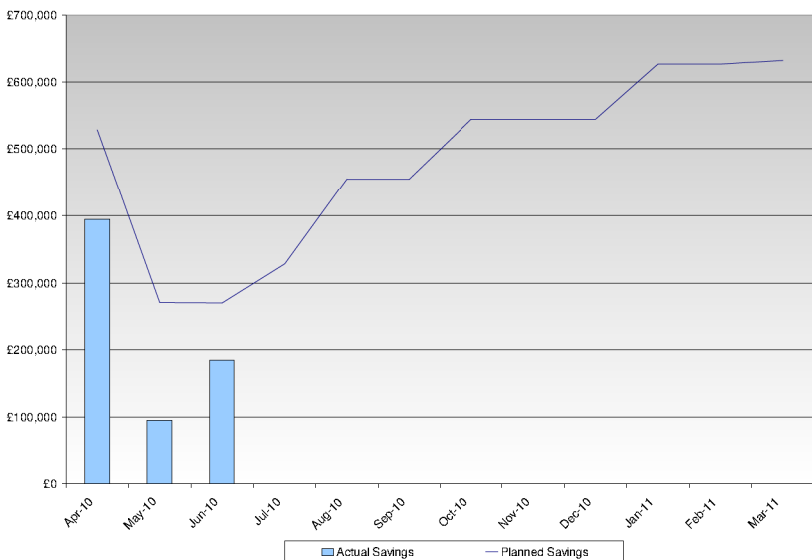
RAG Status of Savings by Month



Care Closer to Home Programme Board Savings Plan: Planned Saving Vs Actual Savings (to Month 3)

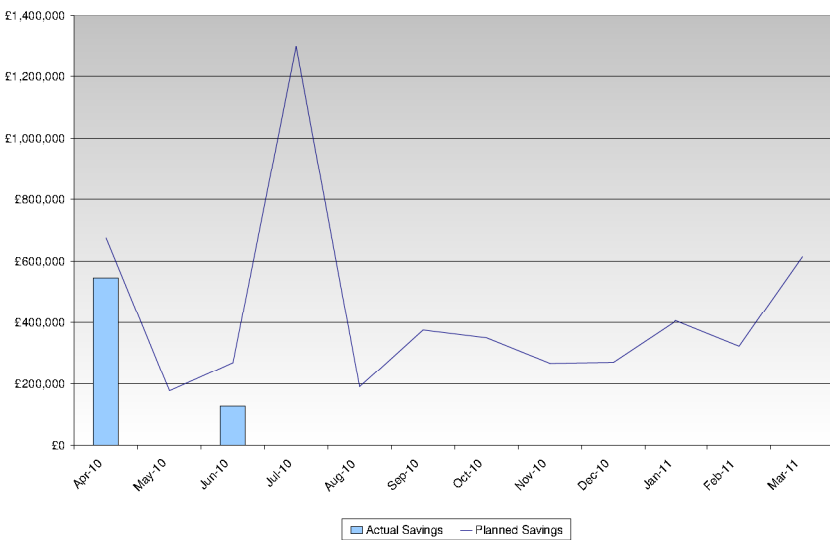


UCC and Admission Avoidance Programme Board Savings Plan: Planned Saving Vs Actual Savings (to Month 3)

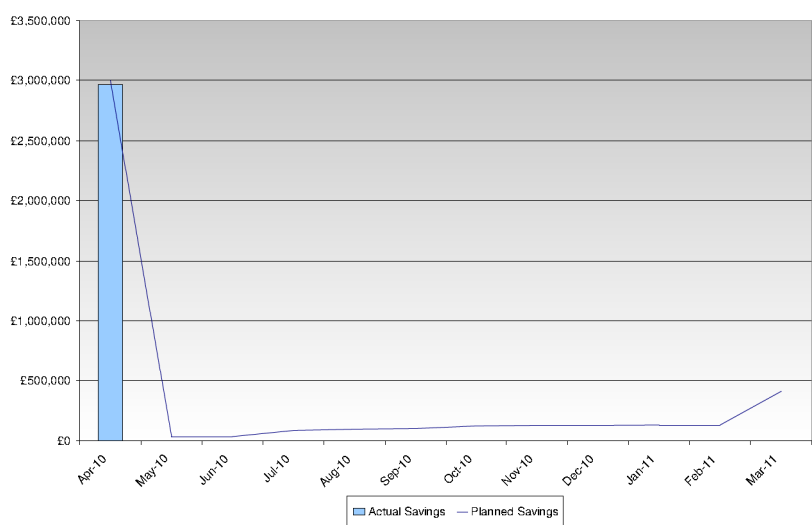


NB: Gross savings, net effect of cost of delivery is £993911.

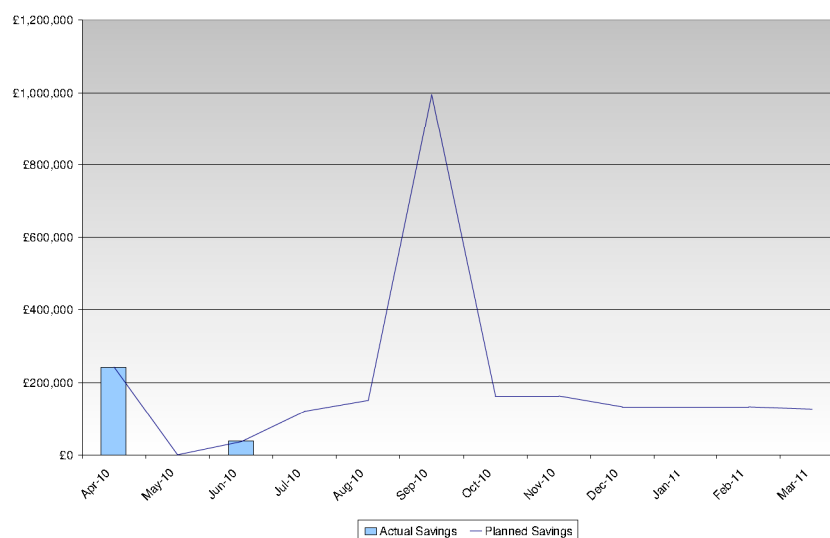
Productivity of Non-Acute Services Programme Board Savings Plan: Planned Saving Vs Actual Savings (to Month 3)



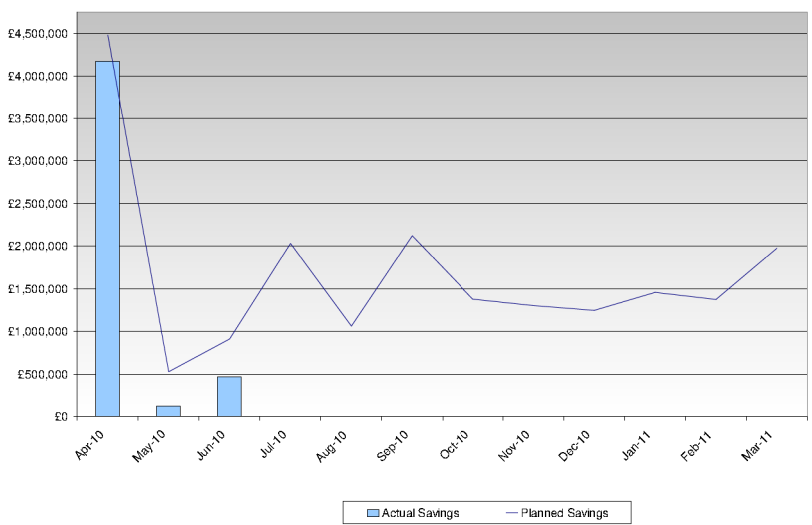
Acute Contracting Programme Board Savings Plan: Planned Saving Vs Actual Savings (to Month 3)



Mental Health Programme Board Savings Plan: Planned Saving Vs Actual Savings (to Month 3)



NHS Harrow Savings Plan: Planned Saving Vs Actual Savings (to Month 3)



NB: Rigor Test being carried out this week so projections may change.

Programme Board Identified Savings to Predicted Savings

		Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Care Closer to Home	Planned	£39,668	£44,458	£298,027	£200,565	£169,138	£193,649	£196,865	£200,593	£168,129	£161,868	£161,031	£195,570	£382,153
	Actual	£30,175	£23,185	£118,838										£172,198
	Variance	£9,493	£21,273	£179,189										£209,955
		Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Unscheduled Care & Admission Avoidance	Planned	£528,017	£271,181	£270,685	£328,379	£454,907	£454,907	£544,000	£544,000	£544,000	£625,955	£625,955	£631,227	£1,069,883
	Actual	£394,734	£95,460	£184,641										£674,835
	Variance	£133,283	£175,721	£86,044										£395,048
		Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Productivity of non acute services	Planned	£674,768	£177,374	£269,586	£1,295,125	£190,566	£375,003	£349,557	£267,057	£270,297	£404,801	£322,301	£613,682	£1,121,729
	Actual	£545,186	£0	£128,226										£673,412
	Variance	£129,582	£177,374	£141,360										£448,317
		Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Acute Contracting	Planned	£2,996,224	£33,464	£33,464	£84,603	£96,151	£101,977	£122,640	£127,523	£128,499	£129,958	£131,088	£409,066	£3,063,152
	Actual	£2,962,760	£0	£0										£2,962,760
	Variance	£33,464	£33,464	£33,464										£100,392
		Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Mental Health	Planned	£242,000	£0	£36,500	£120,387	£150,267	£995,267	£162,267	£162,267	£132,387	£132,387	£132,387	£126,397	£278,500
	Actual	£242,000	£0	£38,280										£280,280
	Variance	£0	£0	£1,780										£1,780
		Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
NHS Harrow Total	Planned	£5,382,810	£526,477	£1,014,936	£2,029,060	£1,061,029	£2,120,803	£1,375,330	£1,301,440	£1,243,312	£1,454,969	£1,372,763	£1,975,942	£6,924,223
	Actual	£5,076,987	£118,645	£576,659										£5,772,291
	Variance	£305,822	£407,832	£438,277										£1,151,932
		Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
NHS Harrow Accumulative Total	Planned	£5,382,810	£5,909,287	£6,924,223	£8,953,283	£10,014,312	£12,135,116	£13,510,445	£14,811,886	£16,055,198	£17,510,167	£18,882,930	£20,858,872	
	Actual	£5,076,987	£5,195,632	£5,772,291										
	Variance	£305,822	£713,655	£1,151,932										

Agenda Item	
Paper	Quality
Meeting Date	20 Jul 2010

**COMMISSIONING OF VOLUNTARY SECTOR ORGANISATIONS
2010/11**

Decision **Discussion** **Information**

Report author: Patrick Zola , Commissioning Manager, Integrated Commissioning

Report signed off by: Lesley Perkin, Director of Commissioning and Delivery

Purpose of the report:

This report outlines the results of the review of voluntary sector commissioning undertaken by NHS Harrow for the purpose of assessing how resources are being used to achieve NHS Harrow's overall strategic objectives and makes recommendations for funding for 2010 – 11.

Recommendations to the board:

The Board is asked to:

1. To note the outcome of the review of voluntary sector commissioning.

Related PCT objectives:

- Financial performance
- Performance improvement to "good"
- Commissioning developments

Related "QIPP":

- Quality Diversity
- Innovation
- Productivity
- Prevention

Related "Use of Resources"

1.2, 2.1, 2.3

Reference to risk on Board Assurance Framework/ Risk Register

Related "Links to World Class Commissioning Competencies"

2,3,6,7,8,10,11

Report history:

The report was presented to the Delivery Committee on 31st March 2010

Agenda Item:	3.1
Paper:	Quality
Meeting Date:	20 Jul 2010

COMMISSIONING OF VOLUNTARY SECTOR ORGANISATIONS 2010/11

Contact name: P Zola
Contact no: 020 8966 1171

1. Purpose of the report

This report presents the results of the review of voluntary sector commissioning undertaken by NHS Harrow for the purpose of assessing how resources are being used to achieve NHS Harrow's overall strategic objectives and outlines the decisions regarding funding for 2010 – 11.

2. Terms/ acronyms used in the report.

Committee members are asked to note that the PCT in the context of this paper means NHS Harrow.

3. Background

The PCT provides support for a range of voluntary organisations in order to maintain and improve the quality of life for residents and, in particular, to support some of the most vulnerable sectors in the community.

In 2009 – 10, the PCT provided funding of £1,046,558 to the voluntary sector spread across thirty eight services.

On 31st March 2010, the Delivery Committee endorsed the appointment of a broadly based Voluntary Sector Commissioning Review Panel, which was to be chaired by a Non Executive Director on behalf of the PCT Board.

a) Review Process

The review process was designed to be transparent, equitable and fair to all voluntary organisations.

The main aims of the review were:

- To ensure that current commissioning to the voluntary sector is targeted in line with the PCT's CSP and operating plan 2010/11 in order to secure an optimum level of health care service provision for Harrow residents within available resources.
- To generate recurrent savings from current voluntary sector commitments as part of a wider strategy to enable the PCT to achieve its CIP targets, and subsequent years.

b) Review criteria and scoring methodology

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Services provided by eligible organisations were assessed and scored by the Review Panel against the following criteria:

- Achievement of one or more of the PCT's strategic aims and priorities (as detailed in the CSP and Operating Plan).
- Achieving value for money.
- Involvement of service users and family carers.
- The extent to which the voluntary organisation is trying to lever in resources from other sources and they would seek alternative funding.
- The extent to which voluntary organisations work together to achieve the PCT's priorities.
- Impact on the service and its users if the PCT's funding is reduced or withdrawn.

Each criterion was given a weighted score, which together give a maximum total of 100 points.

Organisations were asked to undertake a self-assessment of their service against the above criteria. Detailed guidance was provided to all organisations specifying the information requirements for each assessment criterion.

The assessed services were categorised into one of three possible bandings, according the score achieved.

The service bandings are as follows:

Category	Status	Score
Band 1	Criteria met	70 – 100%
Band 2	Criteria partly met	40 – 70%
Band 3	Criteria not met	0 – 40%

Services that achieved a total score of 70% or above were placed in Band 1, and were deemed to have met the criteria for continued funding. Services achieving a score of between 40 – 70% met most but not all of the criteria and could therefore qualify for reduced funding. Those services achieving a score of less than 40% were deemed not to have met the criteria and funding could therefore be withdrawn.

c) Review Panel

The Panel comprised five members:

- Sanjay Dighe, Non Executive Director
- Julia Smith, Chief Executive of Harrow Association of Voluntary Services, HAVS
- Julian Maw, a member of Harrow Local Involvement Network (LINK) Executive Committee
- Nadiya Ashraf, Community Services Commissioning Manager
- Patrick Zola, Commissioning Manager

d) Funding allocation

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36 submissions were received out of a total of 38. The evaluation panel process had to be extended from 4th to 10th June due to the length of some of the submissions.

The evaluation process applied the principles of fairness, transparency and objectivity for all the submissions and there was a requirement that:

- All services were given an equal opportunity to succeed.
- The criteria for evaluation was well established and remained consistent and objective throughout the process.
- The reasons for acceptance and rejection were documented to demonstrate that the evaluation was properly conducted.
- All panel members were fully aware of the procedures and criteria to be used throughout the evaluation process.

All evaluation panel members used the same ranking/evaluation forms to provide an objective and auditable mechanism of whether a submission met the PCT's essential requirements.

Following the evaluation process, the Review Panel – chaired by Alison Butler, Deputy Director of Integrated Commissioning and Sanjay Dighe - met to moderate scores and allocate funding in line with review results.

The Review panel did not start the discussion with a target figure for reductions and used the following principles:

- Funding should go to meet health care focused needs rather than social care ones.
- Funding should not be directed to meet general core costs.
- Funding could cover the element of core costs directly attributable to delivering agreed outcomes.
- Funding should be provided to achieve clearly defined and negotiated outcomes not necessarily projects.
- Funding should be used to help the PCT achieve its priorities.
- Unnecessary overlaps and duplication of funding should be eliminated.
- Organisations should be encouraged to work together wherever appropriate

By applying these principles, the Review Panel was able to re-allocate funding and also achieve a saving compared to last year's budget of £310,353.

4. Outcome of the review

The following organisations had their funding withdrawn for failure to submit completed self-assessment forms:

- Edo State Women Association
- National Autistic Society

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The review concluded that some organisations are providing services which do not fit within the current strategic framework of the PCT. These included:

Name of the organisation	Name of service
Citizens Advice Bureau	Northwick Park Mental Health Outreach
Community Link Up	Health Improvement Project
Age Concern	Lunch and leisure club
Harrow Community Transport	Community Transport
Richmond Fellowship	IPS Employment
Loud and Clear	Advocacy and Independent Project
Healthy Living Centre	Healthy Lifestyles
Harrow Crossroads	Respite Break for carers
Harrow Crossroads	Healthcare support in intermediate care
Iwanaaji	Somali Elderly and Disabled Outreach Advocacy
Family Action	Women's only mental health and drop in
Sneh Care	Day service for Asian Community with mental health
Harrow Women's Centre	Administration support/advice worker post
Rethink	Phoenix Employment
Knowledge is Power	Alcohol Peer Education Programme

The review considered that it was inappropriate to continue to provide funding for core costs and posts in addition to overhead costs. Therefore the review recommended reducing funding for the following organisations:

- Harrow Mind
- Harrow Mencap
- Harrow Home Start

The review also recommended reducing funding for Harrow Carers as in overall terms the PCT was funding a disproportionate share of their costs and there is duplication in funding training for carers of people with mental health needs.

The review recommended keeping funding at 2009/10 levels for the following services as they comply with the PCT's priorities and are fit for purpose:

Name of the organisation	Name of service
Home Start	Healthy families
Stroke Association	Family and Carer Support Service
HAVS	Racial Equality
Kids Can Achieve	The Haven Project
Loud and Clear	IMHA
Loud and Clear	Community Advocacy
Harrow Women's Centre	Women Crisis Counselling
HAD	Advocacy
Harrow Association of Somali Voluntary Organisations	Prevention Project to reduce ill health, social isolation and Substance Misuse for BMEG
Alzheimer's Society	Day Support for Persons with Dementia of Working Age

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5. Financial implications

The above proposals will lead to reductions in voluntary sector investment of £310,353 on 2009/10 budgets.

Further details on funding allocations can found in Appendix 1 of this report.

6. Equality impact assessment

The review was undertaken using a process that is robust and fair, and designed to ensure that services provided by the voluntary sector are consistent with the PCT's strategic objectives and priorities.

There is a potential risk of redundancies in the voluntary sector where reduced funding or withdrawal of funding is recommended as a result of the review process. However, the PCT will continue to work closely with the voluntary sector to develop and expand community-based health care services, in line with the commitment to shift significant amounts of care closer to patient's homes and improve quality and outcomes.

Impact Assessment of this review is attached as Appendix 2 of this report.

Further impact assessments of organisations that previously received funding above £40k and had it either reduced or withdrawn are included in appendices 4 to 8.

7. Recommendations

The PCT Board is asked to:

- a. To note the outcome of the review of voluntary sector commissioning.

8. Appendices

Appendix 1: Funding allocations for 2010/11

Appendix 2: Impact Assessment of the review

Appendix 3: Impact Assessment Harrow Community Transport

Appendix 4: Impact Assessment Harrow Mind

Appendix 5: Impact Assessment Harrow Crossroads

Appendix 6: Impact Assessment Harrow Mencap

Appendix 7: Impact Assessment Rethink

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Board Report Executive Director sign off

This report has been approved by the accountable Executive Director and satisfied that the implications for the following areas have been adequately considered.

Financial

Equalities

Name: Lesley Perkin

Job Title: Director of Commissioning and Delivery

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Appendix 1

FUNDING ALLOCATIONS

Name of the organisation	Name of the service	Funding 2009-10 (£)	Funding April to August 10 (£)	Funding September 09 to March 10 (£)	Total Funding 2010 – 11 (£)
CAB	Northwick Park Mental Health Outreach Project	13,000.00	5,416.00	Nil	5,416.00
Community Link Up	Health Improvement Project	5,700.00	2,375.00	Nil	2,375.00
Age Concern Harrow	Lunch and Leisure Club	22,175.00	9,240.00	Nil	9,240.00
Home Start	Healthy Families	22,000.00	9,167.00	12,833.00	22,000.00
	Contribution to core costs	10,661.00	4,442.00	Nil	4,442.00
Harrow Community Transport	Community Transport	40,000.00	16,667.00	Nil	16,666.00
Richmond Fellowship	IPS Employment	23,349.00	9,729.00	Nil	9,729.00
Stroke Association	Family and Carer Support	36,000.00	15,000.00	21,000.00	36,000.00
Loud and Clear	Advocacy and Independent Project	47,000.00	19,583.00	Nil	19,583.00
	IMHA	31,000.00	12,917.00	18,083.00	31,000.00
	Community Advocacy	17,468.00	7,278.00	10,190.00	17,468.00
Healthy Living Centre	Communities Sharing Healthy Lifestyles	12,500.00	5,208.00	7,292.00	12,500.00
HAD	Advocacy	27,625.00	11,510.00	16,115.00	27,625.00
Iwaanaji	Somali Elderly and Disabled Outreach Advocacy	14,200.00	5,917.00	Nil	5,916.67
Harrow Women Centre	Women Crisis Counselling	12,399.00	5,166.00	7,233.00	12,399.00
Harrow Association of Somali Voluntary Organisations	Prevention Project to reduce ill health, social isolation and substance misuse for BMEG	31,320.00	13,050.00	18,270.00	31,320.00
Mind in Harrow	Stepping Stones Education and Physical Activities	19,039.00	7,933.00	77,177.00	174,000
	Community Development Worker	41,500.00	17,292.00		
	Core Activities (Chief Executive post)	47,791.00	19,913.00		
	User Involvement (HUG)	24,111.00	10,046.00		
	Graduate Mental Health Worker	83,935.00	34,974.00		
	Mental Health Respite For Carers	16,000.00	6,667.00		

Name of the organisation	Name of the service	Funding 2009-10	Funding April to August 10	Funding September 09 to March 10	Total Funding 20010 -11
Crossroads	Respite Break for carers	30,000.00	12,500.00	Nil	12,500.00
	Healthcare support in intermediate care	47,589.00	19,829.00	Nil	19,828.75
Kids Can Achieve	The Haven Project	50,000.00	20,833.00	29,167.00	50,000.00
Edo State Women's Association		8,588.00	3,578.00	Nil	3,578.00
Harrow Carers	Positive Psychology For Carers	25,761.00	10,734.00	7,513.00	18,247.00
National Autistic Society		6,272.00	2,613.00	Nil	2,613.00
HAVS	Harrow Council for Racial Equality	20,152.00	8,397.00	11,755.00	20,152.00
Mencap	Advocacy	25,000.00	10,417.00	32,929.00	76,091.00
	Head of Community Services	31,449.51	13,104.00		
	Core Support and Chief Executive	47,138.51	19,641.00		
Family Action	Women's Only Mental Health and Drop in	19,531.00	8,138.00	Nil	8,137.92
Sneh Care	Day Service for Asian Community With Mental Health	24,710.00	10,296.00	Nil	10,295.00
Harrow Women Centre	Admin Support/Advice Worker Post	11,038.00	4,599.00	Nil	4,509.17
Rethink	Phoenix Employment	42,968.00	17,903.00	Nil	17,903.33
Knowledge Is Power	Alcohol Peer Education Programme	5,000.00	2,083.00	Nil	2,083.00
Alzheimer's Society	Day Support For Persons With Dementia of Working Age	52,588.00	21,912.00	30,676.00	52,588.00
Total		1,046,558	436,067	300,138	736,205

NHS Harrow: Impact assessment tool for service change proposals

Appendix 2: Voluntary Sector Commissioning Review Impact Assessment

NHS Harrow: impact assessment tool for service change proposals

1. Completing the impact assessment tool

This framework is intended for use for individual proposals for changes to services. It is anticipated that a range of stakeholders and specialists will need to work together to complete this assessment while developing individual service proposals. This framework does not replace requirements to undertake an equality impact assessment or regulatory impact assessment where necessary.

2. Using the results of the assessment

Impact assessments on all current projects should be reviewed by the relevant Transformation Programme Management Board:

- a. If a proposal receives a 'Red' flag indicating that a high risk of harm exists the proposal should be reviewed urgently by the Transformation Programme Board and either ceased or redesigned appropriately.
- b. If a proposal receives one or more 'Red' flags in any other criteria then the relevant Transformation Board should review the proposal. One red flag is not necessarily a cause of concern; for example a service redesign project on a low prevalence condition may still be worthwhile if other benefits are anticipated. Each case will need to be considered individually to ensure that enough significant benefits (e.g. 'green flags') are predicted to accrue from the project.

Dr Andrew Howe
Director of Public Health NHS Harrow

NHS Harrow: Impact assessment tool for service change proposals

Criteria	Red Flag	Amber Flag	Green Flag
SAFETY			
Harm	High risk of harm ■	Medium risk of harm ■	Low risk of harm ■
Quality improvement	No quality improvement ■	Moderate quality improvement ■	High quality improvement ■
EFFECTIVENESS			
Strength of evidence for stated clinical objectives	Limited evidence ■	Modest evidence ■	Good evidence ■
COST			
Value for money	Limited evidence of vfm or evidence of poor vfm ■	Evidence of modest vfm ■	Evidence of good vfm ■
Impact on current resource utilisation / PCT financial balance	Low impact) ■	Moderate impact ■	Significant impact ■
BENEFITS			
To individual (health improvement, patient outcome & life expectancy)	No benefits ■	Modest benefits ■	High benefits ■
To community (health inequalities)	No benefits ■	Modest benefits ■	High benefits ■
NEED			
Prevalence	<0.1% prevalence ■	0.1-10% prevalence ■	>10% prevalence ■
PATIENT ACCESS AND EXPERIENCE			
Patient & public access	Reduces access (including compromising national access targets ■	Maintains access ■	Improves access ■
Patient experience	Reduces patient experience ■	Maintains patient experience ■	Improves patient experience ■
Carer experience	Reduces carer experience ■	Maintains carer experience ■	Improves carer experience ■
OTHER CRITERIA			
Impact on partners' sustainability	Has high impact on partners' sustainability ■	Has modest impact on partners' sustainability ■	Has no, or beneficial impact, on partners' sustainability ■
Partners' acceptability	Low acceptability ■	Moderate acceptability ■	High acceptability ■
Treatment or service options	Other options with better outcomes ■	Other options with same outcomes ■	No other options ■
Feasibility	Unsustainable or significant risk of failure ■	Probably sustainable, implementation feasible ■	Sustainable, easily integrated. Clear implementation plan ■
POLICY ALIGNMENT			
National policy, target or other statutory requirement – (PCT Commissioning Strategic Plan)	Not related to national policy or target ■	Weak relationship to national policy or target ■	Direct relationship to national policy or target ■

NHS Harrow: Impact assessment tool for service change proposals

Harrow Community Transport

Appendix 3: Voluntary Sector Commissioning Review Impact Assessment

NHS Harrow: impact assessment tool for service change proposals

1. Completing the impact assessment tool

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2. Using the results of the assessment

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Dr Andrew Howe
Director of Public Health NHS Harrow

NHS Harrow: Impact assessment tool for service change proposals Harrow Community Transport

Criteria	Red Flag	Amber Flag	Green Flag
SAFETY			
Harm	High risk of harm ■	Medium risk of harm ■	Low risk of harm ■
Quality improvement	No quality improvement ■	Moderate quality improvement ■	High quality improvement ■
EFFECTIVENESS			
Strength of evidence for stated clinical objectives	Limited evidence ■	Modest evidence ■	Good evidence ■
COST			
Value for money	Limited evidence of vfm or evidence of poor vfm ■	Evidence of modest vfm ■	Evidence of good vfm ■
Impact on current resource utilisation / PCT financial balance	Low impact) ■	Moderate impact ■	Significant impact ■
BENEFITS			
To individual (health improvement, patient outcome & life expectancy)	No benefits ■	Modest benefits ■	High benefits ■
To community (health inequalities)	No benefits ■	Modest benefits ■	High benefits ■
NEED			
Prevalence	<0.1% prevalence ■	0.1-10% prevalence ■	>10% prevalence ■
PATIENT ACCESS AND EXPERIENCE			
Patient & public access	Reduces access (including compromising national access targets ■	Maintains access ■	Improves access ■
Patient experience	Reduces patient experience ■	Maintains patient experience ■	Improves patient experience ■
Carer experience	Reduces carer experience ■	Maintains carer experience ■	Improves carer experience ■
OTHER CRITERIA			
Impact on partners' sustainability	Has high impact on partners' sustainability ■	Has modest impact on partners' sustainability ■	Has no, or beneficial impact, on partners' sustainability ■
Partners' acceptability	Low acceptability ■	Moderate acceptability ■	High acceptability ■
Treatment or service options	Other options with better outcomes ■	Other options with same outcomes ■	No other options ■
Feasibility	Unsustainable or significant risk of failure ■	Probably sustainable, implementation feasible ■	Sustainable, easily integrated. Clear implementation plan ■
POLICY ALIGNMENT			
National policy, target or other statutory requirement – (PCT Commissioning Strategic Plan)	Not related to national policy or target ■	Weak relationship to national policy or target ■	Direct relationship to national policy or target ■

NHS Harrow: Impact assessment tool for service change proposals

Mind in Harrow

Appendix 4: Voluntary Sector Commissioning Review Impact Assessment

NHS Harrow: impact assessment tool for service change proposals

1. Completing the impact assessment tool

This framework is intended for use for individual proposals for changes to services. It is anticipated that a range of stakeholders and specialists will need to work together to complete this assessment while developing individual service proposals. This framework does not replace requirements to undertake an equality impact assessment or regulatory impact assessment where necessary.

2. Using the results of the assessment

Impact assessments on all current projects should be reviewed by the relevant Transformation Programme Management Board:

- a. If a proposal receives a 'Red' flag indicating that a high risk of harm exists the proposal should be reviewed urgently by the Transformation Programme Board and either ceased or redesigned appropriately.
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Dr Andrew Howe
Director of Public Health NHS Harrow

NHS Harrow: Impact assessment tool for service change proposals

Mind in Harrow

Criteria	Red Flag	Amber Flag	Green Flag
SAFETY			
Harm	High risk of harm ■	Medium risk of harm ■	Low risk of harm ■
Quality improvement	No quality improvement ■	Moderate quality improvement ■	High quality improvement ■
EFFECTIVENESS			
Strength of evidence for stated clinical objectives	Limited evidence ■	Modest evidence ■	Good evidence ■
COST			
Value for money	Limited evidence of vfm or evidence of poor vfm ■	Evidence of modest vfm ■	Evidence of good vfm ■
Impact on current resource utilisation / PCT financial balance	Low impact) ■	Moderate impact ■	Significant impact ■
BENEFITS			
To individual (health improvement, patient outcome & life expectancy)	No benefits ■	Modest benefits ■	High benefits ■
To community (health inequalities)	No benefits ■	Modest benefits ■	High benefits ■
NEED			
Prevalence	<0.1% prevalence ■	0.1-10% prevalence ■	>10% prevalence ■
PATIENT ACCESS AND EXPERIENCE			
Patient & public access	Reduces access (including compromising national access targets ■	Maintains access ■	Improves access ■
Patient experience	Reduces patient experience ■	Maintains patient experience ■	Improves patient experience ■
Carer experience	Reduces carer experience ■	Maintains carer experience ■	Improves carer experience ■
OTHER CRITERIA			
Impact on partners' sustainability	Has high impact on partners' sustainability ■	Has modest impact on partners' sustainability ■	Has no, or beneficial impact, on partners' sustainability ■
Partners' acceptability	Low acceptability ■	Moderate acceptability ■	High acceptability ■
Treatment or service options	Other options with better outcomes ■	Other options with same outcomes ■	No other options ■
Feasibility	Unsustainable or significant risk of failure ■	Probably sustainable, implementation feasible ■	Sustainable, easily integrated. Clear implementation plan ■
POLICY ALIGNMENT			
National policy, target or other statutory requirement – (PCT Commissioning Strategic Plan)	Not related to national policy or target ■	Weak relationship to national policy or target ■	Direct relationship to national policy or target ■

NHS Harrow: Impact assessment tool for service change proposals

Harrow Mencap

Appendix 5: Voluntary Sector Commissioning Review Impact Assessment

NHS Harrow: impact assessment tool for service change proposals

1. Completing the impact assessment tool

This framework is intended for use for individual proposals for changes to services. It is anticipated that a range of stakeholders and specialists will need to work together to complete this assessment while developing individual service proposals. This framework does not replace requirements to undertake an equality impact assessment or regulatory impact assessment where necessary.

2. Using the results of the assessment

Impact assessments on all current projects should be reviewed by the relevant Transformation Programme Management Board:

- a. If a proposal receives a 'Red' flag indicating that a high risk of harm exists the proposal should be reviewed urgently by the Transformation Programme Board and either ceased or redesigned appropriately.
- b. If a proposal receives one or more 'Red' flags in any other criteria then the relevant Transformation Board should review the proposal. One red flag is not necessarily a cause of concern; for example a service redesign project on a low prevalence condition may still be worthwhile if other benefits are anticipated. Each case will need to be considered individually to ensure that enough significant benefits (e.g. 'green flags') are predicted to accrue from the project.

Dr Andrew Howe
Director of Public Health NHS Harrow

NHS Harrow: Impact assessment tool for service change proposals Harrow Mencap

Criteria	Red Flag	Amber Flag	Green Flag
SAFETY			
Harm	High risk of harm ■	Medium risk of harm ■	Low risk of harm ■
Quality improvement	No quality improvement ■	Moderate quality improvement ■	High quality improvement ■
EFFECTIVENESS			
Strength of evidence for stated clinical objectives	Limited evidence ■	Modest evidence ■	Good evidence ■
COST			
Value for money	Limited evidence of vfm or evidence of poor vfm ■	Evidence of modest vfm ■	Evidence of good vfm ■
Impact on current resource utilisation / PCT financial balance	Low impact) ■	Moderate impact ■	Significant impact ■
BENEFITS			
To individual (health improvement, patient outcome & life expectancy)	No benefits ■	Modest benefits ■	High benefits ■
To community (health inequalities)	No benefits ■	Modest benefits ■	High benefits ■
NEED			
Prevalence	<0.1% prevalence ■	0.1-10% prevalence ■	>10% prevalence ■
PATIENT ACCESS AND EXPERIENCE			
Patient & public access	Reduces access (including compromising national access targets) ■	Maintains access ■	Improves access ■
Patient experience	Reduces patient experience ■	Maintains patient experience ■	Improves patient experience ■
Carer experience	Reduces carer experience ■	Maintains carer experience ■	Improves carer experience ■
OTHER CRITERIA			
Impact on partners' sustainability	Has high impact on partners' sustainability ■	Has modest impact on partners' sustainability ■	Has no, or beneficial impact, on partners' sustainability ■
Partners' acceptability	Low acceptability ■	Moderate acceptability ■	High acceptability ■
Treatment or service options	Other options with better outcomes ■	Other options with same outcomes ■	No other options ■
Feasibility	Unsustainable or significant risk of failure ■	Probably sustainable, implementation feasible ■	Sustainable, easily integrated. Clear implementation plan ■
POLICY ALIGNMENT			
National policy, target or other statutory requirement – (PCT Commissioning Strategic Plan)	Not related to national policy or target ■	Weak relationship to national policy or target ■	Direct relationship to national policy or target ■

NHS Harrow: Impact assessment tool for service change proposals

Harrow Mencap

Appendix 6: Voluntary Sector Commissioning Review Impact Assessment

NHS Harrow: impact assessment tool for service change proposals

1. Completing the impact assessment tool

This framework is intended for use for individual proposals for changes to services. It is anticipated that a range of stakeholders and specialists will need to work together to complete this assessment while developing individual service proposals. This framework does not replace requirements to undertake an equality impact assessment or regulatory impact assessment where necessary.

2. Using the results of the assessment

Impact assessments on all current projects should be reviewed by the relevant Transformation Programme Management Board:

- a. If a proposal receives a 'Red' flag indicating that a high risk of harm exists the proposal should be reviewed urgently by the Transformation Programme Board and either ceased or redesigned appropriately.
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Dr Andrew Howe
Director of Public Health NHS Harrow

NHS Harrow: Impact assessment tool for service change proposals Harrow Mencap

Criteria	Red Flag	Amber Flag	Green Flag
SAFETY			
Harm	High risk of harm ■	Medium risk of harm ■	Low risk of harm ■
Quality improvement	No quality improvement ■	Moderate quality improvement ■	High quality improvement ■
EFFECTIVENESS			
Strength of evidence for stated clinical objectives	Limited evidence ■	Modest evidence ■	Good evidence ■
COST			
Value for money	Limited evidence of vfm or evidence of poor vfm ■	Evidence of modest vfm ■	Evidence of good vfm ■
Impact on current resource utilisation / PCT financial balance	Low impact) ■	Moderate impact ■	Significant impact ■
BENEFITS			
To individual (health improvement, patient outcome & life expectancy)	No benefits ■	Modest benefits ■	High benefits ■
To community (health inequalities)	No benefits ■	Modest benefits ■	High benefits ■
NEED			
Prevalence	<0.1% prevalence ■	0.1-10% prevalence ■	>10% prevalence ■
PATIENT ACCESS AND EXPERIENCE			
Patient & public access	Reduces access (including compromising national access targets) ■	Maintains access ■	Improves access ■
Patient experience	Reduces patient experience ■	Maintains patient experience ■	Improves patient experience ■
Carer experience	Reduces carer experience ■	Maintains carer experience ■	Improves carer experience ■
OTHER CRITERIA			
Impact on partners' sustainability	Has high impact on partners' sustainability ■	Has modest impact on partners' sustainability ■	Has no, or beneficial impact, on partners' sustainability ■
Partners' acceptability	Low acceptability ■	Moderate acceptability ■	High acceptability ■
Treatment or service options	Other options with better outcomes ■	Other options with same outcomes ■	No other options ■
Feasibility	Unsustainable or significant risk of failure ■	Probably sustainable, implementation feasible ■	Sustainable, easily integrated. Clear implementation plan ■
POLICY ALIGNMENT			
National policy, target or other statutory requirement – (PCT Commissioning Strategic Plan)	Not related to national policy or target ■	Weak relationship to national policy or target ■	Direct relationship to national policy or target ■

NHS Harrow: Impact assessment tool for service change proposals

Rethink

Appendix 7: Voluntary Sector Commissioning Review Impact Assessment

NHS Harrow: impact assessment tool for service change proposals

1. Completing the impact assessment tool

This framework is intended for use for individual proposals for changes to services. It is anticipated that a range of stakeholders and specialists will need to work together to complete this assessment while developing individual service proposals. This framework does not replace requirements to undertake an equality impact assessment or regulatory impact assessment where necessary.

2. Using the results of the assessment

Impact assessments on all current projects should be reviewed by the relevant Transformation Programme Management Board:

- a. If a proposal receives a 'Red' flag indicating that a high risk of harm exists the proposal should be reviewed urgently by the Transformation Programme Board and either ceased or redesigned appropriately.
- b. If a proposal receives one or more 'Red' flags in any other criteria then the relevant Transformation Board should review the proposal. One red flag is not necessarily a cause of concern; for example a service redesign project on a low prevalence condition may still be worthwhile if other benefits are anticipated. Each case will need to be considered individually to ensure that enough significant benefits (e.g. 'green flags') are predicted to accrue from the project.

Dr Andrew Howe
Director of Public Health NHS Harrow

NHS Harrow: Impact assessment tool for service change proposals

Rethink

Criteria	Red Flag	Amber Flag	Green Flag
SAFETY			
Harm	High risk of harm ■	Medium risk of harm ■	Low risk of harm ■
Quality improvement	No quality improvement ■	Moderate quality improvement ■	High quality improvement ■
EFFECTIVENESS			
Strength of evidence for stated clinical objectives	Limited evidence ■	Modest evidence ■	Good evidence ■
COST			
Value for money	Limited evidence of vfm or evidence of poor vfm ■	Evidence of modest vfm ■	Evidence of good vfm ■
Impact on current resource utilisation / PCT financial balance	Low impact) ■	Moderate impact ■	Significant impact ■
BENEFITS			
To individual (health improvement, patient outcome & life expectancy)	No benefits ■	Modest benefits ■	High benefits ■
To community (health inequalities)	No benefits ■	Modest benefits ■	High benefits ■
NEED			
Prevalence	<0.1% prevalence ■	0.1-10% prevalence ■	>10% prevalence ■
PATIENT ACCESS AND EXPERIENCE			
Patient & public access	Reduces access (including compromising national access targets ■	Maintains access ■	Improves access ■
Patient experience	Reduces patient experience ■	Maintains patient experience ■	Improves patient experience ■
Carer experience	Reduces carer experience ■	Maintains carer experience ■	Improves carer experience ■
OTHER CRITERIA			
Impact on partners' sustainability	Has high impact on partners' sustainability ■	Has modest impact on partners' sustainability ■	Has no, or beneficial impact, on partners' sustainability ■
Partners' acceptability	Low acceptability ■	Moderate acceptability ■	High acceptability ■
Treatment or service options	Other options with better outcomes ■	Other options with same outcomes ■	No other options ■
Feasibility	Unsustainable or significant risk of failure ■	Probably sustainable, implementation feasible ■	Sustainable, easily integrated. Clear implementation plan ■
POLICY ALIGNMENT			
National policy, target or other statutory requirement – (PCT Commissioning Strategic Plan)	Not related to national policy or target ■	Weak relationship to national policy or target ■	Direct relationship to national policy or target ■



HARROW STRATEGIC PARTNERSHIP BOARD

22 July 2010

Draft Harrow Council evidence submission to Harrow Magistrates' Court – for consultation on courts closures

Introduction

On 23 June 2010, ministers announced proposals to modernise and improve the use of courts in England and Wales. Within the consultation were proposals to close 102 magistrates' and 54 county courts which are argued to be underused and/or inadequate. The consultation runs from 23 June to 15 September 2010.

The consultation includes the proposal to close Harrow Magistrates' Court.

On 8 July Full Council agreed a motion regarding the courts consultation, including that HSP should consider a draft response to the consultation at its meeting on 22 July.

Summary of the issue

The courts consultation argues that Her Majesty's Court Service (HMCS) currently operates out of 530 courts, some of which do not fit the needs of modern communities – their number and location do not reflect the changes in demographics, workload or transport and communication links since they were originally opened. By using courts more efficiently, it is envisaged that public money will be saved alongside improvements to services for court users.

By reforming the courts estate in line with the proposals, the following savings will be achieved: £15.3m per year in running costs and an one-off saving of £21.5m on maintenance costs.

Evidence from a Harrow perspective to inform the response to consultation is framed to reflect the 8 key principles for the courts estates rationalisation in London:

1. A magistrates' court service that geographically accessible to court users within a reasonable time
2. A structure that is sufficiently flexible to enable the work of the courts to be dealt with in a timely way
3. Magistrates' courts that provide an appropriate and safe environment
4. The judiciary must be fully engaged in the development of any plans but their independent role also respected
5. Staff should feel valued and receive appropriate training
6. Any structure must be compatible with other agencies within the Criminal Justice System
7. Any new structure must be cost effective and efficient

8. We should not feel inhibited by existing boundaries within London

A draft evidence submission for Harrow is attached. It should be noted that some sections are still awaiting more information/comments.

Proposed actions and recommendations

It is recommended that the Partnership Board:

- a) Agree that the closure of Harrow Magistrates' Court is detrimental to serving justice locally in Harrow. Board members are asked to agree that they will be united in raising objections to Government proposals and work together in lobbying for a decision to keep Harrow Magistrates' Court open.
- b) Note that the Chief Executive will be writing on behalf of the Partnership to Harrow's MPs for a high-level meeting and objecting to the proposals for closure, using the views set out in the attached document.
- c) Support that an interagency officer group be established and that all organisations are asked to support this group.

- DRAFT -

July 2010

Harrow Council evidence submission to Harrow Magistrates' Court – for consultation on courts closures

Background

On 13 October 2009, the then Justice Secretary Jack Straw announced consultation on the closure of 21 underused and inadequate courts in several regions of England. The rationale for these changes was to:

- Deliver a more modern justice service
- Put the needs of victims and witnesses first
- Provide best value for taxpayers

As part of this, a discussion paper for London was launched – 'Planning for the future of the magistrates' courts service in London'¹. In this the Regional Director for the London Region states that while the discussion paper is not a formal consultation paper nor does it set out a strategy, it does describe the principles that must support the future development of a strategy – in order to create a clear and shared vision for the future.

Following significant further work around the feasibility of some of the changes outlined in the discussion paper (including projecting costs and identifying how each courthouse will be affected), the London Region aimed to publish a strategy within six to twelve months, after which public consultation will follow on proposals.

Following the establishment of a new government in May 2010, Kenneth Clarke became the new Justice Secretary, with Jonathan Djanogly as the Courts Minister. On 23 June 2010, ministers announced proposals to modernise and improve the use of courts in England and Wales. Within the consultation were proposals to close 102 magistrates' and 54 county courts which are argued to be underused and/or inadequate. The consultation runs from 23 June to 15 September 2010.

The consultation argues that that Her Majesty's Court Service (HMCS) currently operates out of 530 courts, some of which do not fit the needs of modern communities – their number and location do not reflect the changes in demographics, workload or transport and communication links since they were originally opened. By using courts more efficiently, it is envisaged that public money will be saved alongside improvements to services for court users. Key principles in achieving these greater efficiencies nationally include: improved utilisation of courts, greater flexibility through co-locations, planning on a long-term basis, ensuring access to courts, centralising back office functions, moving towards larger courts and maintaining properties at appropriate levels.

By reforming the courts estate in line with the proposals, the following savings will be achieved: £15.3m per year in running costs and an one-off saving of £21.5m on maintenance costs.

¹ Document can be found at: <http://www.justice.gov.uk/news/future-magistrates-courts-london.htm>

HCMS currently operates magistrates' courts in 34 locations across London – the quality, facilities and performance of which vary considerably. The proposals for London² see the closure of 11 magistrates' courts, of which one is Harrow Magistrates' Court.

In developing the proposals for estates rationalisation, a number of key principles have been adopted. These were set out in the discussion paper for London from October 2009. Harrow Council has considered these principles and provides the following evidence/arguments which could be used to inform any local response to the consultation:

Principle 1 - “A magistrates’ court service that is geographically accessible to court users within reasonable travelling time”

The London discussion paper and consultation document acknowledge the need for geographical proximity for all court users attending courthouses but recognise that this is not the sole concern. Whilst we agree that the speed of case outcome, the quality and efficiency of the service provided and the environment is important, we assert that geographical accessibility of courthouses is a key consideration to delivering effective local justice. It is worth noting that Harrow Magistrates Court (HMC) is, in any case, performing well according the indicators of timeliness, quality and efficiency, and has the best courtroom utilisation figures in the West London Clerkship.

Location

The consultation proposals look to reduce the number of magistrates' courts in London by a third and therefore issues around transport, geography and transport infrastructure rise to the fore. Harrow Magistrates' Court (HMC) where caseloads deal with adult criminality, civil cases, criminal cases, family work and the youth court serves Harrow. Located in Rosslyn Crescent, Wealdstone, the courthouse is situated across the road from Harrow Civic Centre and Harrow and Wealdstone Station. Harrow is fortunate to have excellent transport links, being served by overground/main line/Bakerloo rail stations and nearby Metropolitan lines. Several buses stop within 100m of the Court.

The Council firmly believes in the concept of the local administration of justice – justice for local people is best served locally. Alternative courthouses, such as Brent, are simply not local to Harrow residents. Continuing to use Brent as an example, a previous study has shown that a significant proportion of Harrow residents cannot reach the Brent courthouse within 60 minutes.

We assert that the travel times used in the consultation document (in the 'location' section of the Harrow Magistrates' Court summary) are misleading. They appear to confuse Harrow and Wealdstone Station which is near HMC with Harrow on the Hill Station which is a 10-minute bus ride away. All times and costs given should be stated as from Harrow and Wealdstone Station as this is the nearest to current magistrates' facilities.

In terms of profiling the impact of additional travel times for journeys from Harrow to either Brent or Hendon, the following observations can be made:

- Hendon Magistrates' Court in Hendon: Moving services to Hendon would involve Harrow residents travelling on underground by the Jubilee line and then using bus route 83 changing at Wembley Park to get to Hendon. This journey time would be

² London consultation document available at: <http://www.justice.gov.uk/consultations/consultation-cp12-10.htm>

in the region of 40 to 50 minutes. There are no direct tube or rail lines to this area from anywhere within the borough unless connections via central London are used, however these would considerably increase journey times. As Hendon Magistrates' Court is not very close to Hendon Central tube station, being about 1.5 miles away, it is therefore necessary to use a bus service to find a closer stop. The additional travel will be costly for many attendees and will often result in late attendance due to the greater risk of transport delays on this longer journey. It should be noted that bus journeys are more vulnerable to delay due to the occurrence of congestion on the highway.

- Brent Magistrates' Court in Neasden: Moving services to Brent would involve travel on underground by Metropolitan / Jubilee line, taking a region of 15-25 minutes. This option is far more accessible than Hendon, however there are no direct bus routes. The Court is about half a mile from Neasden station which would add about an additional 10 minutes walking for an able bodied person but would be more inconvenient for elderly or disabled people.
- General impact on travelling time: it should be noted that the population of Harrow is on average older than the rest of London and 23% of households according to the last census have no access to car or van. In addition, requiring residents to make trips out of the borough that are currently done within the borough and are often walking trips will of course have a detrimental impact on air quality and traffic congestion.

Moving Harrow residents' 'local' magistrates' court from Harrow to Brent or Hendon is simply not practical for Harrow residents – the journeys to both alternatives are longer, more difficult, heavily congested and subject to interruption, especially during peak periods.

Furthermore, the '60-minute test of accessibility' simply does not stand up to scrutiny. From Harrow and Wealdstone, it is easy to reach inner London within half an hour using the fast train to Euston. Following this logic, would we then expect Harrow residents to attend a court in inner London, Lewisham, Morden or Barking³ as they can still be defined as 'local' if employing the 60-minute test of accessibility. We would suggest not.

<To insert: information from Richard Segalov on a Youth Offending Team perspective>

The Metropolitan Police Service (MPS) strongly supports delivering local justice at Harrow Magistrates' Court. Using Brent Court facilities in the past has caused the MPS problems with witnesses and victims often losing interest in travelling the further distance to Brent Court. The MPS can give examples of failing cases when witnesses and victims have been expected to travel longer distances. The MPS also suffer significant impact when local Harrow police officers are asked to go away from the borough to give evidence when they are needed close by. It is the view of the MPS that Harrow Magistrates' Court is ideally located near Harrow Civic Centre.

Multi-agency relationships

By having a magistrates' court based in the borough, a number of close working relationships have built up over the years between the HMC, Harrow Crown Court, the Crown Prosecution Service, Harrow Police, Harrow Council, the Harrow Youth Offending Team, Harrow Probation Service, Harrow Victim Support and other Harrow-based statutory and voluntary agencies in providing a local coordinated justice service. Moving

³ Figures based on a 12-minute rail (fast train) journey from Harrow and Wealdstone Station to Euston, and a tube journey from Euston Station thereafter.

the courthouse out of the borough could have a detrimental effect upon the working relationships of agencies, as well as the Harrow community at large.

There are also major benefits available by co-locating the HMC with Harrow Crown Court in any future reconfiguration of court and justice services locally. Harrow Crown Court provides modernised and secure facilities which would address some of the accessibility and security concerns raised in the consultation document about HMC and can offer free public parking which is not available at Brent Magistrates' Court, and which would further impact on Harrow residents' travel options should services move to Brent. There is also possibly scope to expand Harrow Crown Court on to an industrial site behind it and we believe this option should be given consideration.

Impact of geographical changes on the Council

Contrary to the trend of decreasing activity elsewhere, Harrow Council has recently increased the number of cases brought to the Magistrates Court. From 2008/9 to 2009/10, the number of cases at the Magistrates Court that the Harrow Council litigation team were involved in more than doubled. With increasing activity, there is a huge cost impact of increasing Council officer journey times from 5 minutes to possibly over one hour. There will be a similar effect on the time of police officers, victim support staff and the range of local agencies who attend court as part of their duties. Whilst the accessibility of court facilities to the general public is of course of paramount consideration, accessibility for others attending court must also be considered. Those professionals who have brought cases for prosecution or attend to give evidence must also find the local court easy to reach and without excessive time implications.

If HMC services were to move outside of the borough, this would also have the following effects:

- Enforcement officers would need to travel further to present their cases.
- Appeals against licensing decisions are currently heard at the Magistrates' Court and would therefore move.
- The Drugs Intervention Project has workers based at the Magistrates' Court offering initial drug assessments to persons making appearances – the DIP service is a key link in breaking the cycle of offending and drug use.
- The specific Harrow focus would be lost if the court moved outside of the borough and could harm the link with the workers at the Police Station custody suite.

Some preliminary analysis⁴ has been conducted of the impact on council officer time and associated costs of attending court at Brent Magistrates Court, rather than HMC as is currently the case. Transport for London gives the time for alternative routes from Harrow Civic Centre to Brent Magistrates Court as averaging around 50 minutes. This compares to a 5-minute walk to the Harrow Magistrates Court for most Council employees and therefore gives an additional travel time of at least 45 minutes for each trip to Brent Magistrates Court. The cost of the fare to Willesden Junction or Neasden is £3.50 each way compared with negligible cost for the Harrow Court. An estimate of the cost of additional time and fares for Harrow Council staff comes to a substantial amount per annum.

⁴ Calculations are available upon request and are based on officer time costs at the average H10 salary grade. Officers' times considered are those of officers from legal services, youth services, community safety team, revenues and benefits team, and the anti-fraud team.

It should be further noted that this compares with travel from Harrow Police Station to Brent Court which comes out, at best, to just under an hour, comparing with a 10 minute journey to the Harrow Court. Including the costs of police time and that of other agencies, for example voluntary organisations, would amount to an even more substantial figure.

Principle 2 - “A structure that is sufficiently flexible to enable the work of the courts to be dealt with in a timely way”

The London discussion paper refers (page 2) to court usage data which shows that London does not utilise 23% of its court room capacity and that if there were to be efficient use of the courthouses in London, this would most likely see the current 30 courthouses reduced by about nine – this rationalisation is reflected in the consultation proposals. However, Harrow has excellent courtroom utilisation, running at over 95% for 2009-10. This is the best result of any magistrates’ court in West London.

London magistrates’ courts have seen their overall performance in improving timeliness, reducing ineffectiveness and dealing with priority cases improve. Any changes to magistrates’ courts structures must see sustained improvements in performance. We believe HMC to be a well-performing service and therefore see a very real risk in moving its services and the impact that this would have on sustaining improved performance of the service.

HMC currently demonstrates the following performance (all figures as at Feb 2010):

- 99.4% of court registers produced and despatched within six working days (best in group)
- 8.6% of trials ineffective (best in group, significantly lower than average of over 15%)
- 98.1% of vulnerable victims seen within 1 day (best in group, significantly above group average of 78%)
- Performance on timeliness of trials is in line with the group

Principle 3 - “Magistrates’ courts should provide an appropriate and safe environment for court users and those who work within the criminal and family justice systems”

Meeting a diversity of needs

Courts must deliver for the diverse needs of London’s population and ensure that the courthouses provide a safe and appropriate environment for all court users. To this end we reiterate our point that distance and transport links to the courthouse are key considerations in assessing the accessibility of the courthouse. For courthouse users in Harrow – whether they be users, staff, the Bench, or those providing evidence in cases for example local authority officers – local justice is served best in a local setting. Harrow Magistrates’ Court is well situated in terms of transport links and is set in one of the most diverse boroughs in the country and therefore can cater well for a diversity of needs. Its staff, and those from partner agencies who work within the courts system, are well aware of the local needs of the borough and how best to meet these in a fair manner. The understanding of local cultures is nuanced and something that is acquired over time – a factor that should not be underestimated in any discussions about moving local services out of borough.

We envisage that Harrow residents would be most comfortable to attend in local settings and we raise the question of whether reliability to attend court would diminish should it be

further out of the borough i.e. non-attendance? It takes a motivated person to attend court and there may be some who would not get to court because they conceived the journey too difficult. In turn this would be to the detriment of court business as well as have a consequent effect on the police in terms of arrests to bring defendants to court.

<To insert: information from Steve Spurr about impact on local child protection issues>

The proximity of the Civic Centre to Harrow Magistrates' Court offers a continuity of case experience for the court users and Council officers. We fully endorse the efforts to see more disputes resolved outside of court, if appropriate. The enhanced use of technology should facilitate this and help modernise the courts services.

Principle 4 – “The judiciary must be fully engaged in the development of any plans but their independent role must also be respected”

The Harrow Bench

The Harrow Bench has put forward its views around the future planning of the courts services and we refer to this in the first instance. In addition, should HMC services be moved out of the borough, there is the real concern that members of the Harrow bench will also be lost – if members of the bench cease to serve, their expertise and knowledge will be lost.

Harrow Magistrates' Court building

HMC is a Grade II Listed building, constructed in 1932-35 and listed in October 2003. This limits the potential future use of the building site and land should it cease to serve as a courthouse.

Unitary Development Plan policy seeks to ensure the protection of the borough's stock of listed buildings by:

- Only permitting demolition in exceptional circumstances
- Only permitting extensions that preserve the character and setting of the buildings and any internal/external features of architectural or historic interest
- Only permitting development with the cartilage that does not affect the setting of the building

Council policy reflects advice in PPG 15⁵. It includes specific guidance about use:

“Generally the best way of securing the upkeep of historic buildings is to keep them in active use. For the great majority this must mean economically viable uses if they are to survive, and new and even continuing uses will often necessitate some degree of adaptation... The best use will often be the use for which the building was originally designed, and the continuation or reinstatement of that use should be the first option when the future of the building is considered.”

The interior of the building is largely unaltered and this clearly reduces the scope for significant internal change. Retaining the current use of the building is both supported by national policy and would also reduce the risk of the building falling into disrepair. The Council can identify serious security issues and associated costs as well as ongoing liability for NNDR if the property were left vacant, for example after closing the courthouses

⁵ Planning Policy Guidance 15: Planning and the Historic Environment (PPG15)

without finding suitable and feasible alternatives for the building. With regard to running costs, the yearly forecast is about £130k.

<To insert: information from Frank Stocks regarding listed building status implications>

Should the existing building have to close, there would be significant advantages to considering an integrated court service, together with a police station adjacent to the existing Crown Court. Closer integration of public sector partners helps progress the Total Place agenda which Harrow has made great strides in. A review of partnership assets and property has formed part of the ambitious transformation programme for the next four years that the Council has embarked upon with partners, called 'Better Deal for Residents'.

Principle 5 – “Staff should feel valued and receive appropriate training to enable them to carry out their duties”

We have no particular comments to make around this principle.

Principle 6 – “Any structure must be compatible with other agencies within the Criminal Justice System”

As the discussion paper states (page 5): “any changes brought about to the court structure are likely to impinge upon our key agency partners and may result in the need for changes to their structures”.

Any plans to move HMC from Harrow would have a significant impact on the work of Harrow Council officers (and those of partner agencies) who currently attend court to provide evidence for cases. Harrow Council’s work at HMC integrally relates to two of our corporate priorities:

- Improve support for vulnerable people
- Building stronger communities

We stress that it is Harrow Council’s wish that the services currently operating out of HMC remain in Harrow.

Harrow Council looks forward to being involved in consultation around proposals for reconfiguration of the courts estates and seeing successful strides being made in modernising services for local residents. The involvement of the Harrow Strategic Partnership (which comprises of the main statutory, public, voluntary and community agencies in the borough) should be seen as key in developing the future shape of local justice in this borough in the future.

Principle 7 – “Any new structure must be cost effective and efficient in comparison to the rest of the country”

Other parts of the country have seen a decline in the workload of magistrates’ courts in recent years with a shift to Crown Courts. In London magistrates’ courts have not seen the same decline in work but there has still nonetheless been an increase in the workload of London crown courts. HMC has recorded an increased caseload in 2009-10 (26,826 compared with 26,244 in 2008-9)

All partners within the public sector are being asked to meet highly challenging efficiency targets and therefore we fundamentally agree that London’s 77% utilisation rate does not

represent efficient use of resources. Harrow Magistrates' Court compares well against this London average as evidenced above.

Principle 8 – “We should not feel inhibited by existing boundaries within London”

We have no particular comments to make around this principle.

Concluding comments

Whilst we recognise the need for financial and efficiency savings, in line with other public sector agencies in times of financial challenges, the quality of service to court users should remain of paramount consideration. To this end, we support Harrow Magistrates' Court Bench's view that local justice is best served locally. HMC has demonstrated that it serves Harrow well and performs well in comparison to neighbouring courthouses.

Harrow Council has an effective local partnership with Harrow Magistrates Court and is concerned about any changes to the Courts Service that will involve the closure of HMC. The court is currently accessible to local residents and organisations including the police and victim support. We believe strongly that local justice is best administered locally and would oppose any move of the court which made it inaccessible to local residents and officers.

Harrow Magistrates' Court is a high performing service with a highly skilled and dedicated Bench and staff. The hidden cost of closing the Court should not be underestimated. There is a potential loss of magistrates and staff, plus the huge additional travel costs of those attending court. There would also be a significant risk of individuals not attending court where the travel time is excessive. As a listed building, alternative uses of the site are limited.

We therefore believe that in any decision about the future of the courthouse and the Harrow Bench that the full set of options be considered. These options include co-location with other services in Harrow such as the police or the Crown Court, which would preserve local justice and promote close working between agencies.

The HMCS national estates strategy seeks to rationalise the number of courts in England and Wales – this includes fewer courthouses in London and a core estate that is smaller. For reasons of local justice, geographical accessibility, high performance, limited scope for alternative building development, strategic links with partner agencies and meeting the needs of the community, we firmly believe that Harrow Magistrates' Court should be retained to serve Harrow people in its present location.