



HARROW PARTNERSHIP BOARD MEETING

TUESDAY 12 JULY 2011 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 of the Council, 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 Mohamed Aden	Representative	Voluntary and Community Sector
Sami Aziz	Director	Harrow Equalities Centre
Howard Bluston	Representative	North West London Chamber of Commerce
Julie Browne (Vice-Chairman)	Representative	Voluntary and Community Sector
Amar Chandarana	Representative	Harrow Youth Parliament
David Cheesman	Representative	North West London Hospital NHS Trust
Robyn Doran	Representative	Central and North West London Mental Health Trust
Sally Feldman	Dean of Media, Arts and Design School	University of Westminster
Ann Groves	Harrow Senior People's Assembly	Older People's Reference Group
Hassan Khalief	Representative	Voluntary and Community Sector
Jacqui Mace	Representative	Further Education Sector
Brian McGowan	Representative	Large Employers' Network
Avani Modasia	Representative	Voluntary and Community Sector
Sue Moran	Representative	Job Centre Plus
Nick O'Reilly	Harrow Borough Commander	London Fire Brigade
Malcolm Parr	Representative	Harrow in Business
Deven Pillay	Representative	Voluntary and Community Sector
Marcia Saunders	Chairman	NHS Harrow
John Vaughan	Representative	Central and North West London Mental Health Trust

Guests:

Dave Ashdown Chief Superintendent Dal Babu	District Manager Borough Commander, Harrow Police	Job Centre Plus Safer Harrow Management Group
Catherine Doran	Corporate Director, Children's Services	Chair, The Children's Trust
Mark Easton John Edwards	Chief Executive Divisional Director, Environmental Services	NHS Harrow Sustainable Development and Enterprise Management Group
Andrew Howe	Director of Public Health	Adult and Social Care Management Group
Junior Johnson Marianne Locke	District Manager Divisional Director, Community & Culture	JobCentre Plus Chair, Community Cohesion Management Group
Michael Lockwood Allen Pluck Fiona Wise	Chief Executive Chief Executive Chief Executive	Harrow Council Harrow in Business North West London Hospital NHS Trust

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, Senior Democratic Services Officer
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AGENDA - PUBLIC

1. **Attendance by Substitute Members:**
To note the attendance at this meeting of any Substitute Members, in accordance with paragraph 4.12 of the Harrow Partnership Governance Handbook.
2. **Declarations of Interest:**
(if any).
3. **Minutes:** (Pages 1 - 8)
That the minutes of the Board Meeting held on 18 April 2011, having been circulated, be taken as read and signed as a correct record.
4. **Update on the Public Health System Report:** (Pages 9 - 10)
Report of the Corporate Director Adults and Housing, Harrow Council.
5. **Local Area Agreement Reward Grant:** (Pages 11 - 22)
Report of the Assistant Chief Executive, Harrow Council.
6. **Partnership Priorities and Outcomes:** (Pages 23 - 28)
Report of the Assistant Chief Executive, Harrow Council.
7. **Partnership Structure Proposal:** (Pages 29 - 34)
Report of the Assistant Chief Executive, Harrow Council.
8. **Any Other Urgent Business:**
9. **Date of Next Meeting:**
The next Board Meeting is scheduled for 11 October 2011.

AGENDA - PRIVATE - NIL

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

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HARROW PARTNERSHIP BOARD

Minutes of the meeting held on Monday 18 April 2011

(1) Present:

Harrow Strategic Partnership Board Members:

Councillor Bill Stephenson (Chairman)	Leader of the Council, Portfolio Holder for Finance and Business Transformation	Harrow Council
Councillor Phillip O'Dell	Deputy Leader of the Council, 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
David Cheesman	Representative	North West London Hospital NHS Trust
Malcolm Parr	Representative	Harrow in Business
Julie Browne (Vice-Chairman)	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	Harrow Senior People's Assembly	Older People's Reference Group
Sue Moran	Representative	Job Centre Plus
Nick O'Reilly	Harrow Borough Commander	London Fire Brigade
Shelly Choudhury	Interim Director	Harrow Equalities Centre
Marcia Saunders	Chairman	NHS Harrow

(2) Also Present:

John Edwards	Divisional Director, Environmental Services	Sustainable Development and Enterprise Management Group
Andrew Howe	Director of Public Health	Adult and Social Care Management Group
Catherine Doran	Corporate Director, Children's Services	Chair, The Children's Trust
Marianne Locke	Divisional Director, Community & Culture	Chair, Community Cohesion Management Group
Michael Lockwood	Chief Executive	Harrow Council
Mark Easton	Chief Executive	NHS Harrow

(3) The following Harrow Council Officers attended:

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

Apologies were received from:

Howard Bluston (Representative) (North West London Chamber of Commerce), Brian McGowan (Representative) (Large Employers' Network), Dr Mohamed Aden (Representative) (Voluntary and Community Sector), Amar Chandarana (Representative) (Harrow Youth Parliament), Sally Feldman (Dean of Media, Arts and Design School) (University of Westminster), Chief Superintendent Dal Babu (Borough Commander, Harrow Police) (Safer Harrow Management Group), Allen Pluck (Chief Executive) (Harrow in Business), Fiona Wise (Chief Executive) (North West London Hospital NHS Trust), Alex Dewsnap (Divisional Director, Partnership, Development and Performance) (Harrow Council), Tom Whiting (Assistant Chief Executive) (Harrow Council), Robyn Doran (Representative) (Central and North West London Mental Health Trust), Reshard Alaudin (Representative) (Metropolitan Police Authority) and Junior Johnson (District Manager) (JobCentre Plus)

ACTION

45. Attendance by Substitute Members:

AGREED: To

- (1) note the attendance at this meeting of the following substitute Member:-

<u>Ordinary Member</u>	<u>Reserve Member</u>	<u>Organisation</u>
Dal Babu	Nick Davies	Safer Harrow Management Group

- (2) note the apologies received.

46. Declarations of Interest:

AGREED: To note that there were no declarations of interest made.

All to note

47. Minutes:
Members of the Board commented that they had not been invited to a meeting relating to the Local Economic Assessment. Officers undertook to investigate this and provide a response. MH/TT to note

AGREED: That the minutes of the Board meeting held on 14 December 2010 be taken as read and signed as a correct record. All to note

48. Appointment of Vice-Chairman:

AGREED: That Julie Browne be appointed as Vice-Chairman of the Board. All to note

49. Update on Health:

The Board received a verbal update by the Corporate Director, Adults and Housing, Harrow Council, who reported that:

- There had been a successful negotiation between the Council and NHS Harrow for the transfer of approximately £2.6 million in 2011/12 and £2.4 million in 2012/13 to the Council. This was a fund provided by Central Government as part of the re-ablement fund.
- There was a reflection period presently being implemented nationally by Central Government in relation to health reform. This pause period would finish on 31 May 2011.
- A Health and Well-being Group had been established. This had three priority areas relating to:
 - Frail and elderly;
 - Top 100 families;
 - Worklessness.
- The Director of Public Health was currently working on a transition plan for public health. It was anticipated that this would be completed in September 2011.
- The Corporate Director Adults and Housing had been invited to be a Member of the GP Commissioning Board.

The Chairman, NHS Harrow, stated that GP Commissioning was important and was being well supported. It was important that the PCT's successors inherited balanced finances.

In response to a query raised by a Member of the Board, the Corporate Director confirmed that the membership of the Health and Wellbeing Group was likely to comprise of the Leader of the Council, the Portfolio Holder for Adult Social Care, Health and Wellbeing, the Portfolio Holder for Children's Services, representatives from the GP community, the Director for Public Health, the Corporate Director Children's Services of Harrow Council and a representative from NHS Harrow. An engagement event would be held in July 2011 where the voluntary sector and all stakeholders would be invited to shape securing future engagement in health and social care.

AGREED: That the verbal update be noted.

All to note

50. Children's Services Transformation:

The Board received a report which presented details of a proposal relating to a new operating model for Children's Services. The Children's Services Transformation Project Lead introduced the report and highlighted the following key points:

- Children's Services had been judged to be consistently good in Harrow, but traditional in its style. As a result of changes in policy and funding, it was felt an opportune time to review services in Harrow.
- The first phase of the review involved information gathering. There was then a first stage consultation which took place between December 2010 and January 2011. The final stage of consultation would involve staff and unions.
- The proposed model would bring services in together. It would involve having a single referral point to reduce bureaucracy, having an improved multi-agency system, greater focus on early intervention and multi-disciplinary teams focusing on the needs of children.
- Harrow Chief Executives had been supportive of the proposals. The Children's Trust had also had some input into the proposed model along with a multi agency steering group.

In response to a query raised by a Member of the Board, the officer reported that a potential risk was the downsizing of managers within the directorate. This could create resistance although front line staff were not being affected. The directorate was also moving to the Civic Centre and there would be a cultural change in the directorate.

AGREED: That the report be noted.

All to note

51. Harrow Chief Executives Update:

The Chief Executive, Harrow Council, updated the Board on the activities of the Harrow Chief Executives. He reported that it had considered many issues which were due to be discussed later on during the meeting. These included:

- Taking stock of the current position of the Harrow Strategic Partnership. There had been a lot of success achieved by the management groups and the Board. There were still a number of challenges for the future and consideration had been given to whether there was focus on the right issues and whether the structure was correct for the present circumstances.
- Initial thoughts had highlighted four priorities which would be presented to the Board. Consideration had also been given to the structure of the partnership and a revised structure was before the

Board for consideration.

- How best to utilise the Local Area Agreement Reward Grant.

AGREED: That the verbal update be noted.

All to note

52. Partnership Priorities:

An officer introduced a report which proposed new priorities for the Partnership, as submitted by the Harrow Chief Executives. These priorities related to:

- Public service Integration and Joint Service Delivery.
- Building Community Capacity.
- Health.
- Worklessness / Welfare.

The Board was requested to participate in a workshop session at the meeting to help shape the draft outcomes for each priority which would also allow comments to be made on each recommended priority. Members of the Board would also then be requested to provide any further comments by 4 May 2011. A report on the draft outcomes would then be presented to the next Board meeting, following discussion by the Harrow Chief Executives.

Members of the Board then divided into groups to discuss each of the proposed priorities. Outcomes discussed were then recorded by each group and provided to officers.

AGREED: That

- (1) the four partnership priorities proposed be agreed;
- (2) any further comments on the draft outcomes be provided to the Policy and Partnership Team by 4 May 2011.

All to note

53. Partnership Structure - Consultation Document:

An officer reported to the Board that having considered new priorities for the Board, it was also important to consider the structure of the Partnership and whether it would assist delivery of the priorities.

The officer explained that the proposals involved the following:

- Reducing the size of the Board. This would increase levels of engagement and allow for greater debate of issues of strategic importance;
- Implementing assembly meetings which would focus on strategy. As well as these assembly meetings, the wider summit meetings would also continue;

- Reducing the Management Groups to two. These groups would consist of a Safer Harrow Management Group and the new umbrella Health and Wellbeing Group.

Members of the Board then divided into groups to discuss the proposed structures. Outcomes discussed were then recorded by each group and provided to officers. Members of the Board were also requested to provide any further comments by 4 May 2011.

AGREED: That a report be presented to the next meeting of the Board relating to the structure proposed for the Harrow Strategic Partnership.

MH/TT to
note

54. Local Area Agreement Reward Grant:

The Board received a report relating to the Local Area Agreement Reward Grant received by the Council. The Chairman reported that Harrow had received approximately £635,000. The Government had also relaxed the split of revenue and capital to 70% revenue and 30% capital. An officer reported that a discussion was now required on whether the initial allocation of this fund still represented best value for money. This was due to a number of factors including the financial outlook for public services having considerably changed.

The officer explained that the Board were being requested to advise on a number of issues including:

- delegating power to the Harrow Chief Executives to develop a workplan based on the agreed priorities and outcomes. This would then be reported at the next meeting of the Board;
- commenting on a proposed allocation mechanism which involved:
 - clear demonstration of desired outcomes (of one or more of the approved priorities);
 - sustainability of the project;
 - ability to use the funding to leverage additional funding (e.g. Awards for all Trust and Foundations and European Funding);
 - robust evidence, opinions, experience and needs of service users and citizens.
- commenting on what support should be made available to the voluntary and community sector organisations who wished to develop proposals, and whether the scope of providers should be widened to include organisations outside of Harrow, who may be undertaking similar work.

During the discussion on this item, Members of the Board made a number of comments including:

- There was a difference of opinion on the Board on whether the scope of providers should be widened to those outside the borough. Some Members of the Board felt it was important to build up

capacity within the borough especially in light of the nation economic climate. Other Members of the Board felt that obtaining best value for residents and achieving the right outcomes should be the key considerations, even if this involved widening the scope of providers. The Chairman summarised the views of the Board as being to look locally first but that providers should not be precluded if they provided value for money.

- Workshops would be helpful for the voluntary and community sector. Additionally officers providing a brokerage system could help to provide better services. A joint role funded by the Council and the voluntary services may help to achieve this.

AGREED: That

- (1) the proposed action of reviewing the distribution of the reward grant around the agreed priorities for the Partnership;
- (2) power be delegated to the Harrow Chief Executives to develop a workplan based on the agreed priorities and outcomes;
- (3) comments of the Board be noted in relation to:
 - the proposed allocation criteria;
 - the support to be made available to the voluntary and community sector organisations who wish to develop proposals for the agreed Partnership priorities and outcomes;
 - whether the scope of providers should be widened to include organisations outside of Harrow.

HCE to note

55. Date of Next Meeting:

AGREED: To note that the date of the next meeting of the Board would be held on 12 July 2011.

All to note

[Note: The Meeting, having commenced at 6.01 pm, closed at 7.39 pm]

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HARROW STRATEGIC PARTNERSHIP BOARD
Update on the Public Health System Reform
12th July 2011



Introduction
<p>The Health and Wellbeing Group met on the 21st June to discuss the recommendations made by NHS Future Forum on the future Public Health System Reform and to consider the potential implications for its transition to a shadow Health and Wellbeing Board.</p> <p>The Forum made 16 core recommendations, which were widely welcomed by major health bodies and commentators. Some, such as greater powers for health and wellbeing boards and co-terminosity with local authority boundaries are particularly positive for local areas.</p> <p>This report provides a summary of the key health reform recommendations, which will need to be considered by the partnership and a progress update from the Health and Wellbeing Group.</p>
Proposed Action
<p>Note the proposed changes to the public health system.</p>
What are you asking the Partnership Board to do
<p>To note the report</p>

Summary

The Forum's report made a number of recommendations to strengthen and improve the effectiveness of the reforms. Subject to passage of the Health and Social Care Bill, the future direction of policy announced by Ministers includes:

Public health involvement in commissioning – The Government has agreed that commissioning requires input from a wide range of professionals, including public health. Health and Wellbeing Boards will have a stronger role in promoting joint commissioning and integrating care across the NHS, public health and social care. Health and Wellbeing Boards will discharge executive functions of local authorities, and should operate as equivalent executive bodies do in local government. It will be for local authorities to determine the precise number of elected members on a Health and Wellbeing Board, and they will be free to insist upon having a majority of elected councillors.

Clinical advice and leadership: - Local clinical senates (hosted by the NHS Commissioning Board) will be set up to bring together a range of healthcare professionals, including public health, to give clinical leadership and expert advice for commissioning.

Independent public health advice: - At the national level, the Future Forum endorsed the importance of building a strong, integrated public health service. They emphasised, however, the

critical importance of staff in the new body being able to give independent scientific advice and to enjoy the trust and confidence of the public. The Government has therefore announced its intention that, subject to the usual approvals procedures for creating new bodies, Public Health England will be established as an executive agency of the Department of Health. Work will also continue to look at how directors of public health continue their level of independence

Timetable

The new timetable for the reforms includes phasing, which is intended to allow the new system to be built over time.

The date for local authorities to assume their new public health responsibilities remains unchanged, as April 2013, following the abolition of PCTs. Public Health England and the other new national bodies will now also take up their full accountability and financial responsibilities from April 2013.

Clinical commissioning groups will not be authorised to take on any part of the commissioning budget in their local area until they are ready and willing to do so. By April 2013, GP practices will be members of either an authorised clinical commissioning group, or a 'shadow' commissioning group. Where a clinical commissioning group is not able to take on some or all aspects of commissioning, the local arms of the NHS Commissioning Board will commission on its behalf, and in this role, will be subject to the same duties of transparency and engagement.

Health and Wellbeing Group Update

On the 21st June the Health and Wellbeing group discussed the future role and structure of the group and also the transition steps required to move towards a shadow Health and Wellbeing Board. A paper which set out options for possible models of the group and shadow Board were discussed, which will be considered at the next meeting in September, alongside the outcomes of the Health and Wellbeing Engagement Event on the 5th July and the anticipated updated guidance on Health and Wellbeing Boards.

The group also discussed the London Health and Wellbeing Board programme which is offering £15,000 to each developing Health and Wellbeing Board in London. The group has agreed to utilise this funding to support member development, engagement of public and stakeholders and the development of the Joint Health and Wellbeing Strategy.

Finally the group was updated by the delivery leads on progress against the three priority delivery areas of, Health and Worklessness, Frail Elderly and Commissioning and the Top 100 Families project.



HARROW STRATEGIC PARTNERSHIP BOARD
Local Area Agreement Reward Grant
12th July 2011

Introduction

Harrow has received a final sum of £635,396.88, which is 50% of our second claim. As a result of pressure from London Councils and other representative bodies, the Government has also relaxed the split of revenue and capital to 70% revenue and 30% capital, giving **£444,777.82 revenue** and **£190,619.06 capital**.

On the 18th April, the HSP Board agreed to align the additional LAA Reward Grant against the new priorities for the Partnership:

- Effective Joint Working
- Building Community Capacity
- Improving Health
- Addressing Worklessness/Welfare

Partners were invited to submit comprehensive business cases, which were discussed and scored by Harrow Chief Executives on the 13th June. The scoring mechanism used was based on the following four agreed criteria:

- Clear demonstration of the desired outcomes (*of one or more of the approved priorities*)
- Sustainability of the project
- Ability to use the funding to leverage additional funding (*e.g. Awards for All, Trust and Foundations and European Funding*)
- Robust evidence, opinions, experiences and needs of service users and citizens

Harrow Chief Executives have considered all proposals received and have identified the projects which they feel are best value for money, sustainable and have the best chance of successfully delivering the outcomes. These are:

- (12) – The Cedars Centre
- (14) – Mental Health Employability Support Co-ordinator
- (26) – Harrow into Work
- (10) – Circles of Support
- (2) – Increasing Volunteering at Harrow CAB Citizens Advice Bureau
- (11) – Top 100 Families
- (17) – Building recovery in communities

Details of the bids, the scoring and the reasons for HCE support are set out on pages 3, 4 5 and 6 of this report. Details of questions raised by HCE during their consideration and the answers obtained are set out from page 7 onwards.

Two bids were received which looked at developing voluntary and community premises.

Both of these bids identified the need for better quality facilities, which would build community capacity. To fit in with the consultation about the form and purpose of a new CVS for Harrow and to ensure that maximum benefit is obtained from the small amount of funding available, it is recommended that £60,000 capital is set aside to be the subject of a further proposal at the end of the consultation process..

Based on these proposed recommendations, the total amount allocated will be; **£445,419 revenue and £96,482 capital.**

Harrow Chief Executives recommend that the remaining capital grant of **£94,137** is set aside as Partnership reserves.

Copies of the 32 applicants received and the HCE scoring document can be downloaded and viewed on <http://www.harrow.gov.uk/HSPfund>

Proposed Action

It is proposed that the Partnership Board review and agree the proposals put forward by Harrow Chief Executives.

On approval, the Policy and Partnership Team will contact the successful applicants and request them to finalise their business cases and address any further questions raised by the Board. A Service Level Agreement will then be forwarded to the applicant for completion. Once agreed, funding will be made available to the recipient lead organisation on a staged basis.

Quarterly monitoring reports will be required throughout the duration of the project, which will be reported to Harrow Chief Executives. Summary performance reports will be presented to the Partnership Board six monthly for information and challenge.

What are you asking the Partnership Board to do

To endorse the funding recommendations of the Harrow Chief Executives.

Summary of the Issue

Harrow Chief Executives received 32 business cases which sought a total of £2,233,389 revenue and £465,579 capital.

Amongst the bids received there were a number of strong business cases that spread across the four priorities and associated outcomes.

Harrow Chief Executives applied a scoring system across all of the business cases received and the nominated leads of the different priorities informed the discussion and provided guidance on which bids came across the strongest.

HCE leads also worked together to identify any synergies or further partnership opportunities across the individual bids.

Seven projects have been shortlisted and recommended by Harrow Chief Executives for funding. The table below highlights the rationale behind the shortlisted projects.

Business Case Title	Score	Amount Requested	Rationale
<p>(12) The Cedars Centre Kids Can Achieve</p> <p>The bid proposes additional works at Cedars Hall to provide additional office accommodation for both Kids Can Achieve and other voluntary and community groups. This will enable KCA to move out of other rented property to produce a revenue saving and attract rental income from other groups. It will also produce a concentration of organisations whose work is complementary enabling better joint working.</p>	15 pts	£36,482 capital	<ul style="list-style-type: none"> • Strong bid which uses capital to save revenue • Creates capacity for the voluntary and community sector • Maximising the use of an existing asset • Clearly demonstrates delivery against the priority Effective Joint Working • Allows co-location of organisations that work closely together
<p>(14) Mental Health Employability Support Coordinator MIND in Harrow</p> <p>The bid proposes innovative early interventions to reduce worklessness of Harrow residents experiencing mental health problems. The techniques to be adopted</p>	15 pts	£49,960 revenue	<ul style="list-style-type: none"> • Well written bid • Clear outcomes and measures of success, which will help clients into work and to get off benefits. • Timely with the government's Incapacity Benefit reassessment about to increase the

Business Case Title	Score	Amount Requested	Rationale
<p>include support to SMEs to address mental health employee issues to prevent long-term sickness, specialist employment/redundancy advice to support job retention and enable unemployed people to become more employable and re-skilling and up-skilling.</p> <p>The bid envisages raising £167,000 in Improving Access to Psychological Therapies (IAPT) funding over two years.</p>			<p>number of people within the borough moving on to ESA or JSA, it is expected a large proportion of these will have some mental health issues</p> <ul style="list-style-type: none"> • The bid will complement the pre Work Programme • Clear evidence of joint working already in place • Some evidence of sustainability should MIND be successful in negotiations with Work Programme providers • Clear evidence of need and some successful delivery already demonstrated. • The project needs to demonstrate how it can market itself to employers.
<p>(26) Harrow into Work Harrow College</p> <p>The bid proposes supporting setting up an organisation as a subsidiary of Harrow College to skill and up-skill Harrow residents, both those currently in employment and those seeking work. This will help maintain competitiveness of existing employees and support people into work.</p> <p>The organisation will have on-going support from the Skills Funding Agency to ensure sustainability</p>	15 pts	£60,000 revenue	<ul style="list-style-type: none"> • Match funding provided by Harrow College • Sustainable • Clear outcomes which are measurable • Evidence of further funding through the Skills Funding Agency • High outputs for the number of apprentices that will be employed but who the employer will be is not clear.
<p>(17) Building recovery in communities NHS Harrow</p> <p>The bid focuses on supporting</p>	14 pts	£30,360 revenue	<ul style="list-style-type: none"> • Strong evidence of need • Well constructed, in respect of identification of clients, partner agencies and training route.

Business Case Title	Score	Amount Requested	Rationale
<p>former substance misuse service users into employment. It proposes to offer a multi agency Education, Training and Employment programme comprising a Peer-led Aftercare Network (PLAN) to provide group learning, motivation and on-going personal development; a supported volunteering programme; and an accredited training package to equip participants to find work in the substance misuse prevention and treatment field.</p>			<ul style="list-style-type: none"> • It has a small volume of outcomes, 15 into work, but they are people with extensive problems. • Access to external funding – although not yet confirmed • Bid fits with wider Government agenda • Invest to Save project and offers value for money • The connection to vocational training needs to be strengthened.
<p>(2) Increasing Volunteering at Harrow CAB Citizens Advice Bureau</p> <p>The bid proposes an immediate time limited increase in the CAB's staff to increase its capacity to deal with enquiries and a training and development programme to increase skilled volunteers to replace the temporary additional staffing. Some volunteers will develop training skills themselves to ensure sustainability of the project.</p> <p>The CAB has seen a significant increase in demand which they are currently unable to meet.</p>	14 pts	£70,099 revenue	<ul style="list-style-type: none"> • Funding will create additional capacity at CAB • Confirmed external funding received • Strong evidence of need and deliverability • Sustainability is reliant on the existing volunteers training new volunteers • Question on whether a trainer is required on a permanent basis and therefore could the total funds requested be reduced?
<p>(10) Circles of Support Harrow Council</p> <p>The bid proposes developing a social enterprise or voluntary organisation to provide on-demand help with practical tasks through local, reliable neighbourhood helpers and a social network for teaching,</p>	14 pts	£150,000 revenue	<ul style="list-style-type: none"> • Invest to save project – self funding after 3 years • Creation of a valuable social asset • Will achieve a significant difference against the priority and outcomes • Moderate evidence of need and deliverability • Projections based on an

Business Case Title	Score	Amount Requested	Rationale
<p>learning and sharing. It will be a membership organisation supporting vulnerable people and especially those whose needs are not severe enough to be met by statutory services.</p> <p>It is envisaged that the organisation can be self supporting after three years of public sector investment.</p>			<p>existing model in Southwark</p>
<p>(11) Top 100 Families</p> <p>This bid proposes developing new ways of supporting families and reducing the number of families moving into crisis through co-ordinated early intervention.</p>	13 pts	£85,000	<ul style="list-style-type: none"> • Focuses on early interventions to prevent additional families joining the “Top 100” • Cross agency/partnership working focussed • Strong partnership support • Invest to save project • Recommended that the project focuses on 20-30 families and run as a pilot to develop learning and evidence • Links with the new children’s operating model

HCE Comments /Follow Up

Funding Bid Project	Comments	Follow Up	Follow up Answers
The Cedars Centre	Demand for letting premises is present		
Mental Health Employability Support Coordinator	Project targets people who find it very hard to get back into work. Key vulnerable group in Harrow	<p>What will happen in later years?</p> <p>What will happen if IAPT funding is not received?</p> <p>What potential support/link could there be to the HASVO project?</p> <p>What is the referral route for people to get into the service?</p>	<p>Mind is bidding on a national level and is in the latter stages for achieving funding, although it is recognised that this is not yet achieved. Government through the CSR has backed the ‘Improving Access to Psychological Therapies’ (IAPT) approach so it is expected that future funding streams will be made available to support the implementation at local levels, which Mind as a national organisation will be bidding for.</p> <p>It is recognised that, if no additional funding is secured, then the delivery of the proposal is at risk. However, as set out above, the expectation of additional funding streams for this activity and the evidence behind its impact is strong, so the proposal is risk based when taking this into account.</p> <p>Refugee communities are within scope of the project, and Mind in Harrow has a strong track record of working with organisations such as HASVO. The Community Development worker which is part of the bid will support referral routes from more hard to reach groups and therefore improve access to the support from the IAPT programme.</p> <p>The aim of the IAPT programme is to reach those individuals in the community that are currently not reached. Traditionally, the referral route has been</p>

Funding Bid Project	Comments	Follow Up	Follow up Answers
		<p>What is the current client base and is it representative of the borough i.e. equality of access?</p>	<p>through GPs, but it is recognised that more needs to be done to support the community. The Community Development worker will add capacity by working across the community to improve access.</p> <p>Mind has a good success rate with its programmes, and take up from communities has been high. Where necessary more specialised programmes have been ran, e.g. Somali community access to care services. Age ranges are well balanced and all venues have full disabled access.</p>
Harrow into Work	Need to ensure that employers are on board to provide apprenticeships	<p>What help will be provided to get young people who are not in education to get into work?</p> <p>Have any employers confirmed their interest in the project?</p> <p>What potential is there to get additional funding from SFA?</p>	<p>The programme is broader than just 16-18 year olds, and as part of this programme work has already started with Job Centre Plus to improve referral routes to support those not in work and not at college.</p> <p>The existing network of organisations which the College works with is being targeted. The College operates on the principle of outcome focus and ties this into all its agreements with partners. They recognise that external funding streams are moving rapidly to an outcomes focus and future funding will be reliant on the performance of existing services to deliver against these. Therefore the College is very clear on the outcomes which are being identified.</p> <p>The potential for more funding is difficult to commit to at this stage, other than the fact that the Skills Funding Agency is highly likely to be investing in this area in the future. On this basis achieving good outcomes from existing programmes is likely to support the ability to bid</p>

Funding Bid Project	Comments	Follow Up	Follow up Answers
		How is the £60,000 requested broken down?	<p>with confidence for future funding.</p> <p>This is largely to increase staff resource. The Harrow into Work service is being set up regardless of LAA money, but the LAA money helps to 'kick-start' the service, which may also support future funding bids by being a leader in this particular field. While the project could go ahead without LAA support, it will take longer to become established and to reach the envisaged capacity leaving a cohort of potential beneficiaries unsupported.</p>
Building recovery in communities	Targets particularly vulnerable people May have implications for Top 100 families For a relatively small investment could potentially yield large savings	What is the opportunity to link into the work that EACH undertakes?	The business case is for aftercare leading to increased employability for former service users whereas EACH concentrates on support to achieve and sustain abstinence. Clients may use both services but they are seeking different objectives.
Increasing volunteering at Harrow CAB	Outcomes not clear Potential to link between with JCP and DWP	As a result of the funding what is the expected number of residents who will move out of poverty? Clear measures required What is the potential to target health outcomes and not just welfare? After 2 years what happens?	<p>The project will enable almost twice as many telephone enquiries to be resolved (2,000 up from 1,100). 63% of enquiries related to benefits or debt and 59% of clients from a similar group last year achieved an increased income and 45% better debt management. This equates to 567 new clients increasing income and 405 clients managing debt better.</p> <p>There is evidence that better financial management and increased income reduces stress and resolving housing problems can also have substantial health benefits. The extent of these benefits is dependent on the mix of enquiries received.</p>

Funding Bid Project	Comments	Follow Up	Follow up Answers
			After two years, the additional service provided by this project will be run entirely by volunteers. The CAB has an enviable record in retaining volunteers with the current cohort averaging 10 years service and counting
Circles of Support	<p>Project becomes self funding after 3 years and moves towards a social enterprise model.</p> <p>The Council will incubate the project within the first 3 years</p> <p>Needs to link to what already exists</p> <p>Allows people to stay at home for longer which supports the reablement model</p> <p>Opportunity to learn from the Southwark model and then create a new or use an existing social enterprise</p> <p>Police could provide checks for the volunteers</p> <p>Carers are continually put under increasing pressure and this project could provide some alleviation</p> <p>Ability to link into neighbourhood champions</p>	<p>Concern over duplication with Age Concern</p> <p>Need to ensure fair consultation and bidding process is in place to become the social enterprise</p>	<p>Age UK currently provides some services similar in nature to those envisaged by the bid but to a much smaller audience than that proposed. Age UK is concerned that its work would be undermined by a new organisation that did not include it as a partner</p> <p>Age UK would recommend that the Partnership consider the specification for any move to a social enterprise or voluntary and community organisation to ensure that local knowledge and existing local networks are valued.</p>

Funding Bid Project	Comments	Follow Up	Follow up Answers
Top 100 Families	<p>This project was initially highlighted as a priority for HCE</p> <p>It is cross agency and cross partnership</p> <p>Focuses on early interventions to prevent creating additional dependent families.</p> <p>Initial work should be around pooling existing information.</p> <p>Needs to be intelligence led and must not over complicate the model.</p> <p>Police would be interested in offering a person to support the project</p> <p>JCP may have a small amount of funding to support this project</p>	<p>Could the project be scaled down to 20-30 top families and run as a pilot to develop learning and evidence for additional funding?</p> <p>Explore the opportunity to bid for the EU social fund?</p> <p>Need to be clear of the availability of funding from other partners</p> <p>What learning can be gained from Brent and Hammersmith and Fulham which are currently pulling together similar projects/models?</p>	<p>The project has been scaled down to a pilot involving fewer families. The envisaged commissioning budget and administrator posts have been removed.</p> <p>EU Social Fund bid has been submitted.</p> <p>The Council will consider topping up LAA funding to enable the pilot to run but contributions from other partners would be welcome and would demonstrate the partnership-wide nature of the benefits it is expected to generate.</p> <p>Advice from other Boroughs will be sought in designing the pilot</p>
Voluntary and Community Premises and RAFT	<p>Potential to duplicate the work being undertaken to develop a CVS for the borough</p> <p>Suggested that £60,000 capital is put aside for after the consultation period has been completed.</p>	<p>What opportunity is there to target deprived areas/uses?</p>	<p>It is probable that any project emerging from the consultation over the shape of a new CVS for Harrow will be based around an existing building which limits the flexibility to support deprived areas. The lettings policy for a new model of community premises should include support for deprived communities.</p>

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HARROW STRATEGIC PARTNERSHIP BOARD
Partnership Priorities and Outcomes
12th July 2011

Introduction

On the 18th April the Partnership Board agreed the four proposed partnership priorities:

- Effective Joint Working
- Building Community Capacity
- Improving Health
- Addressing Worklessness/Welfare

Further discussions led to desired outcomes for each of these priorities being adopted. It was agreed that the revised outcomes should inform the development of the Partnership work plan and the allocation of the remaining Local Area Agreement Reward Funding.

A summary of the comments and feedback from the Board meeting on the outcomes from the 18th April were circulated separately to all members within 1 week of the meeting. HSP members were then invited to feed any further comments on the draft outcomes to the Policy and Partnership Team by the 4th May 2011. No further comments were received.

Recommended LAA allocations against the proposed priorities and outcomes are set out elsewhere on this agenda. Once agreed, these will in part form the workplan for the Partnership

Proposed Action

The revised sets of outcomes are included in this paper under each priority.

On adoption of the priorities and outcomes it is suggested that work is began to develop a Partnership Work Plan and that an update on progress is submitted to the meeting on 5th October 2011.

What are you asking the Partnership Board to do

- Adopt the Partnership priorities and outcomes

Priorities

Effective Joint Working

There is a widely held belief that if done well, service integration has the potential to create a virtuous cycle of effective public service delivery, maximise the use of public resources and increase user and customer satisfaction. There is willingness by partners to develop and deliver approaches to the integration of services, planning and delivery.

Examples include the creation of the Children's Integrated Model which will put in place a portal for targeted children's services leading to improved outcomes, and a reduction in cost and the creation of the Joint Intelligence Unit sharing data to gain a common understanding of the issues facing the Borough. Other areas that could benefit from integration and joint delivery include the way we work with at risk families (e.g. top 100 families), the reporting of anti social behaviour and the alignment of mental health provision; alcohol and substance misuse and their impact on crime; and better commissioning of services between agencies.

Outcomes we are trying to achieve through this priority

Priority Outcomes	Examples of Measures of Success
Public sector services are efficient and effective	Increase in the number of services redesigned to reduce duplication Reductions in unit costs Increased user/client satisfaction More information is shared and used across partners
Vulnerability of Harrow citizens is reduced	Reduced repeat victimisation
Rationalised assets	Reduction in the number of publicly owned premises used to deliver public services

Building Community Capacity

Given the financial challenges facing partners, we cannot continue to provide services in the way we currently do. If we are to meet these challenges, we need to engage people in debates about the future and enable them to make a positive difference, in their lives and their communities. By engage we mean getting citizens involved in decisions, design and delivery of services, which will be enhanced through the provision of the right information at the right time. This will require looking beyond conventional solutions and recognising the value of a thriving third sector. For example, social enterprises and mutuals can be an important element to reforming public service delivery.

To enable citizens to become more active, information, support and opportunities to contribute to the decision making process need to be available so that they can take a greater part in Harrow services. For example, it will be important that structures and processes are in place for engaging the public and patients under the new GP Commissioning role. The Partnership has an opportunity to support this engagement process.

In 2007, the Quirk Review investigated how to optimise the community benefit of publicly owned assets through considering options for the transfer of asset ownership and management to community groups. Community management provides residents with the opportunity to get more involved in how their services are delivered.

Harrow already has a high proportion of residents who volunteer in their communities. It is important to build on this foundation as volunteering can help individuals gain new skills and friends while helping others. This is particularly relevant for young people who can use volunteering to build their work experience and increase their chances of employment.

Outcomes we are trying to achieve through this priority

Priority Outcomes	Examples of Measures of Success
Citizens know they are valued and involved	Percentage of citizens who report in a survey that they are valued and involved
Empowered citizens	Increase percentage of citizens who feel they can influence decisions affecting local areas
Voluntary and community sector groups help to deliver public and community services	Increase number of voluntary and community sector groups delivering public services
Better skilled and more informed volunteers	Increased confidence of the voluntary and community sector

Health

The Health and Social Care Bill makes a series of radical proposals about how different parts of English health and social care services will be commissioned. This includes abolishing Primary Care Trusts and passing the remit of commissioning services to GPs. Statutory Health and Wellbeing Boards will take on the function of joining up commissioning of local NHS services, social care and health improvement and will allow local authorities to take a strategic approach and promote integration across health and adult social care, children’s services, including safeguarding and the wider local authority agenda.

The public health functions that are currently held by Primary Care Trusts will be transferred to local authorities by 2013.

The UK has an ageing population. People over 65 consume nearly 70% of Healthcare resources. Dementia and mental health are some of the issues associated with an aging population. In order to cope with the increasing demands of an ageing population, and to increase independence, we need to find ways of enabling people to be cared for in their own homes for longer, rather than being admitted to hospital or residential care. The reablement programme is one method of achieving this.

To ensure partners effectively adapt to the future delivery of health services and harness the opportunities that these changes may bring, it is important that the Partnership has a focus on this area.

Outcomes we are trying to achieve through this priority

Priority Outcomes	Examples of Measures of Success
Better quality of life for older people	Reduced older people hospital admissions Increased independence
Reduced gap in life expectancy across wards of Harrow	Reduced life expectancy gap
Health and social care structures are joined up	Health and Wellbeing Board in place Aligned commissioning plans

Worklessness/Welfare

On the 16th February the Welfare Reform Bill was introduced to Parliament. It introduced a wide range of reforms, which will have significant implications for Harrow residents and partners. These include direct impacts on housing provision, the economy, health and social care, community cohesion, safeguarding, homelessness, and the demand for schools and policing.

As a result of the proposed changes to the amount of grant for new affordable homes, these homes will now have rents at up to 80% market rents. In addition, the maximum benefit available to cover rent will decrease from the 50th percentile to the 30th percentile of local rents and there will be a maximum benefit level of £400 a week. In 2013 the introduction of the Universal Credit will also cap the benefit available. These changes will result in fewer properties being available for benefit recipients and an increase in movement both in and out of the borough.

The proposed change from life time tenancies to two year minimum tenancies will potentially cause greater anxiety as a result of a lack of security and reduced community cohesion as a result of increased movement across neighbourhoods. Potential re-evaluation of need may discourage people from seeking work.

The unemployment figures for Harrow for the past year have demonstrated a slight decrease in the number of people unemployed, which directly contradicts the national

unemployment figures. However, for the first time in 12 months, the February unemployment figures have shown an increase.

Harrow’s economy largely consists of small and medium enterprises and is more vulnerable to adverse economic conditions. In addition, twenty-seven percent of residents in Harrow are employed in the public sector, which will contract due to the emphasis of reducing the deficit. To help build employment in the borough, a strong and vibrant economy will be necessary. One element that can support this is the regeneration of the town centre and its neighbouring areas. This is critical to attracting inward investment and employment growth.

The overall priority outcome is to **improve the economic wellbeing of Harrow.**

Outcomes we are trying to achieve through this priority

Priority Outcomes	Examples of Measures of Success
Strong small and medium enterprise in Harrow	Increase business retention in Harrow Increase in business start ups Reduced number of empty commercial premises
Accessible employment/redundancy advice across agencies	Percentage employees who are at risk of redundancy referred to redundancy/employment advice
Accessible re-skilling and up skilling opportunities	Increase in number of adults signed up to learning courses Increase attendance at business training workshops
Improved economic wellbeing of Harrow citizens	Increase in the number of Harrow citizens who are employed Increase in benefit take up

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HARROW STRATEGIC PARTNERSHIP BOARD
Partnership Structure Proposal
12th July 2011



Introduction

The Partnership Structure Consultation Document was presented to and considered by the Partnership Board on the 18th April. Members were invited to submit any further comments by the 24th June for inclusion in the report to the next Partnership Board meeting on the 12th July.

The proposed changes to the Partnership include:

- Creating an Assembly, with a membership largely the same as the current Board, that would meet in a more informal manner, twice a year, to discuss issues such as what to include in a refreshed Sustainable Community Strategy, the best ways of extending community involvement in Harrow or the needs of the diverse communities of the borough.
- Reducing the size of the Board, which would meet four times a year to deal with business items such as receiving monitoring reports on progress in implementing the Sustainable Community Strategy as well as receiving advice from the assembly on issues such as developing strategic direction for the Partnership and examining, from a community perspective, initiatives explored by Harrow Chief Executives;
- Streamlining the management groups and bodies that make up the partnership family.

Consultation Outcomes

The following is a summary of the comments received from members of the Partnership Board, Harrow Chief Executives and Management Groups;

- There was significant support for the development of Assemblies and it was felt that the Assembly would provide an improved mechanism for developing strategic discussions.
- It was imperative to the success of the structure that the outcomes of Assembly meetings are used to inform debates and work plans of the Board, HCE, management groups and task and finish groups and the outcomes from these meetings are used to shape the debate held at Assemblies.
- A small number of members felt that the Board consisted of too many health representatives. It was felt that this affected the balance of membership. Whilst another comment received suggested that CNWL should also be a member of the Partnership Board.

- A key role of the Board should be to hold the members of the partnership to account.
- The structure diagram should show engagement groups as an integral part of the Partnership structure with the ability to inform all decisions.
- Because of the diversity of the voluntary and community sector, members raised concerns over the ability of only 2 representatives on the Board being able adequately to represent the sector.
- It was suggested that a selection process is undertaken to choose a representative body for the business community. Existing representative bodies include the Chamber of Commerce, Pinner Business Club, Federation of Small Businesses, Hatch End Traders and North Harrow Traders Association
- The members of the Community Cohesion Management Group felt that the community cohesion debate has not been developed enough to be mainstreamed.
- Sustainable Development and Enterprise Management Group were concerned about the loss of sustainability/environment as a key strand in the partnerships work. They felt that sustainability needed to be strengthened across the four priorities.
- Concern was raised that the proposed partnership structure does not recognise the role of the Joint Analytical Group
- There was a general acceptance from members of Sustainable Development & Enterprise Management Group that the proposal to abolish this group will reduce duplication, particularly around the enterprise, business support and worklessness agenda. It was felt that these areas are already covered by Enterprising Harrow Steering Group and the Recession Busting Group.
- Representative for Greener Harrow felt that the existing group brought together representatives of many sectors of the Community for discussion and enabled strategic thinking and input into a number of Council consultations and felt that it was important that this group continued. There was also concern that the new structure does not feature the theme sustainability and it was suggested that a Greener Harrow representative should be included on the Board.
- The Voluntary and Community Sector representatives felt that a place should on the Board should be provided for a representative of the new CVS organisation when established and that Harrow Equality Centre should be represented at Board level.

Proposed Action

1. To create an Assembly, which is made up of the existing Partnership Board members, which includes a Central North West London Foundation Trust representative, plus the chair of Greener Harrow and a representative of Harrow Equality Centre. The Assembly will provide an avenue for a wider number of partners to feed into the decisions made at the Board level.
2. To hold an Assembly at least two times a year, following scheduled Partnership Board meetings.
3. To hold at least 1 Summit a year.
4. For the Partnership Board to consist of the following members:
 - The Leader of the Council;
 - one other majority party Councillor;
 - one minority party Councillor
 - three representatives of the voluntary and community sector; (*via an election process*)
 - one representative of the business community
 - one representative of the PCT
 - one GP representative
 - one representative of the North West London Hospital NHS Trust
 - one representative of the Further Education Sector
 - one representative of the Metropolitan Police
 - one representative of the London Fire Brigade
 - one representative of Job Centre Plus
 - Chair of Harrow Chief Executives
5. The Health Reform Bill is currently being considered by Government and therefore it is not clear what the future role will be for Primary Care Trusts and GP's. Until these roles are clarified it is proposed to include both representatives on the Board.
6. To hold a shortened Partnership Board meeting four times a year.
7. To amend the constitution of the Partnership to include the following criteria for the business representative on the Partnership Board:
 - a. Representative of the borough of Harrow
 - b. Membership based organisation, and
 - c. Represents existing businesses
8. To invite the Chamber of Commerce to nominate a business representative for the Partnership Board
9. To disband the Community Cohesion Management Group and create a smaller transition task and finish group, which will be tasked with embedding the principle of community cohesion across the partnership workplan and groups

10. To ensure the partnership work plan and partnership groups' terms of reference consider sustainability and community cohesion as underlying principles
11. To invite a representative from the Clinical Commissioning Board to become a member of HCE and invite additional partners as guests when required.
12. To review HCE terms of reference to ensure they align with the new partnership priorities
13. That on completion of the separate engagement process with stakeholders on the Children's Trust and Health and Wellbeing Board, the final proposals are brought to the next Partnership Board on the 3rd October for adoption.
14. The Greener Harrow, VCSF, HSRA continue in their role as key reference groups to the partnership and be represented on the new Assembly.
15. For Harrow Chief Executives to oversee the changes to the management groups and task and finish groups terms of reference alongside the development of the Partnership work plan.
16. To amend the Partnership structure to show the integral role of engagement groups to the partnership and the inclusion of the Joint Analytical Group (JAG)

On approval of a new structure, it is proposed that the organisations sending representatives to the Assembly and the Board should be written to setting out the changes and offering them the opportunity to consider whether their existing nominees are best suited to the new roles.

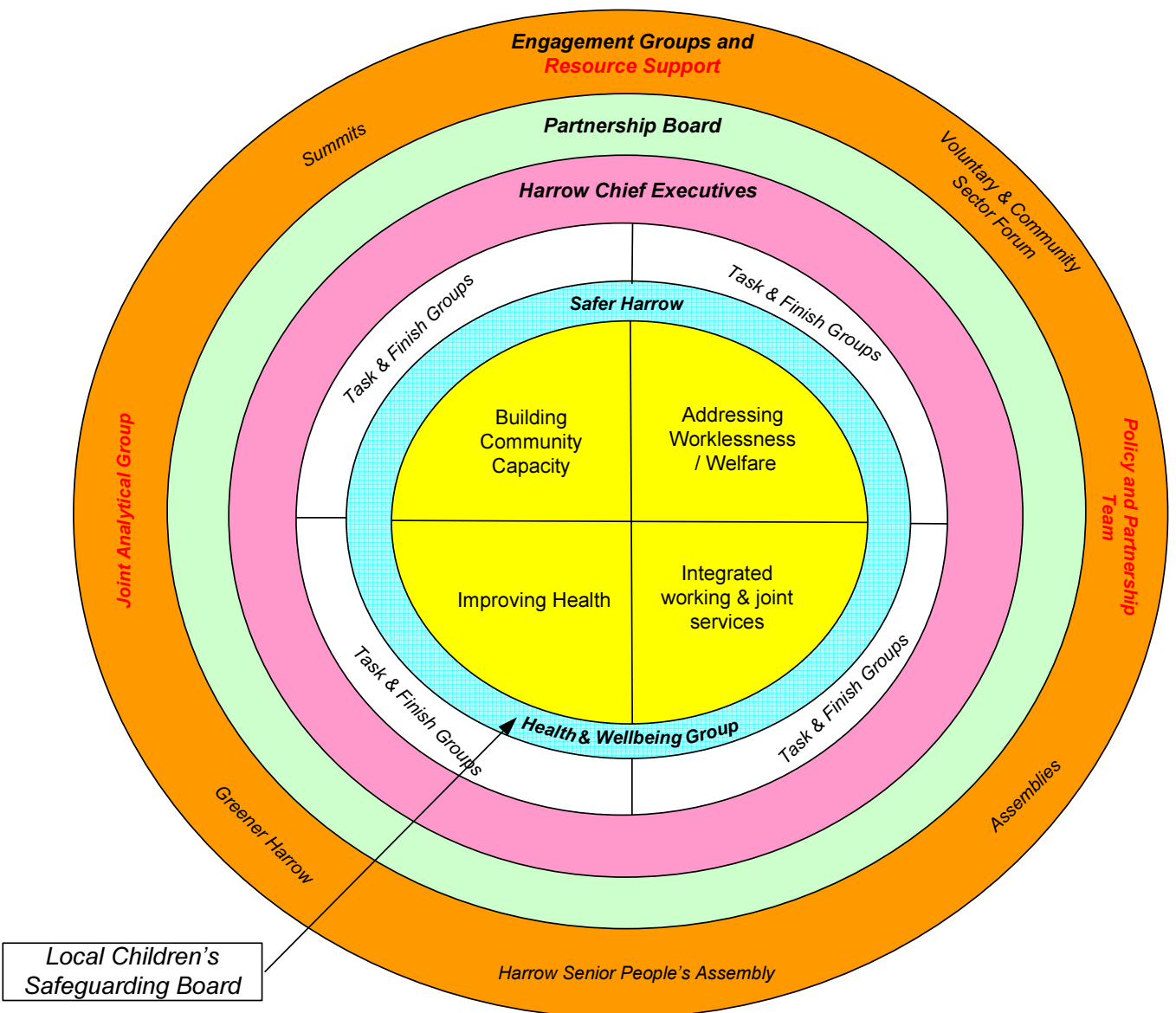
The Policy and Partnership Team will coordinate a new meeting timetable for the remainder of 2011, which will be circulated.

The next programmed HSP Board meeting on the 3rd October will be held in its new smaller format. An Assembly date is yet to be confirmed.

What are you asking the Partnership Board to do

The Partnership Board is recommended to approve the suggested changes to the partnership structure as outlined in the proposed actions.

Partnership Structure – Figure 1



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