



HARROW PARTNERSHIP BOARD MEETING

WEDNESDAY 7 DECEMBER 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 Margaret Davine	Adult Social Care, Health and Wellbeing Portfolio Holder	Harrow Council
Councillor Susan Hall	Leader of the Conservative Group	Harrow Council
Sue Moran	Representative	Job Centre Plus
Jacqui Mace	Representative	Further Education Sector
Howard Bluston	Representative	Business Community
Chief Superintendent Dal Babu	Borough Commander, Harrow Police	Harrow Police
Julie Browne (Vice-Chairman)	Representative	Voluntary and Community Sector
Avani Modasia	Representative	Voluntary and Community Sector
Carmel Miedziołka	Representative	Voluntary and Community Sector
Rob Larkman	Representative	NHS Harrow
Dr Genevieve Small	Representative	Clinical Commissioning Group
Michael Lockwood	Chief Executive, Harrow Council	Chair of Harrow Chief Executives
David Cheesman	Representative	North West London Hospital NHS Trust

Substitute Members:

Councillor Graham Henson	Performance, Customer Services and Corporate Services Portfolio Holder	Harrow Council
Councillor Phillip O'Dell	Deputy Leader of the Council, Environment and Community Safety Portfolio Holder	Harrow Council
Councillor Barry Macleod-Cullinane	Deputy Leader of the Conservative Group	Harrow Council
Victoria Butcher	Representative	JobCentre Plus
Eric Diamond	Representative	Business Community Representative
Chief Inspector Russ Hughes	Representative, Harrow Police	Harrow Police
Javina Sehgal	Representative	NHS Harrow

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

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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 12.7 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 11 October 2011, having been circulated, be taken as read and signed as a correct record.
4. **Community Budgets:** (Pages 9 - 20)
Report of the Assistant Chief Executive, Harrow Council.
5. **Community Premises:** (Pages 21 - 30)
Report of the Assistant Chief Executive, Harrow Council.
6. **Partnership Budget:** (Pages 31 - 36)
Report of the Assistant Chief Executive, Harrow Council.
7. **'Stronger Together' the Outline Business Case for the Proposed Merger of Ealing Hospital NHS Trust and the North West London Hospitals NHS Trust:** (Pages 37 - 40)
Report of the North West London Hospitals NHS Trust.
8. **Delivering the Harrow Vision: Right Care, Right Place, Right Time:** (Pages 41 - 48)
Presentation by NHS Harrow.
9. **Partnership Workplan:**
Verbal Update of the Assistant Chief Executive, Harrow Council.
10. **Any Other Urgent Business:**
11. **Date of Next Meeting:**
The next Board Meeting is scheduled for 29 March 2012.

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 Tuesday 11 October 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 Margaret Davine	Adult Social Care, Health and Wellbeing Portfolio Holder	Harrow Council
Councillor Susan Hall	Leader of the Conservative Group	Harrow Council
Sue Moran	Representative	Job Centre Plus
Jacqui Mace	Representative	Further Education Sector
Howard Bluston	Representative	Business Community
Chief Superintendent Dal Babu	Borough Commander, Harrow Police	Harrow Police
Julie Browne (Vice-Chairman)	Representative	Voluntary and Community Sector
Rob Larkman	Representative	NHS Harrow
Dr Genevieve Small	Representative	Clinical Commissioning Group
Michael Lockwood	Chief Executive, Harrow Council	Chair of Harrow Chief Executives
Nick O'Reilly	Harrow Borough Commander	London Fire Brigade

(2) The following Harrow Council Officers attended:

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

Apologies were received from:

Avani Modasia (Representative) (Voluntary and Community Sector), David Cheesman (Representative) (North West London Hospital NHS Trust) and Tom Whiting (Assistant Chief Executive) (Harrow Council)

64. Attendance by Substitute Members:

AGREED: To note

- (1) that no Substitute Members were in attendance;
- (2) the apologies received.

All to note

65. Declarations of Interest:

AGREED: To note that the following interests were declared:

Agenda Item 6 – Health and Well-being Update

Howard Bluston declared a personal interest in that he was a member of a patients group at St Mark's Hospital. He would remain in the room whilst the matter was considered and voted upon.

Agenda Item 7 – Progress Report Relating to LAA Reward Grant Funding and the Board's Work Programme

Julie Browne declared a personal interest as some of the allocation of the Reward Grant funding had been allocated to her organisation in relation to the Cedars Centre. She would remain in the room whilst the matter was considered and voted upon.

All to note

66. Minutes:

AGREED: That the minutes of the Board meeting held on 12 July 2011 be taken as read and signed as a correct record.

All to note

67. Harrow Strategic Partnership Governance Handbook:

An officer introduced the report which set out proposed changes to the Governance Handbook of the Harrow Strategic Partnership, following changes to the structure of the Partnership and the disbandment of the Local Area Agreement framework.

It was confirmed that the handbook would be published on the Council's website and hardcopies made available to members of the Board if requested.

MH/TT to
note

AGREED: That

- (1) the revised Harrow Strategic Partnership Governance Handbook be adopted;
- (2) the circulated substitution list be completed and returned to officers in the Policy and Partnership team.

All to note

68. Harrow Mutual Support Network:

The Board received a report which set out proposals to establish an organisation that would operate a model of service delivery for vulnerable and older people called the Harrow Mutual Support Network (HMSN). This

would involve users purchasing support and services through a network of paid and volunteer helpers.

The Corporate Director of Adults and Housing, Harrow Council, introduced the report and explained that the proposal had previously been known as 'Circles of Support'. He reported that:

- the proposal would set up a social enterprise within the borough and assist people within the community who had specific needs. It would provide assistance with practical activities;
- it provided an opportunity to provide services to the community and draw on a volunteer base;
- it was anticipated that this model of service delivery would become financially self-sufficient after 3 years. The initial amount provided by the Reward Grant was to assist in starting the project in its initial stages;
- those who utilised the services would pay a membership fee and it was anticipated that they would pay for services in the future where applicable;
- this model of service delivery had been utilised successfully by other authorities nationally including the London Borough of Hammersmith and Fulham and the London Borough of Southwark. This was the basis for confidence that the project would be a success;
- an open and transparent process would be operated in terms of organisations bidding to run services under the proposal. It was expected that consortiums may also be involved;
- it was envisaged that the proposals would support the good work already being conducted in the borough including the Neighbourhood Champions scheme could build on the brokerage function provided by Shop4Support which helped people to use their personal budgets for social care;
- a steering group would be established to oversee the project through the development of the HMSN. The HMSN would be an independent organisation.

Members of the Board strongly supported the proposals. In response to a question from a Member of the Board, the Corporate Director confirmed that payments for Criminal Records Bureau checks where applicable would be borne by the HMSN in the long term.

Members of the Board made a number of comments including:

- the links to current good work taking place within the borough was welcomed. The HMSN would assist those who required assistance and would improve their quality of life;

- a good aspect of the proposals was that it would assist a wide range of people in the borough and not just those who were elderly. For example it would also assist those with learning disabilities. An all embracing approach had been adopted which would provide real benefits;
- the Further Education Colleges and businesses within Harrow would be interested in assisting the work of the HMSN including providing volunteers.

PN to note

AGREED: That the comments made by Members of the Board in relation to the Harrow Mutual Support Network, be noted.

All to note

69. **Health and Well-being Update:**

The Board received a presentation which addressed current issues relating to the Shadow Health and Wellbeing Board, the Public Health Transition and Commissioning Support.

The Corporate Director of Adults and Housing, Harrow Council, made the presentation and reported the following:

Shadow Health and Wellbeing Board

- The Shadow Health and Wellbeing Board had been established as an informal group to consider the health agenda. Some of their key actions involved agreeing health and wellbeing priorities for Harrow, developing a Joint Strategic Need Assessment and influencing the forthcoming commissioning arrangements;
- although the Shadow Health and Wellbeing Board was not a formal body, it nevertheless played a key role in assisting to bring about changes within the borough at a senior level;
- it was recognised that 2012 would be a transitional year which provided flexibility to further develop and consider the terms of reference and membership;
- there was a lot of work taking place between the Council and the Primary Care Trust relating to reablement and intermediate care. The reablement service had been fully operational for about a year;
- a multi-agency project had been commenced which was investigating streamlining work and expenditure relating to the Top 50 families on whom public money was spent within the borough.

Public Health Transition

- Responsibility for public health was proposed to transfer from the NHS to Local Authorities in 2013;
- Harrow Council were beginning preparations for this change in responsibility and were working closely with NHS Harrow;

- there was still a degree of uncertainty as the Public Health Bill had not yet been enacted. It was hoped that further clarity on issues such as transition of staff, resources available and national outcomes, would be provided by the end of December 2011;
- a formal transition plan would be produced by March 2012, which would include a shadow budget.

Commissioning Support

- The NHS Framework for Commissioning Support in the future had 6 areas which included:
 - Understanding demand and provision;
 - Planning the most effective use of resources;
 - Doing the contracting and delivery;
 - Reviewing quality and effectiveness;
 - Engaging the public, patients and partners;
 - Supporting the organisation.
- From the Council's point of view, they were keen for the commissioning of support to remain local. However it was recognised that NHS Harrow had financial constraints, as had other public bodies, and might need to commission support at a regional level;
- a local workshop addressing these issues would be held in Harrow within the next couple of months. Additionally the Council had offered to be part of a pilot to North West London Health Services.

PN to note

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

- although there was some uncertainty over the Public Health Bill, one thing that was certain was that Primary Care Trusts would be disbanded in 2013. NHS Harrow were currently looking at how their functions would be dispersed and how they would support GP commissioners in 2013, especially in light of the NHS Framework for Commissioning Support;
- the Shadow Health and Wellbeing Board had a vital role in defining strategy and holding those who were relevant to account;
- it was fortunate that there was a Clinical Commissioning Group focused on the Harrow area. This provided an opportunity to look at health issues afresh;
- it was important that issues were recognised in relation to community safety and mental health needs, and that these were addressed in its entirety.

PN/MH/TT to note

Members of the Board raised a number of queries which were responded

to as follows:

- when the public health functions were transferred from the NHS to the Council, the NHS would be providing knowledge on understanding health needs within the boroughs and socio-economic factors;
- the issue of resources provided to Councils for public health was one that had provoked concern nationally. A national process had just been concluded which involved the NHS gathering data on spend on public health. It was anticipated that they would utilise this to determine how they allocated resources once public health functions were transferred to Local Authorities. Additionally, the Council and NHS Harrow had sent a joint letter, when providing the data, to express a view that they were not convinced that public health was resourced sufficiently at present. A Member of the Board expressed her concerns that there was no independence in looking at the financial issues and that there could be issues that were not identified. The Council could therefore inherit problematic issues. Another Member of the Board expressed the view that if resources were based on historic spends then there could be potential issues. It was hoped that resources would be allotted on a needs basis. It was also anticipated that the funding would be ringfenced;
- sharing resources and services between boroughs may be a potential future arrangement as resources would be limited;
- views of patients groups would be taken into account. Patient beacon groups would be involved in producing ideas and taking them forwards as part of the future arrangements. Additionally the Government were keen that patients were properly involved in the future provision of health services. This approach was also a view held by the Council.

PN to note

AGREED: That the presentation be noted.

All to note

70. Progress Report Relating to LAA Reward Grant Funding and the Board's Work Programme:

An officer introduced a report which set out the framework for monitoring progress with both the first and second allocations of the LAA Reward Grant and also a framework for monitoring progress against the Partnership's priorities.

The officer reported that:

- the report addressed the progress by spend of Local Area Agreement grant to be spent by July 2012. The report looked at the progress made by the end of the first quarter of 2011;
- the report highlighted progress made in relation to specified outcomes with particular attention drawn to recent successes involving young people and combating anti-social behaviour during

the riots experience in other parts of London;

- appendix 2 to the report provided an update on the Partnership fund allocation;
- appendix 3 to the report provided an update on outcomes and milestones provided in the relevant business plans, which were expected to be achieved. Progress reports on these outcomes were expected next week;
- appendix 4 to the report provided details on how it was intended to monitor progress on the outcomes detailed in appendix 3.
- the Board additionally were requested to provide further suggestions for discussion issues at the next assembly meeting of the Harrow Strategic Partnership. Suggestions could be emailed to officers by the end of October 2011. Final items for the Assembly would be determined by the Harrow Chief Executives in consultation with the Chair of the Board;
- it was envisaged that the next meeting of the Assembly would take place on 7 December 2011 at the conclusion of the Board meeting;
- it was probable that the next Summit meeting would take place in March 2012. This meeting would concentrate on refreshing the Sustainable Community Strategy. This strategy would look forward to 2015.

MH/TT to
note

During the discussion on this item, Members of the Board raised issues which were responded to as follows:

- it was expected that the Board will begin discussions on the Sustainable Community Strategy at the beginning of 2012. This would be done before seeking wider endorsement at the proposed Summit meeting;
- regular reports detailing items considered by and deliberations of the Harrow Chief Executives were normally presented to each meeting of the Board.

In response to a request from a Member of the Board, officers agreed to provide the first quarterly progress report on the projects referred to in appendix 3 of the report, to all Members of the Board.

MH/TT to
note

AGREED: That the report be noted and agreed as appropriate.

All to note

71. **Date of Next Meeting:**

AGREED: To note that the date of the next meeting of the Board would be held on 7 December 2011.

All to note

[Note: The Meeting, having commenced at 6.05 pm, closed at 6.54 pm]

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HARROW STRATEGIC PARTNERSHIP BOARD

Community Budgets
7th December 2011

Introduction

The Government recently invited expressions of interest from local authorities who wanted to participate in pilots for Neighbourhood Budgets. There were two pilot opportunities –one for a Whole Place Community Budget and the other for a Neighbourhood Community Budget.

After discussion at Harrow Chief Executives and in response to a very short timescale, the Council submitted a Whole Place expression of interest. The expression of interest document is attached. This sets out how Harrow - the Council and Partners – could exploit the financial freedoms available to pilot authorities to commission around the client rather than around the budget and to integrate further customer access, assessment and support, and the public sector estate.

In the event, the Harrow ‘bid’ was not short-listed but, at their next meeting, Harrow Chief Executives intend to consider how much of the envisaged programme could be pursued even without pilot status. At the same time, the Council has submitted an offer to join a learning and support network helping the pilot authorities who are yet to be identified to develop their bids so as to be in a good opposition to bid for any further Community Budget proposals.

Proposed Action

While Partner organisations expressed their support in principle for the proposals in the expression of interest, it would be helpful in advance of the Harrow Chief Executives meeting to get an idea from Board Members of the extent to which they feel the direction articulated in the expression of interest could and should be pursued now.

What are you asking the Partnership Board to do

Provide views on whether and how far the ideas in the expression of interest could and should be pursued without the benefit of Community Budget pilot status..

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Community Budget Pilot - Expression of Interest

1. Vision and Ambition:

Harrow is very well positioned to take forward the whole place Community Budget concept. We see this as complementary to our transformation objectives, particularly, effective joint working which is one of Harrow Strategic Partnership's core objectives. The Council and its partners recognise that Community Budgets provide a fantastic opportunity for building on our existing strong relationships and achieving better outcomes through redesigned, co-ordinated and better integrated public services.

Harrow already has highly successful partnership arrangements which have delivered improved outcomes to our residents. The partnership includes:

- The Council, which is very proud that it has come a long way in recent years. It is acknowledged as innovative and creative, providing high performing services at low costs. It is seen as a strong community leader. This has been recognised by it being named the current Municipal Journal Best Achieving Council in the UK;
- Our Local Police service, which is both ambitious and innovative, is already delivering low crime rates. It has, amongst many other initiatives, already delivered a Joint intelligence Unit and Analysis Group with partners, and a joint Anti-Social Behaviour Team, and licensing capacity with the Council;
- Our Health Sector, which has made substantial progress on the opportunities provided by the emerging health reforms with a Clinical Commissioning Group in place together with a Shadow Health and Wellbeing Board. Preparations for the transfer of the Public Health function to the local authority are well advanced;
- Our vigorous and inventive voluntary and community sector, which is commissioned to deliver a significant proportion of public services and attracts very high levels of volunteering;
- Our Job Centre Plus which is a valued contributor to our Partnership, leading and supporting employment and training initiatives with the assistance of our Further Education Colleges; and
- Our Business representatives to the Partnership who have recognised the many benefits that a Community Budget could bring to the economy of Harrow.

We are keen to build on these good relationships through the whole place Community Budget. We have identified that, as a pilot, we could extend early intervention from the right service, at the right time which, freed from silo budget considerations, could have a significant impact on family success, improving health, increasing independence of older people, reducing worklessness and addressing anti-social behaviour amongst many other benefits. This can be summarised as commissioning around the client, not around the budget.

Our whole place community budget **ambition** is:

“To create a single access mechanism for all local public services that provides a gateway to holistic, integrated services dedicated to identifying and taking early action to treat the underlying causes of problems to prevent them becoming critical or long-term issues.”

This would require:

- Effective joint triage and referral systems based around multi-agency multi-disciplinary teams to screen, risk assess and fast track all incoming work to the most appropriate team/service. This will also provide enhanced information sharing and intelligence gathering capacity.
- Multi-purpose, multi-functional, co-located facilities for the whole of the public sector, acting as community hubs from where residents can access services and contact local public services.
- Rationalising our combined estate to reduce costs, modernise facilities to benefit customers and staff, and maximise efficiency.
- Re-designing services to break through organisational barriers, which do not make sense to our customers or our staff and to join up complementary services to provide a seamless offer to residents.

We would achieve this by building on the foundations now in place especially the Children's Access Team model described in more detail in Section 4.

Collaboration with partners in Harrow comes from a long-held belief that improving the quality of life for our residents cannot be achieved by any single agency working in isolation. We also recognise that the best chance we have to achieve the scale of efficiencies required (30% less resource in local government alone) while protecting frontline services and delivering national priorities, is through more effective joint working. The whole is greater than the sum of its parts and we need to harness all local public services to achieve our financial and service ambitions.

The public sector spends approximately £1.9bn in Harrow or £8,800 per resident. Working together to deliver just a 1% saving would realise £19m and, more importantly, it would enable us to improve outcomes for local people. However, the barrier has been making the ideal work within the unique regional governance structures of London, which can militate against any genuine local autonomy. Our systems are not designed for integrated or horizontal ways of working and our target driven culture requires us to look up to Government for direction rather than locally to partners and residents. We too often focus on issues from a professional perspective rather than from an outcome or customer view point. This has made progress frustratingly slow at times and has motivated our partnership to seize the potential of further joint working through the greater opportunities provided Community Budgets.

There is willingness by partners in Harrow to be creative and innovative in developing and delivering approaches to the integration of services which is why the Partnership has made effective joint working one of our four priorities. All Partners operate coterminously with the Council and are very excited at the opportunities Community Budgets offer. They have all supported this expression of interest in principle.

2. Scale & Outcomes

The outcomes we are trying to achieve are:

- Reduced (residents') vulnerability
- Stimulate growth in the local economy
- Understand and reflect customer needs
- Services built around the needs of the individual not organisational silos
- Reduce duplication of services
- Shared information

- Joint commissioning
- Rationalise assets.

3. Scope of a community Budget:

A Harrow Community Budget pilot could include amongst the many ideas we have the following services and functions.

- The development and expansion of **Access Harrow**, our contact centre through which nearly all council services are provided, has enabled us to deliver a more joined up and personalised customer service for residents through improved customer contact and resolution at first point of contact. Indeed, over 90% of our calls are now resolved at the first point of contact. Our vision is to continue the expansion of Access Harrow to include partner services, such as booking GP appointments, and handling non-emergency calls for the Police. This would create a joined up public services access centre.

Contact will be migrated to an 'online banking' style relationship via authenticated portal and web forms. We envisage that our existing "My Harrow Account" capability which allows residents to manage their contacts with the Council could be extended to a single account for residents dealing with all public sector service in Harrow. This would create a unique one-stop-shop for **all** public services.

Developing the Children's Access Team model, described in more detail in Section 4, for all customers with complex needs would enable them to be assessed by a multi-agency team and referred to the right service within our integrated structure. This would lead to earlier, more targeted intervention, with the input from the various professionals involved being managed to better match the needs of the customer concerned.

Our ambition is to provide both a common front door to all public services and a fully integrated response for those who need it.

- We have developed a blueprint with the **police** around the principles of working closer together and the benefits our residents would see as a result. The integration proposals are envisaged to generate estimated annual revenue savings of £2.3m. We have well-developed proposals for the co-location of the Police 'headquarters function', within the Civic Centre, and Police operational functions within a centrally located Council facility. We are waiting for the Mayor of London and the Metropolitan Police Commissioner to agree to Harrow acting as a pathfinder for inter-agency co-location and wide-ranging property rationalisation.

We have agreed to the co-location of Harrow's public protection officers from the Metropolitan Police Service (MPS) within our Children's Access Team. Harrow Children's Services is one of three key pilot sites across London and is leading the way in establishing a MPA Multi-Agency Safeguarding Hub (MASH) as part of a new regional initiative to improve collaborative safeguarding practice.

With the agreement to pathfinder status and the flexibility of a Community Budget, the Council and the Police could build more effectively on currently integrated services, such as our joint ASB team, Licensing, Intelligence Unit and Analytical Group referred to earlier to continue to improve customer service. We are also jointly developing a programme to introduce Integrated Offender Management involving, amongst others, the Probation Service and Job Centre Plus.

- The Council is working with **health** colleagues, including a representative of our Clinical Commissioning Group, on a 'Health Integration Programme', including integrated commissioning around the user, and to put in place plans for the strategic development of local health services over the long term. This programme is also dealing with the transfer of public health services to the Council which, through community budgets, would provide even better links to more holistic health and wellbeing outcomes.

We are ready to prepare a Joint Health and Wellbeing Strategy and working on the creation of HealthWatch. Other links between Council, community and health concerns that could be promoted better as a Community Budget pilot include the Health gains from addressing fuel poverty and promoting energy efficiency to contribute to slowing climate change.

We want to explore the possibilities of linking our social care services more closely with the **Integrated Care Organisation** that brings together hospital and community health care in Harrow. The ICO has brought improvements in healthcare for patients in Harrow by removing artificial boundaries between hospital and community healthcare services. It provides greater choice for patients and allows more care to be delivered both closer to home and in the home. It puts more emphasis on long-term conditions such as Chronic Heart Disease and Diabetes, and has the ability to look after the whole of the user's needs over a longer period. Closer organisational working, and being able to blur the distinction between medical and social care, would further improve the quality of care and make significant efficiency savings.

- As a **public sector**, we operate from 147 different buildings. There is significant opportunity to rationalise the number of assets by sharing services, co-locating facilities, introducing new methods of working and service delivery, as well as working with our Clinical Commissioning Group to assist the development of integrated 21st Century primary care services. This could make significant revenue savings while enabling joined up services at the first point of contact. New locations for joined up services will be chosen on the basis of the extensive service user and customer segmentation data that the council already holds. Indeed, as one example, there is an opportunity to establish a single borough facility for **emergency services**, by bringing the two fire stations and the ambulance station together with the Council's operational vehicles and depot into a centrally located base, together with a shared services platform for all relevant support functions.
- Using the flexibility offered by Community Budgets we would bring together the administration of Universal Credit, Council Tax Benefits and the employment work of Job Centre Plus in a **One Stop Shop for Jobs** to reduce welfare dependency, yield significant administrative savings and help reduce fraud and error. A further benefit would be linking this service with our economic development team who provide a strong conduit to our business community and our FE Colleges to ensure the right skills are developed for our local business needs.
- Service integration through Community Budgets would allow local **job centre plus** to make better links with council and health services to signpost appropriate people to the Work Programme's prime contractors and disabled people to the Work Choice programme. Better integration would also support identifying clients for and assisting their participation in the DWP/ESF (European Social Fund) employment focussed provision for families with multiple problems.

4. Evidence of successful Partnership Working

The Partnership has recently agreed four new priorities, with the overarching theme and priority for the Partnership being **effective joint working**. This theme emerged from an assessment of local need drawing on partnership and national data and the aspirations expressed in regular engagement exercises.

Harrow has numerous examples of existing strong partnership working, which is leading us towards our ambition of a common front door for all public services. The further development of these services would also benefit from a Community Budget.

- In 2010 the Harrow Strategic Partnership committed resources towards the development of a multi agency/disciplinary **Children's Access Team (CAT)** as the single point of contact for all new referrals to Children's Services, which is the first of its kind. The core team complement includes social workers, Police public protection officers, PCT health navigator, education lead, social welfare worker, young person's worker and other staff working on a sessional basis. The CAT will be fully up and running by January 2012.

Harnessing the efficiencies and benefits of co-locating multi agency/disciplinary staff and partners, the CAT will work together to screen, risk assess and fast track all incoming work to the most appropriate team/service. This will provide enhanced information sharing and intelligence gathering capacity. The outcome of this approach will be a more systematic and holistic approach for the individual where the right skill set and package of support will be provided.

- Our commitment to Partnership working can be evidenced in our work in the Denver Project which brought together Children's Services, Community Safety, Housing, Police, Health, and Schools staff to support a family with the most complex needs in the borough and the neighbouring community in which they live. The Partnership ethic created a team unified by the objective of securing an improved outcome that overcame the differences of emphasis, style, and working practices of the team members. The project has made a significant contribution to the quality of life of the family and the local community and has provided a template for future working around families with complex needs.
- What sets Harrow apart is our **excellent working relationship with the Police** with many examples of where together we have improved the services we provide to residents, for example, our work on a co located joint intelligence unit and joining up of our anti social behaviour teams. The Council, the Police and the Probation Service are working to launch an Integrated Offender Management Service by April 2012 to assess and address the risk of re-offending. Another example of fruitful co-operation is our joint approach to licensing.
- Harrow is one of the leading Councils in **personalisation** and we are constantly challenging the way we provide our adult social care services through bringing the service user to the forefront of delivery. Already, £29.8m is invested in community based activity in 2011/12 and Harrow currently has 39% of all community based service users on personal budgets with a target of 50% by the end of 2011/12.
- **Harrow's Reablement** performance demonstrates our track record of jointly delivering projects which improve outcomes for local people and deliver significant financial savings. This service is on target to achieve savings of £350,000 in the current financial year with an expected total £2m savings over 3 years. The Department of Health Reablement Framework illustrates Harrow as having an average performance rate of 84.6% of Reablement service users requiring no further service, with more than 5,000 people

receiving Reablement services from October 2010 to July 2011. This service is assisted by Circles of Support, a scheme which encourages volunteers to support people in their own homes. An evaluation of Reablement cases to date shows 94% of Reablement recipients were satisfied or very satisfied with the service.

Our Personalisation scheme and joint health and council Reablement programme have increased the independence of older people, enabling them to live in their own homes for longer, improving their quality of life.

- The recently introduced Health Reforms have provided an opportunity to further **grow and expand our relationship with new partners**. We have successfully established a Shadow Health and Wellbeing Board and have built strong relationships with the new Clinical Commissioning Group and the elected GPs. GP representatives have recently joined both the Partnership Board and the Harrow Chief Executives and discussions have taken place with the PCT, GPs and the Council on opportunities for providing commissioning support to the Clinical Commissioning Group.
- The **Harrow School Improvement Partnership** is the country's first schools driven improvement partnership. It is a dynamic, traded collaborative led by schools for schools, initially with Local Authority support. It ensures that schools in Harrow have access to high quality, locally available school improvement provision. It has already received the backing of well known education Professor and Patron of the Partnership, John West-Burnham. Within 2 years it will become a social enterprise, led by head teachers.
- The **Families with Complex Needs** project is a key priority for the Harrow Strategic Partnership. The aim is to identify efficient ways of providing services to the most complex families to address underlying problems, It focuses on key early interventions that can prevent similar families from developing such complex needs. A core strategy group has been convened consisting of representatives from the Council, Police, Health and VCS partner agencies to focus on the holistic needs of a pilot group of high need families and applying 'team around the family' principles.
- Harrow's innovative partnership with **Coram**, a voluntary sector agency, has resulted in one of the most effective adoption services in the country delivering both high success rates and short processing and evaluation periods. This approach has been held up central government as the way forward in the provision of adoption services in local authorities,
- We have a long standing and successful partnership with **Capita** who, as well as providing IT support and development services, add to the Council's capacity to work up and take forward transformational projects on a payment by results basis. In Harrow, Capita initially specialised in ICT based Business Transformation projects but we have expanded their remit to include support for a full range of change projects.
- We have established partnerships with our **residents** such as the recruitment of some 1,200 Neighbourhood Champions who act as the Council's eyes and ears reporting on environmental and anti social behaviour issues,. Our Pride in Harrow weeks of action target small neighbourhoods and, with local people and a multi-agency response , address environmental and other outstanding issues such as abandoned vehicles, untaxed cars, fly tipping, installing smoke alarms and public health promotion.
- Our extensive **Lets Talk** community engagement campaigns are an innovative way of demonstrating community leadership and bringing residents into the decision making process.

5. Decision making

The range of projects in place demonstrates the strength of our partnership decision making abilities. This is a product of the partnership structures that we have evolved.

We have recently put in place a slimmed down Partnership Board chaired by the Leader of the Council which is responsible for the strategic direction of the partnership, renewing the Community Strategy and overseeing the business of the Partnership generally. The Board is assisted by an Assembly – a wider group of partners who meet to debate more open ended questions to provide options for the future direction of strategy. The most important questions are considered by a summit of 120+ local groups, organisations and individuals to ensure decisions are firmly based on real experience and incorporate a wide range of interests.

At the operational level, we have a well established regular meeting of Harrow Chief Executives including those of the Council, the PCT, the Hospital Trust, the Chair of the Clinical Commissioning Group, the Chief Executive of a leading voluntary sector organisation, the Borough Commander, the Regional Manager of Job Centre Plus and a private sector member of the Large Employer Network. This group drives the implementation of strategy, identifies opportunities and fresh ideas for more effective joint working and ensures that our partners' aims and aspirations, policies and practices are aligned and coherent.

The Chief Executives' meeting receives regular performance and financial reports and ensures that the Partnership Board is aware of successes and areas of concern.

6 Capacity to deliver

The partnership inspired work programme we have set out demonstrates both an appetite and capacity to deliver improved outcomes for local people across the range of our partnership's responsibilities. We have enhanced the Council's capacity to deliver through the long-term partnership arrangement with Capita to provide some core services and project support when required.

Community Budgets provide tremendous opportunities for local leaders to shape their public services, but also provides uncertainty amongst our local partners about what they can and cannot do in our local area. Some of our partners are still finding themselves pulled vertically rather than allowed to work horizontally with other local organisations.

We have identified a number of challenges to the successful implementation of the Community Budget concept. We feel that it is important to recognise the existence of these challenges from the outset and seek support from Government where appropriate in overcoming them.

- **Joining up the Public Sector Infrastructure** – A key challenge is the relationship between the MPA and MPS whereby decisions made on local assets are made by the MPA with minimal involvement and consultation with the MPS. There is also a lack of autonomy provided to the local police force to influence the location of local assets. This has posed problems in the recent past and could delay promising co-location and integration proposals.
- **Spending and Accountability Rules** – There are different rules for how money is spent between Whitehall and Local Government and also between local partners. For example, the rules and regulations on what constitutes capital expenditure are different for local authorities and Primary Care Trusts and Whitehall spending does not distinguish between

capital and revenue. There will need to be a commonly understood single set of financial rules for the Community Budget Programme.

- **Financial Barriers** – The local Primary Care Trust has a significant financial challenge, which could mean that decisions made will conflict with our Partnership ambition. This also has implications for the enthusiasm of partners to include primary care budgets with any Community Budget as it could result in a sharing of a deficit.
- **Localism** – There is some uncertainty around the extent to which national decision making and priorities will impact on the ability of a Community Budget pilot to address local needs in the most effective way. This happens now with central policy, targets and priorities sometimes conflicting with local needs. Partners will need reassurance that the effort entailed in constructing a new way of working will be worthwhile and allowed to demonstrate its effectiveness.
- **London Governance** – London has additional complexities due to the further layer of rules and regulations and drive for more cluster working. The drive for efficiencies in the Police and Health sectors is leading to sub-regional models of working which could militate against an integrated public service model for a single borough, for example, the difficulties involved in taking Harrow out of the North West London Health Cluster arrangements or a Metropolitan Police property and custody review need to be fully recognised.
- **Management availability** – the impact of the spending reductions across the public service has already included a reduction in the senior management capacity of all partners and raises issues about the feasibility of releasing key staff despite the ability to back fill and the desire of senior staff to take on a secondment opportunity.

7. Use of Resources

We undertook a significant amount of work in preparation for possible Total Place pilots in understanding local public expenditure and the detailed responsibilities of partner organisations. This learning is available to support Community Budget work.

While there is local evidence of aligning budgets, for example, to support the Reablement programme, substance misuse prevention and treatment and anti-social behaviour, there are fewer examples of pooled budgets where there are concerns that the benefits of programmes may not accrue to all of the funders and not in proportion to their investment. The Community Budget concept essentially removes this concern and allows services to be commissioned that address the needs of individuals without having to put in place complex joint funding packages. There is an appetite to overcome this through the Community Budget process in Harrow.

The way in which the partnership used its Local Area Agreement Reward Grant funding is an example of partnership decision-making unaffected by concerns about the rates of return to individual partner organisations. In this case, the Partnership as a whole funded a range of projects by organisations from each part of the public and the voluntary sector by assessing the impact each would have against the Partnership's priorities.

8. Sharing learning

The Council has given presentations on its journey to the Best Achieving Council award to a wide variety of audiences ranging from individual authority management teams to national

conferences. The Partnership has been happy to promote other successful projects such as our Neighbourhood Champions programme of local residents to support the Council and the Police in addressing anti-social behaviour and our Borough Beat scheme to promote staff volunteering as Special Constables.

We have recently hosted a visit from the Riots, Communities and Victims Panel to share with them our thoughts about why Harrow did not experience disturbances this summer. We have shared our experience of radically improving our adoption service with Martin Narey, the recently appointed Ministerial Adviser on Adoption.

On a regular basis, we contribute our experience to the West London Alliance, a group of nine West London Councils that develop collaborative strategies and improve provision of the public services in West London through sharing knowledge, expertise and resources and the Chief Executive London Committee.

We staged a conference to share the operation of our successful Help2Let scheme that supports placing people in housing need in private sector properties and contributed a case study to the National Local Government Network on tenant behaviour.

Our Access Harrow centre hosts weekly visits from Councils anxious to learn from our which is recognised as the best in the country.

9. Conclusion

Harrow has demonstrated its readiness, willingness and ability to engage with the Community Budget concept and that we have a clear ambition for the scope and scale of the changes we know are needed and that could be achieved with pilot status. We are also aware of some of the barriers to success but feel that, in partnership with Government, these can be overcome.

Harrow has come a long way in its transformational journey and still has challenges to face. However, our experience of managing change, securing improvement, partnership working and engagement with our community, linked to our continuing ambition for better outcomes at lower costs, makes Harrow an exceptional candidate for a Community Budget pilot.

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HARROW STRATEGIC PARTNERSHIP BOARD

Community Premises

7th December 2011

Introduction

The Board will recall that during the recent bidding for LAA funding, there were two projects for community premises which were thought to be for capital funding. The Board reserved £60,000 of capital funding and asked that officers work with the two applicants to see if they could develop a joint project.

A meeting with both applicants has been held which revealed that the application for £125,000 from RAFT was for revenue funding. This was not apparent as the applicants had not used the application form. The scoring of schemes carried out by Harrow Chief Executives awarded the Raft project 5 points while the scheme s recommended for funding received between 13 and 15 points so the mistake regarding the nature of funding requested did not adversely impact on the scheme's prospects.

The RAFT proposal was innovative and interesting but the elements of the project for which funding had been requested could not be supported with capital funds. No alternative or updated proposal to use capital funding has been received which means that only the proposal from CARRAMEA is eligible for consideration.

A revised proposal from CARRAMEA is attached to this report. In essence, it relates to transferring management of the Community Premises at Northolt Road to the Voluntary and Community Sector in the form of a committee drawn from existing premises users and to modify the offer at the building to be more flexible, business-orientated and affordable which would enable more groups to be accommodated at reduced unit costs.

The Community Premises have been the subject of various studies and proposals over the years as it no longer fulfils its original brief as a centre to accommodate newly formed community groups while they find their own permanent accommodation. The turnover rate has declined to almost zero and the Council has found that efforts to revitalise the building have been frustrated by the concerns of existing tenants that their occupancy might be compromised. The proposal from CARRAMEA has the unique advantage of being proposed by existing building users which appears to overcome previous difficulties.

The proposal seeks to reduce the unit costs of existing building users and to increase occupancy to support new and small voluntary and community organisations. It champions the sort of flexible working that reflects the reality of voluntary and community sector activity and utilises the fixed asset to much more intensive degree. The proposal would also, at some stage in the near future, save the Council the costs of the existing subsidy.

The applicants have demonstrated a energetic approach to seeking additional

development funds from a variety of sources as well as funds for new projects to be run in conjunction with premises management.
Proposed Action
It is proposed that the £60,000 of capital funding reserved for a community premises proposal be allocated to CARRAMEA to support their revised proposal.
What are you asking the Partnership Board to do
Approve the allocation of capital funds to CARRAMEA



HARROW STRATEGIC PARTNERSHIP FUNDING PROPOSAL 2

1. - What the project will do:

The Community Support Centre project aims to bring together 100+ diverse voluntary groups to share resources and information, rationalise assets and reduce unit costs, and increase their efficiency and effectiveness. Through this process, the Centre will strengthen communities, promote social cohesion and empower smaller organisations in particular.

This will be achieved through the community management of a public sector asset by creating an easy-access, affordable and self-sustaining 3rd sector hub, the “Community Support Centre”. The Community Support Centre will be developed at the Community Premises at 27 Northolt Road, South Harrow, currently managed by the council at a cost of £105,000 per annum. The Centre will offer support to the following kinds of voluntary organisations which provide services to young people, arts and cultural activities, a better quality of life for older people and people suffering from depression, isolation, and marginalisation, and will also provide volunteering opportunities for jobless people:

1. emerging groups
2. small voluntary groups
3. medium-sized voluntary organisations requiring additional small meeting spaces or workstations on an ad-hoc basis
4. small and medium-sized voluntary organisations requiring less expensive office facilities because their grant income has been reduced
5. medium-sized voluntary organisations from outside Harrow seeking IT and meeting facilities for short-term projects reaching into Harrow.

For the 100+ voluntary groups that the Centre aims to attract, the Centre’s support would include an affordable basic business facilities package comprising:

- business address
- reception services (visitors, incoming mail and incoming telephone messages, and landline telephone calls to and from 12 different working/meeting locations)
- Public Liability insurance for business activities in the Centre
- Capacity-building / funding advice / good governance / book-keeping / IT and other training delivered by CARRAMEA and its partners
- Inclusion in the Centre’s bids for grants with its partners for a range of services to the community including social cohesion, health, young people’s and older people’s projects and ESOL.

Registered groups would also be able to access the following additional services as and when required on a “pay-as-you-go” basis:

- (a) cost-price photocopying and printing
- (b) 4 low cost meeting and interview rooms with Powerpoint presentation facilities
- (c) 7 dual-purpose meeting / work rooms with a total of 21 high-spec workstations (each room having specific resources regarding employment and training, health, older people, young people, or the arts and culture) and a total of 38 chairs.
- (d) a 15-workstation high-spec computer training suite
- (e) 4 low cost storage facilities with a range of storage options including filing cabinets, cupboards and walk-in storage for large equipment.

In addition, CARRAMEA intends to provide a media/design room with 6 Apple Mac computers with match funding from another source.

Through the CARRAMEA Management Committee and Project Working Party discussions, people from the diverse community groups within CARRAMEA have been involved in decision-making including the design and delivery of the project which will be delivered through a social enterprise model. Volunteers from the 14 diverse member-organisations of CARRAMEA, with officer support, will manage the Centre and monitor, review and develop the support services offered by the Centre to community organisations.

The Centre will create a nurturing, confidence-building and expertise-sharing environment for small and emerging groups in particular, who will benefit from the skill and experience-sharing of the more established voluntary groups at the Centre with their different areas of expertise. The Centre will also bring in external expertise in legal, financial, fund-raising, marketing, policy development and governance matters to support the groups at the Centre.

At an individual level, the Centre’s support to the community will include engaging unemployed people in the daily running of the Centre, either on work experience or as volunteers. Unemployed people will gain access to re-skilling and up-skilling job-focused opportunities on a daily basis in an actual business environment and will be encouraged and supported to gain vocational qualifications. Young people, in particular, will be encouraged to be involved in the daily running of the Centre so that they can gain new skills and contacts while helping society and increasing their chances for employment. Some CARRAMEA member-organisations already offer this on a very limited scale.

2. – How this project helps to deliver one or more of the partnership priorities and outcomes

Effective Joint Working - CARRAMEA is a consortium of mainly BME voluntary community organisations with a management committee which comprises representatives from 14 diverse community organisations.

- CARRAMEA set up a Project Working Party which has conducted consultations with member-organisations and has discussed, reviewed and taken decisions on the development of the project concept, pricing policies and budget-making.
- CARRAMEA Management Committee members have presented the project to the user groups at a Community Premises User group meeting.

- CARRAMEA’s project has been included as one of the 4 projects in the Harrow Transforming Local Infrastructure Partnership bid which has been included in the West London bid for just under £1 million of revenue funding. The project will receive £50,000 in revenue funding if the West London bid is successful.
- CARRAMEA has invited some of its TLI partners to join it in a partnership bid for Big Lottery “Reaching Communities” bid for additional capital and revenue funding for the Community Support Centre project. CARRAMEA expects to work with other West London partners in future sub-regional partnership bids.

CARRAMEA has agreed a provisional Centre Management Structure and set up a provisional Centre Management Team which includes responsibilities for: Assisting the Centre Coordinator, Reception and Facilities Management and Work Experience, Accounts, Projects Co-ordination, IT training, and ICT Review & Development. CARRAMEA will create a system for organisations registered at the Centre to make suggestions for improving and developing the Centre’s support services for organisations and for training, capacity-building and community cohesion priorities. In addition CARRAMEA will consult with all organisations registered with the Centre at quarterly consultation meetings.

CARRAMEA will also work closely with the Harrow Voluntary Sector Forum, Harrow Refugee Forum and Harrow Equalities Centre to discuss service and project development.

Health – CARRAMEA’s work-experience and volunteering service will help to prevent deterioration in mental health for job-seekers (an issue which affects people from BME backgrounds disproportionately), people made redundant, and retired people, by offering supervised job-focused volunteering opportunities at a variety of levels and in a range of business areas including facilities management, organising meetings, data-inputting, data analysis, and research and development.

Building Community Capacity - The Centre will create a nurturing, confidence-building environment for small and emerging groups in particular, who will benefit from the skill and experience-sharing of the more established voluntary groups at the Centre with their different areas of expertise. The Centre will also bring in external expertise in legal, financial, fund-raising, marketing, policy development and governance matters to support the groups at the Centre. CARRAMEA will encourage the registered groups and external agencies to suggest capacity-building priorities and initiatives.

Worklessness and Welfare - the Centre will increase the chances of employment for job-seekers by maintaining their skills and self-confidence and broadening their skills and experiences. Job-seekers will be offered supervised job-focused work-experience opportunities within the actual running of the Centre during 6 parent-friendly sessions a day. Job-seekers will be helped with CV and application form writing, interviews and testimonials/references.

3. – How the project will continue after completion of the Partnership funds

The Centre will become self-sustaining from 6 main funding streams:

- (1) an affordable basic facilities package + pay-as-go add-on meeting, workstation and storage facilities

- (2) income from the media and IT suites and medium size meeting room with Powerpoint facilities
- (3) income from partnership projects between CARRAMEA and its member-organisations (this is starting to happen already)
- (4) income from projects set up by CARRAMEA and its voluntary sector partners in Harrow delivered wholly or partly at the Centre
- (5) income from partnerships projects between CARRAMEA and larger social enterprises/voluntary sector organisations delivered wholly or partly at the Centre (this is happening already)
- (6) grants from European as well as national, regional and local grant-giving organisations.

As the number of registered user groups at the Centre grows, the Centre's record of successful service-delivery will grow and will lead to increasing levels of funding.

CARRAMEA will ensure that all charges are considerably lower than normal business tariffs and compare favourably with other establishments hiring facilities to the voluntary sector. The agreed provisional pricing policy is based on tariffs that are affordable for small groups but ensure, together with other funding streams, that the Centre is sustainable.

There will be a range of Centre fun fund-raising activities including small-scale events such as BBQs and large fund-raising projects such as dinner events with performances. The fun activities will promote social cohesion and integration as well as raising funds to sustain the Centre.

CARRAMEA has a successful record of working in IT training partnerships with larger training organisations and Harrow College and has received grants for its IT training and employment projects and equipment from the ESF, Awards for All, Job Centre Plus, Harrow Council and the Edward Harvist Trust.

CARRAMEA has researched appropriate match-funding sources for the proposed Centre's core costs and activities and member-organisations have already made a dozen funding applications in association with CARRAMEA for core expenses, capacity-building and organisational development support, IT training, job-focused volunteer and work-experience projects, and health and cultural activities. Several interviews have been held already with funders and the first successful bid has been confirmed involving £2K for CARRAMEA's ESOL and IT provision.

CARRAMEA has adopted an Agreed Strategic Direction and is in the middle of changing its legal status to that of a charitable company so that it can access higher levels of funding including funding reserved for social enterprises or charities.

CARRAMEA has produced a realistic budget for sustainability based on the current minimum usage of the premises and CARRAMEA's current working funding partnerships with its own member-organisations and external partners. CARRAMEA's aim is to quadruple usage and increase its funding applications.

Community Support Centre Income & Expenditure

Estimated Minimum Annual Income

Pay-as-you-go registration/meeting rooms/storage - current minimum usage	1,371
Pay-as-you-go usage as above doubled	1,371
Pay-as-you-go photocopying - current minimum usage	225
Grants	
Small (5 x £10K)	50,000
Medium (2 x £15K)	30,000
Partnership: CARRAMEA + member orgs (10 x £2K)	20,000
Harrow partnerships (2 x £10K)	20,000
TOTAL INCOME	122,967

Estimated Annual Expenditure - Revenue **115,214**

(based on current outgoings and quotes from potential service providers)

SURPLUS FOR THE YEAR **7,753**

4. - Support for the need for this project and the likelihood of successfully delivering the expected outcomes.

CARRAMEA formally expressed support for this project after discussions with its original 9 member-organisations' officers, management committees and activists. Following these discussions CARRAMEA set up a representative working party to develop this project. The working party met 4 times to develop the plan for the project which has been agreed by the CARRAMEA Management Committee. The working party presented and discussed the plan with the Head of the Community Development Service and support was expressed by Age UK Harrow. Since then an additional 5 organisations at the Community Premises have joined CARRAMEA as they see partnership working as the only effective way forward in the current economic climate. A majority of the Community Premises user groups are now members of CARRAMEA. The working party and officers met again to discuss and agree CARRAMEA's proposal which was accepted by the Harrow TLI partnership and the West London TLI partnership.

CARRAMEA has agreed a provisional Centre Management Structure and set up a provisional Centre Management Team which includes responsibilities for: Assisting the Centre Coordinator, Reception and Facilities Management and Work Experience, Accounts, Projects Co-ordination, IT training, and ICT Review & Development. The volunteer Centre Management Team will be supported by a paid Centre Coordinator responsible for setting up the Centre and implementing the sustainability strategy. The Centre Coordinator will be accountable to the CARRAMEA Management Committee Officers.

CARRAMEA has a successful record of delivering IT training to volunteers, ESOL-learners and job-seekers in the Resource Room at the Community Premises and has increased the number of beneficiaries year on year. CARRAMEA's IT classes are held in high regard and beneficiaries now contribute towards the costs of learning materials, telephone line and internet provision, and their Achievement Certificates.

CARRAMEA member-organisations represent African, Asian, Caribbean, East European and other communities and have successful records of delivering advice, advocacy, health, training, youth, senior citizens and cultural services and developing partnerships. They belong to umbrella groups such as Harrow Refugee Forum, HASVO and HAMA and play important roles in HPCCG and Harrow Hate Crime Forum. As individual groups they have managed annual funding totalling £150,000+.

25 voluntary organisations at the Community Premises have Facilities Use Agreements which have been extended to the end of December 2011 and to date none of them has found affordable office facilities elsewhere. A single office in a business centre costs about £300 per month for basic services which is not affordable for the small groups at the Community Premises. In addition, there are organisations that have office facilities elsewhere but are looking for more affordable and flexible facilities as their income falls. If funders' available grant-aid continues to fall year on year, there will be more of these groups looking for alternative office facilities. There are also organisations which are losing their current premises and wish to maintain an affordable presence in Harrow as well as organisations which have funded projects they wish to offer in Harrow at affordable tariffs. There are also small organisations that are looking for office facilities that cannot afford annual Public Liability insurance premiums but would be able to pay for the basic facilities package at the proposed Community Support Centre on a monthly basis.

5. - HSP Capital Funding Project Costs Breakdown

V2 Community Support Centre Expenditure

Capital Expenditure in 1st year									HSP (Capital £60K)
	uni t	cost	Total	comp equip ment	tel equip ment	furnitu re	soft ware	refurb/ other	
alarm system (to meet insurance reqs re: high-spec IT system)			5,900					5,900	5,900
Anti - virus	40	36	1,420				1,420		1,420
computer cabling CAT 7 + 60 sockets	1	1,000	1,000	1,000					1,000
computer chairs (32 in building)	8	28	224			224			224
Computer tables for IT suite	15	60	900			900			900
computers Dell Intel Core i7	32	1,065	34,080	34,080					34,080
Computer Server Dell Poweredge T110	1	2,500	2,500	2,500					2,500
Computer server Cabinet	1	800	800	800					800
Computer Microsoft server CALs (pack of 5) start up	10	161	1,610	1,610					1,350
powerpoint laptop	1	500	500	500					500
powerpoint trolley	1	250	250			250			250
powerpoint projector (10K hrs)	1	760	760					760	760
refurbishment/ shelving	1	4,300	4,300					4,300	4,300
Scanner	7	60	420	420					420
shredder	1	94	94					94	94
Tel switchboard + lines + Broadband installation	1	5,502	5,502		5,502				5,502

TOTAL	60,260	40,650	5,502	1,124	2,770	11,304	60,000
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6. - Funding Applications

West London Big Lottery TLI partnership bid submitted which includes £50,000 revenue for CARRAMEA's Community Support Centre proposal.

12 small/medium bids already submitted by CARRAMEA member-organisations in association with CARRAMEA in the last 4 months.

(1 grant for IT/ESOL from City Bridge Trust approved already and interviews taking place for others, including Trust for London for advice and information service.)

CARRAMEA has spoken to the Big Lottery "Reaching Communities" fund officers and has invited some of its Harrow partners in the West London TLI partnership bid to become partners. CARRAMEA will apply to this funding source for revenue match-funding of £53,500 and capital funding of £18,700 for the Community Support Centre project if it is successful with the HSP funding application.

CARRAMEA will also apply for £10,000 of match-funding for the project from Awards For All.

7. - An invest to save project

- i) The 100+ groups will save on insurance costs as there will be a group Public Liability Insurance policy for groups' activities at the Centre. Current groups at the Community Premises are paying for individual policies representing a total of £6,250 per annum for Public Liability and CARRAMEA has a quote for the whole centre of £2,500 for PL and contents representing a potential saving of £3,750 for the 25 groups currently at the premises.
- ii) The 100+ groups will save on telecommunications costs. Groups are currently finding it very hard to continue paying individually for their telephone lines and internet provision and some are terminating one or both. At the Centre, incoming and outgoing telephone calls to landlines will be free and access to the internet will be part of the low cost affordable hire charge of the workstation. These savings can be invested by organisations in capacity building and increased opportunities for beneficiaries.

The Council will also save its annual expenditure of £105,000 on the Community Premises.

CARRAMEA is aiming for 400% growth in organisations accessing the facilities at the Community Premises as a result of the HSP's investment.

8. - Key outputs and milestones	
Outputs/Milestones	Measures of Success
1. Consultation with user groups	Consultation feedback improves project plans and delivery.
2. Income generation from grants achieved	First grant awarded
3. Premises refurbished/reorganised	Corridors and rooms redecorated Computer tables and storage systems in place
4. Utilities and maintenance providers contracted	Contracts in place
5. Equipment installed	40 computers + accessories networked and available for use Telephone switchboard and 16 lines installed and functioning
6. Registration of user groups	Agreements signed
7. Income generation from charging achieved	Basic facilities tariffs paid and add-on services deposits/invoices paid
8. Sustainability begun	1st utilities bill paid from income from charging.
9. Quarterly monitoring	Feedback improves project delivery
10. Income generation from fun fund-raising achieved	First activity held and donations received
11. Income generation from partnership projects	First payment received from partnership project based at the Centre
12. Significant increase in groups	100 groups registered

9. - Impact on equality groups (groups covered by the protected characteristics: age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation)

There will be no adverse impact on the 9 characteristic equalities groups. In fact the proposal will create new opportunities to access support for equality groups covered by the protected characteristics.

The proposal will have a positive impact as the proposed Centre will facilitate the continuity of services to equality groups that may otherwise have to terminate their services because of the reductions in grant funding from public and charity sources and will result in 400% growth in the number of new beneficiary groups.

**Elmore Purcell
Chairperson
CARRAMEA
17 November 2011**

**For further information about the proposal please contact:
Omar Faizi on 07877 341 790**



HARROW STRATEGIC PARTNERSHIP BOARD

Partnership Budget
7th December 2011

Introduction

As the first series of LAA projects are coming to completion, we have been able to produce a consolidated picture of the total remaining Partnership budget available.

In 2006 the Partnership was allocated £961,900 pump priming grant to support the delivery and measurement of the 12 stretched targets of the Local Area Agreement. Some of the allocated pump priming was not spent in its entirety and therefore an exercise was undertaken in 2010 to reconcile the actual expenditure.

In 2010/11 Harrow Strategic Partnership received £1,705,109 Local Area Agreement Reward Grant for successfully delivering a number of stretch targets. This grant was allocated to a series of projects that were to be delivered over a 2 year timeframe. Due to the delay in receiving this first instalment of the Local Area Agreement Reward Grant and the urgency for the receipt of funding by Harrow in Business and the Domestic Violence project, an initial payment was made to Victim Support and Harrow in Business from a separate Council budget.

In 2011 a further £444,778 revenue and £190,619 capital was received from Government, which was partly allocated in July 2011.

The following outlines the unallocated Partnership Budget, broken down into the 3 budget lines of 2009-10 Pump Priming, 2010-11 LAA Reward Grant and 2011-12 LAA Reward Grant.

TABLE 1

	Unallocated	
	Revenue	Capital
2009/2010 Pump Priming	£22,968.00	£0.00
2010/2011 LAA Grant	£50,935.20	£0.00
2011/2012 LAA Grant	£0.00	£94,139.00**
TOTAL	£73,903.20	£94,139.00

*** In July 2011, the Partnership Board agreed to set aside £60,000 capital for a further proposal on community premises at the end of the CVS consultation period. This £60,000 capital is in addition to the £94,139 stated as unallocated in the above table.*

The Table 1 shows a total unallocated budget of £73,903 revenue and £94,139 capital.

In October and November HCE considered some proposals for utilising the under spends and have agreed a number of recommendations to the Partnership Board.

Proposed Action	
To allocate the under spend towards the following recommended HCE proposals:	
£15,000	Direct a proportion of the unallocated revenue towards the cost of supporting the partnership e.g. Summits. It is estimated that the value of this support is approximately £5,000 per year.
£8,000	<p>The Joint Intelligence Unit and Local Information System are now in place and the Police, NHS Harrow and the Council are successfully utilising the space and information.</p> <p>The ongoing upkeep of the Local Information System includes an annual license fee and testing of the support system. To assist with this upkeep for 2012/13 it is recommended that £8,000 revenue is directed towards this partnership project.</p>
£50,903.27	<p>In the last round of the LAA reward grant allocations £85,000 was allocated towards the Top Families project. This was a significant reduction on the amount originally requested to deliver the project. At the time it was agreed at Harrow Chief Executives that partners should try to identify additional funding for this project.</p> <p>A project plan has being produced, which indicates the need for a further £55,000 to deliver the project.</p>
£94,139	<p>It is recommended that the remaining capital fund is used to support the achievement of the four Partnership Priorities and the agreed outcomes.</p> <p>Two examples of possible project areas are:</p> <ul style="list-style-type: none"> • Supporting the sharing and rationalisation of back office functions and • exploring partnership property opportunities.
What are you asking the Partnership Board to do	
Agree the recommended allocations.	

Summary of the Issue

<u>Project Title:</u>	Top Families Project
<u>Project Strategic Lead:</u>	Catherine Doran, Corporate Director Children's Services
<u>Project Coordinator:</u>	Jodie Darge, Children's Service Commissioner

The Top Families Project follows on from a range of government initiatives, including Total Place, which sought to set a new direction for public services through a whole-area approach to deliver better services at less cost. This includes new freedoms from central performance and financial controls, new freedoms to collaborate, new freedoms for places to invest in prevention and new freedoms to drive growth.

The Top Families Project is about improving outcomes for families, while achieving efficiency savings by identifying and avoiding overlap and duplication across statutory and voluntary partners. It also enables lessons to be learnt and ideas and solutions to be shared across partnerships to embed Early Intervention and Prevention.

Harrow is committed to investigating a 'whole family' approach to working with families with multiple and complex problems, building on research that evidences the impact of a family-centered approach on outcomes for families; assesses the cost-benefit of the new model of working; and showcases and disseminates good practice developed by local authorities in this field.

Research is clear that a secure family with strong parental role models dramatically increases a child's well being and development; whereas family breakdown leads to a disconnection from the community and creates entrenched and inter-generational issues including poverty, mental health problems, crime/ASB, substance misuse and violence. Using the outcomes and success factors as drivers, this project will seek out innovative local solutions to local problems to ensure that we intervene early with vulnerable families and re-design our services to most effectively deliver the interventions needed to achieve successful and sustainable long term outcomes for families, the community and the public purse

Project Phases:

The project has four phases, which are being implemented over a two-year period and which started in October 2011.

The phases include:

Phase 1: Design & Development

Phase 2: Identification & Mapping (of the families and interventions)

Phase 3: Re-Commissioning

Phase 4: Service Re-design & Recommendations

Currently the project is in ‘Phase 1’ in which the Strategic Group is establishing robust evaluation and cost avoidance data and analysis to ensure there is clear evidence for the future commissioning and re-design phases.

The Top Family Project links directly with Community Budgets and the Children’s Services New Operating Model (NOM) both of which are being developed in conjunction with this project.

Funding

Children’s Services successfully bid for funding through the LAA to pilot the project, however, the amount received is insufficient to fully realise the outcomes and continue the momentum of this project.

The initial £85,000 received from the LAA, as outlined in the proposal, will be used to establish the cross council project team to drive forward the design, planning, mapping and project delivery. Already we are seeing the benefits from this funding in establishing the strategic group, engaging the partnership and designing the project. However, there is still a gap in the technical skills and capacity to establish a robust evaluation, cost avoidance and training model to ensure this project is successful. It is estimated that this will cost an additional £55,000 to establish.

Funding Required	Detail
£15,000*	Establishing an independent evaluation to ensure there is robust evidence to support re-commissioning and re-design of services. A university level evaluation model will be sourced.
£17,500*	Technical support and consultation for developing mapping, cost avoidance tools and analysis of the data and information.
£12,000*	Software license to map the families and produce data in way that can bring clarity to complex investigations and scenarios. The software product we are looking into enables analysts and investigators to uncover connections, patterns and relationships hidden within volume data. This software would also be useful to the new operating model to provide valuable information the Team Around the Family.
£ 10,500*	Training for frontline staff across the partnership to establish the learning from the pilot and re-model services to more effectively work with families with complex and multiple problems. (Including venue, trainer, administration and training packs)
Total	
£55,000	

The Top Families Project has received senior partnership buy-in from all key stakeholders, has had data sharing sign-off from 15 agencies to map the pilot families and has 3 task and finish groups established to drive forward the project using internal and

partnership skills and capacity. To build on the existing work and skills already being utilised, additional funding is required to ensure there is the technical capacity to establish a robust foundation of evaluation and continue to drive this project forward.

** Please note these are estimated costs based on products and services used in other boroughs where similar pilots have been successfully established.*

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Harrow Partnership Board, December 2011

'STRONGER together' the Outline Business Case for the proposed merger of Ealing Hospital NHS Trust and The North West London Hospitals NHS Trust

1. Overview

Following the publication of Commissioning Intentions by NHS North West London in the autumn of 2010, an Options Appraisal took place into the future organisational arrangements best placed to deliver the changes signalled. The conclusion reached through this appraisal was that a merger between Ealing Hospital NHS Trust (EHT) and The North West London Hospitals NHS Trust (NWLHT), combined with the integration of the community services of Ealing, Brent and Harrow, offered the potential to deliver an organisational solution to carry forward the commissioning agenda and to deliver FT viability. Chapter 5 of the Outline Business Case (OBC) describes the decision-making process, taking account of a review of the local healthcare provision and goes on to describe how this led to the identification of the merger as the preferred organisational solution.

Since then the two Trusts have developed a Strategic Outline Case that was approved by the respective Trust Boards in May 2011 and have now produced the more detailed Outline Business Case STRONGER Together. The OBC makes the case for the merger ("organisational change") to create a single Integrated Care Organisation (ICO) from July 2012.

The OBC argues that the two trusts are complimentary; NWLHT provides limited services in the community and lacks the current capacity to provide more services in or near patients homes; EHT in the future will be too small to have the required breadth and depth within each of its clinical services to sustain the full range and depth of specialist hospital care 24/7. The OBC describes the current NHS context and a strategy for the new organisation, based on greater specialisation of hospital services and more integrated delivery of care in the community. The OBC demonstrates the potential of the merged Trust to become financially sustainable based on maintaining current service provision and delivery of a radical efficiency programme. The OBC acknowledges the potential for wider service changes being required in the future and that NHS North West London plan to consult on future options during 2012 (See NHS NW London November 2011 Board Papers). The financial analysis in the OBC includes some modelling of hypothetical scenarios and provides some assurance that the merged trust would remain viable under a wide range of potential future planning scenarios.

The OBC does not make the case for any major service change (although it does model potential responses of a merged Trust to changes in future commissioner plans).

Attached at Appendix One is a summary document of the OBC which outlines the rationale and benefits of the merger and is now available on the websites of both Trusts.

2. The Outline Business Case

The OBC is structured around 11 Chapters with supporting Appendices. The case for the organisational merger centres around 4 of these Chapters:

Chapter 3-Commissioning Strategy in NW London

The chapter gives an overview of the health needs of the 3 boroughs served by the Trusts, what the priorities of Commissioners are, the significant financial challenges (rising demand and standards, increasingly elderly population and reduced levels of funding resulting in a potential resource gap of £1 billion in NW London) they face and therefore what the likely impact will be for services. This results in an expectation of commissioning for rising standards and specialisation of acute services, shifting of activity from hospital sites to the community and greater integration of services to support an out of hospital commissioning strategy focussed on prevention, management of long term conditions and clinical pathways.

Chapter 4- Implications for EHT-ICO and The NWLHT

The chapter outlines the vision and aspirations of both Trusts to deliver the "highest possible quality of care" in the context of the Commissioning plans and examines latest guidance and standards for service delivery from Royal Colleges, National Institute for Clinical Excellence (NICE), Care Quality Commission (CQC) etc as well as the London experience of concentrating specialist services ie for stroke and trauma. The Chapter concludes that there are compelling reasons why a merger would be beneficial to patients by offering the potential for; integrated community and acute services co-terminus with social care and increased critical mass and scale of acute services allowing for sub-specialisation, availability of appropriate staff and services 24/7 and capacity to support community developments.

Chapter 6 Clinical Vision for a combined organisation

The OBC sets out a clear and compelling clinical argument for the merger based around the potential benefits of an Integrated Care Organisation serving Ealing, Brent and Harrow, together with benefits to patients of organising acute services around larger clinical teams. Chapter 6 of the OBC provides the clinical vision for the merged Trust and what needs to change to fully deliver the benefits of a truly integrated healthcare delivery organisation working in partnership with GP's, Social Care and other sectors. The chapter cites example case studies of how things are and what they could become both for community and acute services. The vignettes provide an illustration of the innovation that may be possible through the merger and are a reflection of the clinical involvement and thinking that has already taken place to develop the OBC and will continue in conjunction with GP's (as commissioners and partners in the provision of healthcare) as we develop the Full Business Case (FBC). Appendix B goes on to outline the process whereby senior clinicians within the trusts and GP's have been engaged in the merged Trusts scenario planning potential responses to future commissioner plans for services.

The chapter concludes the merger

- "is a unique opportunity to create one NHS organisation managing hospital and community services across Brent, Harrow and Ealing. This will help to remove organisational barriers and provide more integrated care for local people. For patients this will mean fewer hospital visits, shorter stays in hospital and care closer to home."

- "will create larger clinical teams to meet the rising clinical standards in the future, give patients the opportunity to be treated by specialists in their condition no matter what time of the day or week."

- "make the most of the expertise it has" ie to meet EWTN requirements at same time as staffing rotas fully.

Chapter 7 Financial evaluation

The chapter sets of the historical performance of both Trusts, the financial challenges ahead, the impact of merger and the potential savings arising from the organisational merger (£7m). It then goes on to examine the potential for the merged Trust to achieve FT

status and its ability to be resilient to changes in income levels and fluctuations in cost levels.

A response to the financial challenge has been developed through a Finance Working Group (includes representatives from NWL Cluster/PCT's and NHS London as well as the Trusts). A LTFM has been developed for the Base Case, using NHS London agreed assumptions on productivity (5.4%), and reflecting the current Commissioning Intentions (produced December 2010). This shows that without major service change, the new Trust could achieve close to break-even by 2015/16 (£2.3m deficit).

Working in parallel to this process, NHS NW London is developing a pre-consultation business case, setting out the case for service change. It is too early in the process to base the financial analysis for the merger on this emerging thinking, however the OBC has modelled a number of hypothetical scenarios (Described in Appendix B), broadly consistent with the direction of travel set out in the earlier Commissioning Intentions. Under all of these scenarios, modelling suggests that the merged Trust will achieve surpluses ranging from £5.2m to £24.5m, strengthening the case for financial sustainability arising from the merger.

Further financial analysis has tested a down-side financial scenario, using the Monitor FT parameters and anticipating the worsening financial forecasts by PCTs in the North West London. Even with these downside financial scenarios, the merger proposal continues to achieve the required financial sustainability against at least two of the hypothetical service change scenarios.

3. Approvals Process

North West London Hospitals and Ealing Hospital Trust Boards considered and supported the OBC at their meetings on 2nd and 4th November, respectively and agreed to proceed to develop the Full Business Case.

NHS North West London considered the OBC at its Board meeting on 9 November and the CEO has now written to both Trusts confirming the Boards support for the Merger. The final approval process for the OBC is consideration by NHS London's Capital Investment Committee (CIC- a formal sub-committee of its Board) on the 17th November.

Following NHS London CIC approval of the OBC, the key approval processes and dates are as below:

- FBC Approval by Trust Boards – March 2012
- FBC approval by NHSL – April 2012
- FBC approved by DH Transactions Board – May 2012
- Merger implemented – July 2012

4. Consultation Issues

Consultation on merger-there is no formal requirement for public consultation on organisational merger although the Trusts are required to consult with the local and relevant LINKs (Ealing, Harrow and Brent)-all 3 are represented on the Organisational Futures

Programme Board and are in the process of organising local events to seek the views of their membership.

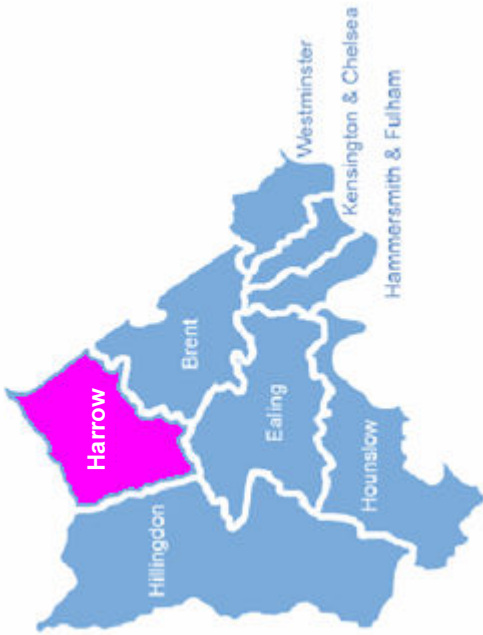
Consultation on service change- Commissioners (legally the PCT's) are responsible for leading and consulting upon major service change and have to follow the NHS London service re-configuration guide in doing so. This requires a pre-consultation process resulting in a case for change that has to be agreed by NHS London before formal public consultation can take place (refer to NHS NW London November Board papers for detail of process).

Simon Crawford

Senior Responsible Officer

Organisational Futures of Ealing Hospital NHS Trust and The North West London Hospitals NHS Trust

November 2011



Delivering the Harrow Vision: Right Care, right place, right time

Harrow summit – workshop notes

9th November 2011

Introduction

On 9th November 2011, the Harrow Clinical Commissioning Board hosted a stakeholder event to discuss the vision for Out of Hospital Care. The aims of the workshop were to:

- communicate the health context in which Harrow will operate over the coming years,
- convey the financial challenges ahead,
- explore and refine the out of hospital vision for Harrow,
- test the application of this vision to patient pathway scenarios and understand the key changes to be made across the health system, and
- create a shared understanding of the next steps for making the out of hospital strategy real.

The event brought together over a hundred people to hear presentations from the Harrow Clinical Commissioning Board, followed by a series of exercises. Participants included patients, GPs from all practices in Harrow, secondary and community clinicians, commissioners, and other key stakeholders from organisations across Harrow including:



Workshop context and structure

The workshop was structured in two parts – the first part featured presentations to set the context for the session and the second part comprised of exercises centred on real patient journeys described by Harrow’s GPs. The event was facilitated by NHS NWL’s Delivery Support Unit.

NWL CONTEXT

- NWL is facing urgent clinical and financial challenges
- Our Out of Hospital Strategy is critical to our success in meeting these challenges
- Five NWL boroughs are holding workshops to involve the healthcare community in shaping the local Out of Hospital Strategy

PRESENTATIONS

Welcome Dr Kaushik Karia Harrow CCG	Background Rob Larkman Brent/Harrow sub-cluster	Clinical context Dr Genevieve Small Harrow CCG	Financial context Dr Kanesh Rajani Harrow CCG	Harrow Vision Dr Amol Kelshiker Harrow CCG	Acute Perspective Prof Rory Shaw NWLHT
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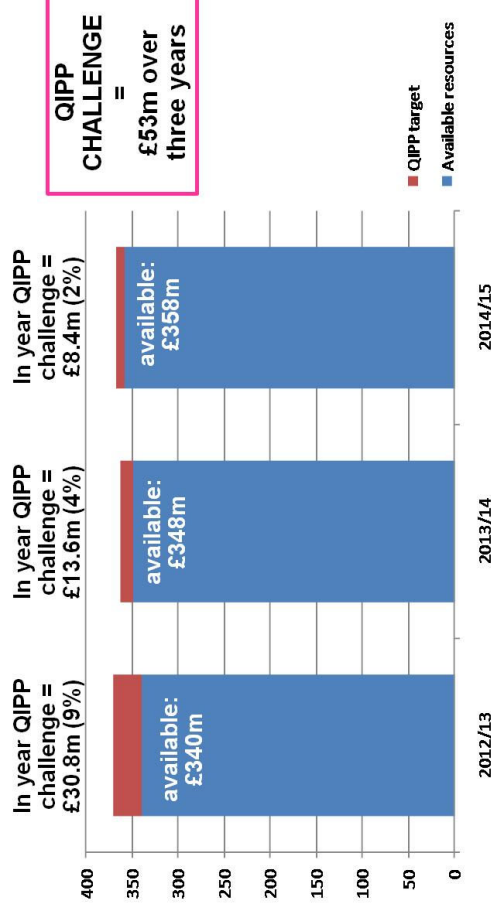
HARROW CCB PANEL QUESTIONS AND ANSWERS

WORKSHOP TOPICS AND CLINICAL FACILITATORS

Cardiology Dr Masood Farooqi	Epilepsy Dr Larry Gould	Falls Dr Chris Jenner	Mental Health Dr Genevieve Small	Paediatrics Dr Amol Kelshiker	Urology Dr Dilip Patel
Musculo-skeletal Dr Kanesh Rajani	End of Life Dr David Lloyd	Frequent admissions Dr Imtiaz Gulamali	Gynaecology Dr Kaushik Karia	Chronic Kidney Disease Dr Will Maramis	

Summary of context for Harrow

- The **scale of the financial challenge** for NWL is large: 4% for most other boroughs in 2012/13 alone
- Benchmarking shows that Harrow is doing fairly well – and we know that there is good practice that we can demonstrate but **Harrow’s financial challenge is larger:** 9% in 2012/13
- Traditional approaches of ‘salami slicing’ to make improvements won’t make big enough changes to services to achieve financial sustainability AND maintain high quality clinical services.



Source: CSP financial model October 2011

- Our only option is to **redesign the whole system** – this is our Out of Hospital Strategy
- We need to do it now while we have the **momentum of the changes** that are already underway (mergers, QIPP, etc)
- We will need to re-invest savings in the right places to make this happen.

The vision for Out of Hospital Care in Harrow

To deliver modern, high quality, cost-effective services which provide:

the **right care**

in the **right setting**

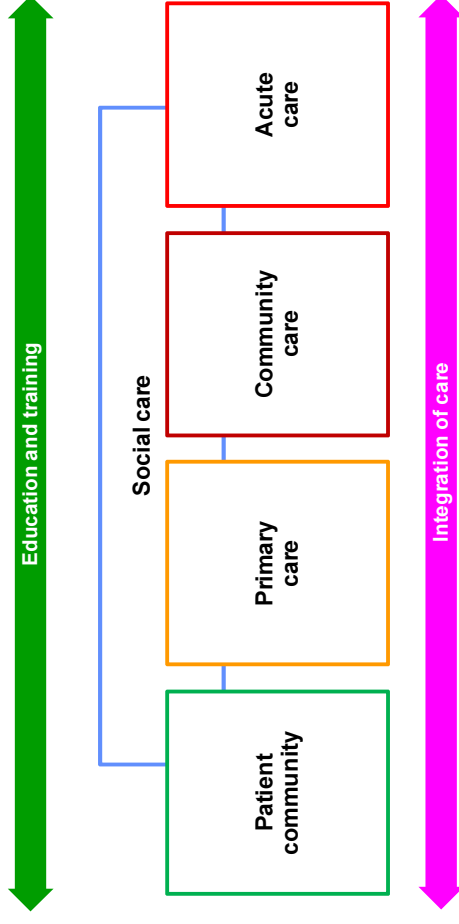
- Improve quality
- Reduce dependence on acute care

by the **right person**

- Appropriately skilled clinician
- Integrated
- Change behaviours and practice in primary care, secondary care and the community

Underpinned by the following strategic aims:

- Improve health and wellbeing in partnership with patients and wider community.
- Ensure service provision is needs-led, sustainable and fair.
- Build on evidence and good practice.
- Create the environment for learning that empowers patients, carers and clinicians.



Exercises

Exercise 1: Making it better

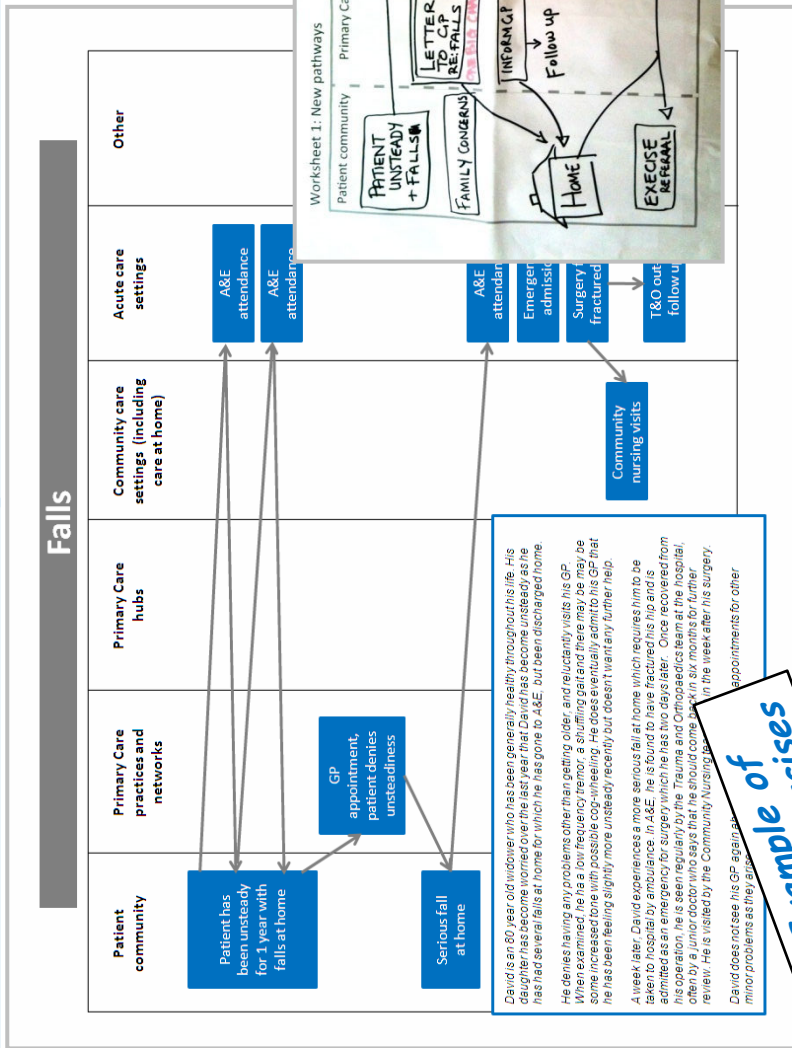
Discuss a patient story
How could it be improved?

Pathways discussed:

- Cardiology
 - Falls
 - MSK
 - End of Life
 - Gynaecology
 - Urology
- Epilepsy
 - Mental Health
 - Paediatrics
 - Frequent Admissions
 - Chronic Kidney Disease

Exercise 2: Making it real

What are changes are needed in the health system to enable the improvements?



Worksheet 1: New pathways

Patient community	Primary Care	Community Care	Acute Care
PATIENT UNSTEADY + FALLS	LETTER TO CLINICIAN	FAMILY CONCERNED	A&E
HOME	INTEGRATE	SOCIAL ASSESSMENT	Emergency admission
EXERCISE REFERRAL	Comm. nursing/Therapist follow up	SURGERY fractured	T&O follow up

Worksheet 2: Key changes

Patient community	Primary Care	Community Care	Acute Care
Ability to raise concern by patient or carer/ family	Empower professionals	Identify vulnerable patients	A&E Triage
Build trust by having community of care	Establish telephone contact point once discharged from com nursing etc.	Information swapping across services.	→ rapid response investigation → falls service.
Routine questioning to older patients to facilitate case finding (arrange assessment)	Education of patients to falls risks.	Education of 1st Com Social care post	A&E discharge letters accurate and timely
Home assessments for equipment/ grab rails, 1 box, etc.	Follow up in community by rapid response + then other services.	Anyone falling seen by primary care service.	Stop T&O follow up + replace by physician follow up.
Info in different languages to meet the needs of diverse communities			

Example of group exercises

Common themes

Across all of the workgroups, there were several recurring themes fed back as the key priorities :

Group	Integration/ multi-disciplinary working	improved communications between services	patient & carer education	joined up IT/ shared care records	Single point of access	Extended hours of service	Risk assessment/ stratification	Clinician up- skilling/ rotations
Cardiology	✓	✓	✓	✓	✓			✓
Frequent Admissions	✓	✓	✓	✓		✓	✓	✓
Mental Health	✓	✓	✓	✓	✓			
Epilepsy	✓	✓	✓					✓
Musculo-skeletal	✓	✓	✓	✓				
Chronic Kidney Disease	✓	✓	✓	✓			✓	✓
Urology	✓	✓	✓		✓			
Falls	✓	✓	✓	✓	✓		✓	
Paediatrics	✓	✓	✓	✓				
End of Life Care	✓	✓	✓	✓		✓	✓	
Gynaecology	✓	✓	✓	✓	✓			

Top priorities fed back

Workgroup suggestions

Top priorities and next steps

Top priorities based on the group exercises across all pathways:

- More integration of care across secondary, community and primary settings
- Improved communication between services
- More patient education and ownership of care, included through use of technology
- More flexible workforce arrangements and information sharing

Next steps (*to be reviewed by CCB*)

- To consolidate the information provided in the exercises, identify common themes and work these into the development of strategy.
- To reflect the pathways back to individual workshop groups for further iteration so that pathway redesign can actively commence.
- To continue to build on the successful engagement to work across organisational boundaries and start making the radical changes needed.