

HARROW STRATEGIC PARTNERSHIP BOARD

Partnership Priorities

April 18th 2011

Introduction

On the 10th February, Harrow Chief Executives met to discuss and identify future priorities for the Partnership. They met again on the 28th March to confirm these priorities for the Board's approval.

Four priorities have been proposed by HCE to the Board for approval. These are:

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

On approval of the priorities a work plan will be finalised in partnership with the identified HCE leads. The work plan will include the key projects that need to be undertaken to help achieve the Partnership priorities over the next two years.

Given the significant changes in the external environment since 2009, it is widely accepted that there is a need to refresh the Sustainable Community Strategy (SCS). The priorities identified by HCE are not intended to replace the existing SCS but rather provide a short term framework for areas where the Partnership can influence and where there is added value by taking a partnership approach.

Proposed Action

A draft set of outcomes have been put forward in this paper under each priority. These are a starter for ten, and we recognise that they need further shaping.

It is proposed to undertake a workshop style session on the priorities and to help shape the draft outcomes for each priority in this paper at the meeting on the 18th April. This will provide an opportunity for Board members to comment on HCE's recommended priorities.

It is proposed that the priorities are adopted on the 18th April to enable a work plan to be drafted. The workplan will outline the potential projects that could help meet the draft priorities. This workplan will be coordinated by members of HCE and will provide timescales, milestones, gaps and resource requirements.

A summary of the comments and feedback from the Board meeting on the outcomes from the 18th April will be circulated separately to all members within 1 week of the meeting. HSP members will then be invited to feed any further comments on the draft outcomes to the Policy and Partnership Team by the **4th May 2011**.

The collated comments will be developed into a paper and presented to HCE on the 9th May for agreement in consultation with the Board's decision making group. The outcomes will be used to guide the discussion on allocation of partnership funds. (See paper on Local Area Agreement Reward Grant)

What are you asking the Partnership Board to do

- Agree the four Partnership Priorities
- Comment on the draft outcomes
- Provide further comments to the Policy and Partnership Team on the draft outcomes by the 4th May 2011.

Summary of the Issue

Public Service Integration and Joint Service Delivery

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

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

Suggested Outcomes we are trying to achieve through this priority

1. Reduce failure demand¹
2. Better value services
3. Reduced (residents) vulnerability (for example through joined up reporting of ASB)
4. Better understanding of customer needs
5. Joint commissioning
6. Rationalised activity across agencies

¹ Failure Demand – reducing duplication across a process e.g. reducing the amount of times a customer needs to make contact on the one issue

Building Community Capacity

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

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

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

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

Suggested Outcomes we are trying to achieve through this priority

1. Increased citizen and civic capacity/activity
2. Improved skills and confidence of the voluntary and community sector
3. Empowered communities (who make their own choices and help themselves)
4. Greater independence of community organisations
5. Improved public services
6. Organisational and financial sustainability
7. Restoration of unused buildings
8. Increased volunteers
9. Increased sense that citizens have greater involvement
10. Residents influence decisions affecting local area
11. Residents are well informed

Health

The Government White Paper on the reform of the health services makes a series of radical proposals about how different parts of English health and health care services are

commissioned. This includes abolishing Primary Care Trusts and passing the remit of commissioning services to GP's. Statutory Health and Wellbeing Boards will take on the function of joining up commissioning of local NHS services, social care and health improvement and will allow local authorities to take a strategic approach and promote integration across health and adult social care, children's services, including safeguarding and the wider local authority agenda.

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

For the National Health Service and local authorities to cope with increasing demands on services, there has to be a shift in policy to enable elderly and/or vulnerable people to stay at home longer, rather than being admitted to hospital or residential care because they feel unsafe or vulnerable in their own homes. The UK has an ageing population and statistics show that people over 65 in the UK consume nearly 70% of Healthcare resources. In order to cope with this increasing demand we need to find ways of enabling people to be cared for in their own homes for longer, rather than being admitted to hospital or residential care. The reablement programme is one method of achieving this.

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

Suggested Outcomes we are trying to achieve through this priority

1. Maintain independence of older people
2. Strong leadership and direction for health and wellbeing
3. Health structures enable clear and robust decisions on those services most needed in Harrow

Worklessness/Welfare

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

As a result to the proposed changes to the amount of grant funded for new affordable homes, these homes will now have rents at up to 80% market rents. In addition the maximum benefit available to cover rent will decrease from the 50th percentile to the 30th percentile. In 2013 the introduction of the Universal Credit will also cap the benefit available. These changes will result in fewer properties available for benefit recipients.

The proposed change from life term tenancies to two year minimum tenancies will potentially cause greater anxiety as a result of a lack of security and reduced community cohesion as a result of increased movement across neighbourhoods.

The unemployment figures for Harrow for the past year have demonstrated a slight decrease in the number of people unemployed, which directly contradicts the national unemployment figures. However, for the first time in 12 months the February unemployment figures have shown an increase.

Harrow largely consists of small and medium enterprises. To help build employment in the borough the importance of a strong and vibrant economy is necessary. This will be supported by the regeneration of the town centre and its neighbouring areas, which is critical to attracting inward investment and employment growth.

Suggested Outcomes we are trying to achieve through this priority

1. SME growth
2. Business retention
3. Prevent vulnerable people becoming more vulnerable
4. Improved social outcomes for residents
5. Economic well being
6. Reduced dependency on welfare and public sector support by families
7. Consistent employment/redundancy advice across agencies