



HARROW STRATEGIC PARTNERSHIP BOARD

Partnership Priorities and Outcomes

12th July 2011

Introduction

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

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

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

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

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

Proposed Action

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

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

What are you asking the Partnership Board to do

- Adopt the Partnership priorities and outcomes

Priorities

Effective Joint Working

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

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

Outcomes we are trying to achieve through this priority

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

Building Community Capacity

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

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

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

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

Outcomes we are trying to achieve through this priority

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

Health

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

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

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

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

Outcomes we are trying to achieve through this priority

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

Worklessness/Welfare

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

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

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

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

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

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

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

Outcomes we are trying to achieve through this priority

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