



*Health Development Agency*

Pooling resources across sectors:  
a report for local strategic partnerships

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## About the Health Development Agency

The Health Development Agency ([www.hda.nhs.uk](http://www.hda.nhs.uk)) is the national authority and information resource on what works to improve people's health and reduce health inequalities in England. It gathers evidence and produces advice for policy makers, professionals and practitioners, working alongside them to get evidence into practice.

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# Summary

This report has been written for local strategic partnerships (LSPs) in support of more flexible use of resources across sectors to improve the wellbeing and health of local communities. It has been produced by the Health Development Agency (HDA) on behalf of a national roundtable including the Department of Health, Office of the Deputy Prime Minister (ODPM), Regional Co-ordination Unit, Local Government Association and the Improvement and Development Agency.

The report sets out key terms and definitions, and describes the existing flexibilities and main cross-cutting funds that LSPs can use to support greater coordination and pooling of resources between partner agencies in order to achieve their priorities. It highlights significant and wide-ranging flexibilities available to local authorities, the NHS, the criminal justice system and the voluntary sector to help them coordinate, combine or integrate their resources to achieve their community strategy priorities. Local authorities' pooling powers are the most significant. Their power under the Local Government Act 2000 to promote the economic, social and environmental wellbeing of their area can be applied to all services and functions. (Note that all new Public General Acts can be accessed via the HMSO website, [www.hmso.gov.uk/acts.htm](http://www.hmso.gov.uk/acts.htm)). The flexibilities for other sectors are significant, but are more closely tied to core functions such as improving health or community safety. Also, an increasing number of grants can be used by partnerships or shared between agencies to target groups or areas.

The report also describes examples of emerging approaches to pooling resources taken from 15 LSPs, and the lessons they have learned. These examples include aligning and pooling resources to support the LSP at the executive level, as well as specific examples of pooling resources to tackle local priorities. These LSPs are at the start of a process of greater integration of initiatives and services across sectors

to help achieve local priorities. Most partnerships have more ambitious plans to combine resources as partners gain confidence and skills, and as barriers at national or local level are identified and removed.

A spectrum of approaches can be identified, from the informal coordination of existing services in order to target priority neighbourhoods, through to more formal arrangements to pool mainstream service budgets. Between each end of this continuum are various activities, including the joint location of services, joint management, commissioning, funding and integration of posts, teams and services – and ultimately the creation of new organisations or forms of public services.

Local strategic partnerships identify the benefits they have experienced as a result of pooling resources, including better use of individual agencies' resources and staff, improved cross-sector communication, and a more coherent strategic direction for the LSP. The case studies highlight examples of the impacts of pooling resources, including improved LSP functioning, improved services, and measurable local outcomes for key groups and neighbourhoods, such as:

- Improving LSP-wide needs assessment, data analysis and community involvement
- Developing integrated services across health and social care
- Developing integrated services for children and young people
- Tackling health inequalities
- Improving community safety
- Improving skills, education and employment opportunities for key groups
- Improving the uptake of benefits and advice services
- Improving the environment, transport, housing and neighbourhood renewal initiatives.

The case studies also identify important challenges that lie ahead. Some are national issues – there is a lack of coordinated information available to LSPs about pooling resources between partners; and restrictive conditions remain in place for the use of certain funds and budgets allocated to individual agencies. Other challenges are local concerns – they include organisational, practical and cultural barriers that create risk aversion and uncertainty about how best to pool resources and establish effective accountability arrangements.

As a result, there are opportunities to make much greater use of the flexibilities that are currently available. Local partnerships are still in the early stages of developing an LSP-wide financial/resource strategy, but there is considerable enthusiasm to overcome the barriers. More progress appears to have been made in the areas of integrating health and social care services; joint community safety initiatives linked to crime and disorder reduction partnerships; and the combined use of cross-cutting funds such as the Neighbourhood Renewal Fund (NRF) and performance funds for local public service agreements (PSAs). Much more use could be made of flexibilities such as the wellbeing power and those set out in the Health Act 1999 in addressing cross-cutting issues and tackling inequalities and deprivation through mainstream budgets. There are also considerable opportunities to increase the coordination of different grants targeting the same groups or areas.

The LSPs in this study are very positive about their potential role in developing new, integrated approaches to local resource allocation to achieve their goals. They offer their 'top tips' for the more flexible use of resources below (Box 1).

### Box 1 Tips from local strategic partnerships for flexible use of resources across sectors

- Clarify the common objectives and rationale for pooling resources.
- Explore partners' perceptions of the process and expected outcomes.
- Agree who contributes, the type of resources to be combined, how much, for how long, and with what management and accountability arrangements.
- Draw up accountability agreements/protocols setting out the roles and responsibilities of the partners' involved, and how risk will be managed if there are problems.
- Focus on specific community strategy priorities, themes or geographic areas where the LSP can add value by coordinating its resources to achieve local targets.
- It can be easier to pilot pooled arrangements by combining externally acquired funds initially, before pooling mainstream resources, staff or services.
- If specific grants are pooled, check that the conditions of use can be satisfied by the lead agency for the grant.
- Cross-sector information and communication across financial systems are essential for effective management of pooled resources across the LSP.
- Finance directors, elected members and agency lawyers will be key players in championing new approaches and in advocating the use of pooled resources to chief executives and service managers – their knowledge of existing flexibilities and a positive approach to experimentation will be critical.
- The lessons and outcomes of pooling resources can be shared between LSP partnerships to support a common approach.

# Introduction

Pooling resources – developing integrated services across local agencies – is at the heart of public sector reform. It is one of the key mechanisms local partnerships can use to help achieve their local priorities and improve the wellbeing of their communities. The traditional use of public service budgets, staff, facilities and estates within individual agencies is changing as new forms of cross-agency services develop to tackle local problems. This demands more flexible use of resources at local level and, in response, a supportive national funding and auditing regime.

The government has set out its intention to support LSPs and individual public sector bodies by removing the barriers to pooling and aligning resources across sectors, where possible. A range of flexibilities, cross-cutting funds and other freedoms have been introduced for this purpose over the past few years.

This briefing aims to support LSPs in making the best use of these new flexibilities and funds, and to illustrate how LSPs are using resources more flexibly across their partner agencies to improve the wellbeing of local communities.

Information has been gathered from two main sources. First, a review of government policy was completed to identify both the current flexibilities to pool resources, and the key grants/funds that can be used across sectors. Second, a number of LSPs were invited to contribute examples of combining and pooling their resources to tackle local priorities. The examples included in this report are intended to illustrate the range of current experiences, and evolving practice and learning.

The report builds on work already undertaken by various government departments and agencies, including the Department of Health Joint Unit, Regional Co-ordination Unit, Neighbourhood Renewal Unit, Office of the Deputy Prime Minister (ODPM), Office of Public Sector Reform,

Improvement and Development Agency, and the Audit Commission. All these bodies have identified the need for further support to LSPs and individual public sector agencies in pooling resources across sectors. They have also found that LSPs and local agencies generally do not want further departmental guidance, but are seeking case studies, learning sets, regional networks and development support.

This report is intended as a contribution to an ongoing development programme. It is supported by a national roundtable on local strategic planning led by the Department of Health, the ODPM and the HDA, and includes a range of other departments, national agencies and regional and local representatives.

# Terms and definitions

This section offers a framework for LSPs to use when identifying how and where they could pool partners' resources to deliver their key plans (Box 2). It describes the main options available, and more detailed information about pooled budgets and the types of cross-sector funds.

Local strategic partnerships may wish to combine resources across sectors for a number of reasons. Pooling or aligning resources is fundamentally intended to aid delivery of the LSP's vision and the community strategy and neighbourhood renewal strategy priorities, and to lead to improved community wellbeing, by improving the planning, commissioning and delivery of more integrated public services.

There are three main routes LSPs can follow to develop more flexible use of resources:

- First, partnerships can review their existing resource allocation and service provision, and identify how partner organisations could better align those resources and services to target priority groups and areas
- Second, LSPs can consider how to extend this coordination, using the various flexibilities available to pool resources across sectors for particular issues or services
- Third, LSPs can identify how best to allocate the specific grants or funds that can be used across sectors to address the problems of a particular group or area.

These options are not mutually exclusive. An effective LSP will consider how it can make use of all options to maximise the impact of partners' resources. These different options can lead to a spectrum of activities, ranging from informal to formal pooling and aligning of resources.

At the informal end of the spectrum, there are a range of ways in which different public sector bodies may align or coordinate their mainstream budgets, staff, facilities and equipment to achieve common objectives. These may not

## Box 2 Framework for flexible use of resources

### *Why?*

- To improve community wellbeing, *by*
- Delivering community strategy priorities, *through*
- Better public services.

### *Using what means?*

- Using the flexibilities set out in government legislation for combining mainstream resources across sectors.
- Using specific grants and funds that can be allocated across agencies/sectors.

### *Where?*

Levels of pooled resources across LSPs:

- LSP executive
- LSP theme partnerships
- Service commissioning
- Service delivery
- Pilots and initiatives for key groups/areas.

### *Who/what?*

Types of pooled resources:

- Staff – posts, time, skills
- Facilities and buildings
- Information
- Equipment
- Funding – mainstream resources or specific grants.

### *How?*

Spectrum of approaches:

- Coordinating/aligning existing services or initiatives
- Co-location of services
- Joint/lead commissioning of services
- Joint management or funding of staff or services
- Integration of services or initiatives
- Mainstreaming pilots into core services using joint funds
- Creation of new services, organisations and companies.

require recourse to any specific government legislation, but are simply effective ways of maximising the impact of individual organisations' resources to achieve local targets, eg:

- Contribution of staff time to support the LSP
- Shared use of facilities
- Targeting of funding from different agencies in the same neighbourhood at the same time to achieve greater impact on a local problem.

If LSPs make use of the specific government flexibilities available, they can extend the coordination of resources and services to create more systematic and formalised arrangements. There are a number of flexibilities that enable partnerships to agree the lead or joint commissioning, or the actual integration, of services. This can include the creation of joint posts and teams.

At the formal end of the spectrum, flexibilities allow the budgets between two or more organisations to be integrated as a 'pooled budget' that is formally recognised by government. The most common example is pooled budgets created using the 1999 Health Act flexibilities. This may focus on pooling specific service budgets – or it can result in the creation of new organisations, such as Care Trusts or Children's Trusts. It enables pooling of resources at the strategic level on a very significant scale. There is a formal notification process associated with the development of pooled budgets (see [www.doh.gov.uk/jointunit](http://www.doh.gov.uk/jointunit) for details).

Local strategic partnerships can also consider the level at which resources are combined or pooled. There may be advantages to pooling resources to support the LSP infrastructure and strategic planning at the executive level. At the level below this, individual LSP partnerships can take an overview of the resources being combined to deliver their priorities and community strategy/neighbourhood renewal objectives. This may involve pooling resources for service planning and commissioning. It may also involve delegating decisions about pooling resources to service managers concerned with local delivery, and those at the neighbourhood level focused on key geographic areas. In some cases resources from successful pilot initiatives in targeted areas can be pooled to help lever changes in mainstream services.

Different types of resources may be combined at each level. These could include staff time, posts and skills, facilities and buildings, information and equipment, as well as mainstream funding or targeted grant funding.

### Box 3 Key features of pooled budgets

They provide:

- Flexibility in how funds can be used
- Shared responsibility for delivering outcomes, including responsibility for working effectively together
- Clear responsibility for the individual budgets that fund combined activities
- Clear understanding of the relationship between those contributing to the budget, if necessary through written protocols or memoranda of understanding.

(Performance and Innovation Unit, 2000)

The remainder of this section provides further information about government definitions of pooling funds – either mainstream funds through the creation of pooled budgets, or specific grants available for use across sectors.

### Developing pooled budgets

There are several complementary government definitions of what constitutes a pooled budget. These are available in the guidance on best value in local government (DETR, 2001b) and the use of the 1999 Health Act flexibilities. The Audit Commission and the Chartered Institute of Public Finance and Accountancy (CIPFA) have also provided more specific guidance on the use of the Health Act flexibilities and the meaning of pooled budgets in practice for local auditing purposes (see Other information sources, page 46).

The 1999 Local Government Act has made it possible to remove any legislative barriers to pooling budgets for services that promote best value, and allows best value authorities to enter into partnerships with other agencies (Box 4).

New powers to enable health and local authority partners to work together more effectively are outlined in Section 31 of the 1999 Health Act. The new powers include pooled funds – the ability for partners each to contribute agreed funds to a single pot to be spent on agreed projects for designated services. The power of the flexibility is significant, and allows large-scale strategic pooling of resources that can increase activity in priority areas, eg development of a Children's Trust; shifting resources to develop more locally based services; investing more resources in community services or in family support involving health, education and social care. Over £2 billion is currently pooled under Section 31 arrangements.

#### Box 4 Flexibility of pooled budgets

'The aim of a pooled budget is to achieve flexibility in the use of funds, and other resources, brought together by partners and placed in a discrete fund in order to meet the common community or corporate objectives, ie the needs of an identified group of people. The size of the pool will be set by the partners on the basis of the agreed aims and outcomes and its use defined in terms of the commodities, goods, services, works and assets identified by the partnership.

The key principle of this arrangement is that regardless of the size of contribution a best value authority or their partner(s) commit to the pool, the resource is then unified and available to provide agreed "services". Expenditure is thus based on the needs of the partnership and its users, not on the level of contribution from each partner. This gives pooled budgets a special flexibility, whilst still operating within aims and outcomes agreed between the parties.'

(DETR, 2001b)

#### Using specific grants/funds across sectors

In most cases, grants to individual agencies or services are ring-fenced or cannot be formally pooled or integrated with other grants or budgets. However, this does not prevent them being used in a more coordinated way with other grants, as long as the funding can be accounted for and meets the set conditions of use. This is the case with a number of the funds provided for area-based initiatives.

However, there are also a number of specific funds or grants that can be used across several local agencies. Most are allocated from one government department to one local agency or organisation (such as the local authority), and their conditions of use specify that they can be shared across other agencies/partners. A few are allocated collectively by several

government departments to be administered by one agency (such as Sure Start, Invest to Save and SRB).

Much less commonly, the government has allocated funds to specific local partnerships (such as the NRF to the LSPs in the 88 most deprived areas). Again, these can sometimes be used with other funds (eg NRF can be combined with other grants or the mainstream budgets of LSP members).

There are other examples where departments are encouraging local agencies to combine resources by bidding for funds together, or by identifying contributions from different partners that could then be matched by government (eg the Help Fund to support developments in housing or other benefits/services; or the Bus Challenge Funds).

#### Box 5 Section 31 Guidance

'A pooled fund arrangement provides an opportunity for the partners to bring money together in a discrete fund to pay for the services that are an agreed part of the pooled fund arrangement for the client group who are to benefit from one or all of the services. Instead of users being inconvenienced by disputes about health and local authority responsibilities, organisations will agree at the outset the range of health and local government services to be purchased and provided from a pooled fund.

Regardless of what contributions NHS bodies or local authority(ies) commit to the pool, the pooled resource can be used on the agreed services as set out in the partnership arrangement. This will mean that the expenditure will be based on the needs of the users, and not on the level of contribution from each partner. This gives pooled budgets a unique flexibility, whilst being bounded by agreed aims and outcomes.

The aim is to enable partners to join together to design and deliver services around the needs of users rather than worrying about the boundaries of their organisations. These arrangements should help eliminate unnecessary gaps and duplications between services.'

(Department of Health, 2002)

The various 'cross-sector' grants and funds may be allocated for the following reasons:

- **To improve specific services or the wellbeing of particular groups**, eg the Supporting People grant can be used to support the housing-related needs of a range of vulnerable groups – it can be commissioned jointly, but cannot currently be part of a formal pooled budget
- **To improve problems in specific geographic areas**, eg area-based grants are allocated to individual public sector bodies to work in partnership across a specific geographic area to achieve cross-cutting objectives – in some cases this funding can be used more flexibly as part of a pooled budget, matched funding to commission integrated services or to pump-prime new services (such as New Deal for Communities or Excellence in Cities)
- **To pilot initiatives or services**, eg the New Opportunities Fund provides funding for Healthy Living Centres – these aim to combat health inequalities by targeting the most deprived communities, and are managed through partnerships that include community groups, voluntary organisations, or business and statutory partners. The pilot programmes led by the Department for Transport to reduce road casualties in disadvantaged areas are designed to be used by local partnerships in conjunction with other funds such as NRF and mainstream agency funding
- **To reward performance of local agencies/ partnerships**, a limited number of performance-related funds awarded to higher-achieving public sector bodies that can be shared with partners to further develop innovative services, eg the performance reward grant for local authorities who achieve the targets set with central government in their local PSA – the grant can be shared with any partner who contributed to the achievement of the local PSA.

# Government flexibilities to pool resources across sectors

This section sets out the overall direction of government policy on pooling and combining resources. It then lists the main legislative flexibilities and the most significant cross-cutting grants that LSPs can use to pool and align resources across their partner agencies. These have been grouped around typical LSP themes.

Government has recognised the need to support public services and LSPs to use resources more flexibly to deliver on their key priorities. Some departments have made considerable changes to remove the barriers that prevent more innovative service development. In other cases, there are still limits on how far resources can be pooled. The following quotes from different parts of government highlight the overall direction of policy.

‘Current systems of allocating and accounting for budgets can still be a barrier to cross-cutting working. More needs to be done, including making more use of pooled funding and cross-cutting budgets to support cross-cutting initiatives’

(Performance and Innovation Unit, 2000).

‘Public services work best when they work together. Most of the government’s key objectives – ranging from cutting crime to helping people back to work – depend on the cooperation between many different services’

(Office of Public Sector Reform, 2002)

‘More flexible funding arrangements would allow initiatives to be integrated with other programmes and therefore to be more effective’

(Regional Co-ordination Unit, 2002)

‘In some deprived neighbourhoods, there would be needs which service providers would find it hard to meet, because they were not part of anyone’s core job. Examples

might include community capacity building, or establishing a neighbourhood warden scheme. Identifying gaps in this way would be a good way to decide priorities for area initiative bids or the use of pooled budgets’

(Social Exclusion Unit, 2000)

The local government white paper says that government has acted to ‘... facilitate partnership working by eliminating obstacles to pooling budgets’

(DTLR, 2001a)

‘The government wishes to encourage greater use of secondments, pooled budgets, lead commissioning, joint commissioning and integrated provision, particularly where partnerships are formed to deliver best value’

(DETR, 2001b)

The Health Act flexibilities aim ‘to enable partners to join together to design and deliver services around the needs of users rather than worrying about the boundaries of their organisations. These arrangements should help eliminate unnecessary gaps and duplications between services’. They can involve ‘health bodies such as strategic health authorities, primary care trusts, together with any health-related local authority service such as social services, housing, transport, leisure and library services, community and many acute services’

(Department of Health Joint Unit, 2003, [www.doh.gov.uk/jointunit/partnership.htm](http://www.doh.gov.uk/jointunit/partnership.htm))

## A summary of the key flexibilities available to LSPs

The list below is not exhaustive but focuses on the most significant flexibilities and wide-ranging funds that can be used across sectors to promote the following:

- Community wellbeing
- Best value and improving public sector performance
- Regeneration and economic development
- Health
- Community safety
- Housing, transport and the environment
- Lifelong learning, skills and employment
- Educational attainment and integrated services for children and young people
- Legal and advice services and benefit support
- Arts, culture and sport.

Local government has very broad powers to pool resources through the wellbeing power. This can be applied across all services and functions. The NHS also has significant flexibility to pool resources but these must be applied to health-related functions and activities. Similarly, the criminal justice system has important flexibilities to pool resources in relation to community safety and crime and disorder reduction.

### Box 6 Flexibilities to improve community wellbeing

The wellbeing power has been introduced in the Local Government Act 2000 as a power of first resort to encourage innovative service provision and partnership working, and to reverse the traditionally cautious approach to joint working. It allows local authorities the power to do anything that will improve social, economic and environmental wellbeing as long as the action is not prohibited by law. It extends the ability of local authorities to work in partnership with other bodies and encourages innovative joint service provision. It also allows local authorities to establish companies to pool budgets.

The Local Government Act 2000 includes sections 5 and 6 on repealing any plan or strategy that prevents the promotion of wellbeing, and section 101 which provides indemnity to members and officers participating in joint activity. The wellbeing power can be used across the whole community and is local authority-led. There are no specific wellbeing funds. The power can be used across mainstream local government budgets and with those of other sectors.

**The wellbeing power can be used in relation to any LSP theme or priority issue – either in its own right or in conjunction with other flexibilities described in the following boxes.**

### Box 7 Flexibilities to promote best value and improve public sector performance

#### *Best value*

- The ancillary powers for local authorities to pursue best value encourage innovative service provision and partnership working by allowing local authorities to work through partnerships and companies. Best value guidance offers a definition of a pooled budget, an overview of financial management, accounting and auditing practices for pooled budgets, and details of lead and joint commissioning and integrated provision.
- There is no specific funding associated with best value – it applies to mainstream local authority budgets.

#### *Local public service agreements*

- Local PSAs provide significant encouragement for public sector bodies to pool resources to achieve ‘stretched’ targets which are negotiated between central and local government. Local authorities (top-tier authorities) are offered reward grants for ‘stretching’ their performance on specific targets beyond what might have been achieved anyway. Authorities can share the rewards with partners. Local PSAs also offer scope to negotiate freedoms and flexibilities in support of the targets, including those relating to partners. A second generation of local PSAs is being introduced in 2004, focusing on the priorities for improvement locally, taking account of partners’ views.

(DETR, 2001a; DTLR, 2001a, 2001b; ODPM, 2002)

See [www.local-regions.odpm.gov.uk/lpsa](http://www.local-regions.odpm.gov.uk/lpsa) for the latest papers on the second generation of local PSAs.

## Box 8 Flexibilities to promote regeneration

- The Neighbourhood Regeneration Unit believes mainstreaming should be central to LSPs. The definition of mainstreaming in relation to neighbourhood renewal is 'influencing mainstream services to make them work better in deprived neighbourhoods, by shaping and resourcing them for the task, and making them focus explicitly on the places and people most in need of support'. Mainstreaming promotes the joining up of services, programmes and targets, and is a cross-cutting approach.
- The NRF aims to enable the local authorities in the 88 most deprived districts in England to improve services and narrow the gap between deprived areas and the rest of the country, each working as part of an LSP. The targeted grant can be used to support any service provided by a local partner, including mainstream services, to help achieve public sector agreement targets.
- Funds are currently being rationalised to support community capacity building in deprived areas, including funding for community infrastructure and support for community involvement in the LSP.
- Regional development agencies are responsible for the allocation of other regeneration budgets. The Single Regeneration Budget (SRB), one of the original nationally pooled budgets set up by several government departments and available for use across sectors, has now passed to the regional development agencies for distribution.
- Many of the area-based initiatives are targeted funds designed to be used creatively to support local regeneration in deprived areas, focused on particular floor targets (health, education, employment and crime). The review of area-based initiatives has led to the merger and streamlining of many initiatives. It has also found that, while area-based initiative funds cannot be pooled in a formal way, they can be coordinated with other targeted or mainstream budgets to increase their effectiveness.
- New Deal for Communities, Business Brokers and neighbourhood management funds are now combined. Funding for neighbourhood wardens and street wardens is also being combined to support joint action between local authorities, the police and the voluntary sector.
- The wellbeing power can be applied specifically to issues of regeneration and economic development. The Health Act flexibilities can be used to support neighbourhood renewal where it can be shown that the funding will improve the health of the population more effectively than the equivalent expenditure in the NHS.

(Social Exclusion Unit, 2000; Neighbourhood Renewal Unit, 2002; Regional Co-ordination Unit, 2002, 2003)

See [www.neighbourhood.gov.uk](http://www.neighbourhood.gov.uk) for latest details about neighbourhood renewal grants

## Box 9 Flexibilities to improve health

- The Health Act 1999 provides significant flexibilities for NHS bodies and local government to pool budgets, integrate services and/or delegate the commissioning of particular services to a lead partner. Local organisations using these flexibilities are required to notify the department of their use. This includes the integration of delivery functions across health and local government services (including social services, leisure, education, housing and transport) to reduce gaps and overlaps in service provision.
- Money can be transferred from the NHS to any health-related function of local councils when the purpose is related to NHS functions or improving the health of the local population. The flexibilities apply to all mainstream NHS funds, and are led by the primary care trusts (PCTs) and NHS trusts. The NHS can also transfer funding to the voluntary sector.
- The new care trusts are an example of how the Health Act flexibilities can be used to create new organisations. Care trusts enable the merging of staff and functions across health and social services into new organisations providing a range of health and social care services to a local population. They are NHS bodies to whom local authorities delegate their social care-related functions (while retaining legal responsibility for how they are carried out).
- There are also targeted funds available that are administered through pooled budget arrangements using the Health Act flexibilities. The development of new joint prison health services is taking place through the use of the Health Act. This involves additional government funds to modernise prison health services by creating joint services across the NHS and the prison service, and enables resources to be pooled, the delegation of functions and resources between sectors, and a duty of cooperation to ensure the health of prisoners.
- The Learning Disabilities Development Fund must be administered through pooled funding arrangements and a joint investment board, and can be used to improve services and encourage coordinated planning across sectors. It can also be used in conjunction with funding from other initiatives such as Supporting People.
- Community equipment services to supply aids and adaptations to people with disabilities are supported with additional funding. The integration programme aims to ensure the development of integrated services across the NHS and local government by 2004 to help reduce hospital admissions and maintain people's independence in the community.
- There is a central government fund for all care provided by a registered nurse in a nursing home which can be pooled with local authority funding for non-nursing care for older people using the Health Act flexibilities. This aims to ensure the coordination of continuing care and nursing care for people through the development of more integrated services.
- The wellbeing power can also be combined with the use of the Health Act flexibilities.

(Health Act 1999, Sections 28 and 31; Health and Social Care Act 2001; NHS Reform and Health Care Professions Act 2002; Department of Health, 2000, 2001a–d)

See [www.doh.gov.uk/jointunit](http://www.doh.gov.uk/jointunit) for more details

## Box 10 Flexibilities to improve community safety

- The Crime and Disorder Act 1998 (sections 38 and 39) requires local authorities, the probation services, the police services and health authorities to combine staff and other resources to deliver youth offending teams and the full range of youth justice services. The Act allows these agencies to resource the teams and services out of a pooled budget established by the local authority, which can provide for staff and accommodation costs, and to purchase or commission relevant youth justice services from statutory, voluntary or private sector agencies. This will draw on mainstream funding.
- The Police Reform Act 2002 has brought in changes to Crime and Disorder Reduction Partnerships (CDRPs). These include widening the range of responsible authorities (to include police authorities, fire authorities and PCTs), and bringing together audits and strategy processes. These will create benefits of improved capacity, pooling of resources, cross-partnership activity and economies of scale.
- New guidance on the closer integration of CDRPs and drug action teams looks for partnerships to be operating on an aligned basis, underpinned by integrated planning, support and funding for the delivery of the crime reduction and drugs agenda.
- A number of community safety funds are being combined to ensure better coordination of services and initiatives across the crime, disorder and drugs partnership and local partners. The Building Safer Communities Fund subsumed Communities against Drugs, the Safer Community Initiative and the Partnership Development Fund. It allows CDRPs to focus on reducing crime at ground level, providing them with funding for three years to tackle crime and drug-related crime. Partnerships have the discretion to spend the funding on any project that is in line with the priorities set out in the national drugs strategy and associated crack strategy, but which also addresses the three purposes of disrupting drugs markets, combating drug-related crime and strengthening communities.
- The Basic Command Unit Fund is intended to promote partnership working and help the police play a full role in community safety partnerships and strategies. The fund can be used alongside other funding such as the NRF, linked to the delivery of crime and disorder reduction strategies. It can be used to tackle a wide range of crime and disorder interventions, or in building the capacity of partnerships.
- Funding has been provided in 15 local authority pathfinder areas to support joint action on community cohesion between local authorities, private and public sector partners and the community and voluntary sectors.
- The wellbeing power can also be applied specifically to issues of community safety.

(Crime and Disorder Act 1998; Home Office, 2002a, 2002b; HOC, 2003)

[www.crimereduction.gov.uk](http://www.crimereduction.gov.uk) for the latest guidance on local partnerships.

## Box 11 Flexibilities to improve housing, transport and the environment

### *Housing*

- Capital resources for housing are allocated to local authorities (and to registered social landlords via the Housing Corporation) on the recommendation of regional housing boards. Once allocated, local authorities have complete freedom as to how they use these resources.
- In terms of social housing provision and maintenance, housing capital receipts are generated from the sale of council housing (through right-to-buy procedures). They are subject to 'pooling'. This means that 75% is paid to central government, which goes some way to funding the allocation of capital resources. The other 25% remains with the authority, and can be spent on any capital purpose they choose. This need not be related to housing and can include financing activity through partners, eg it may be used to fund the provision of additional social housing through registered social landlords in partnership with the Housing Corporation. This is reinforced by the wellbeing power.
- Revenue resources for the provision of council housing (maintenance and management) are ring-fenced, but joint funding arrangements could be established with other funding streams (as long as expenditure of housing revenue is legally charged to the Housing Revenue Account).
- Local authorities and the NHS can collaborate in planning and funding housing support services for any vulnerable group through joint commissioning and funding arrangements. These are based on the Health Act 1999, the Local Government Act 2000 and best value flexibilities. Housing support services can be funded through mainstream funding and the Supporting People grant.
- Supporting People is a single budget held by the local authority which pays for housing-related support. It is currently ring-fenced but the intention is to review its use for possible pooling with other funds in the future. It can be jointly planned and commissioned with the NHS and other partners. Other partners include statutory agencies such as the probation service, voluntary organisations, housing and other service providers and local communities.

### *Transport*

- The Department for Transport actively encourages the involvement of other sectors in local transport planning and requires local authorities to consult widely in the development of their local transport plans. Transport authorities have discretion to use capital allocations made through the local transport planning process for jointly funded investment in local transport schemes with other partners.
- There are a number of individual funding streams for transport initiatives such as the Urban and Rural Bus Challenge Funds, Rural Bus Subsidy Grant and speed camera partnership funds that can be used in partnership with other sectors.
- The Bus Challenge Funds are awarded to local authorities to implement innovative schemes to improve bus services and to support the broader transport objectives of improving access to services and facilities. In using the funds, authorities are encouraged to work collaboratively with commercial and community transport providers. The Urban Bus Challenge Fund has a particular focus on urban areas of economic or social deprivation.
- There are also parish transport grants and rural transport partnership grants to support the development of local services in rural areas, through local partnerships.
- Pilots have been set up to improve road safety in disadvantaged areas. Eligible local authorities are encouraged to work in partnership with others (such as the health, education, social services, neighbourhood renewal and crime reduction sectors). Additional funding has been provided which can be used with mainstream funds and the NRF.

*Continued*

## **Box 11 Continued**

### **Flexibilities to improve housing, transport and the environment**

#### *Planning*

- There is no restriction on the extension of planning budgets from sources outside the local authority. Local authorities can work with other partners to develop a joint approach to local development frameworks.

#### *Environment*

- There are various funds provided by the Countryside Agency and the Department of Environment, Food and Rural Affairs to support more integrated services in rural areas. These include community service grants to maintain services and the Vital Villages Scheme that provides grants for the creation of local village action plans. Grants require some matched funding from communities or other agencies.
- The Warm Front programme, funded by Defra, is the government's main programme for tackling fuel poverty in the private sector in England. Eaga Partnership Ltd and Powergen Warm Front Ltd manage the scheme and work with a variety of stakeholders to encourage eligible households to apply for assistance.
- Warm Zones are a three-year trial to address fuel poverty within five specified geographic areas in England. Each is supported by an energy supplier and the relevant local authorities. The aim is to facilitate the efficient, integrated and appropriate delivery of practical measures to alleviate fuel poverty and improve domestic energy efficiency. A comprehensive package of energy efficiency measures is provided, drawing on funding from existing programmes and negotiating funds from other sectors (such as the voluntary sector, private and statutory agencies) to maximise support.
- The wellbeing power and the Health Act flexibilities can be applied specifically to issues of housing, transport and the environment.

(DSS, 1998; DETR, 2001a; Defra/DTI, 2003)

[www.warmzones.co.uk](http://www.warmzones.co.uk)

See [www.dft.gov.uk](http://www.dft.gov.uk) for all transport grants and road safety pilots.

See [www.defra.gov.uk](http://www.defra.gov.uk) or [www.countrysideagency.gov.uk](http://www.countrysideagency.gov.uk) for rural transport grants.

## Box 12 Flexibilities to improve lifelong learning, skills and employment

- The Department for Work and Pensions encourages cross-sectoral involvement in initiatives to increase employment. There are no formal mechanisms for pooling budgets, but local discretion can be used to develop joint funding arrangements as long as government objectives are achieved (eg the number of people being funded through an initiative to get sustained jobs). Mainstream budgets such as the New Deal programmes can be linked to European Social Funds or the SRB. Partners can include Job Centre Plus, local authorities, and other public, private and voluntary sector agencies.
- The Wheels to Work pilots are intended to improve access to jobs. Funding from the Countryside Agency can be combined with New Deal funding.
- Pilots are also under way to test pooling and coordination of funding for adult learning in partnership. Partners include the Learning and Skills Councils and the regional development agencies.
- Bringing together different funding streams is at the core of the Connexions Service. In addition to the national grant provided by the Connexions Service National Unit, Connexions partnerships also pull together resources from a wide range of partners. These include the Youth Service, Youth Offending Teams, teenage pregnancy coordinators and the Education Welfare Service to secure services to support 13–19 year olds in personal development, education and skills. Central funding can be combined with local mainstream funding, NRF, Lottery (New Opportunities Fund), and other funding streams such as the European Social Fund. Partnerships are based around Learning and Skills Council areas.
- The guidance for Connexions partnerships indicates that the full range of resources available to the partnership [should be] secured and used effectively to deliver a Connexions service that meets local needs and national priorities. This could include, eg the use of Children's Fund, European Social Fund and Learning and Skills Council funds.
- The wellbeing power can be applied specifically to issues of lifelong learning, skills and employment.

(Connexions Service National Unit, 2002)

[www.dwp.gov.uk](http://www.dwp.gov.uk) for employment-related funding

### Box 13 Flexibilities to develop integrated services for children and young people and improve educational attainment

- The introduction of a single local children and young people's strategy is designed to better integrate services and funding streams for children across an LSP.
- The new Children's Trusts pathfinders are led by local authorities and aim to integrate services for children from across all sectors. They make use of existing flexibilities available to the NHS and local government, and operate using mainstream funding. Partners may include any children-related services at local level. Children's Trusts will enable local partners to jointly plan, commission, finance and deliver services for children.
- Sure Start remains one of the most significant national pooled budgets, and aims to create more integrated services for young children and families, including early education, childcare and family, health and social services. Children's Centres are key to the developing Sure Start agenda. A network of centres is being established in the most disadvantaged areas to offer a range of joined-up early learning, health, social and employment support building on initiatives such as Sure Start local programmes, Neighbourhood Nurseries and Early Excellence Centres.
- Schools are being encouraged to work closely with other partners and agencies to develop extended services and activities appropriate to both local needs and priorities, and their own resources. This could include provision of a range of public services on school premises such as health and social care, youth services, advice, welfare and employment services. They are also being encouraged to make more effective use of the Standards Fund by combining different funding sources to provide broad programmes.
- Education Action Zones and Excellence in Cities funding is provided to support educational attainment in disadvantaged areas through partnership working between the education sector, business, local authorities, voluntary sector and other partners.
- Local education authorities work in partnership with PCTs through the National Healthy Schools Programme. Partnerships are accredited and use mainstream funding to develop local programmes involving a range of partners.
- There are pilots for pooling resources to tackle drug misuse in young people that involve drug action teams working with a range of partners including children and young people's partnerships, Children's Trusts, youth offending teams, PCTs and Healthy Schools partnerships. The pilots have been evaluated and pooled budgets may be rolled out nationally.
- The wellbeing power and the Health Act flexibilities can be used in relation to educational attainment and children and young people. See also creative partnerships under arts, culture and sports.

(DfES, 1999, 2003; Health Act 1999)

[www.doh.gov.uk/childrenstrusts](http://www.doh.gov.uk/childrenstrusts)

[www.surestart.gov.uk](http://www.surestart.gov.uk)

[www.dfes.gov.uk](http://www.dfes.gov.uk)

[www.standards.dfes.gov.uk/eaz](http://www.standards.dfes.gov.uk/eaz) (Education Action Zones/Excellence in Cities)

[www.teachernet.gov.uk/extendedschools](http://www.teachernet.gov.uk/extendedschools)

### Box 14 Flexibilities to improve legal and advice services and benefit support

- The Department for Constitutional Affairs encourages joint working through Community Legal Service Partnerships. These form a major element of the Community Legal Service and are expected to work closely with LSPs, Connexions and other initiatives. They seek to achieve better local coordination of services by bringing together the main funders and providers of legal services and information services. Funding can also be combined to achieve the partnership's aims.
- The Partnership Initiative Budget can be used to create innovative services to underserved groups (such as online advice to young people). This is ring-fenced and requires some matched funding from partners. Community Legal Service Partnerships, information and advice providers, solicitors and potentially other public sector agencies can join the partnership.
- There are no legislative impediments to pooling resources for housing benefit or council tax benefit services. However, local authorities are able to discharge these functions only on behalf of, or jointly with, other local authorities. Local authorities have substantial discretion to decide how to administer them, including contracting the services out and undertaking joint work with other organisations such as Job Centre Plus and voluntary organisations.
- There is a Performance Standards Fund available from the Department of Work and Pensions to provide some flexibility to outsource benefit processing work. Joint local bids can be made to the Help Fund which provides funding for training, customer service and IT projects in housing and other benefit services.
- The emphasis is on working together, rather than pooling financial resources to increase take-up and reduce fraud in council tax and housing benefits. For example, benefits awareness campaigns can be run jointly with other sectors at the local level. Encouragement to pool resources to counter benefit fraud comes with funding from Joint Regional Boards, and partnerships can be set up between local authorities and Job Centre Plus.
- There is encouragement for partnership working to improve take-up of the Pensioner Credit using mainstream funding through a partnership between the Pensions Service, local authority and the voluntary sector.

### Box 15 Flexibilities to develop arts, culture and sport

- National Lottery distributing bodies work in partnership with the public, voluntary and community sectors, often at a local level, in distributing Lottery funding to the five good causes: arts, sports, heritage, charities and the New Opportunities Fund, which supports health, education and environment initiatives. The New Opportunities Fund is committed to encouraging partnership working in delivering its Lottery programmes.
- The Creative Partnerships Programme brings together partnerships of schools, local authorities, artists and community groups to support educational attainment.
- Sport Action Zone funding is provided to address sporting deprivation in some of the most socially and economically deprived areas in the country through partnership working between Sport England, PCTs, Sure Start, New Deal for Communities, Connexions and other parties.
- Again, the wellbeing power and the Health Act flexibilities could be applied to these priorities.

See [www.dfes.gov.uk](http://www.dfes.gov.uk) for details of creative partnerships.

See [www.nof.org.uk](http://www.nof.org.uk) for details of Lottery funding.

See [www.dcms.gov.uk](http://www.dcms.gov.uk) for information about other related grants.

# Learning from local approaches

This section describes LSPs' views on the benefits and challenges involved in pooling and aligning resources; examples of LSPs' approaches to both the strategic/executive level and in thematic partnerships and service planning; and evidence of the impacts on service development and outcomes for key groups and areas. Further details can be found in the case studies.

## LSPs' views on the benefits of pooling resources across sectors

Local strategic partnerships that have started to combine or pool resources are clear about the benefits both for the partnership and for individual partners. These include:

- More coherent strategic direction across partnerships
- Improved perceptions and understanding between agencies and sectors
- Improved communication across sectors
- Making better use of local resources
- Achieving more than single-agency approaches alone
- Reducing administrative costs
- Focusing different agencies on better service delivery
- Improved use of staff
- Improved impacts and outcomes for key groups/areas.

## Pooling resources to support LSP management and intelligence

The most common approach taken by LSPs is to combine resources to enable the effective functioning of their partnership structure – and to support the shift from single-agency to partnership-focused planning and delivery.

Examples include:

- Staff – jointly funded partnership development managers, administrators, analysts, marketing/press officers (includes secondments and new posts)

- Services to the LSP – joint funding for policy development and analysis, information and intelligence gathering, performance impact and evaluation
- Joint use of consultation mechanisms
- Shared use of venues/funding for LSP meetings, events and conferences
- Joint training for public sector staff – in areas such as community development
- Joint approach to financial bidding for external funds to create an LSP pooled budget
- Joint approach to supporting local community and voluntary sector groups writing funding bids and coordinating the allocation of community grants.

## Pooling resources to create a strategic framework for tackling community strategy/ neighbourhood renewal priorities

There are also a number of ways in which LSPs are starting to agree joint resources at the strategic level as the basis for more effective cross-sector action to tackle community strategy priorities. Examples include:

- Development of a financial strategy for the LSP
- Creation of LSP 'borough' budgets
- Shared use of accommodation and estates between partner agencies
- Combined outsourcing of services across public sector partners (such as customer service call centres)
- Alignment of individual agencies' resources in the agreed priority neighbourhoods for the LSP
- Shared use of staff and facilities across local services in neighbourhoods
- Joint funding to support voluntary sector involvement in the LSP and establishment of a community/voluntary sector network

- Development of a corporate social responsibility programme to use business resources to support community strategy objectives.

## Pooling resources for specific LSP priorities and services

The list below illustrates the range of examples of pooled resources for specific LSP priorities and services identified by the case studies.

### *Integrating health and social care services*

There are examples of jointly commissioned, funded or integrated services for:

- Integrated residential care beds and intensive home support services
- Services for people with learning disabilities, mental health problems, physical disabilities and sensory impairment
- Equipment services and occupational therapy
- Services for older people and children
- Drug prevention and substance misuse
- Services for carers.

(Case studies from Ashfield, Barnsley, Croydon, Hertfordshire, Solihull)

### *Community safety initiatives*

- Jointly funded initiatives between drug action teams and crime and disorder reduction partnerships on needle-exchange schemes (Barnsley).
- Joint warden officer (Croydon).
- Use of NRF for multi-agency programmes to support offenders' rehabilitation (Bolton).
- Joint teams to prevent hotel crime (Isle of Wight).
- Joint services between youth offending teams, health and social services for children at risk of sexual offences (Cornwall).
- Crime information-sharing project between police, local authorities and other agencies using a range of funds (Hertfordshire).
- Coordinated programmes for home security improvements (Sheffield) and tackling arson and crime in priority neighbourhoods through a range of joint initiatives and training (Coventry).

## *Extending lifelong learning and increasing employment*

- Joint use of external and internal funds (such as NRF and European Regional Development Fund) to support more community enterprises (Bradford).
- Joint use of funds for extended schools and NRF to create community learning centres in schools (Bradford).
- Joint health and employment programme to develop training and employment for disabled people or those with long-term health problems (Doncaster, Isle of Wight).
- Joint programme to improve access to education for those in poor mental health (Telford and Wrekin).
- ICT learning centres and community learning fund (Croydon).

## *Educational attainment and integrating services for children and young people*

- Children's Board and Drug Action Team Board funding for services for children and young people at risk of antisocial behaviour and substance misuse (Barnsley).
- Range of joint teams/services for child protection and early intervention programmes for young children and families, children with special needs, and personal learning and support (Cornwall).
- Joint partnership posts for strategic planning for early and middle years and young people (Cornwall).
- Joint exchange of data on children and families in deprived areas (Telford and Wrekin).

## *Tackling health inequalities*

- Joint funding and project management for various health programmes in deprived areas and use of NRF to improve access to key hospital services and surgical procedures for people in deprived areas (Coventry).
- Community parenting scheme to reduce infant mortality (Telford and Wrekin).
- Joint scheme to reduce teenage pregnancy among children in care (Telford and Wrekin).
- Tackling fuel poverty (Croydon).

## *Developing benefit and advice services/income maximisation*

- Joint advice and advocacy services across sectors through the Community Legal Services Partnership (Barnsley).
- Income maximisation project in deprived areas targeting those in poorest health (Manchester).

## *Improving neighbourhood management*

- Establishment of area contact points for the community – providing a range of local services (Mansfield).
- Safe and secure homes in deprived neighbourhoods (Mansfield).
- Strategic manager for neighbourhood renewal (Croydon).

## **Challenges to pooling resources across sectors**

Local strategic partnerships have also identified the challenges and barriers that limit their use of pooled resources. These challenges range from the allocation and auditing of resources from government to local barriers such as a lack of capacity and skills, or practical financial problems in moving resources between agencies and budgets. These are summarised below.

### *Understanding the range and scope of existing flexibilities*

- Lack of cross-government information about the range and use of existing flexibilities to pool mainstream resources across sectors.

### *Resource allocation*

- Allocation of resources to individual agencies rather than partnerships.
- Restrictive conditions of use of many targeted grants and lack of information on how they can be combined at local level.

### *Management of change and accountability arrangements*

- Risk aversion to pooling resources and developing new accountability arrangements in some areas.

### *Capacity and staffing concerns*

- Lack of local capacity and skills in interpreting existing flexibilities and establishing financial agreements across LSPs/partnerships.
- A range of practical difficulties in relation to parity across staff pay, pensions, VAT and other cross-charging issues.

### *Planning arrangements*

- Lack of coterminous boundaries and different planning cycles across sectors.

## *Performance management*

- Conflicting departmental demands for information, data and audits from individual public sector bodies.
- Limited opportunities for reporting joint action across the LSP and use of pooled resources through the performance management systems of individual sectors.

## **Improved services, impacts and outcomes as a result of pooling/aligning resources**

Despite the above constraints, LSPs in this study have demonstrated examples of improved impacts or outcomes for key groups/areas as a result of the more coordinated, combined or integrated use of resources across partner agencies. Examples include:

- Coventry has reduced arson by 30% in targeted neighbourhoods by aligning the resources of the police, fire and environmental services
- Manchester has increased the uptake of benefits among low-income households in targeted communities by £300,000 annually, following the introduction of a joint benefit programme between PCTs, GPs, voluntary providers and the community legal service partnership
- Barnsley has identified opportunities to redesign older people's services away from acute care to the community and primary care sector as a result of pooling £60 million of health and social care budgets
- Bolton has shown improved coordination of work with offenders as a result of a joint programme between police, probation, NHS, housing, employment, leisure services and the Benefits Agency, which is effectively targeting key offenders and will evaluate re-offending rates over time
- Bradford has supported more community enterprises through pooling various regeneration and employment funds – this has led to over 1,000 people being trained and over 500 people gaining employment
- Cornwall has established a range of joint services for children and young people which have been positively received and are now moving towards further integration of commissioning and services
- Croydon has established pooling resources across sectors as an accepted practice across the LSP – a customer call centre is being established for use across public agencies and the development of shared accommodation between agencies wherever possible to improve service delivery
- Hertfordshire has found that joint commissioning of £160 million of health and social care services has reduced the risk of expensive placements for certain vulnerable groups, leading to innovative services such as healthcare staff

- working in schools as part of the child and adolescent mental health strategy and the development of award-winning joint mental health training
- Mansfield's joint programme to improve home safety and security in priority neighbourhoods has involved the council, PCT, fire and police services, and the development of teams of wardens; it has been well received by the community and there has been very low staff turnover
- Sheffield's programme to coordinate resources for home security improvements between council and police services has led to a reduction in burglaries of 40% in targeted areas
- Solihull has demonstrated efficiency savings and reduced

storage costs through the development of integrated equipment services between the NHS and social services

- Telford and Wrekin has measured health, education and personal/social benefits among people who have participated in a jointly funded health and education programme to provide educational opportunities for people with poor mental health in disadvantaged areas.

### LSP tips for pooling resources across sectors

Finally, the case studies offer learning experiences and ideas for the successful pooling of resources across the LSP.

## Box 16 Learning experiences and practice ideas

- The focus for pooling resources is to tackle collectively the shared priorities and objectives of the LSP. Agree why resources are being pooled and what needs to be achieved as a first step, then agree who can contribute what.
- Explore the expectations and perceptions of partners and their policy and political drivers in relation to pooling resources.
- Agree at the highest level that agencies will work together and use their resources to meet common goals. Agreement by chairs of agencies and their chief executives makes changes in practice much easier to achieve.
- Financial and personnel information will need to be shared between partners to enable the effective mapping of resources.
- The LSP can establish these mechanisms for particular priority groups, areas, services and issues over time, sharing learning between its partnerships.
- A blanket approach to pooling resources can be too daunting. It is often better to focus on specific programmes or themes of the community strategy in the first instance.
- The most important decisions are who should contribute to the pooled resource; what kind of resource should they provide; and how much. Contributions need to be seen as fair and equitable across the LSP, but that does not mean all partners contribute the same amount or type of resource.
- For any pooled resource arrangement across the LSP, specific partnerships need to take a lead in setting out common objectives, anticipated joint outcomes and the responsibilities of different players.
- There can be conflicting views on the roles of the LSP, council and cabinet in managing pooled resources, as well as between different agencies and sectors. The role of each group needs to be clarified, and management arrangements for staff or funds must be transparent.
- Once these decisions have been made, protocols of accountability can be drawn up between agencies and partners. These should include an assessment of risk, and clear responsibilities if there are problems with funds or resources.
- It may also be easier to pool external funds or grants rather than mainstream resources in the first instance. From these pilots, steps can be taken to develop the joint use of mainstream resources.
- If specific grants are being pooled across sectors, then the LSP needs to consider how the conditions of use of those grants are being met. Can the partnership account for the way the funding has been spent, and does it have reasonable evidence that it is able to achieve the intended outcomes set out by the government for the use of the particular fund(s)?
- Local strategic partnerships will need to set up support arrangements to establish and administer pooled resources. These might include providing administrative support, staff time and the management of accountability agreements and protocols.
- Finance directors and chief executives can be champions in the process, but will need time to build up confidence in the monitoring and governance arrangements for any form of pooled resource.
- Elected members play an essential role and will need to be involved in agreeing accountability arrangements for pooled resources. It is important to clarify to members how any pooled resource will be used, by whom, and what are the intended/actual benefits.
- Local determination and a positive, can-do attitude are key to setting up programmes and services using pooled resources, backed up by shared priorities at strategic level.

# Key findings

Most government departments have been signalling the increasing importance of partnership working and encouraging the flexible use of resources across LSPs. There are now significant legislative flexibilities in place for the NHS, local authorities, the criminal justice system and the voluntary sector to combine resources and budgets to address a range of national/local priorities. There are also an increasing number of targeted grants that can be used across LSPs or across several public sector bodies to support the development of more integrated services.

Of particular importance are the flexibilities found in the Local Government Act 2000 (especially the wellbeing power), and flexibilities introduced to promote best value: the Health Act 1999 (lead/joint commissioning, pooled budgets and integrated services) and those in the Crime and Disorder Act 1998 (pooled budgets and integrated services). Local authorities have very broad pooling powers as a result of the wellbeing power, applicable across all services and functions. For other sectors the flexibilities available are significant, but more closely related to their core function (such as improving health or community safety). For example, the Health Act flexibilities have led to the strategic pooling of resources to develop new forms of integrated health, education and social care services and organisations in excess of £2 billion.

There is also encouragement to align or coordinate resources more effectively in relation to a number of priority areas, including housing improvements, employment services, uptake of benefits and advice services, improvements in rural services, arts and cultural programmes within mainstream public services, services for children and young people, and improving educational attainment.

The most flexible targeted funds now available include the cross-sectoral area-based grants such as NRF, and the cross-sectoral performance-related funds linked to local

public services agreements. There is also a range of other grants that can be commissioned or distributed among local partnerships – from rural and urban transport services, to supporting housing needs among vulnerable groups, to establishing new integrated services to improve the health of poor neighbourhoods.

Local strategic partnerships in this study are at the start of a process of greater integration of initiatives and services across sectors to help achieve their local priorities. They are making the most use of the flexibilities available to pool resources across health and social care services and to align funds for crime and disorder reduction. The wellbeing power and the flexibilities associated with best value appear under-used. The wider use of the Health Act flexibilities in areas such as housing, transport and education also appear under-used. The use of the existing flexibilities in relation to children's services is at an early stage, but as children's trusts develop the broader use of the flexibilities to combine health, education, social care and other services will be much more widely used. There are a number of examples of combined/pooled funds to support employment, advice and educational opportunities for key groups in priority neighbourhoods – but these appear to have been initiated through local interest and strong partnership working rather than as a direct result of the availability of particular government flexibilities.

Local strategic partnerships are also more likely to experiment with the combined use of targeted grants across sectors such as Sure Start, NRF, Children's Fund and the various community development and community safety funds, rather than combining mainstream budgets. NRF and performance-related funds for local PSAs, in particular, are being used to experiment with new integrated pilot projects and services separate from the mainstream. Overall, the incentive for LSPs to pool resources is often the improved coordination this will

bring to local services, rather than the promotion of flexible legislation/guidance from government.

Local strategic partnerships have found the main benefits of pooling or combining resources across sectors to include a better use of local resources and staff across sectors; improved communication between agencies; a more coherent strategic direction for the LSP; and a clearer focus on service delivery. Some can demonstrate improved impacts and outcomes for key groups and communities as a result.

Resources are being pooled at a number of levels of the LSP: the executive partnership and key theme partnerships; through new organisations such as children's trusts; through service commissioning (particularly across health and social care); at the point of service delivery where new teams are created; and at neighbourhood level in specific pilots and initiatives.

At the executive level of the LSP, resources are starting to be pooled for a number of different purposes. These include the use of joint resources to coordinate planning, generate additional income, gather intelligence, monitor and support LSP performance, engage communities, manage the use of targeted funds and set up pilots for new services and initiatives.

Different types of resources are being pooled between partners. Officers' time and skills are most likely to be shared as a first step. There are also examples of the shared use of information, facilities, buildings and staff posts as well as financial resources. Joint funding is most common where specific government grants are available for use across sectors, such as NRF or in the case of health and social care, where there are a number of flexibilities set out in the Health Act that can be used.

A continuum or spectrum of different approaches to pooling resources can also be identified. They range from the informal coordination or alignment of existing services to better target priority neighbourhoods, through to the more formal arrangement to pool mainstream service budgets. Between either end of this continuum there are various approaches, including joint location, management, commissioning, funding and integration of posts, teams and services – and ultimately the creation of new organisations or forms of public services.

Local strategic partnerships and government departments have identified a number of challenges to be overcome if genuine coordination and pooling of resources is to develop. It is often difficult for local agencies to see how the range of

flexibilities and funds can be used collectively across the LSP to help achieve local priorities. Information is often contained within individual sectors or departments, and there is little guidance available for partnerships from national level.

There are also some limitations on what is possible. A number of existing flexibilities (such as the Health Act flexibilities) can be used only by particular public sector agencies, and many targeted funds (such as area-based initiatives) have strict conditions of use that prevent them being formally pooled. There are some concerns among LSPs and individual partner agencies about the risks of using resources in a more flexible way across the LSP, and uncertainty about the appropriate accountability arrangements that need to be in place.

Practical difficulties need to be overcome. Some organisations have financial problems and are reluctant to commit resources into medium- or long-term pooled arrangements. Others simply are not in a position to release resources to develop new forms of integrated services. For those partners experimenting with pooled resources there are often challenges in establishing parity in staff pay and in transferring pensions when staff from different sectors are brought together in new teams or units. VAT arrangements for services and other cross-charging issues also need to be resolved. Although some action has been taken to address these problems nationally, in some areas local risk aversion persists despite the removal of barriers.

Traditional problems, such as a lack of coterminous boundaries and different planning cycles between agencies, can add to the difficulties of establishing any form of financial framework for the LSP. Trust and security in partnership arrangements is also critical. Performance management and audit arrangements for individual partners can also add to the bureaucracy of pooling resources, especially when different sets of financial and activity data are needed for different audit purposes by each partner. There are often limited opportunities to provide common audit information to LSP-wide audits that are focused on joint approaches to funding local problems.

Despite these challenges, LSPs in the study can demonstrate examples of improved service delivery, and improved impacts and outcomes for priority groups and areas, including:

- Creation of integrated mental health services combining up to £10 million from the NHS and local government, and development of integrated services for people with learning disabilities combining up to £25 million

- Reduction in arson and burglary in targeted neighbourhoods
- Increased uptake of benefits among those in poorest health/on lowest incomes
- Increased educational opportunities for people with poor mental health
- Improved access and coordination of services for older people, children/young people and offenders
- Increased community enterprise and training (including improved employment opportunities for people with disabilities)
- Reduced risks and efficiency savings through integrated health and social care services
- Improved community perceptions of home safety initiatives in priority neighbourhoods.

Most partnerships also set out more ambitious plans to combine resources as partners gain the confidence and skills to use the flexibilities available, and as barriers at national or local level are identified and removed.

# Case studies

The case studies include examples of LSPs in most regions in England, from both urban and rural areas, and from both NRF and non-NRF localities. Each case study describes examples of the approach to pooling resources across the LSP at either executive level and/or the level of LSP services and priority issues.

## Box 17 List of case studies

|           |                    |
|-----------|--------------------|
| Ashfield  | Hertfordshire      |
| Barnsley  | Isle of Wight      |
| Bolton    | Manchester         |
| Bradford  | Mansfield          |
| Cornwall  | Sheffield          |
| Coventry  | Solihull           |
| Croydon   | Telford and Wrekin |
| Doncaster |                    |

## Ashfield Local Strategic Partnership

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### *Pooling resources across the LSP – strategic approaches*

The Ashfield Partnership was first established as a community strategy partnership in 1999 and has evolved into one of the 88 LSPs receiving funding from the NRF. The main partners are the district council (coterminous with the LSP), Nottinghamshire County Council, Nottinghamshire

Police (covers two LSPs), Ashfield Links Forum (voluntary sector umbrella group), Ashfield Chamber of Commerce, Groundwork Ashfield, and Mansfield and Ashfield PCT (covers north of LSP area).

Many partners provide officer support and input to a wide range of partnership groups and initiatives, which might be described as ‘well developed pooling of staff resources’. Partners remain financially accountable to their own organisations, and specific statutory and voluntary sector organisations are assigned responsibility for initiative funding such as NRF, Neighbourhood Management Pathfinder Fund, Community Empowerment Fund, Community Chest and Community Learning Chest. The LSP endorses, steers and monitors progress in each of these initiatives.

The following partners have pooled resources to fund the LSP in 2003–04:

- Ashfield District Council
- Nottinghamshire County Council
- Ashfield PCT
- Nottinghamshire Police
- Groundwork Ashfield and Mansfield
- Neighbourhood Renewal Fund

This funding is used to support:

- One partnership manager (employed by the district council)
- 50% administrative officer time (employed by district council)
- LSP running costs
- Contribution to voluntary sector umbrella organisation to provide a secretariat to the LSP social inclusion issues group
- Resources are also pooled to support the Partnership Officers’ Group. This meets approximately bimonthly for

three-hour sessions, and officer time is contributed as follows:

- Ashfield DC (four officers)
- Ashfield Links Forum (two officers)
- Ashfield PCT (one officer)
- Nottinghamshire County Council (three officers)
- Nottinghamshire Police (one officer)
- Neighbourhood Management Pathfinder (one officer).
- Groundwork Ashfield and Mansfield (one officer)
- Ashfield Homes Ltd (one officer)

Officers also contribute work to the group through subgroups and development work outside the meetings. There are other examples of pooling staff resources at the strategic level of the LSP.

#### *Talking Up Ashfield subgroup*

This group markets the LSP and the district, meets bimonthly, and includes staff from the district council press office, economic regeneration and leisure departments, Ashfield Community Radio, Ashfield Telematics and Ashfield Links Forum.

#### *Sustainability subgroup*

The group is responsible for building Local Agenda 21 principles and action into the community strategy, and includes staff from Nottinghamshire County Council, Groundwork Ashfield and Mansfield, Ashfield District Council, Ashfield Women's Centre and local environment groups.

#### *Partnership funding group*

This group was set up under the guidance of the National Lottery's Community Fund worker, and brings together officers from a wide range of agencies to implement a joint initiative on providing support to local groups in writing funding bids.

### *Pooling resources for LSP priorities/services*

#### *Improving intermediate care*

The purpose of the programme is to improve intermediate health and social care services. It is intended to result in better clinical crossover, make it easier to recruit staff, reduce administrative costs, create economies of scale, and reduce the differential in pay and conditions between staff undertaking similar work in different sectors.

Discussions are at an advanced stage to pool budgets and governance arrangements for residential care beds and intensive home support services. Ashfield PCT and Mansfield PCT budgets will be integrated and Nottinghamshire Social Services will initially align their budget to remove complicated cross-charging. The pooled budget will be lodged with one of the partners. Government flexibilities through the Health Act have encouraged Ashfield to pool these resources. Mainstream funding amounting to over £1 million pounds across the three organisations is being pooled.

There are clear links between strategic staff in the NHS and in Social Services into Ashfield and Mansfield LSPs. The development of integrated intermediate care is currently implicit in the local delivery plan as part of the modernisation of the delivery of care. The development of integrated services will be made explicit in future versions of the local delivery plan.

The LSP makes it easier to pool resources by providing a forum for discussion of these types of initiatives, and by taking on a performance management and accountability function for local people – in this case for elements of the local health plan and the National Service Framework for Older People. It is early days, but there is notable and genuine enthusiasm to cut through the administration issues and concentrate on better service delivery.

## **Barnsley Local Strategic Partnership**

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### *Pooling resources for LSP priorities/services*

#### *Health and social care services*

There are many examples of pooled resources between the council and NHS across the LSP, led by the health and social care partnership. Through the LSP, Barnsley Council has developed a strategic partnership with the local health community using the Health Act 1999. The drive for the partnership came from a critical joint review of mental health services in 1997 that led to social services being placed on special measures by the Social Services Inspectorate. The

partnership has gone from strength to strength: this year social services was awarded two-star status overall, and the primary care sector was awarded three-star status for mental health services. The partnership has also been recognised as a national pathfinder by ODPM.

The development of the partnership has been a collaborative approach. A number of key strategic issues had to be considered, including legal governance issues, information, HR management, professional integrity and development. The partnership sits within the LSP and is responsible (with other parties) for delivering objectives and priorities for health and social care within the community plan.

The partnership is managed by a board (the Joint Agency Group), with delegated responsibility from the two agencies to commission services for all client groups through six commissioning boards. The local authority has responsibility for joint commissioning and managing the pooled budget on behalf of the partnership, and the lead provider model has been adopted. The local authority continues to provide all services for clients with learning disabilities and children's services, including child and adolescent mental health. The local PCT is lead provider of all services for older people, mental health and physical disability, and sensory impairment.

Budgets for all these services have been pooled, and the partnership has a joint investment planning process to determine the extent of the pool (currently approximately £60 million). This influences the council's budget-setting process and the local delivery plan. The partnership agrees priorities based on national targets, national service frameworks and the PSA process. The Joint Agency Group then allocates the pooled fund to the boards in line with agreed priorities. The extent of each partner's contribution varies. This is a reflection of the differing financial position of the PCT and the local authority, but is not considered an issue. It is the totality of the fund, and the opportunity to use the fund across the health and social care community to make an impact on service outcomes, that is important.

The Joint Agency Group strategically manages the pooled funding and commissioning arrangements, with a dedicated lead planning and commissioning officer for each board. Legal agreements have been drawn up in consultation with both partners and legal advisers. The whole process is monitored by internal and external auditors, based on an agreed Governance Action Plan.

The system is designed to improve service outcomes, provide seamless locally accessed services to the community, and adopt a whole-systems approach based on person-centred care plans. Teams across the health and social care community are colocated and provide integrated services.

It is too early to quantify any savings, but there are examples of opportunities being created to redesign services, eg creating local services by bringing back expensive out-of-authority learning disabled placements, and moving the focus of older people's services from the acute to the community and primary care sector. There is absolute commitment to the partnership from all sections, including council members, GPs and community groups. Service users and carers are actively engaged in the decision process; they are represented on each Client Board and supported by an innovative participation service.

#### *Other examples of pooled resources across Barnsley LSP*

- The Teenage Pregnancy Coordinator is a jointly funded post managed through the Children's Services Board.
- The Drug Action Team Board is working with the Community Safety Partnership to provide needle-exchange schemes, and community pharmacies are piloting monitored prescription facilities.
- The Children's Board and Drug Action Team Board have a dedicated project group and pooled budget to develop and manage services for children and young people at risk who are involved in antisocial behaviour/substance misuse. The membership of both boards ensures a joined-up approach between police, local authority services, probation, schools and colleges. A major Family Support Strategy has been developed which is currently being piloted on a locality basis, linked to the LSP's objectives.
- Barnsley Metropolitan Borough Council has beacon status for its Community Legal Partnership, led by the Welfare Rights Service which provides advice and advocacy services across sectors.
- The Supporting People Strategy has been developed through needs mapping, which has identified priorities for each client group. Working with the housing department, the Learning Disability Service has identified and established schemes in new-build or refurbished accommodation with appropriate social support to enable people with learning difficulties to live independently with community-based support.

## Bolton LSP

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### *Pooling resources across the LSP – strategic approaches*

The Bolton LSP (Vision for the Future Partnership) consists of a core steering group involving private, public (council, health, employment and education), voluntary and community sectors, together with a family of underpinning partnerships.

Partnership themes include culture, transport, learning, environment, drugs, community homes, health and wellbeing, economic development, crime and disorder. There are also strategic partnerships for information, Europe, and forums for the voluntary and community sector and the town centre company. A raft of regeneration partnerships link to the steering group, such as the racial harmony forum, the literacy trust, and other partnerships administering specific funds such as the community legal services partnership, Sure Start partnership and Children's Fund partnership.

There are a number of examples of pooling resources between organisations to support the thematic work of the LSP. For example, two director posts are jointly funded by the PCT and the council, and there are other jointly funded operational posts such as the teenage pregnancy coordinator.

### *Pooling resources for LSP priorities/services*

#### *Using the Neighbourhood Renewal Fund to support offenders*

The NRF was used to fund two projects, the Prolific Offenders Project and the After Custody, On Release (ACORN) project to support the work of the crime and disorder partnership. The main purpose of the projects is to provide a holistic support package to offenders by working across sectors.

Both projects are led by the National Probation Service (Greater Manchester) and involve the police (information), NHS (community drug and alcohol team, mental health assessment and treatment), housing (access and settlement), employment service and Benefits Agency (assessment, access

to services, basic skills training and employment). Leisure services are also involved in the Prolific Offenders Project to provide activities for constructive use of time and to promote physical activity/health.

The ACORN project offers a resettlement support package to offenders serving custodial sentences returning to Bolton, aiming to reduce the likelihood of re-offending and aid rehabilitation into the community. It aims to provide an assessment and support package for 300–400 offenders a year, and a subsequent 10% reduction in re-offending/return to custody.

The Prolific Offenders Project aims to reduce re-offending by a small number of offenders who commit high numbers of crimes, particularly acquisitive crime related to drug use. The project involves monitoring offenders at high risk of criminal activity, providing a programme to challenge attitudes to offending, providing prompt access to services to deal with problems related to offending and an enhanced supervision package of support for offenders (accommodation, training and employment). It aims for 60% of offenders to complete a supervision plan and show improvements, and then a 10% reduction in offences committed by the target offenders.

Both projects are funded for three years (2001–04) from the NRF (£381,661 and £455,861 in total for the two projects) and are set out in the neighbourhood renewal strategy. The LSP provides a network for joint working and influencing the organisations that comprise the partnerships, making it easier to pool resources across sectors.

The projects have set key outputs and outcomes, and report on milestones. The model of the ACORN project has been promoted by the white paper *Justice for All* (Home Office, 2002). Recent data show that:

- 315 offenders have been contacted since April 2002 in local and neighbouring prisons; over 275 referrals have been made to partner agencies; and 31 contacts have been made with the community psychiatric nurse
- In terms of prolific offenders, 84 offenders have been on the programme since April 2002, 12 have been assisted into employment or education, and extensive work has been undertaken to support rehousing; re-offending rates are being counted as part of the overall evaluation.

More details can be found in Bolton's neighbourhood renewal strategy (September 2002)

## Bradford Vision (LSP)

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### *Pooling resources across the LSP – strategic approaches*

Bradford LSP has started to pool resources for specific projects and areas of work. LSP partners believe that pooling resources will achieve greater results and cement partnership working. The LSP itself (Bradford Vision) and the Urban Regeneration Company are both supported by pooled resources from various partner agencies.

The LSP is in the early stages of developing a financial framework, led by Bradford Vision's Partnership Delivery Team. In addition, the LSP is supported by the Strategic Funding Forum, which takes a strategic approach to the allocation and commissioning of funding coming into the district directed through communities and the voluntary sector.

The Building Communities Partnership is developing a strategic approach to the district's voluntary and community sector infrastructure support, including cross-sector information on funding issues.

There is a Joint Communications Group under Bradford Vision that is developing joint communications across the LSP.

As an LSP, key thematic and area-based partnerships are developing more joint use of resources in relation to specific issues. Accountability ultimately lies with the LSP and the local authority, which is normally the accountable body. The key partnership areas cover tackling crime, improving health, improving learning, housing issues and homelessness, community cohesion, economic development, environmental issues, children and young people, and employment and business opportunities.

### *Pooling resources for LSP priorities/services*

#### *Encouraging community enterprise and community learning*

Local Development and Employment Pacts support community enterprise and are joint financed, bringing together NRF, the European Regional Development Fund and

WRF. This has supported more community enterprises, and has led to over 1,000 people being trained and over 500 gaining employment.

The Extended Schools Project has seen the pooling of DfES funds and NRF allocated to improving learning in deprived communities, and has enabled a number of schools to become community learning hubs.

## Cornwall's children and young people's partnership

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### *Pooling resources for LSP priorities/services*

#### *Children and young people's partnership*

There are a number of examples of joined-up working in relation to children's services. Many of the schemes operate on a pooled budget basis with one of the partner organisations acting as the host agency with project management through a multi-agency board.

The services and schemes are overseen by the Children and Young People's Strategic Partnership in Cornwall. This group meets monthly to coordinate service developments, particularly for vulnerable children. Membership is drawn from senior representatives of the local authority (social services, local education authority, youth service, chief executive's department), the youth offending team, Cornwall Association of Secondary and Primary Heads, further education colleges, the three PCTs, Cornwall Partnership Trust, Royal Cornwall Hospitals Trust and Plymouth Hospitals Trust, Devon and Cornwall Constabulary, Connexions, NSPCC and NCH (the children's charity). The group is chaired by the deputy director of social services and the vice chair is the chief executive of the Cornwall Partnership Trust (health).

The partnership emerged from the Children's Services Planning Group established in 1997 and evolved into its existing structure in 2001. This was prompted by the increase in initiatives such as Children's Fund, Sure Start and Health, Education and Sports Action Zones, which demanded coordination across sectors and required sustainability issues to be considered between partner agencies.

The partnership signs off the teenage pregnancy strategy, Quality Protects Management Action Plan, youth justice plan, behaviour support plan, and so on. It has also incorporated

the roles of the Health Action Zone steering group for children and the Connexions management committee.

Local links are maintained through three local planning and implementation groups which actively implement the strategic plans agreed at county level and inform their development with local knowledge. These are chaired by the PCT, social services and a joint chair between Connexions and youth services.

The partnership has a strategic vision, and has identified five priorities and a set of joint values through consultation with children and young people, their carers and service providers. These include the priority to develop improved coordination of services and better inter-agency working. In order to achieve its priorities, the partnership is considering the development of a Children's Trust and the need to reconfigure existing investment in services to create more integrated services. Current examples of shared management and pooling resources are steps towards greater service integration.

#### *Jointly funded children's and young people's services and schemes*

- The Strategic Partnership has now received funds for three posts to work on early years (0–4), middle years (5–13) and young people (13–19). The posts are funded by a combination of resources and hosted by one of the partner agencies.
- Joint consultancy team for child protection.
- Multi-agency early intervention programme for young children and their families.
- Joint health, social services and youth offending team project working with children and young people at risk of sexually harming others, hosted within social services.
- Social services, Connexions, schools and youth offending team project extending the role of personal advisers hosted by Connexions.
- Health, social services and local education authority coordinator for children with complex needs located within the local education authority.
- A children's nursing team for sick children jointly funded by health, social services and the Diana Fund is hosted by the NHS.
- The Child and Family Service and the local education authority psychology and associated support services have been co-located for a number of years. The local education authority commissions speech and language therapy from health providers locally.

## Coventry Local Strategic Partnership ([www.coventrypartnership.com](http://www.coventrypartnership.com))

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### *Pooling resources across the LSP*

Coventry LSP includes Coventry City Council, Coventry University, Warwick University, Coventry and Warwickshire Connexions, Whitefriars Housing Association, Coventry PCT, West Midlands Police, Job Centre Plus, West Midlands Fire Service, Coventry VSC, Coventry Law Centre, Heney College (representing the further education sector), Coventry and Warwickshire Chamber of Commerce, Local Learning and Skills Council.

The community strategy was completed in July 2003. Local partnership arrangements have been agreed and all LSP partners are focusing effort on priority neighbourhoods in the city.

The LSP includes themed partnerships for housing, transport, health, equalities and communities, jobs and economy, crime, learning and training and the environment. There are also cross-cutting groups for performance impact and evaluation, planning, champions, NRF and communications. Supporting the partnerships are a voluntary sector network, a community network and a system of area-based coordination. The LSP theme groups, and those supporting LSP communication, monitoring and evaluation, are made up of employees from the different partner agencies as well as the voluntary and community sectors. Partners also share their venues for LSP theme group meetings.

LSP partners have pooled resources to employ a development manager and an administrator for the LSP. The manager and administrator are housed in a local police station. The funding to run the LSP comes from several partners:

- Council – £60k per annum
- PCT – £10k per annum
- Learning and Skills Council – £10k per annum
- Voluntary Services Council – £2.5k per annum
- Connexions – £2.5k per annum
- Further education sector – £1k
- West Midlands Police – £10k per annum.

Resources are being pooled to support neighbourhood renewal and the city has been divided into six areas.

The council has funded a coordinator, capacity building worker and community safety officer for each area, with accommodation and clerical support. LSP partners have each identified staff to work with these local teams to develop and deliver neighbourhood plans. Facilities are being shared, eg one team is housed in a fire station, and another in a Whitefriars Housing Company property. A range of initiatives take place in the areas with shared use of resources.

### *Pooling resources for LSP priorities/services*

#### *Tackling health inequalities*

The PCT, local authority and other partners established Health Action Groups in the priority areas of the city in 1996–97 by aligning health inequality benchmarks with the Townsend indicators of poverty. The groups consist of professionals and residents. They receive devolved grants from the PCT core health improvement budget (£135k) to develop projects that address health inequalities. The PCT provides funding and project management, and the City Council area coordinators have provided budgetary control. For example, a grant of £19k was combined with a Children's Fund grant to employ a healthy schools worker for nine primary schools. In another area, a £10k grant supported the work of Age Concern to promote the health of people living in sheltered housing.

The NRF has supported a bid of £330k from the PCT to fund additional orthopaedic and ear, nose and throat surgery for patients living in health action areas. This is matched with mainstream funding, and allows the NHS to see patients from deprived areas more quickly and thus improve their quality of life.

A city-wide health inequalities strategy has been developed, with six champions identified to lead on different aspects – three from the PCT and three from the local authority. The PCT has employed health development locality managers in each of the six areas to work with local inter-agency teams and area coordinators and to support the Health Action Groups. They will develop joint local service delivery plans to implement the city-wide strategy.

#### *Reducing crime/improving community safety in a deprived area*

City council community safety officers and the police work at a local level to address crime, eg through a repeat burglary protection scheme. Similar work takes place through neighbourhood wardens. Mainstream city council resources (community safety officers and their dedicated budgets) are linked with police officer time to deliver practical projects

within the priority neighbourhoods. This work has led to the development of gating schemes designed to prevent crime in alleys behind houses, domestic violence training programmes, and the joint support of Crime Action Groups which involve professionals and residents in identifying and addressing specific crime issues in priority communities.

The fire service has allocated to each of the priority neighbourhood areas officers who work with other partners, eg with education services to produce a video on the dangers of arson for schools. The council has allocated six street services officers to work with the fire service to remove rubbish, which resulted last summer in a 30% reduction in fires in Coventry compared to the previous summer.

#### *Improving facilities for young people in a deprived area*

In one area local residents approached the area coordinator to complain about high levels of crime around a local park and the lack of use of the park by children because of used needles and groups of 'intimidating' young people. The police, residents, a community association, a private company, youth services and the council's leisure services pooled resources to establish a football league for local young people in the park. A number of other jointly sponsored activities have also taken place. The programme has been running for several years and is now run by a voluntary organisation. It has led to increased use of the park, new neighbourhood watch schemes have been established, needles are no longer left on the park, and some young people have been spotted by football scouts (from Nuneaton football team). A number of young asylum seekers are also involved, contributing to community cohesion. Crime in the neighbouring streets has dropped by 30% and a number of neighbourhood watch schemes were established in the surrounding streets. The contributions were:

- Community centre provided the changing rooms
- Leisure services marked up the pitch and provided the equipment and coaches
- Jaguar Cars provided the cups
- Residents organised the programme
- Youth services allocated detached youth workers to engage with the young people
- Police produced a team to play against the young people.

A number of private and public sector organisations now sponsor a major festival on the park which also contributes to crime reduction and increased use of the park.

## Croydon Strategic Partnership ([www.croydon.gov.uk/csp](http://www.croydon.gov.uk/csp))

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### *Pooling resources across the LSP – strategic approaches:*

The Croydon Strategic Partnership was formed in January 2002. It comprises a board and six main theme partnerships (health, crime, environment, education and lifelong learning, housing, culture). There are a large number of associated subgroup partnerships. Partnerships have representatives from the business community/voluntary sector and the key statutory agencies. Details of the Croydon Strategic Partnership are available on the website.

A Chief Executives' Group coordinates the work of the LSP and the community strategy. Each agency identifies how it can contribute to the joint priorities that comprise the community strategy and neighbourhood renewal strategy. It is recognised that the largest resource agencies have is the staff. Pooling of resources therefore considers how staff can be deployed to help deliver LSP priorities, not just the priorities of their own agencies.

Considerable work has been undertaken, particularly between health and social services on joint commissioning and joint provision of services. This has involved moving towards the technical pooling of budgets under section 31 of the Health Act 1999. A project manager has been appointed to help develop this aspect.

Work is currently being undertaken to look at the facilities owned and managed by partnership agencies with a view to examining how better use can be made of shared service centres, one-stop service points and shared telephone customer service units.

Utilisation of 'spare capacity' of partner agencies has led to the development of a Corporate Social Responsibility Programme to use business resources for wider benefit. The council has made its communications and consultation arrangements available to partner agencies.

External funding received, such as SRB, New Opportunities Fund, Children's Fund, Invest to Save and NRF, is effectively

pooled through joint steering groups to oversee its allocation and use.

Croydon has developed a culture of looking to see how issues can be solved by agencies working together; the issue of resources follows, based on what agencies are able to contribute.

### *Partnership support*

The Croydon Strategic Partnership is supported by a Partnership Unit and partnership managers for each theme area. This support system is funded by a variety of contributions from the council, PCT, police, college, Community Network, Learning and Skills Council, Job Centre Plus and the business sector.

### *Corporate social responsibility*

A business broker scheme is being developed to establish a Corporate Social Responsibility Programme among businesses in Croydon. Contributions are being made by Business in the Community (a charity), a local multi-national company, a grant from the Regional Development Agency and other local funds. The Corporate Social Responsibility Programme will release spare capacity from businesses, such as staff time and their facilities being used for community benefit.

### *Analysis of Croydon trends*

To provide a service to the Strategic Partnership, a combined approach is being developed to produce an analysis of trends in socio-economic data for the borough. Resources have been combined from council, PCT and external funding to create a post to be based in the Public Health Department. This is to develop a 'Croydon Observatory' to pool statistical data collected by agencies in Croydon, to be used for policy analysis to support the development of the Community Strategy and to support bids and make cases for external funding.

### *External funding unit*

Croydon has received funding from various agencies to support the function of developing and coordinating applications for external funding on behalf of the LSP. The main targets for applications are Lottery funds, Regional Development Agency, European Funds, Invest to Save, London Boroughs Grant Scheme, etc.

### *Property partnership*

A property partnership has been launched for the borough, bringing together all public sector agencies that hold and

use property and community/voluntary sector agencies who require premises. It will ascertain how property portfolios can best be managed to provide more one-stop facilities for users and better use of property holdings for public sector agencies.

#### *Communications, consultation and marketing*

The council has made space available to partner agencies in its monthly magazine distributed to all households. The Neighbourhood Partnership meeting developed by the council is now utilised by all partner agencies as a means of consulting the community. A joint marketing agency has been set up between the council and business to market Croydon, particularly with respect to inward investment.

#### *Pooling resource for LSP priorities/services*

##### *Joint health and social services provision*

Social services have seconded all their mental health staff to work under a borough mental health manager employed by the local Mental Health NHS Trust.

An integrated Community Occupational Therapy Service and an integrated Community Equipment Service have been formed under PCT management with social services staff being seconded. Improved services have been achieved, and work is progressing to achieve fully pooled expenditure budgets by December 2003 to enable further improvements.

The PCT and the council jointly commission other services, thereby pooling their spending power. This includes services for people with learning disability, children and adolescent mental health services, services for older people with mental health problems, and drug prevention. An agreement to incorporate the payment of funded nursing care within payments for social services residential and nursing home care placements is nearing completion.

A joint information and support services for carers has been set up using combined funding from the PCT, council and voluntary agencies.

Croydon has been selected as a pathfinder Children's Trust. This will involve pooling staffing and other resources between health, social services, education and the voluntary sector in pilot geographic areas, and to improve services for children with disabilities.

#### *Regeneration*

A strategic manager post has been created for North West Croydon, funded by different funding streams to work on

behalf of partnership agencies to oversee the regeneration of the area.

Croydon has, where possible, combined the separate regeneration funds available to commission provision jointly. This allows a larger funding pot to be available with simplified commissioning processes, and reduces the lack of synergy between separate funding streams.

#### *Crime and disorder*

The Safer Croydon Team managed by Croydon Council on behalf of the Crime and Disorder Partnership has a police sergeant post seconded to it. This has led to better understanding of joint working and improved liaison on a wide range of crime reduction matters such as the night-time economy, CCTV, etc.

A Safer Croydon Crime Shop has been set up in the town centre, funded by the property development company that owns the premises. The office acts as a multi-agency operational base for the police Town Centre Team, police Community Support Officers, street wardens and Croydon Against Shop Theft.

#### *Environment*

Joint work is being undertaken to tackle fuel poverty. A programme of action is being undertaken to lift more people out of fuel poverty and improve energy efficiency through creating greater awareness of opportunities among professionals and community groups that work with people in need. The cost of this work is being supported by housing, environmental health and Eaga Partnership Ltd.

#### *Lifelong learning*

The Croydon Lifelong Learning Forum has been successfully establishing a range of community ICT learning centres as part of the national UK Online strategy to promote access to ICT. A local strategy was established early on to partner community organisations with experienced learning providers. This had the benefit of ensuring both the quality and responsiveness of community provision and of drawing in a wide range of resources in addition to the original New Opportunities Fund (sources include Learning and Skills Council Further Education funds, SRB and Sure Start). The six individual centres now operate as a collaborative network within the Lifelong Learning Forum, pooling resources for coordination, marketing and development.

The Lifelong Learning Forum established a Community Learning Fund in 2000 to promote the delivery of first steps

into learning by community organisations with the voluntary sector. The resourcing for this initiative has been enhanced in subsequent years by drawing in Learning and Skills Council development funds and establishing links with voluntary sector coordinating groups across south London. The result is the development of a model for brokering partnerships between voluntary sector organisations and local adult learning providers to develop new routes into learning.

## Doncaster Local Strategic Partnership

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Doncaster Strategic Partnership is an accredited LSP. There are a number of key strategic partnerships including: the health and social care partnership, voluntary arts network, economic partnership, learning partnership, Sustainability Partnership and Doncaster's Environment (SPADE), community safety partnership and community empowerment network. A black and minority ethnic groups partnership is under development.

Partnership agreements are currently being drawn up which will link these partnerships to the Doncaster Strategic Partnership. The main partners include the Mayor of Doncaster, Doncaster MBC, Doncaster Central, East and West PCTs, South Yorkshire Police Authority, South Yorkshire Passenger Transport Executive, Doncaster Chamber of Commerce and Enterprise, Doncaster College, JobCentre Plus, Doncaster Council for Voluntary Service, South Yorkshire Learning and Skills Council, Yorkshire Forward, Doncaster Communities in Partnership, Youth Forum and the Government Office for Yorkshire and the Humber.

### *Pooling resources across the LSP – strategic approaches*

Doncaster Strategic Partnership is at the early stages of developing a borough budget; the ultimate aim is to pool resources at borough level. The first stage is to understand the resources used by key partners for work in specific areas. The first event took place in 2002 and involved PCTs, council, police and passenger transport executive (PTE) updating the LSP on their current budgets for activity in the borough and their priorities. A second event in 2003 had an economic

focus and considered opportunities to pool resources in relation to a local airport development.

An LSP financial strategy is currently under development. This is managed by the Doncaster Strategic Partnership's support team with Doncaster Metropolitan Borough Council, and includes creating a dedicated LSP budget by securing financial contributions from partners.

The development of partnership agreements and key improvement plans will seek to identify gaps in the provision of resources across all partnerships. This will, in turn, affect the delivery of the actions set out in the community plan (Borough Strategy).

Taking the definition of pooled resources to mean officer time, the LSP has a technical support group which consists of lead support officers for each of the key strategic partnerships, plus other cross-partner representation. This group supports the LSP and undertakes cross-partner work on its behalf.

At the operational level, Doncaster MBC, PCTs, South Yorkshire Police, Doncaster College and South Yorkshire Passenger Transport Executive have all contributed between £1,000 and £2,500 for the administration and effective running of the LSP. There is also joint use of the NRF.

### *Pooling resources for LSP priorities/services*

#### *Improving employment among people with disabilities/long-term illness*

Doncaster LSP has allocated specific amounts of NRF to its thematic partnerships to commission activity as part of its locally delivered plans, which make up the neighbourhood renewal strategy. The health and social care partnership and the Doncaster Economic Partnership jointly commissioned a single project to achieve both health and employment outcomes. The project seeks to develop training and employment activities for people with disabilities and/or long-term illness, focused on deprived wards to help increase employment, improve health and reduce care-related benefits. Job Centre Plus has also been involved in the development of the project.

The project has appointed a number of staff, including a project manager based in a local council-supported employment factory who will seek mainstream funding for the longer term and liaise with LSP partners. An employment and placement officer has been appointed to join an existing team, supported by SRB 5 and 6, plus an employment and

placement link worker to support people from daycare through to employment. An ICT manager coordinates training for people in new technologies.

There is also capital and revenue support for a growers' project which will provide employment-based training and social enterprise activities in horticulture for disabled trainees from the hospital and the local community.

Overall the project aims over seven years to progress 2,200 disabled clients to training, further education, work placements, employment and new community enterprises. It will extend mainstream services such as Work Step and Job Brokering, reaching groups that were previously not supported. Shaw Trust, a social trust, manages the project.

Job Centre Plus is the lead delivery partner on the SRB-funded Doncaster Disability Employment Project to ensure links are made with existing mainstream employment services. Development officers have also established links with the chamber of commerce, Doncaster Learning Partnership and a wide range of local community groups and disability organisations. Links with the business sector have been essential to secure work placements, paid jobs and training initiatives. These include arrangements with a number of national and local companies.

The project has been operational for nearly two years and has established partnership arrangements with a number of other organisations. Funding has been secured for seven years from a number of sources, including the council social services department, SRB and NRF. Other partners have provided resources in kind, such as the hospital trust which has provided the walled garden for the growers' employment and training project. It is intended that income generation and enterprise activity will replace the need for initiative funding over time. In the medium term, further funding is sought from other European and national regeneration funds such as Objective One and the Coalfields Regeneration Trust.

## Hertfordshire LSP

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## *Pooling resources for LSP priorities/services:*

### *Health and social care*

The Joint Commissioning Partnership Board has been established for over 18 months. It commissions health and social care services for mental health, learning disability, substance misuse and child and adolescent mental health services for the county. The board is supported by a full-time joint commissioning team made up of ten commissioning managers. Priorities are agreed and strategies in place for most care groups. Funding is allocated following decisions being made by the board. There is also a county-wide strategic group for each client group made up of major stakeholders.

The main partners are Hertfordshire County Council and the eight PCTs in the county: Dacorum; Hertsmere; St Albans and Harpenden; South East Hertfordshire; Watford and Three Rivers; Welwyn Hatfield; Royston, Buntingford and Bishops Stortford; North Herts and Stevenage PCTs. The Partnership Board commissions healthcare for the PCT population, and social care for those within the local authority (county) boundary. This difference can cause tensions when dealing with providers of health and social care across the county boundaries.

The main commissioning budgets for each of the care groups are pooled. The next phase in our development will be to add to these pools those budgets that have traditionally been held elsewhere, such as section 28a monies, resettlement and continuing care monies. The aim is to have all the health and social care money that is spent throughout the county for each care group on one budget sheet.

The board has delegated responsibility for commissioning from the pooled budgets once each PCT and Hertfordshire County Council has agreed its contribution to each pool. Contributions to the pool were originally made on a mixture of historical spend and capitation. Each party is responsible for agreeing its level of contribution to the pooled budget on an annual basis. The intention was that this should be on a capitation basis and that service developments should move towards equity of provision across the county, but historical differential investment makes this difficult. Local pressure on PCT finance can mean some parties might wish to contribute to the pool only if this results in specific service developments in a particular PCT area.

Hertfordshire County Council and the PCTs provide the funds; the Joint Commissioning Team holds, commissions and accounts for the funds. The total is just in excess of

£160 million. Hertfordshire County Council provides 50% (this does not include section 28a monies). PCTs contribute according to capitation and historical investment. All pooling of resources operates through the use of the Health Act flexibilities.

One of the clear benefits of the joint commissioning arrangements is the capacity to risk-share on expensive placements – the capacity for risk-sharing is much greater than could be achieved by individual PCTs. This is undermined by the potential move towards differential levels of contribution to the pool. The Partnership Agreement that underpins these arrangements states that deficits are split according to the proportion of investment. The business rules for the Joint Commissioning Partnership Board have recently been agreed. Originally the council's finance department coordinated the finances and invoiced the PCTs for the funding, but this became cumbersome. Now one of the PCT's finance directors links with the council and takes a lead on behalf of the other partners, and this works much better. Quarterly reports are sent to the board with copies of accounts going to each PCT.

Decisions on service priorities and investment are taken by the Joint Commissioning Partnership Board, which has delegated authority from the county council and the eight PCTs. Over the past 18 months it has become clear that while the board has this authority, it is difficult for PCT chairs to agree to board decisions unless investment decisions have also been through PCT decision-making processes. The monitoring of finances is maintained by the Joint Commissioning Partnership Board.

The commissioning team consists of co-located staff from both NHS and county council. The team is line-managed through the county council. Terms and conditions of NHS staff are protected through secondment arrangements from one PCT. There is some additional support from the county council finance department. The commissioning managers for child and adolescent mental health services and substance misuse are joint appointments. The commissioning is integrated, and public sector services for the relevant client groups are also integrated into one provider trust, a new organisation with pooled health and social care money.

These arrangements were developed to maintain the strong tradition of joint planning that had existed between health and social care in the county at a time when primary care groups/PCTs were being developed. It was feared that without this focus the needs of these client groups would be lost among concerns about general acute services and the other priorities facing local primary care organisations.

Joint commissioning allows us to have a better overview of the whole of the health and social care dimension. One of the greatest benefits has been raising the profile of usually excluded groups so that PCTs and the council have better awareness of service priorities and strategies, particularly for learning difficulties and child and adolescent mental health services.

A particular success has been the expenditure of child and adolescent mental health funds from social care on healthcare staff to support work within schools. Previously this would have been unlikely. There is also a joint training programme for mental health which has just won a *Health Service Journal* national award. A number of posts within the team are jointly funded for child and adolescent mental health, schools and family services. The drugs and housing posts are also jointly funded.

### *Pooling resources to improve community safety*

The county council, Stevenage Borough Council, Hertfordshire Constabulary and other county-wide agencies such as the probation service have come together to pool resources to share information in support of decision-making to tackle crime, fear of crime and antisocial behaviour.

The levers for action were: first, the Crime and Disorder Act 1998, which placed a statutory responsibility on these agencies to work together to reduce crime; second, the county council recognised the need for a county-wide approach to sharing information in order to measure performance, influence future service planning and direct budgets more effectively. It therefore took the lead in partnership with other agencies. Third, the best value review of community safety for Stevenage (two star, scope for improvement) highlighted the need to pool resources in order to facilitate better partnership working and share information. Stevenage Council's Planning for Real event also provided some local contextual information. This work is an integral part of the community safety strategy and is also linked to the SRB delivery plan.

The arrangement between the police, county council and Stevenage Borough Council was part of a county-wide project agreed by all ten districts. It is felt to bring shared commitment and ownership of action, and to lead to a reduction in the social cost of crime and to improved quality of life, and to target resources more effectively towards prolific and serious offending.

The information-sharing project includes the following examples of pooling resources:

- Police officers used in CCTV control centres
- Students from local university provide in-depth analytical research
- Local neighbourhood teams (police, district and county) provide local problem-solving expertise to local residents
- Joint problem-solving training exercises designed to build expertise across various agencies so that common approaches to identifying solutions are applied.

The Home Office provides funds for the district to hold. The Crime and Disorder Reduction Partnership both commissions and accounts for the work. The partnership's performance management framework and quarterly reporting to the regional office provide accountability.

Funds have come from the Home Office Safer Community Initiative, Partnership Development Fund, Communities Against Drugs and Basic Command Unit grants.

In some instances local funds are used to build capacity within the project. The amount of funds contributed within Stevenage district will vary from year to year. Collectively, including staff time, around £65,000 will be allocated, with a greater contribution provided by the borough council.

The Hertfordshire LSP has recognised that the activity of the Crime and Disorder Reduction Partnership can be applied across the LSP partnerships. Information sharing is an obvious area for an LSP-wide approach. The information-sharing case study has been judged a national lead.

## Isle of Wight LSP

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The LSP is in the early stages of development. The examples below have been introduced as a result of joint working prior to the establishment of the LSP.

### *Pooling resources for LSP priorities/services*

#### *Increasing employment for disabled people*

The project covers the whole of the Isle of Wight, and targets disabled people seeking employment. The Supported Employment Network was established as a result of the

government requirement for social services departments to develop and implement a multi-agency Welfare to Work for Disabled People Joint Investment Plan.

Partners include the Isle of Wight Council, PCT, Isle of Wight Healthcare NHS Trust, Job Centre Plus, IoW College, IoW Learning Partnership, the Connexions service, various specialist employment agencies mostly in the voluntary sector, and a local social firm. The project is based on the need to work across sectors to improve access to training and employment opportunities for disabled people. No one sector working alone can achieve this.

In the absence of designated resources for the work of the Supported Employment Network, the resources available in each individual organisation are maximised by developing a coherent cross-agency strategic approach and action plan. The group is also able to act as a more effective lobbying mechanism by providing consistent messages and identifying common themes and areas of unmet need.

Through the Supported Employment Network an action plan has been developed and delivered through different lead members in the group. For example:

- The college has developed different methods of delivering services for disabled students
- A joint directory of training and employment opportunities for disabled people has been produced
- A small joint needs assessment exercise has been undertaken and used to work with the local Learning Partnership and Learning and Skills Council to find ways of addressing the training needs of disabled people
- The new Job Centre Plus is working to ensure the needs of disabled people are well catered for within its new service
- A more collaborative approach to bidding for funding streams though a consortium bid is being explored.

There is a tiny budget of £2,000 from the PCT for the work. However, the importance and value of officer time, effort and goodwill should not be underestimated. Reports on any spending will be made back to funding agencies as initially agreed. Use of funds will also be discussed at bimonthly meetings of the Supported Employment Network.

Officer time is contributed in the main from the mainstream resources of partner agencies – not all of which are in the public sector. Some of the employment agencies are dependent on accessing short-term funding such as the European Social Fund and other grant funding.

The LSP is still at the developmental stage. The scope for

work on cross-cutting themes through the LSP should, in time, assist in setting shared priorities as a basis for pooling resources.

### *Reducing tourist crime – Hotel Watch*

Partners involved in this initiative are the Tourism Agency, Crime and Disorder Team and Hampshire Police Authority. The project was set up in response to high crime levels shown in local crime rate statistics. Resources are pooled between the Crime and Disorder Partnership, Government Office of the South East and the Isle of Wight Council. The flexibilities under the Crime and Disorder Act are used to support this programme of work, plus the local pooling of Communities Against Drugs funds. There may be an extension of the initiative this year using local PSA funds. Pooling resources was agreed as part of the crime and disorder reduction strategy.

Benefits of the programme have been improved knowledge and understanding of how and where offences are occurring at the island's hotels, and what preventive action can be taken. It also provides a consistent message to the public and to hoteliers that all the different agencies are making the issue a priority and recognise its importance. There was local determination to pursue the issue, but the Government Office grant enabled the programme to develop more rapidly.

The joint team is based in council premises and includes police as well as council officers, and there is joint funding for specific initiatives. There is also a possibility of a voluntary, self-help organisation being set up between the island's hoteliers.

Funding comes from:

- Communities Against Drugs fund in 2002–03
- Crime and Disorder Reduction Partnership (from Government Office South East)
- Basic Command Unit (police) £2,000 (plus staff time, one full-time officer)
- IoW Council £5,000 (plus staff time, one full-time officer).

The council holds the funds and accounts for them. Key targets, milestones and accounts are reported quarterly to the strategy group (Crime and Disorder Reduction Partnership), and there will be an annual review.

Related successes have included reducing antisocial behaviour by establishing a new coordinator post through joint working with housing, the council, Hampshire Constabulary, British Transport Police, schools, youth offender team and the drugs team.

A reparation scheme is also being developed. One aspect of this is a collaboration with the local bus company where prosecution of juvenile offenders has been avoided through use of on-board CCTV funded by the partnership.

Monthly crime statistics are published on the website ([www.iowcrime-disorder.org](http://www.iowcrime-disorder.org)).

### **Manchester LSP**

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### *Pooling resources for LSP priorities/services*

#### *Tackling health inequalities and low income*

The income maximisation project addresses the priority of tackling health inequalities in Manchester through reducing income inequalities.

The service is delivered in primary care settings – health centres and GPs' surgeries – to provide welfare advice to patients, individuals suffering the effects of long-term illness, vulnerable families and single-parent families. The project aims to improve access to advice services for those affected by ill health, increase disposable income, and target resources towards communities identified as being highly in need of advice. The project also manages and resolves debt problems, assists people to remain in decent quality housing, and links people into other services such as aids and adaptations. The main activities of the project are:

- Providing briefings for health staff across three PCTs on income maximisation and accessing advice services
- Conducting direct income maximisation work with individuals referred by health staff
- Conducting take-up campaigns targeted at specific groups
- Providing briefings to health staff on relevant benefit changes which will increase patients' income
- Providing a resource pack which will enable health staff to recognise income maximisation issues
- Providing a consultancy service to health staff on advice issues.

The partners involved in the project are the three PCTs in the city, voluntary sector advice providers, GPs, the Community Legal Services Partnership and Manchester Advice as the project delivery agent. Consultation meetings between the partners have been held regularly and local needs were assessed as part of this process, with a particular focus on the

needs of black and minority ethnic communities. The project has been endorsed and supported by the Health Inequalities Partnership, one of the seven thematic partnerships of the LSP. The Health Inequalities Partnership monitors the performance and expenditure of the projects and ensures it meets the overarching outcome targets of the Manchester Community Strategy.

The project is developing economic competitiveness and local benefit – income generated by advice sessions delivered in health centres will be approximately £300,000 annually. The outputs so far have been substantially exceeded, by 100%, generated from benefits and tax credits. This increase in individual disposable income will increase expenditure in the local community and enable people to afford a better diet, to get out and participate in community and social activities, and to travel to see friends.

The project will continue in the future with advice posts integrated into mainstream PCT service delivery and the restructuring of Manchester City Council advice providers to accommodate advice in health settings within their organisational structure.

*Manchester LSP: pooled resources within the funding profile*

|                               | <b>10/02–<br/>03/03</b> | <b>2003/04</b> | <b>2004/05</b> | <b>2005/06</b> |
|-------------------------------|-------------------------|----------------|----------------|----------------|
| Neighbourhood<br>Renewal Fund | 55,000                  | 150,000        | 100,000        | 50,000         |
| Manchester<br>City Council    | 20,000                  | 20,000         | 70,000         | 70,000         |
| PCTs                          | 25,500                  | 25,500         | 25,500         | 75,500         |
| Subtotal                      | 100,500                 | 195,500        | 195,500        | 195,500        |

## Nottinghamshire–Mansfield Area Strategic Partnership

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## Pooling resources across the LSP – strategic approaches

The Mansfield Area Strategic Partnership was formed in March 2001 as a result of the original Mansfield Area Partnership (formed November 1998) agreeing to revise its structure following extensive consultation. The Mansfield Area Strategic Partnership has now produced its own community strategy. As a partnership, it is reasonably mature. Some of the key partners are Nottinghamshire County Council, Mansfield District Council, West Notts College, the police, Mansfield PCT, Council for Voluntary Service, Community and Voluntary Sector Forum and the chamber of commerce. There are no significant boundary issues.

Examples of strategic pooling include:

- ‘County Contact’, a one-stop shop for council services that the county council shares with the district council
- Five geographically based area assemblies that distribute pooled funds (county council put in 5 ( £3,000; district council 5 ( £5,000). A common ‘gateway form’ has been devised for funding applications to the assemblies. These gateway applications are then directed to the most appropriate source, ie county or district. This approach was adopted by both councils who wished to provide an easy source of funding for community groups developing small-scale projects in their areas. A joint members’ and officers’ group meets every three or four months to solve problems and address the area assemblies’ procedural and strategic issues. LSP members all contribute funds for the LSP coordinator’s post, the administrator’s post and the general running costs.

The LSP makes it easier to pool resources because it has provided the basis for services coming together. It has enabled partners to agree the priorities for the town and district. The community strategy contains targets that need agencies to work together, and should lead to the pooling of more budgets.

## Pooling resources for LSP priorities/services

### Area Neighbourhood Management Teams

Particular wards or parts of wards are the focus for this programme, which has been driven by Neighbourhood Renewal Funding. There are indirect links with SRB and Sure Start. The programme is part of the neighbourhood renewal strategy.

The original partners include the district council, county council, police, a business group, college, PCT and Council for Voluntary Service, 'managed' by an independent coordinator. The police, district council, county council, business partnership and PCT each seconded one member of staff to create a team that was charged with setting up neighbourhood management teams in the five areas. This new team pooled its expertise, resources and time, and worked together to establish five resident-led teams who would have a real say in the distribution of Neighbourhood Renewal monies. This new multi-agency team, working together on a common task, did more to break down organisational cultural barriers and promote mutual learning than was thought possible. Seconded officers developed a greater respect and understanding of each organisation's role and responsibilities, and learned how to work together more productively.

Neighbourhood contact points have been set up in each of the five Neighbourhood Renewal communities. These have been established in what were empty shops or redundant buildings. They provide space for police, councillors, benefits and other service provider surgeries, and for the youth service and health services.

Mansfield District Council is the accountable body for the initial three-year £5.2 million funding. In some of the projects where agencies have bid for money, they have matched it where required. A lot of staff time has been invested.

Structures have been set up to support the neighbourhood management teams, including a Neighbourhood Management Development Group made up of the chairs of the teams and the service providers. A project appraisal group looks at proposals from a technical angle, including value for money. The project has been resident-led – members and officers have monitored and influenced the process, but have tried to avoid intervening too much.

#### *Supporting safe and secure homes*

There is a development group for neighbourhood renewal that feeds into the LSP. Partners in the programme include neighbourhood renewal staff, police and the district council. The programme was set up to contribute to the achievement of crime milestones in the neighbourhood renewal strategy, and local targets such as community safety, pride of place, expanding opportunities and working together. It was driven both by local determination to work together and the NRF. Partners have provided the following resources:

- Police – officer time
- District council – officer time and office/meeting/storage accommodation
- There is shared use of co-located staff.

The Safe and Secure Homes Project involves the PCT, police and fire services. The programme is part of the neighbourhood renewal strategy and the community safety strategy. It also includes social services, the Salvation Army and the other members of the Mansfield Partnership against Crime.

There were some initial problems with exchange of information between agencies. However, six teams of wardens have now been established and there has been no turnover of staff. The project has been very well received by the community, and may be rolled out to other areas. The benefits are far greater understanding by service providers of the community's problems – strong relationships have been formed, and issues outside this project have also been addressed. Members of the community now know who to go to for help.

Mansfield District Council is the accountable body. The project costs are approximately £800k from NRF. Officer time equates to approximately 30–50% of two posts (one in the district council, one in the police). There is a monthly steering group meeting that reports to the Development Group. Both these groups have the chairs of the neighbourhood management teams among their membership, providing local accountability. The Mansfield District Council financial regulations apply to all activities, and there is a neighbourhood renewal accountant.

The LSP makes it easier to develop such a programme because the links already exist. Any future projects will find it far easier to obtain agreement and become established.

## Sheffield Local Strategic Partnership

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### *Pooling resources across the LSP – strategic approaches*

For the top-level board, Sheffield First Partnership, the partnership office budget is around £300k a year. About

90% comes from statutory organisations (council, Learning and Skills Council, two universities, chamber of commerce, police and the health sector) and the other 10% is from private sector members through an annual contribution. The LSP budget is scrutinised by a subcommittee of the board, and reported to the board in summary.

For certain projects, matched funding has been supplied by more than one agency to draw in European or other funding. Objective One and the Single Pot both require financial frameworks whereby public agencies try to ensure the agreed priorities are being funded and the matched funding requirements are being met. This is coordinated by the Objective One Executive and South Yorkshire Forum (an 'LSP' for the subregion).

The most common type of pooled resource are the joint budgets that help run each partnership within the Sheffield First 'family'. Each partnership has rather different pooling arrangements: sometimes a single agency supports the running of the partnerships; sometimes a set of organisations chip in.

### *Pooling resources for LSP priorities/services*

#### *Reducing crime*

Mainstream resources are generally being aligned rather than pooled. For example, the council is coordinating home security improvements in the same areas that South Yorkshire police are targeting repeat burglars. Burglaries have been reduced by up to 40% in target areas.

## **Solihull Local Strategic Partnership**

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### *Pooling resources across the LSP – strategic approaches*

The LSP Forum was established in February 2002. This is an inclusive body of representatives from around 150 organisations and groups in Solihull. There is an executive group comprising the chief executives from Solihull MBC, the Learning and Skills Council, PCT and Heartlands and Solihull NHS Trust. The chairman of the business partnership and the local police commander also sit on the group. The next stage is to set up six thematic delivery groups to deliver the

community strategy, Place for People. This will include one on improving health. The boundaries are coterminous (including police) which is very helpful. There are also regional (West Midlands Fire Service) and subregional partners involved with the wider LSP Forum.

There has been a good history of joint working between statutory partners in the borough. Individual organisations in the LSP have contributed a considerable amount of officer time to setting up and supporting the LSP. As a non-NRF area, the LSP has not been set up as a vehicle for managing regeneration funding. Regeneration Zone funding is managed through a separate (East Birmingham and North Solihull) board.

Some joint funding arrangements are in place, but this usually relates to staff:

- Director of public health – 50% contribution from PCT and council
- Press officer – total cost split 50 : 50
- Intermediate care manager.

We also have staff who are co-located:

- Police liaison officer – based in the local authority's community safety team (funded 100% by police)
- Fire service liaison officer – as above, but funded by a special Home Office grant (Trailblazers Initiative)
- The drug action team has been co-located with the community safety team.

The benefits of the joint funded posts are economies of scale and shared knowledge. There are also benefits of strategic interaction (the director of public health sits on the management teams of the PCT and the local authority) and operational support (press officer).

At present LSP decisions are made by the Executive, which meets bimonthly. In future the new thematic groups will take on more decision-making and will agree key strategies and bids for funding. One of these groups is already established (on crime and disorder). Support and monitoring are carried out by Solihull Council's LSP team (totally funded by the council) although there will be a wider steering group to coordinate the work of the thematic groups.

Better communication and strategic direction has been achieved. The executive group has had some good discussions about issues of mutual concern. This includes the identification of local PSAs (the list includes crime reduction and health PSAs), agreement of Fair Shares projects (Transforming Your Space), one-stop facilities (involving the

pensions service, police, voluntary sector and PCT), and a range of social regeneration projects in north Solihull.

### *Pooling resources for LSP priorities/services*

The examples of pooling resources below were set up before the establishment of the LSP, which is still in its early stages. The development of an LSP thematic group on improving health will facilitate more joint working in the future.

### *Health and social care*

#### *Local Improvement Finance Trust (LIFT)*

LIFT will provide improvements in health and social care for the community by investing in and modernising primary and secondary care facilities. It will create new facilities that bring together health, the local authority and voluntary sector services into new purpose-built facilities. It will enable an increased range of medical services to be offered locally through integrated primary care centres. In the first centre, the local authority will provide land and the NHS will meet development costs.

#### *Joint equipment stores*

The Home Loan Equipment Service is the one of the Joint Stores services, jointly funded between the PCT and the council. The PCT contributes just under £150k and the council just under £170k. There are slight variations in allocations in the provision of specialised equipment (dedicated budgets exist, funded by the responsible authority).

A service specification is used as a document for referring officers, as opposed to a formal contract agreement between the commissioners. A committee of commissioning representatives oversees the Joint Stores. The service is jointly commissioned.

It is intended to operate a single community equipment service within 'pooled budget arrangements' in the very near future. This will alleviate the problems of deciding who should provide which items (eg deciding whether something is a nursing item or an aid to daily living). It will support the single assessment process and thereby increase access to equipment and potentially reduce occupational therapy waiting times. It will also avoid the need to collate activity against individual agencies to quantify the budgeted resources and expenditure.

A review of the benefits of the service has demonstrated efficiency savings and reduction of storage costs.

#### *Intermediate care*

Intermediate care is defined as a high-quality, time-limited service (up to six weeks) delivered in partnership between primary and secondary healthcare, local government and the independent sector. It provides intensive aided active recovery and rehabilitation incorporating all areas of physical and psychological functioning, to optimise independence and quality of life for those who are motivated and able to comply with a programme of rehabilitation. This is delivered either in the home or in an independent nursing home.

It enables the effective use of acute hospital capacity and supports waiting times by:

- Reducing the length of hospital stays by facilitating early discharge
- Preventing unnecessary hospital admissions
- Reducing dependency on long-term institutional care.

Key partners are the local authority, PCT and the local hospital trust. Funds are still held separately by the local authority (eg social services home care) and PCT. However, the manager is jointly funded and the PCT is the employing organisation. The local authority contributes 50% of the manager's costs. The local authority and PCT jointly commission this service. The manager reports to two managers – one in the PCT, the other in the social care division (adults). Funding of intermediate care is sought through the joint commissioning process.

Although these are early days, the likelihood is that this service will grow. Further funds will need to be provided, as funding has been drawn primarily from ring-fenced budgets and performance grant monies for pump-priming. Recruitment costs will need to be picked up in 2003–04.

There is an intermediate care strategy (published in September 2002) setting out the joint pooling arrangements (such as they are) and the overall vision agreed by both organisations. This links with the community strategy Place for People.

### **Telford and Wrekin LSP** **([www.telford-partnership.org.uk](http://www.telford-partnership.org.uk))**

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## *Pooling resources across the LSP – strategic approaches*

The LSP was launched in May 2002. There are over 20 public and private partner organisations with representation from the voluntary and community sector. Some organisations have a Shropshire-wide brief, others are coterminous with the Borough of Telford and Wrekin. The LSP meets three times a year, and is chaired by the leader of the borough.

Partnership working has been established since 1994, and the LSP has evolved from the Telford and Wrekin Partnership. In 2001 a health check was conducted on the Telford and Wrekin Partnership which provided positive feedback about joint planning and joint bidding. This has provided a push to all organisations to bring financial resources together.

The LSP is steered by the Agenda Group which meets every six weeks. It consists of chief executive officers (or equivalents) from the borough council (chair), police, PCT, Learning and Skills Council, Telford College, University of Wolverhampton, probation service, Shropshire Chamber of Commerce and Council for Voluntary Service. This group has been identifying how public sector organisations can better coordinate their policies, planning, services and resources. The LSP is still in its infancy, and the thematic partnerships are forums where the details of joint budgets are being discussed and developed.

### *Telford and Wrekin Partnership Development Unit*

In 1999 a small Partnership Development Unit was created to take forward the vision developed by the Agenda Group. Staff members are seconded from the local authority, police, and the PCT to:

- Make links across national policy areas
- Act as brokers/facilitators in translating these into local practice and policy
- Act as a bridge into their own host organisation where appropriate.

The secondments include one full-time police officer, one full-time health partnership manager from the PCT, one full-time partnership manager from the local authority policy unit, and a part-time officer-manager who provides administrative support.

Each partner organisation also provides a small annual financial contribution of £2k. The unit is managed by the partnership manager from the council's policy unit and is accountable to the Agenda Group via the chief superintendent of the local police division. The university

hosts the team, and Telford College provides IT equipment and support.

The initial focus of the unit's work has been around four specific cross-cutting issues:

- Families with complex needs
- Lack of a learning culture
- Managing transition from school to work/training/further education/higher education
- Neighbourhood management.

The unit has developed a community strategy and established a joint intelligence group. It has also set up the following projects to support the joint use of resources:

- Development of health/social care joint commissioning unit
- Two-year pilot project aiming to improve the exchange and use of data and the coordination and delivery of services to children and families, particularly those experiencing social disadvantage – funding has been awarded from the Treasury's Invest to Save budget
- Development to stage 3 of application for Sports Action Zone status with a strong health improvement/priority neighbourhood focus
- Project to reduce teenage conceptions among children in care – pump-priming money was used to part-fund an outreach post, matched by the Children's Fund to form a full-time post; there are now PSA targets agreed between partners for teenage conception rates
- Community parenting scheme to support a PSA target to reduce infant mortality – pump-priming monies were used, matched by PCT funds to provide long-term sustainability.

## *Pooling resources for LSP priorities/services*

### *Health and social care*

The Health and Social Care Board was newly formed in 2002 to promote effective collaboration and partnership in planning and commissioning, and to ensure strategic direction for integration of local health and social care services.

Informal partnership working across health and social care has been very positive, and it is intended to formalise this through pooling budgets. Approval has been sought for the development of pooled budgets for adults with learning disabilities. This follows the formation of a joint commissioning team across health and local authority. It is proposed to do the same for substance misuse, intermediate care beds and free nursing care.

It is proposed that the pooled budgets would be externally monitored. A local social care target to introduce five pooled budgets in 2003–04 was agreed as part of the Social Services Inspectorate annual monitoring process.

*Improving access to education among those with poor mental health*

Two of the LSP's partnerships have identified the common problem of encouraging people living in deprived areas into education. The Lifelong Learning Partnership has identified the lack of a local learning culture as an issue. A specific link has been made to the health services via Healthy Telford and Wrekin, a multi-agency partnership focusing on reducing health inequalities through joint working around the broader determinants of health.

A working group was established to look at joint opportunities between education and health, to improve health and encourage those who are 'hard to reach' back into education. Similar models have been used elsewhere in the country, and a scheme has been devised to suit local needs. An innovative Lifelong Learning on Prescription scheme has been set up with health professionals in targeted practices, identifying patients with mild/moderate depression, anxiety, isolation or poor self esteem for a 'dose' of learning.

The partners are the Community Learning Team, Borough of Telford and Wrekin, Shropshire and Telford Information Advice and Guidance Partnership, Rural Opportunities, Telford and Wrekin PCT, further education college and the Workers' Education Association. The programme links to the Lifelong Learning Strategy, the Healthy Telford and Wrekin action plan, and the PCT action plan.

Resources have been pooled to pilot a scheme in six GP practices across the borough, targeted in priority neighbourhoods (using the index of multiple deprivation). Time has been allocated from the community learning team and from the partnership for learning advisers to meet on a one-to-one basis with patients referred from health professionals. The learning advisers identify appropriate local courses for patients; these may be vocational or for interest/pleasure.

The working group consists of a range of organisations signed up to the development of the scheme and each offers a contribution in terms of support/involvement. From the health perspective, a range of health professionals have been actively involved in the scheme, and work has been undertaken with the practices to ensure they are properly informed and have clear protocols developed. Areas have

covered priority neighbourhoods, and GP practices have been targeted accordingly. Health is poorer in the wards with higher levels of deprivation. Those with poor mental health have been identified as the group who would most benefit, also those being seen in primary care who do not necessarily need medication but require social support and personal development.

Commitment from partner organisations was gained through the presentation of a potential model of good practice that could work. The added value of pooling resources is that social exclusion is reduced, reaching those who would not necessarily access education, but who will experience poor health and will be in contact with health services. Evaluation of the scheme was conducted by the widening participation project at the University of Wolverhampton. The scheme has been very successful, with clear health, education and personal/social benefits for the patients. A final report has been produced which is being used to seek further funding.

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# Other information sources

Department of Health Joint Unit website,  
[www.doh.gov.uk/jointunit](http://www.doh.gov.uk/jointunit)

- Notifications of use of the Health Act flexibilities
- Checklist and guidance for using the Health Act flexibilities
- Case studies of pooled budgets
- Evaluation of the use of the Health Act flexibilities
- Integrated Care Network
- Care Trusts information ([www.doh.gov.uk/caretrusts/index.htm](http://www.doh.gov.uk/caretrusts/index.htm))

Office of the Deputy Prime Minister website,  
[www.odpm.gov.uk](http://www.odpm.gov.uk)

- Local strategic partnership research and evaluation programme, including a learning set on mainstreaming and aligning resources ([www.local.odpm.gov.uk/research/strat.htm](http://www.local.odpm.gov.uk/research/strat.htm))
- Best value guidance on pooling resources
- A three-year study into promoting and evaluating the use of the wellbeing powers.

Regional Co-ordination Unit website, [www.rcu.gov.uk](http://www.rcu.gov.uk)

- Reports on the review of area-based initiatives and integration of area-based funds
- Single local management centres – piloting approaches to aligning area-based initiative funding/mainstream funding.

Neighbourhood Renewal Unit website,  
[www.neighbourhood.gov.uk](http://www.neighbourhood.gov.uk)

- Sharing of good practice and what works in neighbourhood renewal ([www.renewal.net](http://www.renewal.net))

Home Office website, [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)

- Networks for youth offending teams and integrated criminal justice services

- Sharing practice between community safety partnerships ([www.crimereduction.gov.uk](http://www.crimereduction.gov.uk))

Department for Constitutional Affairs website,  
[www.dca.gov.uk](http://www.dca.gov.uk)

- Sharing practice between community legal services partnerships

Department for Education and Skills website,  
[www.dfes.gov.uk](http://www.dfes.gov.uk)

- Information on children's trusts, education action zones and Excellence in Cities, Extended Schools and Healthy Schools partnerships

Her Majesty's Stationery Office, United Kingdom Legislation website, [www.hmsso.gov.uk/acts.htm](http://www.hmsso.gov.uk/acts.htm)

- Access to all UK legislation

Audit Commission website, [www.audit-commission.gov.uk](http://www.audit-commission.gov.uk)

- Guidance on auditing arrangements for public services, including comprehensive performance assessment and cross-cutting audits

CIPFA website, [www.cipfa.gov.uk](http://www.cipfa.gov.uk)

- Pooled budgets: a practical guide for local authorities and health authorities
- Building effective partnerships: practical guidance for public services on working in partnership
- Best value code of accounting practice

Improvement and Development Agency website,  
[www.idea.gov.uk](http://www.idea.gov.uk)

- Range of networks, including local authorities developing local PSAs

Office of Public Management website, [www.opm.co.uk](http://www.opm.co.uk)

- Joint appointments guide
- Integrating health and social care
- Integrating children's services: issues and practice

Local Government Association website, [www.lga.gov.uk](http://www.lga.gov.uk)

- A range of information, advice and good practice papers for local authorities and LSPs, including:
- PowerPack: using the new power to promote wellbeing

INLOGOV, University of Birmingham  
([www.inlogov.bham.ac.uk](http://www.inlogov.bham.ac.uk))

- Promoting wellbeing: making use of councils' new freedom

