
THE LOCAL STRATEGIC PARTNERSHIP

1 SUMMARY

- 1.1 This report provides Members with details of the function and an update of the Joint Castle Point and Rochford Local Strategic Partnership (CP&RLSP) since they last attended the Review Committee on 14 June 2011.

2 INTRODUCTION

- 2.1 Castle Point and Rochford Local Strategic Partnership is a non-statutory multi-agency partnership which brings together, at a local level, the different parts of the private, public, community and voluntary sectors.
- 2.2 Castle Point and Rochford LSP is made up of an Executive Board underpinned by thematic partnerships that support the delivery of identified priorities. The Executive Board had representatives from both public and voluntary sector partners, including Rochford District Council, Castle Point Borough Council, Essex County Council, Essex Police, National Health Service South Essex, General Practitioners from the local Clinical Consortia Group (CCG), local voluntary and community sector, the local business community, local Registered Social Landlords and each of the Chairs of the thematic partnerships.

3 UPDATE SINCE JUNE 2011

- 3.1 Since the last report into this Committee, the Castle Point and Rochford LSP has endorsed the membership of the Board and the consolidated the thematic partnerships. Castle Point and Rochford LSP has agreed to meet four times per annum, endorsed the election of a Chairman, Cllr Pam Challis, and Vice Chairman, Cllr Terry Cutmore (annual term).
- 3.2 The Joint LSP has developed the shared partnership arrangements and reflects the changing context of partnership working, with reduced and evolving funding streams, changing legislation and changing organisational structures. There are now five joint partnerships underpinning the Joint LSP (pending Home Office approval in regards to the Community Safety Partnership). The five partnerships are; The Children's Commissioning and Delivery Board, Community Safety Partnership, Employment, Skills and Business Group, Health and Wellbeing Board and Community Development Partnership.
- 3.3 The Health & Social Care Bill was published on the 19 January 2011. The Bill confirms the government's intentions for health and social care with significant implications for all stakeholders. Shadow Health and Wellbeing Boards are to be established by upper tier local authorities in shadow form during 2011/12 and become statutory boards in April 2013, Essex County Council has set up a County-wide Health and Wellbeing Board.

- 3.4 Locally the Joint LSP established a Castle Point and Rochford Health and Wellbeing Board (CP&RHWB) in December 2011. Membership comprises of representatives from NHS South Essex, Children's and Adults Mental Health services, Children's and Adult Social Care services, Essex County Council, Officers and Members from Castle Point Borough and Rochford District Council, General Practitioners from the Local Clinical Consortia Group and representatives from local patient and community forums. Councillor Cutmore was elected as Chairman and will be the representative for the Castle Point and Rochford HWB on the County-wide Board. The CP&RHWB Board will oversee Local Health Improvement and Public Health activity; it will be the avenue for Joint Commissioning of Services, and the forum for strategic needs assessment work to support the delivery of local strategic objectives.
- 3.5 Castle Point and Rochford LSP has continued to progress and focus on local work being undertaken under the community budgeting initiative. Essex was identified as one of 16 areas nationally to pilot Community Based Budgeting, with a focus on families with complex needs. Rochford and Castle Point are one of the areas within Essex chosen for work on this pilot, along with Basildon, Harlow, Tendring and Colchester. At the Castle Point and Rochford LSP Board meeting in July 2011 it was agreed to progress three strands of the Castle Point and Rochford Family pilot.
- 3.6 The Castle Point and Rochford Family pilot will focus on:
- Family assessment
 - Family budget in an early intervention and prevention context
 - Streamlining of multi-agency group meetings

The three prototypes all concentrate upon early intervention processes, from the initial family assessment, through to service provider involvement, via assessment and multi-agency allocation meetings and personalised budgets.

4 RISK IMPLICATIONS

- 4.1 At a time of limited resources, it is vital that the Council continues to engage effectively in key partnerships. The effectiveness of the newly created Joint LSP is an operational and reputational risk to the Council. If the Joint LSP and the partnerships around it perform well, that is likely to have a positive impact on the work of the Council.

5 RESOURCE IMPLICATIONS

- 5.1 A range of staff from across the authority will be regularly or periodically involved in the work of the Joint LSP and the partnership arrangements below it.

6 RECOMMENDATION

- 6.1 It is proposed that the Committee **RESOLVES** to note the contents of the report.

Paul Warren
Chief Executive

Background Papers:-

None

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