London Borough of Hammersmith & Fulham

Housing, Health And Adult Social Care Select Committee

Agenda

Wednesday 13 November 2013
7.00 pm
Committee Room 1 - Hammersmith Town Hall

MEMBERSHIP

<table>
<thead>
<tr>
<th>Administration:</th>
<th>Opposition</th>
<th>Co-optees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Councillor Lucy Ivimy (Chairman)</td>
<td>Councillor Stephen Cowan</td>
<td>Patrick McVeigh, HAFAD</td>
</tr>
<tr>
<td>Councillor Joe Carlebach</td>
<td>Councillor Rory Vaughan</td>
<td>Bryan Naylor, Age UK</td>
</tr>
<tr>
<td>Councillor Oliver Craig</td>
<td>Councillor Daryl Brown</td>
<td></td>
</tr>
<tr>
<td>Councillor Peter Graham</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Councillor Peter Tobias</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Councillor Andrew Brown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CONTACT OFFICER:  Sue Perrin
Committee Co-ordinator
Governance and Scrutiny
☎: 020 8753 2094
E-mail: sue.perrin@lbhf.gov.uk

Reports on the open agenda are available on the Council’s website: http://www.lbhf.gov.uk/Directory/Council_and_Democracy

Members of the public are welcome to attend. A loop system for hearing impairment is provided, along with disabled access to the building.

Date Issued: 01 November 2013
1. MINUTES AND ACTIONS

(a) To approve as an accurate record, and the Chairman to sign the minutes of the meeting of the Housing, Health & Adult Social Care Select Committee held on 10 September 2013.

(b) To monitor the acceptance and implementation of recommendations as set out at Appendix 1.

(c) To note the outstanding actions.

2. APOLOGIES FOR ABSENCE

3. DECLARATIONS OF INTEREST

If a Councillor has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority’s register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.

At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Councillor must then withdraw immediately from the meeting before the matter is discussed and any vote taken.

Where Members of the public are not allowed to be in attendance and speak, then the Councillor with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Councillors who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.

Councillors are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Audit, Pensions and Standards Committee.
4. **CARE QUALITY COMMISSION**  
Gale Stirling, Head of Regional Compliance – London will present ‘Scrutiny and regulation working together’.

5. **SHAPING A HEALTHIER FUTURE PROPOSALS**  
This report will follow.

6. **FRANCIS REPORT**  
This report reviews the recommendations of the Mid Staffordshire NHS Foundation Trust Public Inquiry regarding local authority scrutiny and their impact on health scrutiny in Hammersmith & Fulham, and invites the Committee to consider how local hospital trusts have responded to the Inquiry’s findings.

7. **HEALTH & WELLBEING STRATEGY**  
This report provides the opportunity for the Committee to comment on the draft strategy (Appendix 1) before it is agreed at the next meeting of the Health & Well-being Board on 13 January 2014.

8. **SAFEGUARDING ADULTS IN HAMMERSMITH & FULHAM**  
This report updates on the current arrangements for adult safeguarding in Hammersmith & Fulham.

9. **WELFARE REFORM: UPDATE**  
This report provides a review of the welfare reform legislative changes that have been implemented by the Coalition Government and the Council’s responses to them.

10. **WORK PROGRAMME AND FORWARD PLAN 2013-2014**  
The Committee is asked to give consideration to its work programme for this municipal year, 2013/2014 as set out in Appendix 1 of the report.

    Details of the Key Decisions which are due to be taken by the Cabinet at its next meeting are provided in Appendix 2 in order to enable the Committee to identify those items where it may wish to request reports.

11. **DATES OF NEXT MEETINGS**  
The Committee is asked to note that the dates of the meetings scheduled for this municipal year are as follows:

    21 January 2014  
    19 February 2014  
    2 April 2014
London Borough of Hammersmith & Fulham  
Housing, Health  
And Adult Social  
Care Select  
Committee  
Minutes  
Tuesday 10  September 2013  

PRESENT  
Committee members: Councillors Lucy Ivimy (Chairman), Rory Vaughan (Vice-Chairman), Joe Carlebach, Stephen Cowan, Oliver Craig, Peter Graham, Peter Tobias and Daryl Brown  
Co-opted members: Patrick McVeigh (HAFAD) and Bryan Naylor (Age UK)  
Officers: Sue Redmond (Interim Tri-borough Executive Director of Adult Social Care), Sue Perrin (Committee Co-ordinator), Ann Stuart (Head of Assessment & Care Co-ordination) and Martin Waddington (Tri Borough Director ASC Procurement, Business Intelligence and Workforce)  
Hammersmith & Fulham CCG: Daniel Elkeles (Chief Officer) and Dr Tim Spicer (Chair)  
Imperial College Healthcare NHS Trust: Professor Nick Cheshire (Medical Director), Mark Davies (Chief Executive), Dr Chris Harrison (Clinical Director) and Steve McManus (Chief Operating Officer)  

13. MINUTES AND ACTIONS  
RESOLVED THAT:  
The minutes of the meeting held on 19 June 2013 be approved and signed as an accurate record of the proceedings.  

14. APOLOGIES FOR ABSENCE  
Apologies were received from Councillor Andrew Brown.  

15. DECLARATIONS OF INTEREST  

Minutes are subject to confirmation at the next meeting as a correct record of the proceedings and any amendments arising will be recorded in the minutes of that subsequent meeting.
Councillor Joe Carlebach declared a personal interest in respect of item 7 ‘Shaping a Healthier Future’, in that he is a trustee of Arthritis Research UK, which owns property on the Charing Cross site.

16. **APPOINTMENT OF CO-OPTED MEMBER**

**RESOLVED THAT:**

Mr Bryan Naylor, trustee of Age UK, be appointed as a non-voting co-opted member for the remainder of the 2013/2014 municipal year.

17. **SELF-DIRECTED SUPPORT: PROGRESS UPDATE**

Martin Waddington presented the progress update in respect of Self-directed Support (SDS). Officers had worked closely with HAFAD to clarify the current levels of need of users supported by HAFAD, to establish the level of service they would require going forward and to ensure a smooth transition. However, the work had taken longer than originally anticipated, due to the extent and complexity of the problems identified during the initial phase of the review.

Mr Waddington highlighted the conclusions of the review:

- Based on the DP (direct payment) Review Team’s contacts with DP recipients (305 individuals to date) the closure of the HAFAD service did not appear to have had a significant negative impact on service users.
- There had been a number of weaknesses in the previous way of working which would be addressed in designing the new Tri-borough operating system for SDS.
- The old system appeared to have created dependency to a degree, rather than empowering people to manage as independently as possible, partly due to the complexities around managing a DP and, in particular, the need to submit quarterly financial returns.

Councillor Ivimy queried whether there was ongoing monitoring of problems. Mr Waddington responded that problems were being addressed through the Tri-borough Personalisation Project, which had commenced in January 2013. Money management was probably the single most problematic area in relation to DPs. It was proposed to introduce a pre-loaded payment card, which would become the default option for all DP users in place of individual bank accounts. Officers would be able to monitor individual service users spend online.

Councillor Vaughan queried the development of the new operating system, the adequacy and cost of the DP review team and the use of the quarterly monitoring report. Mr Waddington responded that the new model was being developed tri-borough and that the three councils intended to move to an ‘in-house’ model for SDS, with Adult Social Care staff providing the advice and support needed to set up and manage a DP. The DP review team was adequate to review the needs of all service users previously supported by
HAFAD. In addition to the three full-time and one part-time officer, service users were supported by a team of social workers.

Completion of the DP monitoring form was currently suspended. Ann Stuart added that service users had been asked to submit bank statements (direct payments were made to a dedicated bank account). Where anomalies in expenditure had raised concerns, service users would be visited by social workers, who would talk through any problems. It was intended to re-instate the monitoring form where possible for quarter two.

**Action:**

The cost of the DP review team to be circulated.

**Action: Martin Waddington**

Patrick McVeigh stated that there has been some positive meetings between HAFAD and the Council, but communication remained a challenge.

Mr McVeigh raised some risk assessment issues in respect of the support provided to individuals by the DP review team, and specifically whether the care plan took into account whether an individual had the ability to manage DPs and being an employer, and added that HAFAD would like to be involved with training.

Sue Redmond confirmed that the Council would be taking up HAFAD’s offer. Officers were working with HAFAD to develop a specification for a service which would build on the existing peer support group, allowing some continuity for users, but with a new focus on empowerment, confidence building and supporting independence.

Mrs Redmond stated that it was intended to create a Tri-borough DP Finance Team, to carry out all the finance-related functions associated with the administration and processing of DPs. In addition, the team would provide employment advice to service users who wished to employ their own staff.

**RESOLVED THAT:**

(i) The report be noted.

(ii) An update report should be added to the work programme.

18. **IMPERIAL COLLEGE HEALTHCARE NHS TRUST UPDATE ON CANCER SERVICES**

Minutes are subject to confirmation at the next meeting as a correct record of the proceedings and any amendments arising will be recorded in the minutes of that subsequent meeting.
Steve McManus and Dr Chris Harrison presented the report, which compared Imperial College Healthcare NHS Trust’s current performance with that of the previous year. Cancer performance had improved significantly since quarter 1, 2012/13 when two of the eight national standards had been met compared with quarter 1 of the current year when six out of the eight national standards had been met.

However, further significant improvements in cancer performance were required to achieve the Trust’s expectation of compliance with all eight targets by October 2013. Dr Harrison highlighted the key initiatives of the comprehensive action plan:

- Developing effective pathways, which did not duplicate tests or involve unnecessary waiting;
- Clearer clinical leadership;
- Expert assessment by a multi-disciplinary team; and
- Working with partners to meet the timeline with referrals from other organisations to the Trust as a specialist cancer centre.

Councillor Peter Tobias noted that, by the end of the financial year in March 2013, the Trust had met all eight standards, and queried why performance had subsequently deteriorated and why the initiatives to improve cancer services had not been implemented previously. Mr McManus responded that in the first three months of the current year, the Trust had not met the standards relating to the 31 and 62 day treatment targets. To improve performance in these areas, the Trust had several actions including, redesigning the appointments system of all cancer patients and working with district general hospitals to ensure that referrals were sent on time. The Trust was confident that it would meet and sustain the eight targets from October 2013 onwards.

Professor Cheshire responded to a question that the ninth standard was a local standard, namely ‘4.1 CRS 62 Day Screening Standard (Tumour)’.

In response to a query, Mr McManus stated that there were no further ‘missing referrals’. The Trust had implemented the ‘Somerset’ cancer tracking system, a real time system, and had achieved sign off from the Department of Health Intensive Team and data quality had been validated. Dr Harrison added that multi-disciplinary discussions in respect of patients were entered on to the system in real time by clinicians, thereby capturing all test results and decisions.

Mr Davies stated that late referrals from primary care remained a problem and this was a top priority for the trust. Dr Harrison added that the trust would support initiatives such as screening programmes, raising public awareness, cancer networks and primary care education.

In response to queries from Councillor Joe Carlebach, the Trust agreed to provide:
(i) a written answer in respect of the number of patients with system deficiencies who had received the flu vaccination; and

(ii) an extrapolation of the performance analysis for Hammersmith and Fulham patients only.

**Action: Imperial College Healthcare NHS Trust**

Councillor Cowan queried the depth of the review into the performance management failure. Mr Davies responded that the failure had been of both systems and processes, and that his starting point had been the appointment of senior managers and implementation of a management structure, with clearer accountability. Mr McManus added that there had been a number of external clinical and systems reviews in respect of waiting times, and these had been shared with the Committee.

**RESOLVED THAT:**

(i) The report be noted.

(ii) An update report be added to the work programme.

19. **IMPERIAL COLLEGE HEALTHCARE NHS TRUST: DRAFT BUSINESS PLAN**

This item and item 8, Hammersmith & Fulham Clinical Commissioning Group (CCG): Out of Hospital Strategy were taken together.

Daniel Elkeles presented the initial slides which outlined: the future configuration of hospitals in NW London; the five year plan to deliver Shaping a Healthier Future. (SaHF); and the progress to date.

Professor Nick Cheshire presented the progress by Imperial College Health NHS Trust (ICHT), which fully supported SaHF.

Professor Cheshire highlighted:

- the majority of ICHT’s current clinical income was generated from local services, as set out on slide 18;
- the challenge of providing complex care 24/7;
- the published Dr Foster metrics, whereby ICHT had among the best outcomes in London and nationally (slide 20);
- the more average performance in respect of patient experience (slide 21);
- the one million out-patient contacts, compared with a comparatively small number of in-patients;
- the emergency care provided at St.Mary’s Hospital, compared with the specialist treatment provided at the Hammersmith Hospital (slide 25); and
• the proposal for Charing Cross Hospital to become a specialist health and social care hospital, providing a range of outpatient and selective specialist services (slide 26).

Professor Cheshire stated that ICHT was developing plans for a world class ambulatory elective surgery centre at Charing Cross, in addition to the enhanced range of services previously agreed by the Joint Committee of Primary Care Trusts on 19 February 2013. An outline business case would be completed by January 2014.

Options for the future of Central Middlesex Hospital were being developed.

Dr Tim Spicer presented the Hammersmith & Fulham CCG update on the Out of Hospital (OOH) Strategy. The 31 practices were grouped in five networks, and were all adopting a single clinical IT platform, which would be a key enabler for improved co-ordination of care. This initiative would facilitate patients accessing their own medical notes and care plans. The virtual ward (as set out on slide 33) would strengthen multi-professional case management of older, frail and complex patients who were identified as high risk of hospital admissions.

Dr Spicer updated on the progress with the White City Collaborative Care Centre (CCC) and the planned services. Further analysis of unscheduled primary care activity in the north of the borough had led the CCG to consider housing the Urgent Care Centre (UCC) at the White City CCC. In 2012/2013, there had been some 14,000 Tri-borough attendances, primarily Hammersmith & Fulham, 8,470 Ealing attendances and some 2,000 Brent attendances at the Hammersmith UCC.

Ealing CCG had indicated that they were planning to develop a hub at East Acton Health Centre which would provide unscheduled primary care activity. Hammersmith & Fulham would therefore need to examine the implications of patient flows to the new hub.

Councillor Ivimy queried the level of urgent care which would be provided in the borough. Mr Elkeles responded that UCCs would be sited at both Charing Cross and Hammersmith Hospitals, which would continue to treat 65/70% of people currently presenting at the A & E departments. At Charing Cross, step-up beds were proposed. The proposals included consideration of whether the number of beds could be increased and whether White City was a better location for the UCC. In addition, some services currently provided at Chelsea and Westminster Hospital could move to Charing Cross.

The Committee was provided with examples of emergency admissions where patients were routinely transferred to specialist hospitals, namely Hammersmith Hospital Cardiac Centre and the eight heart attack centres across London. As part of the ambulance transport specification, there would be clear protocols with the receiving hospitals for the blue light transfer of patients.
Mr Davies responded to queries in respect of ICHT’s application for foundation trust status and Integrated Business Plan (IBP). The outline business case would have four options:

- relocate Western Eye to St. Mary’s;
- relocate Western Eye to St. Mary’s and redevelopment of some of St. Mary’s Victorian buildings;
- SaHF DMBC, i.e. relocate Western Eye to St. Mary’s, Hammersmith as a specialist hospital and Charing Cross as a local hospital; and
- SaHF DMBC Plus, i.e. relocate Western Eye to St. Mary’s, Hammersmith as a specialist hospital and Charing Cross as a specialist health & social care hospital and redevelop St. Mary’s.

The three hospitals would have distinct characters, but would be interconnected: Hammersmith would continue to provide specialist care and be a major centre of research; St. Mary’s would be a modern day acute trust receiving emergency cases; and Charing Cross would be a modern day elective hospital. The separation of emergency and elective cases addressed the issue of emergency cases taking priority.

Mr Davis responded to queries in respect of Monitor’s role in respect of the Trust’s application for foundation trust status. Monitor would assess current services, as opposed to planned services, but would require quite detailed cash flows for all four integrated business plan options.

As an NHS Trust, ICHT could borrow money from the Department of Health to invest in the site redevelopment, which would be repaid with interest. A foundation trust would have a property portfolio and any sale proceeds would be retained.

Councillor Marcus Ginn stated that the enhanced range of services at Charing Cross was key to the Council’s support for Shaping a Healthier Future. The additional proposal of an elective surgery centre was a significant achievement. Together with emergency services on the St. Mary’s site, the hospitals would provide an integrated care proposition, with Charing Cross providing world class elective surgery and providing for the urgent health needs of the local population, whilst remaining a world class, leading teaching hospital.

Councillor Ginn stated that the Council understood the rationale for moving the UCC from Hammersmith Hospital to the White City Centre, but would require formal consultation.

Councillor Carlebach queried how residents on the Hammersmith & Fulham/Kensington & Chelsea border had been captured in the proposals and staffing for the UCC. Dr Spicer responded that they would continue with their existing GP, and that the five CCGs were in the process of moving to a common IT platform. The UCC was a primary care facility and there was national guidance on the specification.
Councillor Carlebach noted the concern of the Royal Colleges at the adequacy of appropriately qualified primary care staff. Dr Spicer responded that the current UCC was staffed largely by GPs, and he was confident in respect of staffing levels for the new specification.

Dr Spicer confirmed that GPs working 24/7 remained a challenge and that working practices would have to change.

Councillor Carlebach queried whether the proposals would bring about significant improvements in patient inequalities. Mr Elkeles responded that a tracking tool to demonstrate significant improvements in quality had been produced to the Joint Health Overview & Scrutiny Committee (JHOSC).

Councillor Cowan quoted a figure of 4.2% increase in A & E attendances. Mr Elkeles responded that the trend was downwards for Chelsea and Westminster and St. Mary’s Hospitals but upwards for the UCCs, and agreed to provide attendance figures.

**Action: Daniel Elkeles**

Councillor Cowan queried the time which would be lost in transfers from the UCC at Charing Cross to an A & E department. Professor Cheshire responded that transfers were already happening and evidence proved that centralisation of services had saved lives. During transfer, it was possible to provide pain relief and help to reduce patient anxiety.

Councillor Cowan queried the variance in land value of the Western Eye, depending on development plans. Mr Elkeles responded that the developments were still being worked through and were dependent on options three and four previously outlined. The outline business case would proceed to a full business case in Spring 2014, which would require planning approval. It was intended to publicly share the plans by the end of 2013.

Councillor Cowan referred to the previous recommendation of the Committee in respect of Shaping a Healthier Future that ‘there should be a ballot of all individual GPs in Hammersmith & Fulham as a matter of emergency’. Dr Spicer had written to Councillor Ivimy to clarify the process by which Hammersmith and Fulham CCG had consulted local clinicians on the proposals, and the letter would be circulated to members.

**Action: Sue Perrin**

Dr Spicer stated that the consensus view was support for the case for change and Option A, which optimised the number of health and social care services on the Charing Cross site.

Councillor Cowan considered that anecdotal evidence indicated that a large number of GPs did not support the proposals. Dr Spicer responded that members were able to influence decisions through elections and that at the
recent elections, no one had stood against either himself or the deputy Chair. GPs accepted that the NHS would have to change.

Councillor Vaughan queried the discussion with GPs of an elective site at Charing Cross. Mr Davies responded that the CCGs were committed to the proposals and recognised the advantages of separating elective and non-elective cases. Professor Cheshire referred to the USA, where 90% of cases are delivered as day cases. In comparison, the NHS was delivering day care surgery in refurbished wards, with only 40/50% delivered in properly designed wards.

Councillor Vaughan queried whether there would be a further consultation if the outline business case produced a different set of proposals. Mr Elkeles responded that the JHOSC had agreed to continue meeting and the level of consultation required would be agreed with the JHOSC.

In accordance with paragraph 27 of the Overview and Scrutiny Procedure Rules, the Committee extended the meeting by 20 minutes.

Mr Elkeles responded to a query that the service reconfiguration would take place in line with the five year plan set out in slide 10, and major hospital changes would not take place until the OOH strategy had been successfully delivered.

The Chairman opened the questioning to members of the public.

In responses to a question in respect of a trans sexual gender clinic, Professor Cheshire stated that outpatient departments would remain on their current sites, with any major surgery most likely to take place at Hammersmith Hospital.

It was queried how the transfer of the HASU to St. Mary’s would be better for patients, as Charing Cross had recently been voted the best stroke unit in England. Professor Cheshire responded that the quality of service would remain the same. Staff would move to St. Mary’s with the same leadership and would remain focused on service delivery. The service would be located in new facilities at St. Mary’s.

It was queried how teaching could remain at Charing Cross without an A&E department to provide training experience. Professor Cheshire responded that teaching would change along with changing healthcare needs.

It was commented that the concept of a virtual ward was difficult to understand, and that the term 'hybrid' worker was jargon. Professor Cheshire responded that, in practice, the public would telephone a number and receive the right care without being aware of the terminology.

Mr Brain Naylor queried the 60 step up beds in the original plan as compared with 'a potential addition of community beds/step up/down beds'. Mr Elkeles responded that there had been no beds in the original proposal and 60 beds in the enhanced proposal. The JCPCT had taken one vote on the entity of the
proposals which included looking at a proposed model and enhancement with beds. The enhanced plus proposals included the development of plans for a regional world class ambulatory elective surgery centre. Mr Naylor commented that the public were justifiably confused as to what was on the table.

In response to a query from Councillor Oliver Craig in respect of the origin of ambulance journeys, Mr Elkeles stated that there would be no change to Ambulance Centres. The impact of the service reconfiguration had been modelled as eight minutes average blue light journey time and a requirement for ten additional paramedics, which had been funded.

Mr Davies responded to a query in respect of the possible requirement for land which had been sold and for a 12 year plan in view of the projected expanding population over the next seven/ten years. Significant work would go into the outline business case and then the full business case, to maximise the use of the site. There could not be a 12 year plan, because of the changing nature of healthcare, which would become even more technical.

RESOLVED THAT:

(i) The report be noted.

(ii) An update report be brought to the January meeting.

20. HAMMERSMITH & FULHAM CLINICAL COMMISSIONING GROUP: OUT OF HOSPITAL STRATEGY

This report was taken with item 7.

21. WORK PROGRAMME AND FORWARD PLAN 2013-2014

The work programme was received.

22. DATE OF NEXT MEETING

13 November 2013

               Meeting started:  7.00 pm
               Meeting ended:  10.20 pm

Chairman  .................................................................

Contact officer:  Sue Perrin
Committee Co-ordinator
Governance and Scrutiny
☎: 020 8753 2094
E-mail: sue.perrin@lbhf.gov.uk

Minutes are subject to confirmation at the next meeting as a correct record of the proceedings and any amendments arising will be recorded in the minutes of that subsequent meeting.
Recommendation and Action Tracking

The monitoring of progress with the acceptance and implementation of recommendations enables the Committee to ensure that desired actions are carried out and to assess the impact of its work on policy development and service provision. Where necessary it also provides an opportunity to recall items where a recommendation has been accepted but the Committee is not satisfied with the speed or manner of implementation, thus enhancing accountability. It also enables the number of formal update reports submitted to the Committee to be kept to a minimum, thereby freeing up Members time for other reviews.

The schedule below sets out progress in respect of those substantive recommendations and actions arising from the Housing, Health & Adult Social Care Select Committee.

<table>
<thead>
<tr>
<th>Minute No.</th>
<th>Item</th>
<th>Action/recommendation Lead Responsibility</th>
<th>Progress/Outcome</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.</td>
<td>NHS Service Reconfiguration</td>
<td>Recommendation: There should be a ballot of all individual GPs in Hammersmith &amp; Fulham as a matter of emergency.</td>
<td>Letter from Dr Spicer circulated.</td>
<td>Complete</td>
</tr>
<tr>
<td>9.</td>
<td>Adults Safeguarding Report</td>
<td>Discrepancies in the report data to be clarified.</td>
<td>Revised data circulated.</td>
<td>Complete</td>
</tr>
<tr>
<td>17.</td>
<td>Self-Directed Support: Progress Update</td>
<td>The cost of the DP review team to be circulated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Imperial College Healthcare NHS Trust (ICHT) Update on Cancer Services</td>
<td>(i) A written answer to be provided in respect of the number of patients with system deficiencies who had received the flu vaccination; and (ii) Performance analysis for Hammersmith &amp; Fulham patients only.</td>
<td>Information circulated.</td>
<td>Complete</td>
</tr>
<tr>
<td>19.</td>
<td>ICHT: Draft Business Plan</td>
<td>Attendance figures for A&amp;E and UCCs, ICHT and Chelsea and Westminster to be provided.</td>
<td>Information circulated.</td>
<td>Complete</td>
</tr>
<tr>
<td>No.</td>
<td>Description of Background Papers</td>
<td>Name/Ext of holder of file/copy</td>
<td>Department/Location</td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>----------------------------------</td>
<td>---------------------------------</td>
<td>--------------------</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The background…

- Single, integrated regulator for health and social care
- Responsible for assuring safety and quality
- Setting clear standards for care providers via registration
- Inspection-led model, informed by information about risk
- Clear focus on outcomes via patient experience
- Enforcement powers – including closure
Size of the challenge...

- **Primary medical services**: 10,000 locations
- **Independent healthcare**: 2,500 locations
- **Independent ambulances**: 300 locations
- **NHS Trusts**: 2,300 locations
- **Adult social care**: 25,000 locations
- **Primary dental care**: 10,000 locations
- **Outpatient appointments**: 70 million
- **People using adult social care services**: 1 million
- **Dental treatment – courses of treatment in 2011/12**: 10 million
Home care agencies report (February 2013)

Not just a number: Home care inspection programme

Background

The number of people living in care in their own homes is increasing and this trend will continue well into the future.

Our inspection programme

During the programme, we inspected 230 agencies - 208 were private; 22 were non-profit; 26 were voluntary organisations.

The number of home care agencies registered with us went up by 2% in 2011/12 and a further 6% in the first half of 2012/13.

Their stores ranged from 'hubs' agencies to one caring for more than 700 people. Overall, the (5%) were meeting all five standards.

What worked well

Our inspectors found a lot of good practice but there could be improved at all times. Even now, we have highlighted some of these to those in home care departments.

Induction, training and staff retention

Many of the inspectors found that there was a lot of support and a good understanding of the environment.

What needs to improve

In our report, we highlight the following areas for improvements and make recommendations on each.

- Lack of involvement of older person's
- Lack of involvement of family carers
- Lack of involvement of older person's
- Poor care planning and a lack of support for staff and carers
- Poor care planning and a lack of support for staff and carers
- Poor care planning and a lack of support for staff and carers
- Poor care planning and a lack of support for staff and carers
- Poor care planning and a lack of support for staff and carers
- Poor care planning and a lack of support for staff and carers

What needs to improve
We inspect all care homes, home care agencies and hospitals at least once a year.

Inspections are targeted and almost always unannounced.

They focus on quality and safety as experienced by people who use services - we report on what we see and hear.

A site visit includes:
- Talking to people who use the service (and their families and carers)
- Talking to staff and managers
- Observation
- Examination of records
Our revised direction

- Better use of information, evidence and inspection
- Appointment a Chief Inspector of Hospitals, Chief Inspector of Social Care, Chief Inspector of Primary Care and Community Care
- Better working with our partners in the system
- Listening harder to, and acting on, what people tell us
- A more robust test for organisations applying for registration with CQC
- New standards
Our revised direction

- Action we take when we see unsafe and poor care
- Strengthening our focus on Mental Health, the Mental Health Act and Mental Capacity Deprivation of Liberty safeguards
- Keeping people informed about the quality and safety of care
- Building an open and transparent culture within CQC
Working with other agencies

We work closely with:

• Monitor
• NHS England
• Trust Development Authority (TDA)
• CCG’s
• Local Healthwatch
• Local Authorities
• OSC’s
• We published guides for scrutiny committees and local councillors

• You can expect regular contact between CQC staff, your chair and lead officer

• We are working with CfPS regional advocates to help connect scrutiny committees and CQC local teams
Common concerns for both CQC and scrutiny

• The safety of people in most vulnerable circumstances
• Quality of staffing in a range of services
• Cooperation between providers – as people move between hospital and social care, including discharge
• Care for people with complex health and care needs – such as dementia, people with learning disabilities
• Range of quality issues in domiciliary care services
• Dignity and respect for people – eg, when eating and drinking
• Medicines management - in and out of care homes
We want Overview and Scrutiny Committees to:

• Know who we are and what we do
• Have contact with local Care Quality Commission staff to share information
• Know what we have done with any information you give us
• Know about our inspections and where we have concerns about services
• Work with us more closely as we monitor services
<table>
<thead>
<tr>
<th>Participating authorities in the national projects</th>
</tr>
</thead>
</table>

**Developing protocols for CQC and scrutiny committees**
- Swindon
- Surrey
- Tower Hamlets
- Lewisham
- Warwickshire
- Bury
- Hertfordshire

**Pilot project with district councillors**
- Chesterfield
- Northampton
- Warwick
- Dacorum
- Test Valley
A new approach to inspecting social care services

Key changes

Rating care homes

Every care home and adult social care service in England will be awarded one of the following ratings by March 2016.

Outstanding.

Good.

Requires improvement.

Inadequate.

We want you to use these ratings to help you make better decisions about the care you or someone you know receives.
Bigger and improved inspection teams

Inspections of adult social care services will look at whether the service is:

- Safe
- Effective
- Caring
- Responsive to people’s needs
- Well-led
1. EXECUTIVE SUMMARY

1.1 Following a high number of unnecessary deaths, the Mid Staffordshire NHS Foundation Trust Public Inquiry, chaired by Robert Francis QC, was established in June 2010 and its findings were published in February 2013. The Francis Report cost approximately £13million and made 290 recommendations that sought to prevent similar failings occurring again. The Report dedicates a number of pages and criticisms for the role of local authority health scrutiny in Mid Staffordshire. It therefore makes a series of recommendations to all local authority health scrutiny committees that it feels could improve health scrutiny.

1.2 This report reviews the recommendations regarding local authority scrutiny and their impact on health scrutiny in Hammersmith & Fulham, and invites the Committee to consider how local hospital trusts have responded to the Inquiry’s findings.
2. RECOMMENDATIONS

2.1 The Committee is recommended to:
   i) Review the recommendations regarding local authority health scrutiny made by the Francis Inquiry and consider their impact on health scrutiny in Hammersmith & Fulham; and
   ii) Consider and approve the proposed action plan (Appendix A)

3. REASONS FOR DECISION

3.1 After an extended period of detailed investigation, Robert Francis QC found a number of significant failings that caused unnecessary deaths and suffering. He also found that circumstances in Mid Staffordshire were likely to be repeated elsewhere in the country. The recommendations will therefore help the Committee ensure that local patients receive a high level of care.

4. INTRODUCTION AND BACKGROUND

4.1 The Mid Staffordshire NHS Foundation Trust Public Inquiry, chaired by Robert Francis QC, was set up to examine the commissioning, supervisory and regulatory organisations in relation to their role monitoring the Mid Staffordshire NHS Foundation Trust between January 2005 and March 2009. During this time, failings at the hospital trust are thought to have caused between 400 and 1,200 deaths. The Inquiry was established in June 2010 and its findings were published in February 2013.

4.2 The Inquiry found that unnecessary suffering was caused by a system which ignored the warning signs of poor care and put corporate self-interest and cost control ahead of patient safety. In total the Francis Report made 290 recommendations aimed at the NHS and the wider range of stakeholders and partner agencies, designed to ensure that patients’ interests were the top priority. Some of the key recommendations were:
   - A single regulator for financial and care quality
   - More powers to suspend or prosecute boards and individuals
   - A duty of candour and openness for all staff
   - The banning of gagging orders
   - Only registered people should be allowed to care for patients
   - The CQC should regulate the governance of healthcare providers and the fitness of persons to be directors
   - Complaints should be published on hospital websites

4.3 The Report also addressed the role of local authority health scrutiny committees and criticised the local committees and their members. The Staffordshire County Council Health Scrutiny Committee was described in the Report as being “wholly ineffective” and overly passive. It explains:
“Councillors are not and cannot be expected to be experts in healthcare. They can, however, be expected to make themselves aware of, and pursue, the concerns of the public who have elected them. That is surely the intended purpose of giving a local scrutiny role to councillors.”

4.4 Key findings of the Report with regards to scrutiny included:
- A lack of understanding and grip on real local healthcare issues
- Scrutiny “was a pleasant little talking shop”
- A lack of openness from the hospital to scrutiny – despite the Healthcare Commission flagging up concerns to the hospital, managers gave presentations to scrutiny saying everything was fine with little questioning from councillors
- A lack of real interrogation and an over-willingness to accept explanations
- Scrutiny agendas showed little evidence of an aggressive or proactive approach to their scrutiny of the local NHS
- The multiplicity of regulators, including scrutiny, were as concerned with the cost of care as with the quality of care
- Complaints and incidents should be reviewed on a regular basis to hospital governors, and reported to the local authority scrutiny committee
- The minutes of the scrutiny committee showed no evidence that a discussion or questioning took place, only that presentations were ‘noted’
- The scrutiny committee was dependent upon the accuracy and completeness of the information provided by the Trust itself, rather than from a range of sources and contributors
- Opportunities and rules for public involvement were far too restrictive

5. PROPOSAL AND ISSUES

5.1 As noted above, the Francis Inquiry produced 290 recommendations, six of which relate directly to local authority health scrutiny committees. These recommendations, and their implications for health scrutiny in Hammersmith & Fulham, are listed below:

**Recommendation 47: The Care Quality Commission should expand its work with overview and scrutiny committees and foundation trust governors as a valuable information resource. For example, it should further develop its current ‘sounding board events’**

The Care Quality Commission (CQC) are responsible for the regulation of hospitals, care homes, dental and GP surgeries and all other care services through regular inspections and publishing results on their website. The CQC have expressed a willingness to engage better with scrutiny committees and local representatives met with this Committee’s Chairman in July and also feature elsewhere on this meeting’s agenda.
Recommendation 119: Overview and scrutiny committees and Local Healthwatch should have access to detailed information about complaints, although respect needs to be paid in this instance to the requirement of patient confidentiality

This Committee does not regularly receive a complaints report from the Hammersmith & Fulham Clinical Commissioning Group (CCG) or a wider health performance report similar to that that it receives on Housing Performance Indicators. The CCG could be invited to present an annual health performance report with an update on agreed performance indicators, including complaints data.

Local HealthWatch has replaced the Local Involvement Networks (LINks) and is a consumer champion for users of health and social care services, including the monitoring of complaints. Like many health scrutiny committees, this Committee does not currently have a formal relationship with the newly formed the local HealthWatch, unlike in Kensington & Chelsea where the health scrutiny committee receives a written and verbal report at each meeting.

Recommendation 147: Guidance should be given to promote the coordination and cooperation between Local Healthwatch, Health and Wellbeing Boards, and local government scrutiny committees

The terms of reference of the Health & Wellbeing Board (HWB) were agreed by Full Council on 29th May 2013 with the Board meeting five times each municipal year. The terms of reference note that the HWB will need to develop and foster a relationship with scrutiny committees. It is for each Council to determine the precise relationship between the HWB and scrutiny committees and as such the views of this Committee are sought on how the two committees can avoid duplication or overlap. For example Westminster City Council is developing a protocol clarifying roles and responsibilities, while other authorities are taking a less formalised approach.

As noted above, this Committee does not currently have a formal relationship with the local HealthWatch, which members may wish to develop.

Recommendation 149: Scrutiny committees should be provided with appropriate support to enable them to carry out their scrutiny role, including easily accessible guidance and benchmarks

The Committee meets six times a year with a large remit covering health (including public health), housing and adult social care. The scrutiny of health in Hammersmith & Fulham is supplemented by participation in the North West London Joint Health Overview & Scrutiny Committee (JHOSC) and site visits/informal meetings.

A number of Council officers and colleagues from partner agencies support this Committee and seek to ensure members are equipped to conduct effective scrutiny. For example a quarterly policy bulletin is circulated to members of the Committee which presents a summary and analysis of policy developments in the health and adult social care sector, as well as specific items of interest.
circulated by the Committee Coordinator. Members also have opportunities to attend learning and development events such as those hosted by the Centre for Public Scrutiny. The Committee is asked to consider whether the level of support it receives is sufficient.

**Recommendation 150:** Scrutiny committees should have powers to inspect providers, rather than relying on local patient involvement structures to carry out this role, or should actively work with those structures to trigger and follow up inspections where appropriate, rather than receiving reports without comment or suggestions for action.

Of Francis’ recommendations regarding local authority scrutiny, this recommendation has caused the most discussion and debate. Many within the scrutiny sector disagree that scrutiny committees are the best placed to inspect providers and feel that if councillors had powers of inspection, they would be duplicating and obstructing the work of existing regulators such as the CQC.

As part of a developing relationship with the CQC, this Committee could seek to understand better the intelligence gathered through their inspections in order to identify issues of concern or trends. Members may also wish to explore the possibility of accompanying the CQC on their inspections in small, non-disruptive groups.

**Recommendation 246:** Department of Health/the NHS Commissioning Board/regulators should ensure that provider organisations publish in their annual quality accounts information in a common form to enable comparisons to be made between organisations, to include a minimum of prescribed information about their compliance with fundamental and other standards, their proposals for the rectification of any non-compliance and statistics on mortality and other outcomes. Quality accounts should be required to contain the observations of commissioners, overview and scrutiny committees, and Local HealthWatch.

The Committee receives the Quality Accounts of the relevant organisations each year. Following review of the Accounts, the Committee’s comments are sent to the organisations for inclusion in the final version of accounts.

5.2 Based on the recommendations made by the Francis Report, a proposed action plan has been developed (attached as Appendix A) which identifies some key actions for this committee to adopt.

6. **LEGAL IMPLICATIONS**

6.1 The powers and responsibilities for health scrutiny are laid out in several pieces of legislation, principally the Health & Social Care Act 2001 (which first established the legal framework for health scrutiny), the Localism Act 2011 (which consolidated provision from previous Acts) and the Health & Social Care Act 2012 (which outlined the roles and responsibilities of HealthWatch and gave local authorities responsibility for scrutiny of all health service providers).
7. **FINANCIAL AND RESOURCES IMPLICATIONS**

7.1 The resources allocated to the support of health scrutiny are anticipated to be sufficient to accommodate any amendments to how the Committee works as a result of this report.

-list of background papers used in preparing this report-

<table>
<thead>
<tr>
<th>No.</th>
<th>Description of Background Papers</th>
<th>Name/Ext of holder of file/copy</th>
<th>Department/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LIST OF APPENDICES:
Appendix A: Proposed action plan
<table>
<thead>
<tr>
<th>Objective</th>
<th>Action</th>
<th>Timescale</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>To develop stronger links with the CQC (recommendation 47)</td>
<td>• Presentation on CQC’s role to this Select Committee</td>
<td>November 2013</td>
<td>The CQC appear elsewhere on this agenda – members are asked to consider how the relationship with the CQC could be further strengthened. The CQC is also attending the RBKC Adult Social Care &amp; Health Scrutiny Committee meeting on 11th November 2013</td>
</tr>
</tbody>
</table>
| To ensure all relevant information, including complaints data, is shared between the CCG and scrutiny (recommendation 119) | • H&F officers to work with the CCG to develop a range of performance indicators that could be used by the three Tri-Borough scrutiny committees. These will be developed in conjunction with HealthWatch.  
• RBKC officers are working with four of the local health providers (ICTH, C&W, CLCH and CNWL). Performance information is being sought to reflect the half yearly position before the next Quality Account is published. It is planned that all information is shared with the other Tri-Borough scrutiny committees and HealthWatch. | April 2014 | It is planned for this performance information to be taken to the November meeting of RBKC’s Adult Social Care & Health Scrutiny Committee – H&F officers to review |
<table>
<thead>
<tr>
<th>To develop a clear understanding of the roles of scrutiny, the Health &amp; Wellbeing Board and local HealthWatch (recommendation 147)</th>
<th><strong>RBKC is to develop a protocol to clarify roles and responsibilities between the three bodies. H&amp;F officers to review and report back to a future meeting and explore the possibility of a Tri-Borough protocol</strong>&lt;br&gt;<strong>This committee does not currently have a formal relationship with HealthWatch – invite HealthWatch to a future meeting to outline its function</strong></th>
<th>April 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>To ensure scrutiny members have adequate support and training opportunities (recommendation 149)</td>
<td><strong>Scrutiny members to be invited to identify any topics or issues on which they would appreciate training/a written briefing.</strong>&lt;br&gt;<strong>Committee Coordinator to circulate all training opportunities as they become available.</strong>&lt;br&gt;<strong>Subject to the RBKC Chairman’s approval, RBKC officers are planning two seminars - with on-line training materials. These will be made open to the other Tri-Borough scrutiny committees and HealthWatch. The training materials will be circulated</strong></td>
<td>Ongoing. If the Select Committee agrees with this action plan, an email will be sent to members following the meeting. External training opportunities are already circulated.</td>
</tr>
<tr>
<td>To ensure the evidence presented to scrutiny comes from a range of sources and that the patient’s voice is sufficiently represented (general finding)</td>
<td><strong>Members of the public already have opportunities to address the Select Committee</strong>&lt;br&gt;<strong>As the consumer champion for users of health and social care, HealthWatch to be invited to a future meeting to report on customer satisfaction and feedback</strong></td>
<td>April 2014</td>
</tr>
</tbody>
</table>
1. EXECUTIVE SUMMARY

1.1. As one of the provisions of the Health & Social Care Act 2012, the Council established the Health & Well-being Board in June 2013. One of the duties of the Board is to produce a Joint Health & Well-being Strategy between the Council and H&F CCG.

1.2. This report provides the opportunity for the Housing, Health and Adult Social Care Select Committee to comment on the draft strategy (Appendix 1) before it is agreed at the next meeting of the Health & Well-being Board on 13 January 2014.

2. RECOMMENDATIONS

2.1. The Housing, Health & Adult Social Care Select Committee is asked to comment on the Draft Joint Health & Well-being Strategy as set out in Appendix 1.

3. INTRODUCTION AND BACKGROUND

3.1. The Act sets out the primary aim of health and wellbeing boards to promote integration and partnership working between the NHS, social care, public health and other local services and improve local democratic accountability. This is to be achieved through three main functions:
• To assess the needs of the local population and lead the statutory joint strategic needs assessment
• To promote integration and partnership across areas, including through promoting joined up commissioning plans across the NHS, social care and public health
• To support joint commissioning and pooled budgets arrangements where all parties agree this makes sense.

3.2 The Terms of Reference for the Board were agreed by Council in June 2013 and membership was agreed to be the minimum required in the 2012 Act, however the Board does the have the power to appoint additional persons to the Board as it develops. Current membership is set as:

- Cabinet Member for Community Care (Chair)
- Chair of the CCG (Vice –chair)
- Cabinet Member for Children’s Services
- Tri-borough Director for Children’s Services
- Tri-borough Director for Adult Social Care
- Director of Public Health
- A Local Healthwatch Representative

4. Joint Health &Well-being Strategy

4.1 The Board is required by statute to have a Joint Health & Well-being Strategy, the draft strategy is attached as Appendix 1 and the Housing Health & Adult Social Care Select Committee is asked to comment prior to it being agreed at the Health & Well-being Board in January 2014.

4.2 The Strategy is based on the key issues identified through the Joint Strategic Needs Assessment and highlights the key areas where the Council and CCG aims to work collaboratively. The Boards priorities are set out as follows:

1. To develop integrated health and social care services which support prevention, early intervention and reduce hospital admissions.
2. To deliver the White City Collaborative Care Centre to improve care for residents and regenerate the White City Estate.
3. Every child has the best start to life
4. Tackling childhood obesity
5. Supporting young people into a Healthy Adulthood
6. To develop better access for vulnerable people to Sheltered Housing.
7. To develop a strategy for improving mental health services for service users and carers to promote independence and develop effective preventative services.
8. Develop a shared strategy for sexual health across Triborough with a focus on those communities most at risk of poor sexual health.

4.3 The strategy covers the period 2013-2015 as it is expected that it will require regular review to ensure that it remains relevant in a rapidly changing health, social care and public health environment.
4.4 The Strategy is out to consultation until 20 December after which it will be finalised and presented for agreement to the Health & Well-being Board.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

<table>
<thead>
<tr>
<th>No.</th>
<th>Description of Background Papers</th>
<th>Name/Ext of holder of file/copy</th>
<th>Department/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Joint Health &amp; Well-being Strategy; Consultation Draft</td>
<td>David Evans</td>
<td>Tri-borough Adult Social Care, 77 Glenthorne Road</td>
</tr>
</tbody>
</table>
Hammersmith and Fulham
Health and Wellbeing Strategy

2013-2015

Consultation Draft
Contents

Forward

1. The Need for Change
2. The Vision
3. Priorities
4. Role of the Board
5. The Strategy
6. Delivering Outcomes
7. Our Approach
8. Measuring Success
9. Next Steps
Forward

Cllr Marcus Ginn
Cabinet Member for Community Care
Chairman of the Hammersmith & Fulham Health &Well-being Board
1. The Need for Change

Hammersmith & Fulham faces major challenges over the next decade, including significant health inequalities and increasing pressure upon financial resources. We need to work with local communities to make sure that they have services which support them to be independent and to make sure that, whatever their conditions, they can live a full and active life and receive services in their own homes or as close to where they live as possible.

The scale of the challenge is illustrated by the significant variation in life expectancy between the most and least deprived areas in the Borough. This difference in life expectancy is a 7.9 year gap for men and a 5.4 year gap for women. This gap has widened over the last five years and increases in life expectancy have been driven primarily by improvements in the more affluent areas, with life expectancy in the more deprived areas remaining almost the same.

Looking to the future there are a number of areas where health needs will change and increase.

- A rise in the number of older people over the next two decades combined with a relatively low number of unpaid carers is expected to have a dramatic impact on demand for services.

- Illnesses such as dementia, more prevalent among older populations, will become increasingly common. Currently, there are likely to be around 1,250 patients in Hammersmith and Fulham with dementia and by 2025, this is likely to be in the region of 1,500 patients. Other public health concerns for the older population, such as social isolation, may become more common as may physical and sensory disability and reduced mobility.

- Unless behaviour and services change, people may experience longer periods of time living with disability, resulting from improved survival rates from major diseases such as stroke, heart disease and cancer.

- Changes in the environment, behaviour and social norms mean it is very likely we will see an increase in obesity and diseases associated with it, as well as an increase in alcohol related harm.

- Medical and social care advances have been leading to significant increases in the life expectancy of children with complex needs. This vulnerable population group may therefore need support over longer periods.

The reforms to promote integration and partnership working at the local level are tools to help us tackle some of these challenges and build on the strong history in H&F of joint working between the NHS and other key partners in the borough.

Building on this legacy, the new Health and Wellbeing Board (HWB) brings together the Council and NHS with the aim of achieving integrated services across the health and social care sector in order to improve the health and wellbeing of our local population.
Public health has also changed, with the Council taking on new responsibilities for public health services.

2. The Vision: Stronger Communities, Healthier Lives

Our vision for health and well-being in the borough is:

• To enable local people to live longer, healthier and more prosperous lives.

• To enable our residents and communities to make a difference for themselves

• To ensure our residents have good access to the best services, advice and information

• To provide our residents with choice and services which meet their local needs

• To keep our community a safe, cohesive and vibrant place to live, work, learn and visit.

• To build on our strong history of working together to build integrated health and social care offers which improve the quality and sustainability of care

3. Priorities

The Board has identified its priorities for the next two years as:

• **Integrated health and social care services which support prevention, early intervention and reduce hospital admissions.**

Medical treatments that were once provided in hospital are being increasingly delivered in the community, freeing hospitals to provide more complex, specialised and emergency care. As the drive to shift specialised and non-specialised care out of hospital gathers momentum, there is a greater demand for a skilled and competent community health and social care services to facilitate this shift at a local level. There is a need to ensure that the NHS and local authority focus acute and community care on prevention, self-management and providing support to transition patients smoothly across health and social care services to achieve an approach which is centered on improving the experience and getting better outcomes for patients.

• **Delivering the White City Collaborative Care Centre to improve care for residents and regenerate the White City Estate.**

Given the significantly poorer health outcomes in areas of deprivation in the borough and their roots in wider determinants such as housing, area regeneration presents a substantial opportunity to improve health and health care.

The White City Colaborative Care Centre (which will be called the Park View Centre for Health & Social Care) will deliver a high quality, modern health and
social care facility, within which health and social care providers will deliver co-
ordinated care and also inform and support individuals, carers and their families
so that they can be proactive in their own care. Patients and local residents
should expect to receive a good experience of health and social care services
provided in the building and the Centre will be a key resource in the area to
provide wellbeing activities.

- **Every child has the best start in life**

  Studies have found that foundations for virtually every aspect of physical,
intellectual and emotional development are laid in early childhood. What happens
during pregnancy and the early years of life has lifelong effects on many aspects
of health and well-being—from obesity, heart disease and mental health, to
educational achievement and economic status (from 2013 JSNA Highlight
Report). Supporting the provision of cost-effective and timely support to mothers
and young children is likely to impact positively across the full life course

- **Tackling childhood obesity**

  Around a third of children at school age in Hammersmith and Fulham are either
overweight or obese. Obesity in childhood greatly increases the chance of
developing diabetes, heart disease and cancer later in life and can also be highly
stigmatising. Programmes that successfully tackle child obesity are likely to have
a substantial impact on life expectancy later in life

- **Supporting young people into Healthy Adulthood**

  The physical, emotional and mental changes that occur during growth from
children to adults, make young people particularly sensitive to environmental
influences, including family, peer group and neighbourhood can be challenging
and impact negatively on health and wellbeing. Encouraging and supporting
young people to adopt acceptable social and health behaviours is key to them
becoming successful adults and parents. It is important that we are able to
provide the right services at the right time to support those who are most
vulnerable and those who live in our most deprived areas and who currently take
least advantage of the services we offer.

- **Improving mental health services for service users and carers to promote
  independence and develop effective preventative services.**

  Those with mental ill-health tend to suffer from a range of physical health
conditions, many of which are preventable. They also suffer from higher levels of
unemployment and job insecurity. Others are supported in environments which no
longer suit their needs. Improving services for those with mental ill-health and
supporting more people in a stable community setting is therefore a priority

- **Better access for vulnerable people to Sheltered Housing.**

  We aim to support people to live in suitable accommodation as they age, which
will allow them to manage their health and care needs at home rather than having
to be admitted to hospital or needing to be placed in short or long term nursing care.

- **Better sexual health across Triborough with a focus on those communities most at risk of poor sexual health.**

  In 2012/13, H&F had the 5th highest acute sexually transmitted infection rate in the country. The prevalence of HIV known to services is the 10th highest in the country. Early screening, treatment and management of sexually transmitted infections will reduce improve life and reduce costs.

It is expected that the pace of change over the next two years is unlikely to slacken, therefore there is a need to ensure that there is sufficient flexibility to keep pace with that change and to provide an opportunity to regularly review these priorities for going forward.

4. **Role of the Health & Well-being Board**

The Hammersmith and Fulham Health and Wellbeing Board will be inclusive and collaborative, working together to add value and develop a whole system approach to commissioning and the delivery of high quality, cost effective services for the borough. The Board will be focussed and decisive, being driven by the aim to have a positive impact on the lives of the residents of Hammersmith and Fulham and improve their health and wellbeing.

The new arrangements provide an opportunity for system wide leadership, to achieve more together than individual agencies could achieve alone. It will create a distinct and new identity, carrying new functions with the potential to deliver transformational change across the health, care and wellbeing landscape.

The emerging model for Community Budgets will be a vehicle for the Board to achieve its ambitions and requires further consideration to be made of how that might be realised.

5. **The Strategy**

The Strategy will provide a baseline against which we will measure success in developing integrated services which deliver real outcomes for residents. The next two years will continue to be a period of change when new relationships between the new structures and emerging organisations begin to mature. The Strategy will therefore need to be dynamic and flexible to accommodate these growing pains.

The Strategy will act as the framework to guide commissioning across health, public health and social care for both adults and children. The Council, the CCG and the NHS England will hold each other to account for commissioning in line with our shared priorities and values as expressed in this Strategy.

The Strategy will provide a framework and guide for the development of other plans which will address specific health and wellbeing issues.
The strategy is a two year strategy covering 2013 to 2015 to accord with the Kensington and Chelsea and Westminster HWSs, since the three councils share a number of services including adult social care, family and children’s services and public health. Bearing this in mind it will probably be opportune to review the strategy regularly to take account of developments.

The Joint Strategic Needs Assessment (JSNA) has also been an important part of shaping the priorities of both the Council and CCG locally and are reflected in the Health & Well-being Strategy, a summary which demonstrates the links between the two is included as Appendix 1.

6. Delivering Outcomes

An outcomes based approach will be adopted when developing priorities, considering how work can focus on improving those outcomes that matter most to the population. These will need to be relevant and meaningful to the public, and to the work of the Board, and will be able to be measured and compared between areas and over time, to be broken down to focus on inequalities, and available from existing data.

A delivery plan is being developed for each priority and outcome, which will also reference all other relevant plans, policies and strategies. It will identify the work, resources and partnerships needed in order to achieve the desired outcome.

7. Our Approach

The combination of the HWBs, local democratic accountability and the new architecture for public health offer real opportunities for mutual influence on commissioning strategies, and allow for whole system plans and service models to be embedded into day to day operating practices and mechanisms.

Building on existing successful partnerships, developing trusting relationships across organisations, and engaging and communicating will be essential in order for the Board to be successful in delivering the aims and objectives of this strategy. Consideration must be given to partnership arrangements such as lead commissioning, integrated provision and pooled budgets, with attention also being given to operational integration health and social care services.

8. Measuring success

It is important to have clear and measurable objectives in order to assess the impact and performance of the work of the Board. The Board will produce an annual report and engage with stakeholders and the wider audience to ensure that work is focussed, targeted and addressing the greatest current need. Adopting outcomes in line with national outcomes frameworks (public health, adult social care, NHS outcomes frameworks, and children’s and young people’s outcome strategy) where possible allows the use of readily available data.

9. Next Steps

The Joint Health & Well-being Strategy has been developed to reflect local needs and sets out the priorities for the next two years. In order to keep up with the current
and anticipated pace of change means that there will be a need to review our priorities regularly to ensure they are still relevant.

This is a draft strategy which sets the baseline for joint working across public services in Hammersmith & Fulham. Over the coming weeks you are invited to comment on the strategy with the consultation period closing on Friday, 20th December.
## Appendix 1

### Table 1: Linkages between the JSNA and Health & Well-being Priorities

<table>
<thead>
<tr>
<th>JSNA Causes of Early Death</th>
<th>Causes of Disability</th>
<th>Outliers</th>
</tr>
</thead>
<tbody>
<tr>
<td>HWS Priorities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CVD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental ill. health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sense organ disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol related and specific</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STDs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post dental health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature death (under 70)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast and cervical screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Looked after children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 18 conceptions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prison population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe and enduring mental illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Welfare reform</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem drug users</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Integrated health and social care services which support prevention, early intervention and reduce hospital admissions.
- Delivering the White City Collaborative Care Centre to improve care for residents and regenerate the White City Estate.
- Every child has the best start in life
- Tackling childhood

☑️ = Addressed
<table>
<thead>
<tr>
<th>JSNA</th>
<th>Causes of Early Death</th>
<th>Causes of Disability</th>
<th>Outliers</th>
</tr>
</thead>
<tbody>
<tr>
<td>HWS Priorities</td>
<td>Cancer</td>
<td>CVD</td>
<td>Mental ill.</td>
</tr>
<tr>
<td></td>
<td>Mental ill.</td>
<td>Sense organ</td>
<td>Respiratory disease</td>
</tr>
<tr>
<td></td>
<td>Senses</td>
<td>Smoking</td>
<td>Alcohol related specific</td>
</tr>
<tr>
<td></td>
<td>Eye</td>
<td>STDs</td>
<td>Respiratory disease</td>
</tr>
<tr>
<td></td>
<td>Ear</td>
<td>Dental</td>
<td>Mental ill.</td>
</tr>
<tr>
<td>obesity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supporting</td>
<td>Cancer</td>
<td>CVD</td>
<td>Mental ill.</td>
</tr>
<tr>
<td>young people</td>
<td>Mental ill.</td>
<td>Sense organ</td>
<td>Respiratory disease</td>
</tr>
<tr>
<td>into Healthy</td>
<td>Senses</td>
<td>Smoking</td>
<td>Alcohol related specific</td>
</tr>
<tr>
<td>Adulthood</td>
<td>Eye</td>
<td>STDs</td>
<td>Respiratory disease</td>
</tr>
<tr>
<td>Better access</td>
<td>Eye</td>
<td>Dental</td>
<td>Mental ill.</td>
</tr>
<tr>
<td>for vulnerable</td>
<td>Ear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>people to</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>Sheltered</td>
<td>Ear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing.</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>Improving</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>mental health</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>services</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>for service</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>users and</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>carers to</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>promote</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>independence</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>and develop</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>effective</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>preventative</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>services.</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>Better sexual</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>health across</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>Triborough</td>
<td>Ear</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>with a focus</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>on those</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>communities</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>most at risk</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>of poor</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>sexual</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>health.</td>
<td>Eye</td>
<td>Dental</td>
<td></td>
</tr>
</tbody>
</table>

Page 49
### Emerging public health issues

<table>
<thead>
<tr>
<th>HWS Priorities</th>
<th>Obesity</th>
<th>Child obesity</th>
<th>Alcohol related crime</th>
<th>Growth in the older population</th>
<th>Living with disability</th>
<th>Dementia</th>
<th>Prioritising social determinants of health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Giving every child the best start in life</td>
<td>Enabling children and adults to maximise their capabilities and have control over their lives</td>
<td>Creating fair and good employment for all</td>
<td>Ensuring a healthy standard of living for all</td>
<td>Creating sustainable communities and places that foster health and well-being</td>
<td>Strengthening the role and impact of prevention</td>
<td></td>
</tr>
<tr>
<td>Integrated health and social care services which support prevention, early intervention and reduce hospital admissions.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Delivering the White City Collaborative Care Centre to improve care for residents and regenerate</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>JSNA</td>
<td>Emerging public health issues</td>
<td>Prioritising social determinants of health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------</td>
<td>------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HWS Priorities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td>Child obesity</td>
<td>Alcohol related crime</td>
<td>Alcohol related harm</td>
<td>Growth in the older population</td>
<td>Living with disability</td>
<td>Dementia</td>
<td>Giving every child the best start in life</td>
</tr>
<tr>
<td></td>
<td>Improved life expectancy for children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Enabling children and adults to maximise their capabilities and have control over their lives</td>
</tr>
<tr>
<td>the White City Estate.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Every child has the best start in life</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Tackling childhood obesity</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supporting young people into Healthy Adulthood</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Better access for vulnerable people to Sheltered Housing.</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improving mental health services for</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table represents the emerging public health issues and prioritising social determinants of health, with specific indicators such as infant mortality rate, breastfeeding rate, smoking during pregnancy, and more. Each issue is cross-referenced with various social determinants to highlight key areas for intervention and improvement.
<table>
<thead>
<tr>
<th>JSNA</th>
<th>Emerging public health issues</th>
<th>Prioritising social determinants of health</th>
</tr>
</thead>
<tbody>
<tr>
<td>HWS Priorities</td>
<td>Obesity</td>
<td>Alcohol related harm</td>
</tr>
<tr>
<td></td>
<td>Obesity</td>
<td>Child obesity</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>service users and carers to promote independence and develop effective preventative services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Better sexual health across Triborough with a focus on those communities most at risk of poor sexual health.</td>
<td></td>
</tr>
</tbody>
</table>
**SAFEGUARDING ADULTS IN HAMMERSMITH AND FULHAM**

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report of the Divisional Director:</td>
<td>Stella Baillie Tri-borough Director, Provided Services, Mental Health Partnerships and Safeguarding for Adult Social Care</td>
</tr>
<tr>
<td>Open Report</td>
<td>Classification: For Scrutiny Review &amp; Comment</td>
</tr>
<tr>
<td>Key Decision: No</td>
<td>Wards Affected: All</td>
</tr>
<tr>
<td>Accountable Executive Director:</td>
<td>Liz Bruce, Tri-borough Executive Director of Adult Social Care</td>
</tr>
<tr>
<td>Report Author: Helen Banham, Tri-borough Strategic for Professional Standards and Safeguarding</td>
<td>Contact Details: Tel: 020 7641 4196 E-mail: <a href="mailto:hbanham@westminster.gov.uk">hbanham@westminster.gov.uk</a></td>
</tr>
</tbody>
</table>
SAFEGUARDING ADULTS IN HAMMERSMITH AND FULHAM
November 2013

1. Introduction

1.1. The Care Bill¹ passing through Parliament will require local authorities to: make (or cause to be made) enquiries if a person is at risk of abuse and neglect, and unable to protect themselves; establish a Safeguarding Adults Board; and review cases, especially where a death of an adult at risk has occurred as a result of abuse or neglect.

1.2. The present arrangements for adult safeguarding in Hammersmith and Fulham, and the other two boroughs that make up Adult Social Care Tri-borough, ensure that the local authority is well-placed to meet its new statutory responsibilities for adult safeguarding from 2014.

1.3. From the 1st April 2012, the responsibility for carrying out adult Safeguarding statutory duties² in Hammersmith and Fulham has been shared between the Professional Standards and Safeguarding Team and the Adult Social Care Operational teams, including those for people with learning disability, mental health, substance use, physical disabilities and older people.

1.4. From 1st April 2013, the Professional Standards and Safeguarding Team has also had responsibility for operating a single Deprivation of Liberty Safeguards service, authorising detentions under the Mental Capacity Act 2005 on behalf of Hammersmith and Fulham, Westminster, Kensington and Chelsea, and the NHS³.

1.5. The Professional Standards and Safeguarding Team, which was set up on 1st April 2012, has three safeguarding leads, one for Hammersmith and Fulham, and one for each of other two boroughs; a manager for the Deprivation of Liberty Safeguards service; a Mental Capacity Act lead; and two administrators; one to support the Safeguarding Adults Executive Board, and one administering the Deprivation of Liberty Safeguards.

2. Governance of Adult Safeguarding

2.1. In addition to managing the Professional Standards and Safeguarding Team, the strategic lead is responsible for managing the newly constituted, independently chaired, multi-agency, Tri-borough Safeguarding Adults Executive Board which


² The safeguarding responsibilities for local authorities are outlined in ‘No secrets’ 2000 guidance issued under Section 7 of the Local Government Act 1970: ‘statutory agencies should work together in partnership (as advocated in the Health Act 1999) to ensure that appropriate policies, procedures and practices (for the protection of vulnerable adults from abuse) are in place and implemented locally. Local authority social services departments should play a co-ordinating role in developing the local policies and procedures for the protection of vulnerable adults from abuse.

³ Health responsibilities for Deprivation of Liberties were transferred to the local authorities on 1st April 2013 as required by the Health and Social Care Act 2012.
from 1st July 2013, has been providing leadership of adult Safeguarding across Hammersmith and Fulham, Kensington and Chelsea, and Westminster.

**Figure 1: The Tri-borough Safeguarding Adults Executive Board**

2.2. The work of the Safeguarding Adults Executive Board is carried out through three work-streams (Community Engagement, Communications and Prevention; Developing Best Practice; and, Measuring Effectiveness). The three Professional Standards and Safeguarding Team safeguarding leads each have responsibility for one of the work-streams. The Hammersmith and Fulham safeguarding lead is responsible for co-ordinating the Measuring Effectiveness work-stream.

2.3. The Board is currently considering the arrangements it will be putting in place for review cases and carry out Serious Case Review to meet the requirements of the Care Bill.

2.4. The Board is also developing its strategic priorities and Business Plan. It will publish a tri-borough annual report in October each year, from 2014. The Annual Report will be available to the Hammersmith and Fulham, Housing, Health and Adult Social Care Select Committee, and scrutiny bodies of the other two boroughs, in time for the November committee cycles.

**3. Commissioning and Operational Arrangements for Adult Safeguarding**

3.1. The Hammersmith and Fulham Adult Social Care operational teams currently receive and risk-assess safeguarding referrals, and co-ordinate safeguarding investigations, and protection planning for people who have experienced abuse.

---

*The Tri-borough Safeguarding Adults Executive Board Terms of Reference are available.*
3.2. The Professional Standards and Safeguarding Team safeguarding leads: provide staff in the Adult Social Care Operational teams with advice on complex cases; ensure practice is compliant with ‘Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse’; test compliance through peer and external audit; and based on findings, commission training to improve particular areas of practice; including assessing risk; investigating abuse; co-ordinating safeguarding enquiries; assessing capacity; and making best interest decisions.

3.3. To do this work well, all members of the Professional Standards and Safeguarding Team work hard to maintain high professional standards and to ensure that their knowledge is up-to-date in their areas of expertise (Safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards), in order to be credible, and to give accurate, timely, and lawful advice to managers and front-line staff.

3.4. The Professional Standards and Safeguarding Team provide the same range of support to NHS Trusts; General Practitioners; a wide range of voluntary sector providers; hostels; service user and carers’ groups; community forums; the police; community safety; the Multi-Agency Risk Assessment Conferences (MARACs) and domestic violence advocacy providers; and other departments in the local authorities. The focus of this work is to prevent harm, increase reporting of abuse, and to enable people who have experienced harm to stop the abuse, and wherever possible, to be safer, and lead happier, healthier lives.

3.5. From 1st April 2013, the Professional Standards and Safeguarding Team have been working with the Quality and Patient Safety team of the Central London, West London, Hammersmith and Fulham, and Hounslow (CWHH) Clinical Commissioning Groups Collaborative, and the Care Quality Commission, to address concerns about the quality of care in care and nursing home providers in Hammersmith and Fulham, and the other two boroughs (47 in total). A shared protocol is in place to guide this work and to ensure that information is shared, and the responses are proportionate, and lead to improvements in the quality and safety of the care provided to people receiving services.

4. What has been achieved since 1st April 2013

4.1. The Tri-borough Safeguarding Adults Executive Board had its inaugural meeting on 30th July, with senior representation from all statutory agencies. Members are working with a representative from the law commission to understand what the new statutory duties will look like when the Care Bill becomes law next year.

4.2. The Deprivation of Liberty Safeguards service has recruited 31 trained Best Interest Assessors from the operational Adult Social Care teams in the three boroughs, and 5 independent Mental Health Assessors. The service has lawfully

---

processed all requests for Deprivation of Liberty Safeguards authorisation for people who are the responsibility of the three boroughs, within the timescales required in law (7 calendar days for urgent authorisations). The average rate of applications to the Deprivation of Liberty Safeguards service is one per week per borough. Not all applications lead to a detention. Between January and June 2013, 22 Deprivation of Liberty Safeguards detentions were authorised across the three boroughs, of which 5 were from Hammersmith and Fulham.

4.3. Staff in all the Operational teams in Hammersmith and Fulham, and the other two boroughs, are receiving the same training in the use of the Safeguarding module of the new client information system (Framework-i), which is compliant with ‘Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse’. The single system is making it easier to share information; compare activity data across all three boroughs; identify and address variations in practice; and take remedial action.

4.4. The same process of external audit and peer audit of Safeguarding case files has been introduced in Hammersmith and Fulham, and the other two boroughs, and will provide comparative evidence of good practice, and practice that needs improvement. The findings are informing the training priorities and performance issues to be addressed with individuals and teams.

4.5. From 1st April 2013, the Professional Standards and Safeguarding Team have been working with the Quality and Patient Safety team of the Central London, West London, Hammersmith and Fulham, and Hounslow (CWHH) Clinical Commissioning Groups Collaborative, and the Care Quality Commission, to address concerns about the quality of care in care and nursing home providers in Hammersmith and Fulham, and the other two boroughs (47 in total). A shared protocol is in place to guide this work and to ensure that information is shared, and the responses are proportionate, and lead to improvements in the quality and safety of the care provided to people receiving services.

5. Measuring Effectiveness of Safeguarding Work during 2012-13

5.1. At the end of June 2013, Hammersmith and Fulham, and the other two boroughs, submitted information on safeguarding activity during 2012-13 to the Department of Health in the annual Abuse of Vulnerable Adults (AVA) return. The return will be published later this month.

5.2. From 2013-14, the Abuse of Vulnerable Adults return will be replaced with the Safeguarding Adults Return (SAR). The new return will include a question on whether or not the safeguarding process has removed or reduced the risk to the person.

5.3. To complete this return, it is important to have a complete data set. From December 2013, Hammersmith and Fulham, and the other two boroughs will be using the same client information system (Framework) and the same safeguarding forms and reports, which will enable comparative data to be collected and analysed and reported more easily and accurately.
SAFEGUARDING ADULTS IN HAMMERSMITH AND FULHAM
November 2013

5.4. The 2012-13 Abuse of Vulnerable Adults return showed that in the number of safeguarding referrals received, Hammersmith and Fulham falls in the mid-range of London Boroughs (490 in 2012-13; 515 in 2011-12; 375 in 2010-11). Taking population into account by looking at the number of referrals per 100,000 people aged over 18 years, Hammersmith and Fulham has one of the highest rates of safeguarding referrals in London.

5.5. Also in Hammersmith and Fulham, there is a high rate of referrals (twice the London average) of people aged 18 to 64. This age group accounts for 30% of people receiving social care services in the borough, but 60% of safeguarding referrals.

5.6. Among people aged 18 to 64, the most frequently reported type of abuse\(^6\) is physical (33%). Among older people, it is neglect (34%). In Hammersmith and Fulham there has been an increase in the proportion of incidents of neglect, and this reflects the trend across London.

5.7. Since last year, work has been done with staff to improve coding of people by client group and to reduce the use of ‘other vulnerable people’ code. This has significantly improved recording of the relationship between the person and the alleged perpetrator of abuse.

5.8. There has also been a marked reduction in the number of cases marked as ‘inconclusive’ reflecting a clear improvement in recording outcomes. Cases are now either ‘substantiated’, ‘not substantiated’ or less frequently, ‘partially substantiated’.

5.9. In all three boroughs, there is a close match between profiles of all adults who receive social care, and adults referred for safeguarding, in terms of ethnic group.

5.10. An external audit has been commissioned for the end of October 2013 and will provide further information on safeguarding case performance for Hammersmith and Fulham, and the other two boroughs.

5.11. Progress on actions taken as a result of the findings and recommendations from the annual return and audits is monitored through the newly formed Adult Social Care Quality Assurance Board, on which the Professional Standards and Safeguarding Team and the Adult Social Care operational teams are represented.

6. What will be completed by the end of March 2014

6.1. In the remaining 6 months of the year, the Professional Standards and Safeguarding Team and the Adult Social Care Operational teams, have set a number of actions and targets to be completed in adult safeguarding. These include the following:

\(^6\) ‘No Secrets’ guidance identifies seven types of abuse: institutional; discriminatory; neglect; financial; emotional/psychological; sexual; and, physical.
SAFEGUARDING ADULTS IN HAMMERSMITH AND FULHAM
November 2013

- To have secured full representation of agencies working with adults at risk, on the Safeguarding Adults Executive Board, including the police and elected members, and to have ‘launched’ the Board at an event on 7th November 2013.

- To have completed the work priorities in the annual business plan of the Safeguarding Adults Executive Board, including work with the Children’s Safeguarding Board, where there are shared outcomes.

- To have in place a multi-agency process for learning from case review and Serious Case Review in Hammersmith and Fulham, and the other two boroughs.

- To have distributed new material designed to raise public awareness of adult safeguarding, and of how to report abuse, in Hammersmith and Fulham, and the other two boroughs.

- To have completed the requirements of the Winterbourne View concordat.

- To have achieved greater consistency of safeguarding practice as reflected in the Safeguarding Adult Return for 2013/14, and in the findings from external and peer audit, in Hammersmith and Fulham, and the other two boroughs, and have better understanding of any legitimate reasons for local variations.

- To have consolidated the work with health and local providers to improve people’s experience of care in nursing and care homes in Hammersmith and Fulham, and the other two boroughs.

- To have developed ways of capturing people’s experience of safeguarding and use the information to improve services in Hammersmith and Fulham, and the other two boroughs.

7. Conclusion

7.1. The present arrangements for adult safeguarding in Hammersmith and Fulham, and the other two boroughs that make up Adult Social Care Tri-borough, outlined in this report, are designed to ensure that the local authority will meet its new statutory responsibilities for adult safeguarding, to be introduced in 2014 when the Care Bill receives Royal Assent.

7.2. The arrangements will also continue to promote the application of the Mental Capacity Act 2005 to practice, and ensure that Hammersmith and Fulham residents are protected by the Deprivation of Liberty Safeguards, when necessary.

7.3. All arrangements are subject to scrutiny and periodic review and will be changed and improved by learning from case work, listening to the experiences of people.
using services, and in response to legislation, government guidance and recognised best practice.

Helen Banham, Strategic Lead for Professional Standards and Safeguarding
<table>
<thead>
<tr>
<th>London Borough of Hammersmith &amp; Fulham</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOUSING HEALTH &amp; ADULT SOCIAL CARE SELECT COMMITTEE</td>
</tr>
<tr>
<td>13 November 2013</td>
</tr>
</tbody>
</table>

**TITLE OF REPORT:** Welfare Reform; Update Report

**Report of the Executive Director of Housing & Regeneration**

**Open Report**

**Classification - For Scrutiny Review & Comment**

**Key Decision:** No

**Wards Affected:** All

**Accountable Executive Director:** Melbourne Barrett, Executive Director of Housing & Regeneration

**Report Author:** Mike England, Director of Housing Options, Skills & Economic Development

**Contact Details:**

E-mail: mike.england@lbhf.gov.uk
1. EXECUTIVE SUMMARY

1.1 The purpose of this report is to provide to Members of the Select Committee a review of the welfare reform legislative changes that have been implemented by the Coalition Government and the Council’s responses to them. Specifically, the report provides:

- A summary of the key changes
- Current Local Statistics relating to Local Housing Allowances, the Overall Benefit Cap, Housing Benefit size criteria restrictions and Universal Credit;
- An update on the work of HB Assist.

2. RECOMMENDATION

2.1 To note the report.

3. SUMMARY OF LEGISLATIVE CHANGES

3.1 The legislative changes that have been introduced are set out in the 2012 Welfare Reform Act. Other changes have been introduced in advance of the Act without the need for primary legislation. Up to October 2013, housing-related welfare reform changes have included:

- Local Housing Allowance (LHA) Rates – From April 2011, housing costs for private sector tenants eligible for housing benefit were limited to the 30th percentile of median private rents for the respective Broad Rental Market Area (BRMA). From April 2013, the LHA rates are set either at the lower of the 30th percentile of local rents or the April 2012 rate increased by 2.2 per cent. In the Autumn Statement, the Chancellor announced that in 2014 and 2015, the uprating of LHA rates will be in line with the 1 per cent increase for the majority of working-age benefits

- Shared Accommodation Room Rate Changes – From the beginning of January 2012, the age threshold for the shared accommodation room rate increased from 25 to 35 years old, affecting private tenants only. This means that all single people under 35 (unless exempt) in private sector accommodation now have their housing benefit based on the shared room rate rather than the 1 bedroom rate. In real terms, this means that the affected claimants’ benefit calculation is based on the shared room rate of £100 rather than the 1 bedroom rate of £220;

- Housing benefit size criteria restrictions for working age claimants in the social rented sector – From April 2013, restrictions have applied to tenants of councils and housing associations living in homes that are larger than they are deemed to need. A 14% reduction has been applied to tenants if they under-occupy their homes by one
bedroom and a 25% reduction to those under-occupying by 2 or more bedrooms.

- **Overall Benefit Cap** – Beginning on 12 August 2013, the Department for Work and Pensions (DWP) has begun to introduce a cap on the amount of benefits that a working age household is eligible to receive. This is capped at £500 per week for families and £350 per week for single people. Exceptions include a war widow; a Disability Living Allowance claimant; or a Working Tax Credit claimant.

- **Universal Credit** – Universal Credit (UC) will bring together a range of benefits and tax credits into a single monthly payment, paid direct to the claimant. It replaces Income-based Job Seekers' Allowance; Income-related Employment and Support Allowance; Income Support; Child Tax Credit; Working Tax Credit; and Housing Benefit. UC is being phased in from October 2013 and will be fully implemented by 2017, by which time it is planned that all existing claimants will also have been migrated over to the new regime.

4. **CURRENT LOCAL STATISTICS**

*Local Housing Allowance*

4.1 The Council is monitoring the levels of private sector housing benefit claims within the borough. The graph below shows the number of LHA claims since April 2011 (when the changes came in) to the present.

![LHA claims April 2011 to October 2013](image-url)
4.2 Although the number of claims for Housing Benefit using the LHA mechanism has fluctuated over the period, overall the number has remained static. In April 2011 there were 3109 private sector benefit claims paid through LHA and in October 2013 this had fallen to 3090, a drop of 0.6%. The W6 area has seen a drop (15%) in private sector tenancy claims over this period, while W12, W14 and SW6 have all seen small rises. Overall, therefore, there is little evidence that the introduction of LHA has led to the large-scale move of landlords away from the benefit sector.

**HB Assist Project and Transitional Protection Work**

4.3 The Committee has received regular reports on the work of the HB Assist team, established to look at mitigating the effects of LHA on households placed by the Council in temporary accommodation. The most recent update, for April 2013, is shown below.

<table>
<thead>
<tr>
<th>HB Assist Data as at 8 April 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number Initially Affected</td>
</tr>
<tr>
<td>Successfully Negotiated Reduction (Landlord Said 'YES')</td>
</tr>
<tr>
<td>Landlord Said 'NO'</td>
</tr>
<tr>
<td>Resolved by HB Assist</td>
</tr>
<tr>
<td>Of which -</td>
</tr>
<tr>
<td>* Remained in borough</td>
</tr>
<tr>
<td>* Resettled in Neighbouring Borough</td>
</tr>
<tr>
<td>* Resettled in Other Areas</td>
</tr>
<tr>
<td>Assistance no longer required</td>
</tr>
<tr>
<td>Still to be Resolved</td>
</tr>
</tbody>
</table>

4.4 At the 15 October 2012 Cabinet meeting, it was agreed to extend the role of the successful HB Assist Team in Housing Options to encompass work with landlords and residents affected by the further welfare reform changes set out in section 3 above. This expanded role for HB Assist is discussed further below.

**Shared Accommodation Room Rate Changes**

4.5 Shared accommodation rate claims increased from 22% of the LHA caseload in January 2012 to 25% in January 2013. Conversely, 1 bedroom rate claims fell to 34%. Over the period to October 2013 these percentages have remained broadly static, as recorded in the table below.

<table>
<thead>
<tr>
<th>Shared Accommodation Rate Claims, January 2012 to October 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-12</td>
</tr>
<tr>
<td>Jan-13</td>
</tr>
</tbody>
</table>
Overall Benefit Cap

At the time of the last report to this Committee in April 2013 the DWP estimate of the number of households in the borough likely to be affected by the overall benefit cap stood at 848. The capping process itself began on 12 August 2013 and by mid-October all the benefit cap claims had been received from DWP. The total number of households then stood at 414, considerably fewer than the original estimate. It is understood that the main reasons for the reduction are that exemptions have applied to more households than had originally been anticipated and some households have moved into employment in the intervening period. The following table shows how this total breaks down by individual tenures.

<table>
<thead>
<tr>
<th>Tenure of Households affected by Overall Benefit Cap, October 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenure</td>
</tr>
<tr>
<td>Temporary Accommodation (Council-managed)</td>
</tr>
<tr>
<td>Temporary Accommodation (Housing Association-managed)</td>
</tr>
<tr>
<td>Private Rented Sector</td>
</tr>
<tr>
<td>Council Tenancy</td>
</tr>
<tr>
<td>Housing Association Tenancy</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

The table shows that broadly half of the households affected are in temporary accommodation while the number of households in social housing affected is relatively modest, at 71. Over time, the total of households will continue to fluctuate as new claims are made and the circumstances of individual households change.

Housing Benefit Size Criteria Restrictions for working age claimants in the Social Housing sector

The current estimate is that there are 715 under-occupying cases claiming housing benefit in the Council housing sector affected by the Housing Benefit changes. This is a reduction from the total of 834 at April 2013. There are a number of reasons for the drop; the application of exemptions to some households; natural churn in the housing stock; changes in household circumstances; moves assisted by the Council; and simple improvement of data. For those affected, the average shortfall resulting from the reduction in Housing Benefit is £19.48 per week. Within the Registered Provider (Housing Association) sector the estimate is that 708 tenants are affected, with an average shortfall of £21.44 per week.
4.9 In September 2012 the Housing Occupancy Team within the Housing Options Division issued letters to all those council tenants thought likely to be affected by the size criteria changes. A further letter was sent at the time of the changes to inform tenants of the Council’s general approach to the changes and to advise them of the options available to them, including employment support, the possibility of moving to smaller accommodation, and how to obtain advice on possible exemptions and applications for Discretionary Housing Payments. The team is currently working with 55 tenants over the possibility of facilitating a move to smaller accommodation, should this prove to be their choice.

4.10 The Council has awarded a total of 173 Discretionary Housing Payments to assist the most vulnerable tenants affected or those that have committed to downsizing. Further work is continuing on this and this number is likely to rise. In addition, officers are visiting tenants affected by the benefit restrictions to ensure they are fully aware of the options available to them.

**Universal Credit**

4.11 The national roll-out of Universal Credit began at Hammersmith Job Centre on 28 October 2013. Initially only a restricted cohort of claimants will be affected – broadly single, newly-unemployed people who were not previously claiming benefits. It is estimated by DWP that this will amount to approximately 100 claimants per month.

4.12 On 14 October 2013 the Cabinet agreed to authorise an agreement between the Council and DWP for the Council to provide a number of services in support of Universal Credit implementation. These include; support for claimants to get online and stay online; advice on complex Housing issues; support for claimants to find work; personal budgeting; manual processing of local council tax reduction claims; and assistance in preparing landlords for UC implementation. The agreement will run until March 2014. The support being put in place initially is the forerunner to a more substantial support framework which will be required for the full implementation of UC.

5. **EXTENDED HB ASSIST PROJECT**

5.1 As noted above, the work of the successful HB Assist team has been extended to cover the impact of welfare reform more generally. Its work is governed by a Project Board chaired by the Director, Housing Options, Skills and Economic Development and has representation from Housing Options and H&F Direct as well as close links with, Childrens Services and Adult Social Care. Monthly meetings are held with the Executive Director, Housing & Regeneration and the Executive Director, Finance and Corporate Governance.
5.2 The main areas of focus for the HB Assist team are as follows:

- Ensuring there is an awareness of the welfare reform changes that are being implemented
- Facilitating and making referrals to the employment and employability support services in the borough to assist adults affected into work-related training and/or sustainable employment to make up the loss of income and, in some cases, avoid the effects of the benefit cap. This work is being co-ordinated jointly with Job Centre Plus and H&F Direct at a “hub” located at Hammersmith Job Centre
- Negotiating with landlords to reduce existing rents to within the new subsidy or affordable levels to sustain tenancies and/or prevent homelessness;
- Accessing new and affordable suitable accommodation for priority households;
- Making recommendations to H&F Direct for Discretionary Housing Payments (DHPs) to households affected by the welfare reform changes.
- Promoting transfers within social housing to encourage households known to be under-occupying to downsize and allowing overcrowded households to be better accommodated; and,
- Organising panels to consider the circumstances of households containing vulnerable children or adults, in order to manage any risks arising from loss of income resulting from welfare reform changes.

6. CONCLUSION

6.1 The main elements of the Government’s welfare reform programme are now being implemented. The overall benefit cap is now in place and the roll-out of Universal Credit has commenced. Over the next few years UC in particular will affect more and more households in the borough. The intention is to report on a regular basis to this committee on the number of households affected by the various changes and on the action being taken by the Council to support residents in adjusting to the reforms.

7. COMMENTS OF THE DIRECTOR OF FINANCE AND CORPORATE SERVICES

7.1 The financial implications of Welfare Reform have been allowed for in the budgeting process.

8. COMMENTS OF THE DIRECTOR OF LAW

8.1 No legal implications arise directly from this report.
<table>
<thead>
<tr>
<th>No.</th>
<th>Description of Background Papers</th>
<th>Name/Ext of holder of file/copy</th>
<th>Department/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
1. EXECUTIVE SUMMARY

1.1 The Committee is asked to give consideration to its work programme for this municipal year, as set out in Appendix 1 of the report.

1.2 Details of the Key Decisions which are due to be taken by the Cabinet at its next meeting are provided in Appendix 2 in order to enable the Committee to identify those items where it may wish to request reports.

2. RECOMMENDATIONS

2.1 The Committee is asked to consider and agree its proposed work programme, subject to update at subsequent meetings of the Committee.

3. INTRODUCTION AND BACKGROUND

3.1 The purpose of this report is to enable the Committee to determine its work programme for this municipal year 2013/14.
4. **PROPOSAL AND ISSUES**

4.1 A draft work programme is set out at Appendix 1. The list of items has been drawn up in consultation with the Chairman, having regard to relevant items within the Key Decision list and actions and suggestions arising from previous meetings of this select committee.

4.2 The Committee is requested to consider the items within the proposed work programme and suggest any amendments or additional topics to be included in the future, whether for a brief report to Committee or as the subject of a time limited Task Group review or single issue ‘spotlight’ meeting. Members might also like to consider whether it would be appropriate to invite residents, service users, partners or other relevant stakeholders to give evidence to the Committee in respect of any of the proposed reports.

4.3 Attached as Appendix 2 to this report is the list of Key Decisions to be taken by Cabinet at its next meeting, which includes decisions within the relevant Cabinet Members portfolio areas which will be open to scrutiny by this Committee should Members wish to include them within the work programme.

5. **OPTIONS AND ANALYSIS OF OPTIONS**

5.1. As set out above.

6. **CONSULTATION**

6.1. Not applicable.

7. **EQUALITY IMPLICATIONS**

7.1. Not applicable.

8. **LEGAL IMPLICATIONS**

8.1. Not applicable.

9. **FINANCIAL AND RESOURCES IMPLICATIONS**

9.1. Not applicable.

10. **RISK MANAGEMENT**

10.1. Not applicable.

11. **PROCUREMENT AND IT STRATEGY IMPLICATIONS**

11.1. Not applicable.
<table>
<thead>
<tr>
<th>No.</th>
<th>Description of Background Papers</th>
<th>Name/Ext of holder of file/copy</th>
<th>Department/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LIST OF APPENDICES:

Appendix 1 - List of work programme items
Appendix 2 - Key Decision List
<table>
<thead>
<tr>
<th>Date</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 June 2013</td>
<td>Self Directed Support and HAFAD: Transfer of Services and Lessons Learnt</td>
</tr>
<tr>
<td></td>
<td>Safeguarding Adults</td>
</tr>
<tr>
<td></td>
<td>Transition from Children’s to Adult Social Care</td>
</tr>
<tr>
<td>10 September 2013</td>
<td>Self Directed Support: Process Update</td>
</tr>
<tr>
<td></td>
<td>Imperial College Healthcare: Update on Cancer Services</td>
</tr>
<tr>
<td></td>
<td>Imperial College Healthcare: Business Plan</td>
</tr>
<tr>
<td></td>
<td>H&amp;F Clinical Commissioning Group</td>
</tr>
<tr>
<td>13 November 2013</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td></td>
<td>Francis Report</td>
</tr>
<tr>
<td></td>
<td>Health &amp; Wellbeing Strategy</td>
</tr>
<tr>
<td></td>
<td>Safeguarding Adults</td>
</tr>
<tr>
<td></td>
<td>Shaping a Healthier Future</td>
</tr>
<tr>
<td></td>
<td>Welfare Reform: Update</td>
</tr>
<tr>
<td>21 January 2014</td>
<td>HRA Financial Strategy and Rent Increase Report</td>
</tr>
<tr>
<td></td>
<td>Imperial College Healthcare: Update on Cancer Services</td>
</tr>
<tr>
<td></td>
<td>Imperial College Healthcare: Business Plan</td>
</tr>
<tr>
<td></td>
<td>Imperial College Healthcare: Foundation Trust Status</td>
</tr>
<tr>
<td></td>
<td>Public Health: Update</td>
</tr>
<tr>
<td></td>
<td>Revenue Budget 2013/2014</td>
</tr>
<tr>
<td>19 February 2014</td>
<td>Day Services: Update</td>
</tr>
<tr>
<td></td>
<td>Changes in Social Care: Personal Contributions Cap and Impact on ASC</td>
</tr>
<tr>
<td></td>
<td>Gas and Health and Safety Update</td>
</tr>
<tr>
<td></td>
<td>Housing Joint Venture Vehicle: Update</td>
</tr>
</tbody>
</table>
Housing Management Costs
Housing Performance Indicators

02 April 2014
Adult Social Care: Contract Management
Adult Social Care: Quality Assurance
CLCH Integration
Out of Hospital Care: Working Together
Adult Social Care/CCG/CLCH/Housing
Self Directed Support: Update
NOTICE OF CONSIDERATION OF A KEY DECISION

In accordance with paragraph 9 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the Cabinet hereby gives notice of Key Decisions which it intends to consider at its next meeting and at future meetings. The list may change between the date of publication of this list and the date of future Cabinet meetings.

NOTICE OF THE INTENTION TO CONDUCT BUSINESS IN PRIVATE

The Cabinet also hereby gives notice in accordance with paragraph 5 of the above Regulations that it intends to meet in private after its public meeting to consider Key Decisions which may contain confidential or exempt information. The private meeting of the Cabinet is open only to Members of the Cabinet, other Councillors and Council officers.

Reports relating to key decisions which the Cabinet will take at its private meeting are indicated in the list of Key Decisions below, with the reasons for the decision being made in private. Any person is able to make representations to the Cabinet if he/she believes the decision should instead be made in the public Cabinet meeting. If you want to make such representations, please e-mail Katia Richardson on katia.richardson@lbhf.gov.uk. You will then be sent a response in reply to your representations. Both your representations and the Executive’s response will be published on the Council’s website at least 5 working days before the Cabinet meeting.

KEY DECISIONS PROPOSED TO BE MADE BY CABINET ON 11 NOVEMBER 2013 AND AT FUTURE CABINET MEETINGS UNTIL APRIL 2014

The following is a list of Key Decisions which the Authority proposes to take at the above Cabinet meeting and future meetings. The list may change over the next few weeks. A further notice will be published no less than 5 working days before the date of the Cabinet meeting showing the final list of Key Decisions to be considered at that meeting.

KEY DECISIONS are those which are likely to result in one or more of the following:

- Any expenditure or savings which are significant (i.e. in excess of £100,000) in relation to the Council’s budget for the service function to which the decision relates;
- Anything affecting communities living or working in an area comprising two or more wards in the borough;
- Anything significantly affecting communities within one ward (where practicable);
- Anything affecting the budget and policy framework set by the Council.

The Key Decisions List will be updated and published on the Council’s website on a monthly basis.

NB: Key Decisions will generally be taken by the Executive at the Cabinet.

If you have any queries on this Key Decisions List, please contact

Katia Richardson on 020 8753 2368 or by e-mail to katia.richardson@lbhf.gov.uk
Access to Cabinet reports and other relevant documents

Reports and documents relevant to matters to be considered at the Cabinet’s public meeting will be available on the Council’s website (www.lbhf.org.uk) a minimum of 5 working days before the meeting. Further information, and other relevant documents as they become available, can be obtained from the contact officer shown in column 4 of the list below.

Decisions

All decisions taken by Cabinet may be implemented 5 working days after the relevant Cabinet meeting, unless called in by Councillors.

Making your Views Heard

You can comment on any of the items in this list by contacting the officer shown in column 4. You can also submit a deputation to the Cabinet. Full details of how to do this (and the date by which a deputation must be submitted) will be shown in the Cabinet agenda.

LONDON BOROUGH OF HAMMERSMITH & FULHAM: CABINET 2012/13

Leader (+ Regeneration, Asset Management and IT): Councillor Nicholas Botterill
Deputy Leader (+ Residents Services): Councillor Greg Smith
Cabinet Member for Children’s Services: Councillor Helen Binmore
Cabinet member for Communications: Councillor Mark Loveday
Cabinet Member for Community Care: Councillor Marcus Ginn
Cabinet Member for Housing: Councillor Andrew Johnson
Cabinet Member for Transport and Technical Services: Councillor Victoria Brocklebank-Fowler
Cabinet Member for Education: Councillor Georgie Cooney

Key Decisions List No. 13 (published 11 October 2013)
KEY DECISIONS LIST - CABINET ON 11 NOVEMBER 2013
The list also includes decisions proposed to be made by future Cabinet meetings

Where column 3 shows a report as EXEMPT, the report for this proposed decision will be considered at the private Cabinet meeting. Anybody may make representations to the Cabinet to the effect that the report should be considered at the open Cabinet meeting (see above).

* All these decisions may be called in by Councillors; If a decision is called in, it will not be capable of implementation until a final decision is made.

<table>
<thead>
<tr>
<th>Decision to be Made by (Cabinet or Council)</th>
<th>Date of Decision-Making Meeting and Reason</th>
<th>Proposed Key Decision</th>
<th>Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents</th>
<th>Documents to be submitted to Cabinet (other relevant documents may be submitted)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>November</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Cabinet                                   | 11 Nov 2013                              | Approval to vary contracts for Older People’s Day Services to enable a phased approach to move the services to Personal Budgets and Direct Payments | Cabinet Member for Community Care  
Ward(s): All Wards  
Contact officer: Martin Waddington  
martin.waddington@lbhf.gov.uk | A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered. |
| Reason: Expenditure more than £100,000    |                                          |                       |                                                                                                                |                                                                                                                                |

PART OPEN

PART PRIVATE

Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in
<table>
<thead>
<tr>
<th>Decision to be Made by (Cabinet or Council)</th>
<th>Date of Decision-Making Meeting and Reason</th>
<th>Proposed Key Decision</th>
<th>Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents</th>
<th>Documents to be submitted to Cabinet (other relevant documents may be submitted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cabinet</td>
<td>11 Nov 2013</td>
<td><strong>Potential extension of Serco Waste Contract</strong>&lt;br&gt;Decision on whether to extend current waste collection and street cleansing contract with Serco beyond 2015, as allowed under current contract clause.</td>
<td>Deputy Leader (+ Residents Services)&lt;br&gt;&lt;br&gt;Ward(s): All Wards</td>
<td>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>PART OPEN</strong>&lt;br&gt;<strong>PART PRIVATE</strong>&lt;br&gt;Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</td>
<td>Contact officer: Sue Harris, Chris Noble, Thomas Baylis&lt;br&gt;Tel: 020 8753 4295, <a href="mailto:Sue.Harris@lbhf.gov.uk">Sue.Harris@lbhf.gov.uk</a>, <a href="mailto:chris.noble@lbhf.gov.uk">chris.noble@lbhf.gov.uk</a>, <a href="mailto:thomas.baylis@lbhf.gov.uk">thomas.baylis@lbhf.gov.uk</a></td>
<td></td>
</tr>
<tr>
<td>Cabinet</td>
<td>11 Nov 2013</td>
<td><strong>Extension and re-alignment of the Quadron Ground Maintenance Contract</strong>&lt;br&gt;The Council’s existing arrangement with Quadron Services LTD (QSL) whereby QSL manages the ground maintenance in parks runs until 30th April 2015. There is also the ability to extend the contract for a further seven years until 30th April 2022.&lt;br&gt;&lt;br&gt;Lead Cabinet Members have already signed off the recommendations of the Parks Service Review which included aligning the contract end date for LBHF with that of the RBKC end date of 31st March 2021. &lt;br&gt;&lt;br&gt;Approval is therefore sought for realigning the end date for the ground maintenance contract in</td>
<td>Deputy Leader (+ Residents Services)&lt;br&gt;&lt;br&gt;Ward(s): All Wards</td>
<td>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Contact officer: David Page&lt;br&gt;Tel: 020 8753 2125 <a href="mailto:david.page@lbhf.gov.uk">david.page@lbhf.gov.uk</a></td>
<td></td>
</tr>
</tbody>
</table>

**Reason:**<br>Expenditure more than £100,000<br>Affects 2 or more wards

**Ward(s):** All Wards

**Contact officer:** Sue Harris, Chris Noble, Thomas Baylis<br>Tel: 020 8753 4295, Sue.Harris@lbhf.gov.uk, chris.noble@lbhf.gov.uk, thomas.baylis@lbhf.gov.uk

**Contact officer:** David Page<br>Tel: 020 8753 2125 david.page@lbhf.gov.uk

**Reason:**<br>Expenditure more than £100,000
<table>
<thead>
<tr>
<th>Decision to be Made by (Cabinet or Council)</th>
<th>Date of Decision-Making Meeting and Reason</th>
<th>Proposed Key Decision</th>
<th>Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents</th>
<th>Documents to be submitted to Cabinet (other relevant documents may be submitted)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cabinet</strong></td>
<td>11 Nov 2013</td>
<td><strong>Corporate Revenue Monitor 2013/14 - Month 5</strong>&lt;br&gt;Report on the projected outturn for both the General Fund and the Housing Revenue Account for 2013_14.</td>
<td>Leader of the Council (+Regeneration, Asset Management and IT)&lt;br&gt;Ward(s): All Wards</td>
<td>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</td>
</tr>
<tr>
<td><strong>Cabinet</strong></td>
<td>11 Nov 2013</td>
<td><strong>Corporate contract for card acquiring Services</strong>&lt;br&gt;Acquiring services for all credit/debit card transactions via all Corporate channels</td>
<td>Leader of the Council (+Regeneration, Asset Management and IT)&lt;br&gt;Ward(s): All Wards</td>
<td>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</td>
</tr>
<tr>
<td><strong>Cabinet</strong></td>
<td>11 Nov 2013</td>
<td><strong>Edward Woods Estate - Norland, Poynter &amp; Stebbing Rooftop Apartments</strong>&lt;br&gt;Decision on the letting of the recently constructed penthouses to Norland, Stebbing and Poynter Houses.</td>
<td>Cabinet Member for Housing&lt;br&gt;Ward(s): Shepherds Bush Green</td>
<td>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</td>
</tr>
<tr>
<td>Decision to be Made by (Cabinet or Council)</td>
<td>Date of Decision-Making Meeting and Reason</td>
<td>Proposed Key Decision</td>
<td>Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents</td>
<td>Documents to be submitted to Cabinet (other relevant documents may be submitted)</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>------------------------------------------</td>
<td>----------------------</td>
<td>-------------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>Decision to be Made by (Cabinet or Council)</td>
<td>Date of Decision-Making Meeting and Reason</td>
<td>Proposed Key Decision</td>
<td>Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents</td>
<td>Documents to be submitted to Cabinet (other relevant documents may be submitted)</td>
</tr>
<tr>
<td>Cabinet</td>
<td>11 Nov 2013</td>
<td>Review of Development Management Services for Pre-Application Charges, Householder Planning Services and Fixed Price Planning Performance Agreements</td>
<td>Seeking authority to implement: - i. An enhanced householder planning application service, which will include pre-application advice and determination of planning applications in a 6 weeks period as part of a paid for service; ii. A fixed price PPA for small scale major planning applications, which will enable the applicant to access a project managed service to determine applications, signed up to by the Council; and iii. A reviewed service and charging structure for providing pre-application advice; and Charging an administration fee for refunding payments.</td>
<td>Cabinet Member for Transport and Technical Services</td>
</tr>
<tr>
<td>Reason: Affects 2 or more wards</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Contact officer: Peter Kemp Tel: 020 8753 6970 <a href="mailto:Peter.Kemp@lbhf.gov.uk">Peter.Kemp@lbhf.gov.uk</a></td>
<td></td>
</tr>
<tr>
<td>Ward(s): All Wards</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact officer: Peter Kemp Tel: 020 8753 6970 <a href="mailto:Peter.Kemp@lbhf.gov.uk">Peter.Kemp@lbhf.gov.uk</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ward(s): All Wards</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Executive Summary of the report sets out each of the proposed changes to the service, and more detail is included about each of the proposals. Appended to the report are the proposed guidance notes for customers on each of the service areas, including a summary of the service which will be available on the website.
<table>
<thead>
<tr>
<th>Decision to be Made by (Cabinet or Council)</th>
<th>Date of Decision-Making Meeting and Reason</th>
<th>Proposed Key Decision</th>
<th>Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents</th>
<th>Documents to be submitted to Cabinet (other relevant documents may be submitted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cabinet</td>
<td>11 Nov 2013</td>
<td><strong>A Water Management Policy for Hammersmith &amp; Fulham</strong>&lt;br&gt;H&amp;F’s Water Management Policy is a first step to ensuring that the authority uses its powers and undertakes its statutory duties to maximise best practice, including within its own assets, to address local, national and European requirements for better and more sustainable water management. Cabinet is asked to adopt the Water Management Policy.</td>
<td>Leader of the Council (+Regeneration, Asset Management and IT)</td>
<td>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</td>
</tr>
<tr>
<td>Reason: Affects 2 or more wards</td>
<td></td>
<td></td>
<td>Ward(s): All Wards&lt;br&gt;Contact officer: Nigel Pallace&lt;br&gt;<a href="mailto:nigel.pallace@lbhf.gov.uk">nigel.pallace@lbhf.gov.uk</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>December</td>
<td></td>
<td><strong>Special Guardianship Allowance Policy</strong>&lt;br&gt;To agree a revised policy for allowances to carers</td>
<td>Cabinet Member for Children’s Services</td>
<td>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</td>
</tr>
<tr>
<td>Cabinet</td>
<td>9 Dec 2013</td>
<td></td>
<td>Ward(s): All Wards&lt;br&gt;Contact officer: Andrew Christie&lt;br&gt;<a href="mailto:andrew.christie@lbhf.gov.uk">andrew.christie@lbhf.gov.uk</a></td>
<td></td>
</tr>
<tr>
<td>Reason: Expenditure more than £100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cabinet</td>
<td>9 Dec 2013</td>
<td><strong>Highway works contract extensions</strong>&lt;br&gt;To approve proposed one year extensions to four highway works terms contracts.</td>
<td>Cabinet Member for Transport and Technical Services</td>
<td>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</td>
</tr>
<tr>
<td>Reason: Expenditure more than £100,000</td>
<td></td>
<td>PART OPEN PART PRIVATE&lt;br&gt;Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in</td>
<td>Ward(s): All Wards&lt;br&gt;Contact officer: Mahmood Siddiqi&lt;br&gt;<a href="mailto:mahmood.siddiqi@lbhf.gov.uk">mahmood.siddiqi@lbhf.gov.uk</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decision to be Made by (Cabinet or Council)</td>
<td>Date of Decision-Making Meeting and Reason</td>
<td>Proposed Key Decision</td>
<td>Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents</td>
<td>Documents to be submitted to Cabinet (other relevant documents may be submitted)</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>------------------------------------------</td>
<td>----------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Cabinet</td>
<td>9 Dec 2013</td>
<td>Economic Development priorities</td>
<td>Leader of the Council (+Regeneration, Asset Management and IT)</td>
<td>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</td>
</tr>
<tr>
<td>Reason:</td>
<td>Expenditure more than £100,000</td>
<td>This report seeks Members’ approval for future economic development priorities which respond to the borough’s longer term economic growth and regeneration vision and makes recommendations on use of Section 106 funds to achieve key outcomes.</td>
<td>Ward(s): All Wards</td>
<td></td>
</tr>
<tr>
<td>Cabinet</td>
<td>9 Dec 2013</td>
<td>Housing and Regeneration joint venture - selection of preferred partner</td>
<td>Cabinet Member for Housing</td>
<td>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</td>
</tr>
<tr>
<td>Reason:</td>
<td>Affects 2 or more wards</td>
<td>Following an OJEU procurement, final selection of a private sector partner to form a Joint Venture with the Council.</td>
<td>Ward(s): All Wards</td>
<td></td>
</tr>
<tr>
<td>PART OPEN</td>
<td></td>
<td><strong>PART PRIVATE</strong></td>
<td>Contact officer: Matin Miah Tel: 0208753 3480 <a href="mailto:matin.miah@lbhf.gov.uk">matin.miah@lbhf.gov.uk</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2013_14 Corporate Revenue Monitoring month 6</td>
<td>Leader of the Council (+Regeneration, Asset Management and IT)</td>
<td>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</td>
</tr>
<tr>
<td>Reason:</td>
<td>Affects 2 or more wards</td>
<td>Report on the projected outturn for both the General Fund and the Housing Revenue Account for 2013_14.</td>
<td>Ward(s): All Wards</td>
<td></td>
</tr>
</tbody>
</table>

Page 81
<table>
<thead>
<tr>
<th>Decision to be Made by (Cabinet or Council)</th>
<th>Date of Decision-Making Meeting and Reason</th>
<th>Proposed Key Decision</th>
<th>Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents</th>
<th>Documents to be submitted to Cabinet (other relevant documents may be submitted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cabinet</td>
<td>9 Dec 2013</td>
<td><strong>Award of Primary Care Support Services contract for Substance Misuse on a Tri-borough basis</strong></td>
<td>Cabinet Member for Community Care</td>
<td>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Approval is required for the award of contract for primary care support services for substance and alcohol using residents across the tri-borough area as a result of a competitive tendering process.</td>
<td>Ward(s): All Wards</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Contact officer: Darren Sutton Tel: 020 7361 3485 <a href="mailto:Darren.sutton@rbkc.gov.uk">Darren.sutton@rbkc.gov.uk</a></td>
<td></td>
</tr>
<tr>
<td>Cabinet</td>
<td>9 Dec 2013</td>
<td><strong>Award of Group Programme Support Services including criminal justice group programmes for Substance Misuse on a Tri-borough basis</strong></td>
<td>Cabinet Member for Community Care</td>
<td>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Approval is required for the award of contract for group programmes for substance misuse and alcohol treatment for residents - including offender group programme - across the tri-borough area as a result of a competitive tendering process.</td>
<td>Ward(s): All Wards</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Contact officer: Darren Sutton Tel: 020 7361 3485 <a href="mailto:Darren.sutton@rbkc.gov.uk">Darren.sutton@rbkc.gov.uk</a></td>
<td></td>
</tr>
<tr>
<td>Cabinet</td>
<td>9 Dec 2013</td>
<td><strong>Children’s Social Care Case Management System</strong></td>
<td>Cabinet Member for Children’s Services</td>
<td>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Award of Contract for the provision of the Social Care Case Management System for Children's services</strong></td>
<td>Ward(s): All Wards</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>PART OPEN</strong></td>
<td>Contact officer: David Mcnamara <a href="mailto:David.Mcnamara@lbhf.gov.uk">David.Mcnamara@lbhf.gov.uk</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>PART PRIVATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decision to be Made by (Cabinet or Council)</td>
<td>Date of Decision-Making Meeting and Reason</td>
<td>Proposed Key Decision</td>
<td>Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents</td>
<td>Documents to be submitted to Cabinet (other relevant documents may be submitted)</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------------------------------------</td>
<td>----------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Cabinet</td>
<td>6 Jan 2014</td>
<td>Economic Development Priorities Update</td>
<td>Leader of the Council (+Regeneration, Asset Management and IT)</td>
<td>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</td>
</tr>
</tbody>
</table>
| Reason: Expenditure more than £100,000    |                                          | This report provides an update and seeks Members' approval for future economic development priorities which respond to the borough’s longer term economic growth and regeneration vision and makes recommendations on use of Section 106 funds to achieve key outcomes. | Ward(s): All Wards | Contact officer: Kim Dero  
Tel: 020 8753 6320  
kim.dero@lbhf.gov.uk |
| Cabinet                                   | 6 Jan 2014                               | 2013_14 Corporate Revenue Monitoring month 7 | Leader of the Council (+Regeneration, Asset Management and IT) | A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered. |
| Reason: Affects 2 or more wards           |                                          | Report on the projected outturn for both the General Fund and the Housing Revenue Account for 2013_14. | Ward(s): All Wards | Contact officer: Jane West  
Tel: 0208 753 1900  
jane.west@lbhf.gov.uk |
| Cabinet                                   | 6 Jan 2014                               | Tri-borough ICT services contract award | Deputy Leader (+ Residents Services) | A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered. |
| Reason: Expenditure more than £100,000    |                                          | The call-off from a framework contract, let by WCC, for three ICT services, distributed computing, data centre and service desk and service management, in line with the Tri-borough ICT strategy. | Ward(s): All Wards | Contact officer: Jackie Hudson  
Tel: 020 8753 2946  
Jackie.Hudson@lbhf.gov.uk |
| PART OPEN                                 |                                          | PART PRIVATE | Part of this report is exempt from disclosure on the grounds that it | |

authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.
<table>
<thead>
<tr>
<th>Decision to be Made by (Cabinet or Council)</th>
<th>Date of Decision-Making Meeting and Reason</th>
<th>Proposed Key Decision</th>
<th>Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents</th>
<th>Documents to be submitted to Cabinet (other relevant documents may be submitted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cabinet</td>
<td>6 Jan 2014</td>
<td>Dementia Day Services - contract award</td>
<td>Cabinet Member for Community Care</td>
<td>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To approve the award of a contract for Dementia Day and Outreach services in LBHF.</td>
<td>Ward(s): All Wards</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PART OPEN</td>
<td>Contact officer: Martin Waddington</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PART PRIVATE</td>
<td><a href="mailto:martin.waddington@lbhf.gov.uk">martin.waddington@lbhf.gov.uk</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cabinet</td>
<td>6 Jan 2014</td>
<td>Corporate Planned Maintenance 2014/2015 Programme</td>
<td>Leader of the Council (+Regeneration, Asset Management and IT)</td>
<td>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</td>
</tr>
<tr>
<td>Full Council</td>
<td>26 Feb 2014</td>
<td>To provide proposals and gain approval for the 2014/2015 Corporate Planned Maintenance Programme.</td>
<td>Ward(s): All Wards</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contact officer: Mike Cosgrave</td>
<td>tel: 020 8753 4849 <a href="mailto:mike.cosgrave@lbhf.gov.uk">mike.cosgrave@lbhf.gov.uk</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Housing Estate Investment Plan (HEIP) update</td>
<td>Cabinet Member for Housing</td>
<td>A detailed report for this item will be available at least</td>
</tr>
<tr>
<td>Cabinet</td>
<td>6 Jan 2014</td>
<td>Housing Estate Investment Plan (HEIP) update</td>
<td></td>
<td>five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</td>
</tr>
<tr>
<td>Decision to be Made by (Cabinet or Council)</td>
<td>Date of Decision-Making Meeting and Reason</td>
<td>Proposed Key Decision</td>
<td>Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents</td>
<td>Documents to be submitted to Cabinet (other relevant documents may be submitted)</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>------------------------------------------</td>
<td>----------------------</td>
<td>-----------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Cabinet</strong></td>
<td>6 Jan 2014</td>
<td><strong>Council Tax Support Scheme</strong>&lt;br&gt;The Council needs to agree proposals for the Council Tax support scheme 2014 / 2015</td>
<td>Leader of the Council (+Regeneration, Asset Management and IT)</td>
<td>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</td>
</tr>
<tr>
<td>Full Council</td>
<td>29 Jan 2014</td>
<td><strong>Economic Development Employment Initiatives</strong>&lt;br&gt;This report sets out proposed Earls Court Opportunity Area and White City Opportunity Area economic development activities and seeks approval for related S106 expenditure.</td>
<td>Leader of the Council (+Regeneration, Asset Management and IT)</td>
<td>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</td>
</tr>
<tr>
<td><strong>February</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cabinet</strong></td>
<td>3 Feb 2014</td>
<td><strong>Letting of a concession to monetise the ducting within the council owned CCTV network</strong>&lt;br&gt;Monetising LBHF CCTV network</td>
<td>Deputy Leader (+ Residents Services)</td>
<td>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</td>
</tr>
</tbody>
</table>

**Reason:**
- Affects 2 or more wards
- Expenditure more than £100,000
<table>
<thead>
<tr>
<th>Decision to be Made by (Cabinet or Council)</th>
<th>Date of Decision-Making Meeting and Reason</th>
<th>Proposed Key Decision</th>
<th>Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents</th>
<th>Documents to be submitted to Cabinet (other relevant documents may be submitted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</td>
<td></td>
<td></td>
<td></td>
<td>considered.</td>
</tr>
</tbody>
</table>

**March 2014**

<table>
<thead>
<tr>
<th>Cabinet</th>
<th>3 Mar 2014</th>
<th>2013_14 Corporate Revenue Monitoring month 8</th>
<th>Leader of the Council (+Regeneration, Asset Management and IT)</th>
<th>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and/or background papers to be considered.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason: Affects 2 or more wards</td>
<td>Report on the projected outturn for both the General Fund and the Housing Revenue Account for 2013_14.</td>
<td>Ward(s): All Wards</td>
<td>Contact officer: Jane West Tel: 0208 753 1900 <a href="mailto:jane.west@lbhf.gov.uk">jane.west@lbhf.gov.uk</a></td>
<td></td>
</tr>
</tbody>
</table>

**April 2014**

<table>
<thead>
<tr>
<th>Cabinet</th>
<th>7 Apr 2014</th>
<th>2013_14 Corporate Revenue Monitoring month 10</th>
<th>Leader of the Council (+Regeneration, Asset Management and IT)</th>
<th>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and/or background papers to be considered.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason: Affects 2 or more wards</td>
<td>Report on the projected outturn for both the General Fund and the Housing Revenue Account for 2013_14.</td>
<td>Ward(s): All Wards</td>
<td>Contact officer: Jane West Tel: 0208 753 1900 <a href="mailto:jane.west@lbhf.gov.uk">jane.west@lbhf.gov.uk</a></td>
<td></td>
</tr>
</tbody>
</table>