



London Borough of Hammersmith & Fulham

Cabinet

Agenda

MONDAY
5 DECEMBER 2011
7.00 pm

COURTYARD ROOM
HAMMERSMITH
TOWN HALL
KING STREET
LONDON W6 9JU

Membership

Councillor Stephen Greenhalgh, Leader
Councillor Nicholas Botterill, Deputy Leader (+Environment and Asset Management)
Councillor Mark Loveday, Cabinet Member for Strategy
Councillor Helen Binmore, Cabinet Member for Children's Services
Councillor Joe Carlebach, Cabinet Member for Community Care
Councillor Harry Phibbs, Cabinet Member for Community Engagement
Councillor Andrew Johnson, Cabinet Member for Housing
Councillor Greg Smith, Cabinet Member for Residents Services

Date Issued
23 November 2011

If you require further information relating to this agenda please contact:
David Viles, Committee Co-ordinator, Governance and Scrutiny, tel:
020 8753 2063 or email: David.Viles@lbhf.gov.uk

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

DEPUTATIONS

Members of the public may submit a request for a deputation to the Cabinet on non-exempt item numbers **4-15** on this agenda using the Council's Deputation Request Form. The completed Form, to be sent to David Viles at the above address, must be signed by at least ten registered electors of the Borough and will be subject to the Council's procedures on the receipt of deputations. **Deadline for receipt of deputation requests: Wednesday 30 November 2011.**

COUNCILLORS' CALL-IN TO SCRUTINY COMMITTEES

A decision list regarding items on this agenda will be published by **Wednesday 7 December 2011**. Items on the agenda may be called in to the relevant Scrutiny Committee.

The deadline for receipt of call-in requests is: **Monday 12 December 2011 at 3.00pm**. Decisions not called in by this date will then be deemed approved and may be implemented.

A confirmed decision list will be published after 3:00pm on **Monday 12 December 2011**.

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

Cabinet Agenda

5 December 2011

<u>Item</u>	<u>Pages</u>
1. MINUTES OF THE CABINET MEETING HELD ON 7 NOVEMBER 2011	1 - 8
2. APOLOGIES FOR ABSENCE	
3. DECLARATION OF INTERESTS	
<p>If a Councillor has any prejudicial or personal interest in a particular report he/she should declare the existence and nature of the interest at the commencement of the consideration of the item or as soon as it becomes apparent.</p> <p>At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a prejudicial 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, unless a dispensation has been obtained from the Standards Committee.</p> <p>Where members of the public are not allowed to be in attendance, then the Councillor with a prejudicial interest should withdraw from the meeting whilst the matter is under consideration, unless the disability has been removed by the Standards Committee.</p>	
4. THE GENERAL FUND CAPITAL PROGRAMME, HOUSING REVENUE CAPITAL PROGRAMME AND REVENUE BUDGET 2011/12 - MONTH 6 AMENDMENTS	9 - 16
5. TREASURY MANAGEMENT UPDATE FOR THE FIRST SIX MONTHS OF 2011/12	17 - 26
6. CORPORATE NETWORK STRATEGY	27 - 33
7. PROPOSED IMPLEMENTATION OF S153 EQUALITY ACT 2010	34 - 41
8. EUROPEAN SOCIAL FUND - SUPPORTING RESIDENTS TO SECURE EMPLOYMENT	42 - 50
9. TRI-BOROUGH MANDATES	51 - 90

10.	WHITE CITY COLLABORATIVE CARE CENTRE - APPROVAL OF FULL BUSINESS CASE AND AUTHORITY TO REACH FINANCIAL CLOSE	91 - 267
11.	UPDATE ON IMPLEMENTATION OF LIBRARIES STRATEGY : BARONS COURT COMMUNITY LIBRARY/ AVONMORE NEIGHBOURHOOD CENTRE	268 - 275
12.	GLA OLYMPIC GRANT FUNDING - UPDATED OPERATIONAL PLAN	276 - 294
13.	SHEPHERDS BUSH COMMON IMPROVEMENT PROJECT	295 - 299
14.	HOUSING CAPITAL PROGRAMME 2012/13	300 - 311
15.	BOROUGH INVESTMENT PLAN	312 - 423
16.	SUMMARY OF OPEN DECISIONS TAKEN BY THE LEADER AND CABINET MEMBERS, AND REPORTED TO CABINET FOR INFORMATION	424 - 430
17.	FORWARD PLAN OF KEY DECISIONS	431 - 444
18.	EXCLUSION OF PRESS AND PUBLIC	

The Cabinet is invited to resolve, under Section 100A (4) of the Local Government Act 1972, that the public and press be excluded from the meeting during the consideration of the following items of business, on the grounds that they contain the likely disclosure of exempt information, as defined in paragraph 3 of Schedule 12A of the said Act, and that the public interest in maintaining the exemption currently outweighs the public interest in disclosing the information.

19.	EXEMPT MINUTES OF THE CABINET MEETING HELD ON 7 NOVEMBER 2011 (E)	
20.	UPDATE ON IMPLEMENTATION OF LIBRARIES STRATEGY : BARONS COURT COMMUNITY LIBRARY/AVONMORE NEIGHBOURHOOD CENTRE : EXEMPT ASPECTS (E)	
21.	CORPORATE NETWORK STRATEGY: EXEMPT ASPECTS (E)	
22.	SHEPHERDS BUSH COMMON IMPROVEMENT PROJECT : EXEMPT ASPECTS (E)	
23.	SUMMARY OF EXEMPT DECISIONS TAKEN BY THE LEADER AND CABINET MEMBERS, AND REPORTED TO CABINET FOR INFORMATION (E)	

24. SUMMARY OF EXEMPT URGENT DECISIONS TAKEN BY THE LEADER, AND REPORTED TO THE CABINET FOR INFORMATION

London Borough of Hammersmith & Fulham



Cabinet

Minutes

Monday 7 November 2011

PRESENT

Councillor Nicholas Botterill, Deputy Leader (+Environment and Asset Management)
Councillor Mark Loveday, Cabinet Member for Strategy
Councillor Helen Binmore, Cabinet Member for Children's Services
Councillor Joe Carlebach, Cabinet Member for Community Care
Councillor Harry Phibbs, Cabinet Member for Community Engagement
Councillor Andrew Johnson, Cabinet Member for Housing

ALSO PRESENT

Councillor Michael Cartwright
Councillor Stephen Cowan

96. MINUTES OF THE CABINET MEETING HELD ON 10 OCTOBER 2011

RESOLVED:

That the minutes of the meeting of the Cabinet held on 10 October 2011 be confirmed and signed as an accurate record of the proceedings subject to the inclusion of Councillor Carlebach's apologies for absence, and that the outstanding actions be noted.

97. APOLOGIES FOR ABSENCE

RESOLVED:

Apologies for absence were received from Councillors Stephen Greenhalgh and Greg Smith.

98. DECLARATION OF INTERESTS

There were no declarations of interest.

99. THE GENERAL FUND CAPITAL PROGRAMME, HOUSING REVENUE CAPITAL PROGRAMME AND REVENUE BUDGET 2011/12 - MONTH 5 AMENDMENTS

RESOLVED:

1. That the changes to the capital programme as set out in Appendix 1 be approved.
2. That the changes to the General Fund and Housing Revenue Account revenue budgets as set out in Appendix 2

Reason for decision:

As set out in the report.

Alternative options considered and rejected:

As outlined in the report.

Record of any conflict of interest:

None.

Note of dispensation in respect of any declared conflict of interest:

None.

100. FUNDING REQUEST FOR TRI-BOROUGH ADDITIONAL COSTS

RESOLVED:

1. That approval be given to fund the currently identified additional staff requirements as set out in paragraph 3 of the report for the period up to the end of 2011/12 - £314,000 and for 2012/13 – £238,000.
2. That specific Tri-borough business cases are presented to secure funding for further investment.

Reason for decision:

As set out in the report.

Alternative options considered and rejected:

As outlined in the report.

Record of any conflict of interest:

None.

Note of dispensation in respect of any declared conflict of interest:

None.

101. USE OF 2011/12 HFBP PROFIT SHARE TO FUND E-SERVICES IN 2011-12

RESOLVED:

That the £825,000 HFBP profit share due to the Council in 2011/12 be used to deliver the Council's self serve agenda and to deliver £874,000 annual MTFS savings from 2012/13 as set out in the exempt report be approved.

Reason for decision:

As set out in the report.

Alternative options considered and rejected:

As outlined in the report.

Record of any conflict of interest:

None.

Note of dispensation in respect of any declared conflict of interest:

None.

102. CUSTODY PATHFINDER PILOT - YOUTH OFFENDING SERVICE

RESOLVED:

1. That approval be given to participate in Custody Pathfinder at a maximum potential cost of £85,335 if the claw back procedure has to be invoked due to targets being missed.
2. That progress from months 6 to 9 (April to June 2012) be reviewed to determine if progress is satisfactory to enter year 2 and the potential claw back phase.
3. That authority be delegated to the Cabinet Member for Children's Services, in conjunction with the Executive Director of Finance and Corporate Governance and the Triborough Executive Director of Children's Services, to review progress and authorise progress to year two in September 2012 or withdrawal from the pilot at no financial cost.

Reason for decision:

As set out in the report.

Alternative options considered and rejected:

As outlined in the report.

Record of any conflict of interest:

None.

Note of dispensation in respect of any declared conflict of interest:

None.

103. APPROVAL TO DELEGATE AWARD OF SEX AND RELATIONSHIPS AND SUBSTANCE MISUSE EDUCATION CONTRACT

RESOLVED:

1. That the joint commissioning of this service be approved.
2. That approval be given to enter into a contract for a value of £148,810 from Hammersmith & Fulham.
3. That approval be given to a 16 month contract from 1 December 2011 to 31 March 2013 with a possible extension of up to two years, subject to funding and good performance.
4. That Contract Standing Orders be waived (for the reasons detailed under section 3.4.1 of the report) and the awarding of the contract for the delivery of Sex and Relationship and Substance Misuse Education Programme be delegated to the Cabinet Member for Children's Services in conjunction with the Tri-borough Executive Director of Children's Services.

Reason for decision:

As set out in the report.

Alternative options considered and rejected:

As outlined in the report.

Record of any conflict of interest:

None.

Note of dispensation in respect of any declared conflict of interest:

None.

104. HEALTH AND SAFETY AUDIT PROGRAMME FOR HOUSING AND REGENERATION.

RESOLVED:

1. That approval be given to appoint Frankhams Ltd as the health and safety auditor for the four year assurance programme for gas, fire, legionella and asbestos safety across the HRD portfolio.
2. That approval be given to a Health and Safety Audit Programme for Housing and Regeneration at a total cost of £111,937.50 over four years funded from existing budgets.

Reason for decision:

As set out in the report.

Alternative options considered and rejected:

As outlined in the report.

Record of any conflict of interest:

None.

Note of dispensation in respect of any declared conflict of interest:

None.

105. OUTCOME OF CONSULTATION ON THE HOUSING ESTATE INVESTMENT PLAN

Councillor Cartwright observed that the number of residents who responded to the consultation was low; therefore, he struggled to see how the outcome could be meaningful. In response, the Cabinet Member for Housing noted that the Borough Forum was consulted and a tenant newsletters was circulated to all tenants ensuring that they had the opportunity and the time to learn about the proposals and air their views.

RESOLVED:

1. That the outcome of the consultation exercise on the Housing Estate Investment Plan be noted.
2. That approval be given for officers to undertake an assessment, using the selection criteria under the Housing Estate Investment Plan selection criteria, and to report back to Cabinet with a recommended estate to be the first to benefit from the Housing Estate Investment Plan.

Reason for decision:

As set out in the report.

Alternative options considered and rejected:

As outlined in the report.

Record of any conflict of interest:

None.

Note of dispensation in respect of any declared conflict of interest:

None.

106. PLANNED PREVENTATIVE MAINTENANCE AND BREAKDOWN REPAIRS OF MECHANICAL PLANT IN SPECIALIST NON-HOUSING PROPERTIES; WORKS: PLANNED PREVENTATIVE MAINTENANCE FOR MECHANICAL SYSTEMS (INCLUDING AIR CONDITIONING) 2011-2015

RESOLVED:

To note that the contract is expected to start on 1 January 2012 for a period of 4 years with the options to extend on annual basis for 3 further years.

Reason for decision:

As set out in the report.

Alternative options considered and rejected:

As outlined in the report.

Record of any conflict of interest:

None.

Note of dispensation in respect of any declared conflict of interest:

None.

107. FORWARD PLAN OF KEY DECISIONS

RESOLVED:

The Forward Plan was noted.

108. SUMMARY OF OPEN DECISIONS TAKEN BY THE LEADER AND CABINET MEMBERS, AND REPORTED TO CABINET FOR INFORMATION

In response to a query by Councillor Cowan regarding the content of the brief seeking tax advice and guidance from Price Waterhouse Coopers (PWC), the Executive Director of Finance and Corporate Governance responded that a brief had been circulated outlining the work required. This report sought approval to instruct PWC to review the action being taken by the Council to mitigate the tax risks arising from its engagement of consultants and interims. The expenditure will not exceed £30,000.00. Councillor Cowan will be copied into the correspondence to Councillor Murphy on the same issue.

The summary was noted.

109. SUMMARY OF URGENT DECISIONS TAKEN BY THE LEADER, REPORTED TO THE CABINET FOR INFORMATION

The summary was noted.

110. EXCLUSION OF PRESS AND PUBLIC

RESOLVED:

That under Section 100A (4) of the Local Government Act 1972, the public and press be excluded from the meeting during consideration of the remaining items of business on the grounds that they contain information relating to the financial or business affairs of a person (including the authority) as defined in paragraph 3 of Schedule 12A of the Act, and that the public interest in maintaining the exemption currently outweighs the public interest in disclosing the information.

[The following is a public summary of the exempt information under S.100C (2) of the Local Government Act 1972. Exempt minutes exist as a separate document.]

111. EXEMPT MINUTES OF THE CABINET MEETING HELD ON 10 OCTOBER 2011 (E)

RESOLVED:

That the minutes of the meeting of the Cabinet held on 10 October 2011 be confirmed and signed as an accurate record of the proceedings, and that the outstanding actions be noted.

112. USE OF HFBP PROFIT SHARE TO FUND E-SERVICES IN 2011/12 : EXEMPT ASPECTS (E)

RESOLVED:

That the report be noted.

Reason for decision:

As set out in the report.

Alternative options considered and rejected:

As outlined in the report.

Record of any conflict of interest:

None.

Note of dispensation in respect of any declared conflict of interest:

None.

113. PLANNED PREVENTATIVE MAINTENANCE AND BREAKDOWN REPAIRS OF MECHANICAL PLANT IN SPECIALIST NON-HOUSING PROPERTIES. WORKS: PLANNED PREVENTATIVE MAINTENANCE FOR MECHANICAL SYSTEMS (INCLUDING AIR CONDITIONING) 2011 - 2015 : EXEMPT ASPECTS (E)

RESOLVED:

That the recommendations contained within the exempt report be approved.

Reason for decision:

As set out in the report.

Alternative options considered and rejected:

As outlined in the report.

Record of any conflict of interest:

None.

Note of dispensation in respect of any declared conflict of interest:

None.

114. SUMMARY OF EXEMPT DECISIONS TAKEN BY THE LEADER AND CABINET MEMBERS, AND REPORTED TO CABINET FOR INFORMATION (E)

The summary was noted.

115. SUMMARY OF EXEMPT URGENT DECISIONS TAKEN BY THE LEADER, AND REPORTED TO THE CABINET FOR INFORMATION

RESOLVED:

The summary was noted.

Meeting started: 7.00 pm
Meeting ended: 7.07 pm

Chairman



Cabinet

5 DECEMBER 2011

LEADER

Councillor Stephen Greenhalgh

**THE GENERAL FUND CAPITAL PROGRAMME, Wards
HOUSING REVENUE CAPITAL PROGRAMME
AND REVENUE BUDGET 2011/2012 – MONTH 6 All
AMENDMENTS**

The purpose of this report is to seek approval for changes to the Capital Programme and the Revenue Budget.

CONTRIBUTORS

All Departments

Recommendations:

1. To approve the changes to the capital programme as set out in Appendix 1.
2. To approve the changes to the General Fund revenue budget as set out in Appendix 2

HAS A PEIA BEEN COMPLETED?

N/A

HAS THE REPORT CONTENT BEEN RISK ASSESSED?

N/A

1 SUMMARY

- 1.1 This report sets out proposed amendments to both Capital and Revenue Estimates as at month 6.

2. GENERAL FUND CAPITAL PROGRAMME

- 2.1 Table 1 summarises the proposed amendments to the 2011/12 General Fund capital programme and is detailed in Appendix 1.

Table 1 – Summary of Proposed Amendments to the General Fund Capital Programme

Service Area	Revised Budget at Month 5	Additions/ (Reduction)	Slippage	Revised Budget at Month 6
	£m	£m	£m	£m
Children's Services	16.045	1.853	0	17.898
Community Services (Adult Social Care)	1.898	0	(0.475)	1.423
Environment Services	15.634	(0.306)	0	15.328
Finance and Corporate Services	1.500	0	0	1.500
Resident's Services	8.880	0	0	8.880
Total	43.957	1.547	(0.475)	45.029

2.2 Movement in Expenditure

Children's Services

The budget movement from period 5 results in a net increase in the month 6 budget of £1.853m in respect of grant allocations received for the works to establish ARK Conway Primary Academy and West London Free School.

Community Services (Adult Social Care)

A slippage of £0.475m in respect of Adult Personal Social Services capital allocations for 2011/12 to 2012/13.

Environment Services

The budget movement from period 5 results in a net reduction in the month 6 budget of £0.306m. The main reason for the reduction is due to a revised contribution from parking reserves of £0.358m in respect of works to controlled parking zones. This is offset by an increased grant allocation of £0.052m from Transport for London. These are detailed in Appendix 1.

3. REVENUE BUDGET ADJUSTMENTS

- 3.1 The total adjustments to revenue budgets is £0.257m (Appendix 2). This is for one virement representing a transfer of funding from Centrally Managed Budgets to Finance and Corporate Services to cover the costs of the Transformation Team which are no longer directly recharged to departments. There are no HRA budget virements in period 6.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS

No.	Brief Description of Background Papers	Name/Ext. of holder of file/copy	Department
1.	Revenue Monitoring Documents	Gary Ironmonger Ext. 2109	Corporate Finance Room 38 , Town Hall
2.	Capital Monitoring Documents	Isaac Egberedu Ext. 2503	Corporate Finance Room 5, Town Hall
Contact officers: Gary Ironmonger Ext. 2109; Isaac Egberedu Ext. 2503			

General Fund Capital 2011/12: Month 6 Variations Appendix 1				
	2011/12			
Department	Last Reported Budget at Month 5	Additions/ (Reductions)	Slippage	Revised Budget at Month 6
	£'000	£'000	£'000	£'000
Children's Services	16,045	1,853		17,898
Community Services (Adult Social Care)	1,898		(475)	1,423
Environment Services	15,634	(306)		15,328
Finance and Corporate	1,500			1,500
Residents Services	8,880			8,880
Total Expenditure	43,957	1,547	(475)	45,029

Appendix 1

CHILDREN'S SERVICES CAPITAL PROGRAMME

Schemes	Last Reported Budget	Additions/ (Reductions)	Slippage	Revised Budget at Month 6
	£'000	£'000	£'000	£'000
Targeted Capital	125	0	0	125
Lyric Theatre Development	2,950	0	0	2,950
Kitchens	292	0	0	292
Early Years	51	0	0	51
Primary Capital Programme	2,986	0	0	2,986
Devolved Capital to Schools	452	0	0	452
Other	265	0	0	265
Schools Capital Programme	8,924	0	0	8,924
Free Schools	0	1,853	0	1,853
Total Children's Services	16,045	1,853	0	17,898

Appendix 1

COMMUNITY SERVICES CAPITAL PROGRAMME

	Last Reported Budget	Additions/ (Reductions)	Slippage	Revised Budget at Month 6
Schemes	£'000	£000's	£'000	£'000
Adult Social Care Grant	266	0	0	266
Grants to Social Landlords to Improve Hostels	128	0	0	128
Social Care IT Infrastructure Capital Grant (DOH)	0	0	0	0
Supporting Your Choice (Social Care Reform)(DoH)	120	0	0	120
Adults' Personal Social Services Grant	475	0	(475)	0
Disabled Facilities Grant	909	0	0	909
Total Community Services	1,898	0	(475)	1,423

ENVIRONMENT SERVICES CAPITAL PROGRAMME

Scheme	Last Reported Budget	Additions/ (Reductions)	Slippage	Revised Budget at Month 6
	£'000	£'000	£'000	£'000
BTS Capital Planned Maintenance	4,044	0	0	4,044
BTS Smart FM	458	0	0	458
Footways & Carriageways	2,214	0	0	2,214
Transport For London Schemes	5,274	50	0	5,324
West London Better Homes	540	1	0	541
Developers Agreements Total	1,524	1	0	1,525
Efficiency projects total	436	0	0	436
Parking reserve total	802	(358)	0	444
RCCO Total	295	0	0	295
LB Ealing Total	47	0	0	47
Other Capital Schemes	0	0	0	0
Total Environment Services	15,634	(306)	0	15,328

APPENDIX 2 - VIREMENT REQUEST FORM

BUDGET REVENUE MONITORING REPORT – PERIOD 6

Details of Virement	Amount (£000)	Department
Funding of ODD Transformation Team, as their work is no longer directly recharged to departments.	257/ (257)	FCS/CMB
Total of Requested Virements (Debits)	257	



London Borough of Hammersmith & Fulham

Cabinet

5 DECEMBER 20

LEADER
Councillor Stephen Greenhalgh

TREASURY MANAGEMENT UPDATE FOR THE FIRST SIX MONTHS OF 2011-12

Wards:
All

This report provides information on the Council's debt, borrowing and investment activity up to 30 September 2011

CONTRIBUTORS

ED FCG

HAS A EIA BEEN COMPLETED?
N/A

HAS THE REPORT CONTENT BEEN RISK ASSESSED?
N/A

Recommendations:

That the Council's debt, borrowing and investment activity up to the 30 September 2011 be noted.

1. INTRODUCTION

1.1 Treasury management is defined by the CIPFA Code of Practice as ‘The management of the local authority’s investments and cash flows, its banking, money market and capital market transactions; the effective control of the risks associated with those activities; and the pursuit of optimum performance consistent with those risks.’

1.2 The CIPFA Code of Practice on Treasury Management (revised November 2009) has been adopted by the Council.

The primary requirements of the Code are as follows:

- 1 Creation and maintenance of a Treasury Management Policy Statement which sets out the policies and objectives of the Council’s treasury management activities.
 - 2 Creation and maintenance of Treasury Management Practices which set out the manner in which the Council will seek to achieve those policies and objectives.
 - 3 Receipt by the full council of an annual Treasury Management Strategy Statement, including the Annual Investment Strategy, for the year ahead, a Mid-year Review Report (this report) and an Annual Report covering activities during the previous year.
 - 4 Delegation by the Council of responsibilities for implementing and monitoring treasury management policies and practices and for the execution and administration of treasury management decisions.
 - 5 Delegation by the Council of the role of scrutiny of treasury management strategy and policies to a specific named body. For this Council the delegated body is the Audit and Pensions Committee.
- 1.3 This mid-year review has been prepared in compliance with the Code of Practice, and covers the following
- An economic update for the first six months of 2011/12
 - A review of the Annual Treasury Strategy
 - A review of the Council’s investment portfolio for 2011/12
 - A review of the Council’s borrowing strategy for 2011/12
 - A review of compliance with Prudential Code indicators for 2011/12

2. ECONOMIC UPDATE

- 2.1 The Euro zone sovereign debt crisis continued: Spain and Italy became the focus of renewed market concerns that they may soon join with Greece, Ireland and Portugal in needing assistance. This uncertainty and the lack of a co-ordinated or credible Euro zone response caused anxiety over the potential impact of sovereign default and resulting effect on the Euro zone banking sector. The approval by various countries of the 440 billion euro bail out fund in September has brought temporary relief to financial markets but does not provide a remedy to the scale of the Greek debt problem or the sheer magnitude of the potential needs of other countries for support.
- 2.2 Political difficulties in the US over their plans to address the budget deficit, the size and control over the US sovereign debt, and the subsequent loss of the AAA credit rating from Standard and Poor's, has led to a much more difficult and uncertain outlook for the world economy. Growth prospects in the US, UK and the euro zone have receded. World stock markets fell in the second quarter of 2011/12 as a consequence.
- 2.3 Following zero growth in the final half of 2010/11 the UK economy grew by a weaker than expected 0.1% in the first quarter of 2011/12. Overhanging debt, high inflation and concerns over employment are likely to impede growth in the short term.
- 2.4 The announcement by the MPC on 6 October of a second round of quantitative easing of £75bn reflected the threat of recession. Although inflation remains stubbornly high, the MPC's expectation of future falls will result in a reduction below 2%. The longer term trend for PWLB borrowing rates is for them to rise, primarily due to the need for a high volume of gilt issuance in the UK, and the high volume of debt issuance in other major western countries. However the current safe haven status of the UK may continue for some time, postponing any increases until 2012
- 2.5 International investors continue to view UK government gilts as being a safe haven from the EU sovereign debt crisis. The increase in demand for gilts has helped to lower yields and reduce PWLB rates to low levels.

2.6 The Council's Treasury Adviser, Sector, has provided the following interest rate forecast:

Table 1 – Interest Rate Forecast

	Oct 11 %	Dec- 11 %	Mar- 12 %	Jun- 12 %	Sept- 12 %	Dec- 12 %	Mar- 13 %	Jun- 13 %	Sept- 13 %	Dec- 13 %	Mar- 14 %	Jun- 14 %	Sep- 14 %
Sector's Bank Rate	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.75	1.00	1.25	1.50	2.00
5 yr PWLB Rate	2.30	2.30	2.30	2.30	2.30	2.40	2.50	2.60	2.70	2.80	2.90	3.10	3.30
10 yr PWLB	3.30	3.30	3.30	3.30	3.40	3.40	3.50	3.60	3.70	3.80	4.00	4.20	4.40
25 yr PWLB	4.20	4.20	4.20	4.20	4.30	4.30	4.40	4.50	4.60	4.70	4.80	4.90	5.00
50 yr PWLB	4.30	4.30	4.30	4.30	4.40	4.40	4.50	4.60	4.70	4.80	4.90	5.00	5.10
3mth LIBID	0.75	0.70	0.70	0.70	0.70	0.70	0.75	0.80	0.90	1.20	1.40	1.60	2.10
6 mth LIBID	1.00	1.00	1.00	1.00	1.00	1.00	1.10	1.20	1.40	1.60	1.80	2.00	2.50
12 mth LIBID	1.50	1.50	1.50	1.50	1.50	1.60	1.70	1.80	1.90	2.20	2.40	2.60	3.10

3. ANNUAL INVESTMENT STRATEGY

3.1 The Treasury Management Strategy for 2011/12 was approved by Council on 23rd February 2011. The Council's Annual Investment Strategy, which is incorporated in the overall strategy, outlines the Council's investment priorities as follows:

- Achieve optimum returns on investment subject to;
- Security of Capital
- And a level of Liquidity in its investments appropriate to the Council's need of funds over time.

3.2 In the current economic climate it is considered appropriate to keep all new investments short term, and only invest with highly credit rated financial institutions using the Sector suggested creditworthiness matrices.

3.3 It should be noted that the reason we have Lloyds and RBS on the Council's lending list and with limits of £35 million is not because of their credit ratings but because of the fact that they are part nationalised.

- 3.4 Investments within the first 6 months of the year have been in line with strategy. A full list of investments held as at 30 September 2011 are as follows:

Table 2 – Investments at 31 October 2011

Money Market Fund	Principal £'m	Interest Rate	Start Date	Maturity Date
Primerate Capital	10	0.88%		Call
Insight Investments	6.0	0.70%		Call
Blackrock	0.6	0.70%		Call
Bank				
National Westminster Bank	20	0.87%		Call
Lloyds Bank	5	1.90%	19/11/10	18/11/11
Lloyds Bank	5	1.45%	20/07/11	20/01/12
Lloyds Bank	5	1.25%	21/10/11	23/01/12
NatWest Bank	5	1.28%	19/05/11	20/02/12
NatWest Bank	5	1.21%	01/08/11	01/05/12
Lloyds Bank	5	2.65%	02/06/11	27/07/12
Lloyds Bank	5	2.65%	19/05/11	27/07/12
NatWest Bank	5	1.42%	01/08/11	30/07/12
Lloyds Bank	5	2.10%	03/08/11	01/08/12
Total Investments	81.6			

- 3.5 Officers can confirm that the approved limits within the Annual Investment Strategy were not breached during the first half of 2011/12.
- 3.6 Investment rates available in the market are at an historical low point. The table below shows that the authority outperformed the benchmark by 0.74%.

Table 3 – Investment Performance against benchmark

Benchmark	Benchmark Return Average Rate as at 30/09/11	Council Performance as at 30/09/11
7 days LIBID	0.46%	1.20%

4. OUTSTANDING DEBT AND INVESTMENTS

- 4.1 This table below shows the Council's outstanding debt and investments at 30th September 2011 compared to 31st March 2011

Table 4 – Debt and Investments at 31st March & 30st September 2011

	31 March 2011		30 September 2011	
	£000's		£000's	
	Principal	Ave. Rate		Ave. Rate
Fixed Rate PWLB	475,520	5.75%	468,520	5.70%
Variable Rate PWLB	Nil		Nil	
Market & Temporary Loan	Nil		Nil	
Total Loans	475,520		468,520	
Total Investments	100,300	0.96%	86,600	1.20%
Net Borrowing	375,220		381,920	

It is quite usual for cash balances to fluctuate daily but at the end of September a PWLB loan of £7 million matured and was repaid which has resulted in a reduction in overall cash balances.

- 4.2 This table below shows the split of the Council's debt between the HRA and General fund.

Table 5 – HRA & GF debt

	31 March 2011		30 September 2011 (Estimate)
	£'000		£'000
HRA	414,527		414,678
GF	60,993		53,842
Total Debt	475,520		468,520

- 4.3 The General Fund Capital Financing Requirement (CFR) was £122 million as at 31/03/11 compared to £132 million as at 31/03/10 million a reduction

of £10 million. The HRA CFR was £416 million as at 31/03/11 compared to £406 million as at 31/03/10 an increase of £10 million. The increase in HRA CFR is due to the delivery of the decent homes programme. The total CFR is £538 million as at the 31/03/11. The CFR represents the underlying need to borrow and is higher than the actual level of debt due to the temporary borrowing of internal resources.

- 4.4 The proposed reform of the HRA subsidy arrangements is expected to take place on 28 March 2012. This will involve the Council debt being reduced by an estimated £210.3 million which will remove the Council from the HRA subsidy system. Although this figure may change once national figures are recalculated, this will impact on the capital structure of the Council as the HRA capital financing requirement will reduce by the size of the CLG payment. The treasury management service will need to consider the treasury implications of the debt reduction.

5. PRUDENTIAL INDICATORS

- 5.1 As part of the Strategy the Council sets a number of prudential limits for borrowing. This section shows the Council's position against the prudential indicators for 2011/12 agreed by Council in February 2011. These are outlined below.

5.2 Limits to Borrowing Activity.

The Authorised Limit – This represents the expected maximum borrowing need with some headroom for any unexpected movements.

The Operational Boundary – This indicator is the focus of day to day treasury management activity within the authority. It is a means by which the authority manages its external debt to ensure that it remains within the self imposed Authorised Limit. Sustained breaches of the Operational Boundary would give an indication that the authority may be in danger of stepping beyond the Prudential boundaries it has set itself.

5.3 Interest Rate Exposures

Interest rate risk management is a top priority for local authority management. While fixed rate borrowing and investment can contribute significantly to reducing the uncertainty surrounding future interest rate scenarios, the pursuit of optimum performance may justify, or even demand, retaining a degree of flexibility through the use of variable interest rates on at least part of a treasury management portfolio. This is a best practice approach to treasury management and is to be encouraged to the extent

that it is compatible with the effective management and control of risk. The key indicators are :

- a) Upper Limit on fixed rate exposure – This indicator identifies a maximum limit for fixed interest rates based upon the debt position net of investments.
- b) Upper Limit on variable rate exposure – This indicator identifies a maximum limit for variable interest rates based upon the debt position net of investments.
- c) Total principal funds invested for periods longer then 364 days – These limits are set to reduce the need for early sale of an investment, and are based on the availability of investments after each year-end.

5.4 The above key indicators are summarised in the table below.

Table 6 – Key Prudential Indicators

	2011/12 Limit	30 September 2011 Actual
	£000's	£000's
Authorised Limit for external debt	569,523	381,920
Operational Limit for external debt	495,520	381,920
Limit of fixed interest rate exposure based on net debt	544,000	381,920
Limit of variable interest rate exposure based on net debt	108,800	Nil
Principal sum invested >364 days	20,000	Nil

- 5.5 Maturity structure of borrowing – This indicator is designed to be a control over an authority having large concentrations of fixed rate debt needing to be replaced at times of uncertainty over interest rates. It is not necessary to

include variable rate debt because local authorities do not face substantial refinancing risks.

Table 7 - Maturity structure of fixed rate borrowing during 2011/12

	Upper Limit	Lower Limit	Actual
Under 12 months	15%	0%	0.00%
12 months and within 24 months	15%	0%	0.00%
24 months and within 5 years	60%	0%	9.14%
5 years and within 10 years	75%	0%	16.57%
10 years and above	100%	0%	74.29%

6. COMPLIANCE WITH TREASURY LIMITS AND PRUDENTIAL INDICATORS

- 6.1 During the first six months of the financial year the Council operated within its treasury limits and Prudential Indicators as set out in the Council's Treasury Strategy Report.

7. COMMENTS OF THE EXECUTIVE DIRECTOR OF FINANCE AND CORPORATE GOVERNANCE

- 7.1 The comments of the Executive Director of Finance and Corporate Governance are contained within this report.

8. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)

- 8.1 There are no direct legal implications for the purpose of this report.

9. RECOMMENDATION

- 9.1 To note the Council's debt, borrowing and investment activity up to the 30th September 2011.

Local Government Act 2000
List Of Background Papers

No	Description of Background Papers	Name/Ext. of Holder of File/Copy	Department/ Location
1	Borrowings and Investments Ledger	Rosie Watson Ext. 2563	Room 4 Hammersmith Town Hall
2	CIPFA-Prudential Code -Accounting for Capital Finance	Rosie Watson Ext. 2563	Room 4 Hammersmith Town Hall
3	Various Economic commentaries	Rosie Watson Ext. 2563	Room 4 Hammersmith Town Hall



London Borough of Hammersmith & Fulham

Cabinet

5 DECEMBER 2011

LEADER

Councillor Stephen Greenhalgh

CORPORATE NETWORK STRATEGY

**Wards:
All**

Significant parts of the existing corporate data network have been in service for over nine years and critical components have reached the end of their life. From June 2013, a number of products become unserviceable and will need to be replaced. Other elements of the corporate network need work to make them suitable for tri-borough working and to provide service resilience. Elements of the work depend on the outcome of the Corporate Asset strategy, hence some buildings may no longer require network services by the time this proposal is being implemented.

A separate report on the exempt Cabinet agenda provides exempt information related to network security.

CONTRIBUTORS

EDFCG
EDLDG
ADLDS
H&F Bridge
Partnership

Recommendation:

That approval be given to the proposal to renew network services at a maximum total cost of £166,121 with on-going annual charges of between £8,000 and £32,146, the overall cost depending on the Corporate Asset Strategy, to be funded from the IT infrastructure projects revenue budget.

**HAS A EIA BEEN
COMPLETED?
N/A**

**HAS THE REPORT
CONTENT BEEN
RISK ASSESSED?
YES**

1. BACKGROUND

- 1.1 HFBP operates a voice and data network on behalf of H&F which provides the core infrastructure on top of which the Council operates the rest of its IT systems. This network extends from the East London Data Centre and HTH and radiates out to over 50 sites around the borough and is illustrated in the attached diagram (see Appendix 1).
- 1.2 The most recent investment in the corporate network took place in 2010 with the critical replacement of the old Asynchronous Transfer Mode (ATM) based data, voice and video network. H&F's ATM equipment had reached end of life and the affected components needed to be replaced if HFBP were to be able to offer network support to H&F in the future.
- 1.3 The replacement infrastructure is provided by Virgin Media Business (VMB). Bandwidth provided can be varied depending on the user demand, with VMB providing links into both the ELDC and HTH. This removes the dependency on single point links, and also removes the dependency on sites acting as hubs for satellite sites (as was the case with Stowe Road depot), thus increasing the Council's flexibility in implementing the Corporate Asset Strategy.
- 1.4 This proposal now seeks to address some of the elements not covered by the replacement of the ATM network infrastructure and which now need to be reviewed and updated. This includes (together with other elements referred to in the exempt report):
 - The replacement of obsolete equipment and links in other parts of the H&F network which did not rely on the old ATM network and hence were out of scope of the earlier project. This equipment must be replaced by June 2013 if HFBP is going to be able to offer network support to H&F in the future. This has a significant business impact, should a network incident occur after June 2013 and the cause be an old network component, HFBP may not be able to restore services to affected users within the Service Level Agreement (SLA) or in extreme circumstances without re-designing the service delivery.
 - In addition, significant parts of the corporate network are currently based on a point-to-point design. In a major network incident for sites connected via a single link, whilst major applications will still be available in the data centres they will not be accessible by staff in the affected site, disrupting the delivery of front line services and consequently impacting residents. In a worst case scenario restoration of the service could take several months during which time new data links and equipment would need to be purchased, deployed, configured and tested before users would be back on line.

- 1.5 The particular buildings for which network equipment and links will be replaced will depend on progress with the corporate asset strategy and likely duration of occupancy.
- 1.6 Should this paper not be agreed then from June 2013 the Council may suffer more outages of the type experienced in August 2009.

2. CURRENT ARRANGEMENTS

- 2.1 The existing network is largely built using a managed service from Virgin Media but a series of point to point connections using a collection of private fibres and BT circuits still exist around HTH and Cambridge House. This is centrally managed and operated by HFBP, and whilst the Virgin Media network has in-built resilience a number of single points of failure still exist around the point to point links, in particular HTH which is the core hub from which many other network sites radiate.
- 2.2 A major loss of service at HTH is of serious concern and a new design is needed to meet the Business Continuity requirements of the Council. To ensure users have access to their data even in the event of a major failure there needs to be a method of providing connectivity to both data centres from all sites regardless of location and ensure there is no central dependency on one site.
- 2.3 The current arrangement also inhibits the development of the Corporate Accommodation Strategy which prevents the council being able to easily dispose of major sites used as a network communication hub, currently the case with Cambridge House.

3. BENEFITS

- 3.1 The new solution is designed to help support the Council's business requirements in a tri-borough context. It is not a simple price comparison of old and new circuits but a shift in the capabilities of the service. The solution also includes the replacement of obsolete Ethernet switches and a re-engineering of the IP Address infrastructure. When all three come together the revised service will connect into the Virgin Media Virtual Private Network (VPN).
- 3.2 In addition to supporting tri-borough working as set out in the exempt report, the proposition in this paper will:
 - Provide **flexibility** in the sizing of the connections to suit changing business needs, for example:
 - should site occupancy be reduced, then the bandwidth can be scaled back accordingly;

- should site occupancy be expanded suddenly, or new technology introduced which demands increased capacity (e.g. multi-media) then the bandwidth can be scaled up.
- Support the **Corporate Asset Strategy** by making the closure of buildings at the end of their leases easier and quicker to achieve through limiting the network dependencies on each site. This will avoid the current scenario where the disposal of a single site, like Cambridge House, which acts as a hub in the corporate network, triggers the need to re-provision network services for a further 4 sites.
- Support **SmartWorking** by
 - providing a platform that permits users to connect to the network reliably but prevent unauthorised access, increasing security;
 - enabling the deployment of new IP handsets for voice services. This will mean that smaller sites which have never been on the corporate telecoms network can do so more economically than before. It also means that the Siemens Openscape Unified Communications system can be deployed to these sites which permits users to Smart Work.
- Enable **Business Continuity** - The sites are no longer dependent on a single route to the corporate data centres. Instead, the sites connect through a cloud based technology with multiple paths within the suppliers core network. In the new design, the loss of either the ELDC or HTH will not disable connectivity for all major sites. In addition, local resilience is improved through a High Availability (HA) Firewall solution.
- Provide a single unified service underwritten by a single Service Level Agreement (SLA).

4. STRATEGIC OPTIONS – TRI-BOROUGH

- 4.1 In 2009, the Council agreed on the strategic approach whereby the suppliers are made responsible for managing the infrastructure and only the tails of the network enter the Council's premises. It becomes the responsibility of the supplier to ensure delivery of the data from end to end under the terms of a support contract.
- 4.2 This is known as a Virtual Private Network (VPN) solution and is illustrated in Appendix 2. The clouds represent the new infrastructure and are shown integrated with the rest of the h&f network services.
- 4.3 HFBP have recommended the offering from VMB, which is available under the Next Generation Network (NGN) framework agreement let by Westminster City Council. This also has the benefit of proposing a 'landing stage' to simplify network connections between the three

boroughs, but also with third party organisations such as providers or voluntary organisations. HFBP will endeavour to provide network links using NGN where this is consistent with the required contract length for our buildings.

5. **TIMESCALE**

- 5.1 The implementation is driven by the need to deliver tri-borough working in a very short timescale and also to de-commission the old Ethernet switches prior to the end of service date of June 2013 and facilitate the disposal of Cambridge House from the end of March 2014.
- 5.2 The project, subject to approval, would be started on the 4 January 2012 and completed within six months, the old infrastructure being de-commissioned before it becomes unsupportable. Time needs to be allowed for the negotiation of wayleaves where building are leased.

6. **PROPOSAL**

- 6.1 The costs for this work were originally estimated at around £300,000 in the Getting the Basics Right - IT infrastructure renewal paper, 2010. These costs have been reduced by the acceleration of the Corporate Asset Strategy and have been further minimised by HFBP reusing network equipment from vacated sites wherever possible. This has reduced the number of switches to be replaced from 94 to 23 (larger) switches. The exact work required depends on progress with the Corporate Asset Strategy and whether affected buildings are retained. The maximum resulting costs are as follows:

Item	Cost £
HFBP Staff Costs Total	84,124
Hardware	66,197
External Services	15,800
Project Costs Total	166,121

- 6.2 The HFBP work involves:
- Reconfiguring the H&F network to allocate servers and users to different IP subnets
 - Configuring network links as these are replaced.

- Implementing firewalls where necessary to complete a fully redundant solution and allow for a switchover between units in the event of a line failure.
- 6.3 It is recommended the Council enters into an agreement with HFBP to renew the Corporate Network from January 2012 for a capital cost of up to £166,121 subject to survey and an uplift in on-going annual charges of between £8,000 and £32,146 for three years, depending on the buildings to be retained under the Corporate Asset Strategy.
- 6.4 The capital equipment will be subject to a fluctuating currency exchange rate i.e. Dollar and sterling. The volatile market means that current quotes are valid for only 7 days.

7. EQUALITY IMPLICATIONS

- 7.1 There is considered to be little or no impact on equality as a result of the issues in this report.

8. COMMENTS OF THE EXECUTIVE DIRECTOR OF FINANCE AND CORPORATE GOVERNANCE

- 8.1 The capital cost of up to £166,121 (subject to survey) can be met from the IT infrastructure projects revenue budget. On-going funding of between £8,000 and £32,146 per annum will also be met from this budget.

9. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)

- 9.1 There are no direct legal implications. The works will be procured through the Council's existing arrangements with H&F Bridge Partnership.

10. COMMENTS OF THE ASSISTANT DIRECTOR PROCUREMENT

- 10.1 There are no direct procurement implications for the purposes of this report.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	IT strategy - getting the basics right IT infrastructure renewal	Jackie Hudson ext 2946	FCS SmartSpace
CONTACT OFFICER:		NAME: Jackie Hudson EXT. 2946	

Agenda Item 7



London Borough of Hammersmith & Fulham

Cabinet

5 DECEMBER 2011

LEADER

Councillor Stephen Greenhalgh

PROPOSED IMPLEMENTATION OF SECTION 153 OF THE EQUALITY ACT 2010

**Wards:
All**

As per Schedule 19 (Consolidated) of the Equality Act 2010, Hammersmith and Fulham Council ('the Council') is required to publish information about its policies and practices in respect of their effects on people with protected characteristics, and to publish one or more specific and measurable equality objective(s).

The first requirement must be published by 31 January 2012, and the second must be published by 6 April 2012

CONTRIBUTORS

EDFCG
EDCS
EDASC

Recommendations:

- 1. That agreement to continue with established business practices as set out in the report is the Council's response and commitment to the first requirement of S153.**
- 2. That setting the objectives outlined in the table at 2.3 of the report be agreed as the Council's response and commitment to the second requirement of S153.**
- 3. That the reporting of progress on the second recommendation is carried out via a report to the Cabinet Member for Community Care at a public meeting.**

HAS A EIA BEEN COMPLETED? YES
--

HAS THE REPORT CONTENT BEEN RISK ASSESSED? YES

1. BACKGROUND

- 1.1. Section 153 of the Equality Act 2010 has been reviewed twice by the coalition government and has been reduced from four parts to compliance, to two, as outlined here in this report. The Regulations were laid before Parliament on 27 June 2011 and were debated in the Commons on 11 July 2011. The final reading in the House of Lords took place on 06 September 2011, and this date was made public on 05 September 2011.
- 1.2. Confirmation from the Government Equalities Office (GEO) of the duty as a result of these activities was announced on the GEO website on 10 September 2011, confirmed by email to stakeholders on 14 September 2011. During consultation on the new equality duty, the GEO did not propose a specific duty on public bodies to consult, as previously. Additionally, the timing of the final issue of the Regulation leaves little time for a consultation with the public. As noted below, the Council's Single and Disability Equality Schemes 2009-2012 (SES and DES) will continue until June 2012, which provides assurance to members and to the public.
- 1.3. S153 requires the Council to do the following:

1. Publication of information:

We must publish information to demonstrate our compliance with the duty:

- By 31st January 2012
- Annually, no later than date of previous publication

The information to be published must cover:

- Our employees who share a relevant protected characteristic; and
- Other people affected by our policies and practices, who share a relevant protected characteristic

The information must be published in a way that is accessible to the public. We may demonstrate compliance by publishing the information within another published document.

2. Objectives:

Prepare and publish one or more objectives that we think we should do, to achieve any part of the general duty:

- By 6th April 2012;
- And again as we see fit, but no later than every four years; and
- Objective(s) must be specific and measurable

- 1.4. The first of these deals partly with our other obligations under Section 149 of the same Act, which, broadly, requires us to give due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations in the exercise of our functions. This is given in more detail towards the end of this report.
- 1.5. The second replaces previous, similar duties, which required the Council to draw up and deliver equality schemes. The Council will continue with its current Single and Disability Equality Schemes 2009-2012 (SES and DES) and publicly report progress to the Cabinet Member for Community Care. As at June 2011, 80% of both the SES and DES has been achieved and this was reported back to the Cabinet Member at a public meeting on 16 June 2011. This figures excludes the results from Children's Services, as this part of the Council was undergoing an Ofsted inspection. Children's Services are likely to report on their progress to the Cabinet Member for Community Care at the next meeting.
- 1.6. The Council will report again on the final results of the SES and DES to the Cabinet Member for Community Care, at a public meeting in June 2012. This meeting may be refocused to reflect the wider needs of the community, and in the event that there are recommendations to this effect, this will form a separate report from relevant Council departments.
- 1.7. The new duty imposed by the second section of S153 is flexible and as such, the Council is able to add another equality objective at any time it sees fit. The recommendations below, accordingly, are mindful of this flexibility.

2. RECOMMENDATIONS TO CABINET

- 2.1. It is proposed to respond to the first requirement by continuing with two ways of usual ways of working, which exist as we have made great efforts to thread equality and diversity through our day to day business practices. Specifically, it is proposed to continue with the following:

Publication of information

Employees

The Council already has the means and capability to produce the necessary information, which is already published annually on the internet and intranet in the form of an Annual Workforce Profile Monitoring Report, so there is no change here for us.

Other people affected by our policies and practices

We already publish Equality Impact Analyses (EIAs), or Equality Statements (whichever is applicable) with all of our Key Decision Reports which are those that affect staff and service users on the internet and intranet and we will continue to do so. We also publish a

range of data on our borough demographics. Where there may be gaps in data that is not routinely collected, officers consult with the Council's Opportunities Manager who advises accordingly. In such cases, data from sources such as the Office for National Statistics (ONS) is regularly used in a proportionate way. Again, there is no change for the Council as we are already doing this.

- 2.2. It is not necessary to report further on the first requirement. This is because the information is already available, for example, via the Annual Workforce Monitoring Report and EIAs or Equality Statements that are published with Key Decision Reports.

Recommendation 1: Cabinet agrees to continue with established business practices as set out in the report is the Council's response to the first requirement of S153

- 2.3. It is proposed to respond to the second requirement by focusing efforts on the following specific and measurable objectives. These have been identified and are as follows:

2.4.

Objective	Specific and Measurable elements	How it meets the duty
<p>1. Narrow the attainment gap: Tackle the underachievement of some groups of children by reducing the gaps in performance between all children and those who are or have been entitled to free school meals.</p>	<p>Continue to monitor progress and develop strategies to reduce the gaps in achievement between underachieving groups and the rest. This will focus on the Early Years Foundation Stage (5 year olds), Key Stage 2 (11 year olds), Key Stage 4 (16 year olds) and progression to Higher Education</p>	<p>This objective aims to monitor and address gaps in educational achievement which in turn impact upon life chances for children who have grown up in families which have been subject to poverty. Children with some protected characteristics under the Equality Act tend to be over-represented in the cohort who are entitled to free school meals e.g. some ethnic groups. Improving the educational achievement of these groups would have a positive impact upon their future life chances</p>
<p>2. Continuity of Care: Reduce unplanned admissions to hospitals and nursing care homes through early intervention by integrated health and social care services.</p>	<p>In partnership with the NHS, develop services which:</p> <ul style="list-style-type: none"> • proactively identify and target preventative care to people at risk of unplanned admissions • minimise duplication, gaps and overlaps in assessment and care provision • maximise opportunities for 	<p>This objective aims to eliminate discrimination and improve equality of opportunity for older people and disabled people by being more responsive to their health and care needs. More integrated and flexible services will disproportionately benefit</p>

	<p>prevention, recovery, and rehabilitation</p> <ul style="list-style-type: none"> • allow more people to be cared for at home, including at the end of life <p>Specific targets for shifts in activity and improved outcomes will be developed through the Continuity of Care programme.</p>	<p>those with the greatest need and ability to benefit.</p>
--	--	---

2.4 It is recommended that Cabinet agrees to the second and third recommendations for the following reasons:

Recommendation 2: It is recommended that members agree to the objectives in the table at 2.3 because they aim to improve outcomes for a number of protected groups

Recommendation 3: It is recommended that progress on these objectives is reported to the Cabinet Member for Community Care at a public meeting (see 1.6), in order to assure the public on our progress and invite comment from the public in this regard

3. FURTHER INFORMATION

3.1 Members should be assured that the requirement to set one or more equality objectives does not preclude setting further objectives at a later stage.

3.2 Members should note that service departments work to identify priorities in their own business plans, and that the Council's Opportunities Manager provides advice and support on such matters, and will continue to do so.

4. NEIGHBOURING BOROUGHES AND S153

4.1 In light of the tri-borough proposals, officers have investigated the implementation of S153 in neighbouring boroughs. The Royal Borough of Kensington and Chelsea (RBKC) and Westminster City Council ('Westminster') are each setting their own objectives.

5. RISK MANAGEMENT

5.1 The items proposed in this report are proposed in order to meet the new duty arising from S153 of the Equality Act 2010. In this regard, Members should note that failure to comply with this, or any other part of the Act could result in legal action being taken against the Council.

6. EQUALITY IMPLICATIONS

6.1 The public sector equality duty provisions of the Equality Act 2010 came into force on 6th April 2011 and widened the general equalities duties with which a local authority has to comply. Section 149 of the Act provides (so far as relevant) as follows:

(1) A public authority must, in the exercise of its functions, have due regard to the need to:

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

(3) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

(4) The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

(5) Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- (a) tackle prejudice, and
- (b) promote understanding.

(6) Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.

- 6.2 In addition, local authorities are under a duty by virtue of s29 of the Equalities Act 2010 not to discriminate against, victimise or harass any person to whom they provide services on any of the protected grounds.
- 6.3 It is considered that the objectives proposed in this paper collectively respond to paragraphs a) to c) in subsection 1) of S149 of the Equality Act and that they target groups that we know experience disadvantage.
- 6.4 Both objectives have been individually analysed in the accompanying Equality Impact Analysis. Overall, the impacts on various groups is positive, and will be of particular relevance to, and have a positive impact on the following:
- Age groups including older people
 - Disabled people
 - Race groups
 - Men and women: women proportionately more so than men
 - Children and young people, including those with low educational attainment
- 6.5 As noted at 1.7 of this report, Members can add another objective if the need arises, when we would review and respond accordingly.

7. COMMENTS OF THE EXECUTIVE DIRECTOR OF FINANCE AND CORPORATE GOVERNANCE

- 7.1. There are no direct financial implications arising from this report

8. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)

- 8.1 The Council's legal duties are set out in the body of the report.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	Equality Impact Analysis (available electronically)	Carly Fry x3430	FCS
2.	Statutory Instrument 2260: Section 153 of the Equality Act 2010 (available on request)	Carly Fry x3430	FCS
3.	GEO: Equality Act 2010: Specific Duties to support the Equality Duty. What do I need to know? A Quick Start Guide for Public Sector Organisations (published 21 October 2011) (available on request)	Carly Fry x3430	FCS
4.	GEO: Equality Act 2010: The public sector Equality Duty. Promoting equality through transparency. A consultation (published August 2010) (available on request)	Carly Fry x3430	FCS
5.	GEO: Equality Act 2010: The public sector Equality Duty: reducing bureaucracy. Policy review paper (published 17 March 2011) (available on request)	Carly Fry x3430	FCS
CONTACT OFFICER: Carly Fry		NAME: Carly Fry EXT. 3430	

Agenda Item 8



London Borough of Hammersmith & Fulham

Cabinet

5 DECEMBER 2011

LEADER OF THE COUNCIL

Councillor Stephen Greenhalgh

EUROPEAN SOCIAL FUND – SUPPORTING RESIDENTS TO SECURE EMPLOYMENT

Wards All:

Officers have successfully bid for £1,000,000 GLA European Social Fund (ESF) finance to deliver services which help unemployed residents secure employment.

The ESF funding must be matched equally with £1,000,000 of funding from LBHF.

This report seeks approval for £1,000,000 of Council expenditure over two years as match funding from 1st April 2012 – 31st March 2014. £860,000 of this sum sits in the corporate Third Sector Investment Fund and is already allocated for employability support services until 30th September 2012, and the remaining £140,000 is Westfield S106 employment support funding.

CONTRIBUTORS

EDHR
EDFCG
ADLDS

HAS A EIA BEEN COMPLETED?
YES

HAS THE REPORT CONTENT BEEN RISK ASSESSED?
N/A

Recommendations:

1. To:

- (i) enter into a tri-partite agreement with London Councils and Greater London Enterprise (GLE) as set out in paragraph 1.4 of the report.**
- (ii) accept ESF funding of £1,000,000 under the terms of the tri-partite agreement as set out in the report.**
- (iii) contribute £1,000,000 match funding to the ESF funding held by GLE in accordance with the terms of the tri-partite agreement as set out in the report.**

- 2. That approval be given to commission services to support unemployed residents to secure employment at a total cost of £2,000,000 (using the funding and match funding) from 1st April 2012 – 31st March 2014.**

1. BACKGROUND

- 1.1. A key ambition for the Council is the renewal and regeneration of deprived areas (Community Strategy 2007-14). Developing an effective response to high unemployment and economic inactivity in these areas is critical to achieving this aspiration.
- 1.2. This report advises Cabinet that European Social Fund finance has been secured to double the Council's current employability support services budget. This means that if the Cabinet agrees to continue expenditure on employment support activity at a level of £1m over two years an additional £1m will be awarded by the European Social Fund for the delivery of employment support in the borough.
- 1.3. Cabinet is asked to approve £1m expenditure on activities to tackle local unemployment over the term 1 October 2012 until 31 March 2014. This includes £860,000 from the Third Sector Investment Fund.
- 1.4. The main terms of the tripartite agreement are that GLE will manage the delivery of the programme and that LBHF and London Council's will fund GLE who will then pay the procured delivery organisation on successful delivery of specific outcomes as stipulated by LBHF (see table in 5.5). Payment will only be made for actual outputs delivered up to the maximum funds available.
- 1.5. The service specification has been developed by LBHF's Economic Development Team to ensure that delivery will address the needs of our residents and takes into consideration current and emerging priorities.
- 1.6. A delivery organisation will be procured through a commissioning process with bids being assessed by representatives from LBHF, GLE and other London boroughs. The tender process will be run by GLE who will enter into the contractual agreement with the delivery organisation. GLE will be paid a 5% management fee for the lifetime of the project and will be accountable to LBHF and the GLA as funding bodies.

2. CONTEXT

- 2.1. Hammersmith & Fulham's employment profile in June 2011 shows 5,325 Job Seekers Allowance (JSA) claimants in the borough, whilst 11,035 adults of working age are economically inactive i.e. those on benefits but not actively looking for work.
- 2.2. In addition since entering recession, there has been a 99.5% increase in the numbers claiming out of work benefits for more than 6 months

in LBHF, compared to a 74.1% increase in Greater London and 86.5% increase in the UK.

- 2.3. The northern wards of Wormholt & White City, College Park & Old Oak and Askew have the three highest JSA claimant rates in the borough (at 6.7%, 6.3% and 6.1% respectively); the highest youth unemployment levels, and the highest long term unemployment levels. The same areas tend to have high proportions of the working age population that are in receipt of incapacity benefits due to mental health problems with most housing estate areas having between 4% and 6% of their working age population receiving incapacity benefits due to mental health problems.

3. FUNDING OPPORTUNITY

- 3.1. The Council currently invests approx £778,263 per annum in third sector employment support, financial capability services and legal advice services under the Economic Wellbeing & Opportunity specification. Six organisations are currently funded until 31st September 2012, these are as follows:

Organisation	Committed funding (01/10/11 – 30/09/12 £)
1) Spear (RESURGO)- youth unemployment	149,500
2) Tendis – employment support	180,000
3)Third Age Foundation – employment support for residents aged 40 years plus	30,000
4) Notting Hill Housing Trust	50,000
5) HF Credit Union – financial advice and banking	18,000
6) Fulham Legal Advice Centre – legal advice	32,500
7) HF Citizens Advice Bureau – legal and welfare advice	318,263
Total	778,263

- 3.2. Current Council Third Sector Investment Fund expenditure that is targeted at helping residents to secure employment totals £409,500 per year (Organisations 1 to 4 above), over a two year period this is contracted to deliver 183 job outcomes, with 339 people receiving ongoing employment support and 157 residents achieving a level 1 qualification. Beneficiaries are predominantly the most entrenched workless residents (which includes older people who have faced disadvantage in securing employment; young residents not in education (NEET's), employment or training and residents with low skills). The cost per job outcome from current employment support initiatives is £2,238 should all contracted job outcomes be achieved.

The cost per job is in line with comparable employment support initiatives, however the small scale of these interventions does not achieve the real change or impact on our deprived estates that we want to see. The remaining budget currently funds legal advice and financial services (organisations 5 to 7 above)

- 3.3. Since our current provision was commissioned there have been a number of significant changes to mainstream employment support and welfare reform that have impacted on the effectiveness of our interventions. There is now a need to better align our provision with the Single Work Programme and other mainstream DWP provision.
- 3.4. This report proposes a new service commissioning and funding cycle commencing 1 April 2012. It is intended that this new cycle overlaps with the current funding programme, which ends 30 September 2012, in order to ensure service continuity to job seekers and a tighter fit with available DWP employment support services and local initiatives.
- 3.5. The Borough is one of four Cabinet Office supported pilot areas, alongside Westminster, Leicestershire and Birmingham, tasked with developing innovative social investment and payment by results service commissioning models. This work together with efforts to draw together a number of funding streams affords a major opportunity for significant transformation of employability services and wider services aimed at families with multiple problems.
- 3.6. This funding provides an opportunity to design and commission a programme of activity that complements and adds value to mainstream provision and our innovative work around White City, through a focussed payment by results delivery model. It will allow us to commission a large scale employment support programme that reduces the number of competing initiatives in the borough.
- 3.7. Working on the premise that 'no one gets left behind' this ESF programme is intended to offer employment support to residents unemployed for less than one year, as there are already two DWP programmes targeted at the long term unemployed and families.
- 3.8. This report proposes utilising Third Sector investment Fund (3SIF) budget and using £140,000 from the Westfield London Economic Development Section 106 balances in order to draw down European Social Fund match funding as shown in the table below.

Dates	LBHF Funding Stream	ESF Match Funding Requirement	Economic Wellbeing & Opportunity (3SIF) Balance
	£	£	
01/04/12 – 30/09/12	80,000 (S106)	80,000	
01/10/12 – 31/03/13	375,000 (3SIF)	215,000	160,000
01/04/13 - 31/03/14	750,000 (3SIF)	430,000	320,000
01/04/14 30/09/15 -	375,000	215,000	160,000
01/04/14 – 30/09/14	60,000 (S106)	60,000	
Total	1,640,000	1,000,000	640,000

3.9 The Third Sector Investment Fund will continue over two years to hold £640,000 of the current budget and this sum will be the subject of a separate service commissioning report. It is intended to develop an Economic Wellbeing service specification focused on legal advice (employment, housing, welfare and debt) and financial capability from October 2012 – September 2014.

4. BENEFITS

- 4.1. The Council's Work Matters programme seeks to break the cycle of generational worklessness by practically equipping residents, particularly those furthest from the labour market, to compete for jobs, secure skills and qualifications and overcome barriers to employment.
- 4.2. Funding will ensure no one gets left behind as this approach will ensure that whole communities benefit from some timely integrated interventions. Long term unemployed people will be supported through the Work Programme and families with multiple problems will be supported through DWP/ESF.
- 4.3. The programme specification will direct delivery towards our most disadvantaged residents and estates whilst ensuring that support is available to all borough residents who need help to improve their economic wellbeing.
- 4.4. This ESF programme will work along side local services including the Council's WorkZone (Recruitment facility) and focus on the beneficiaries gaps, namely:

- 4.4.1. those unemployed for less than one year
- 4.4.2. those long term economically inactive and not mandated on to the Work Programme; Incapacity Benefit and Employment Support beneficiaries;
- 4.4.3. single unemployed adults and households without children;
- 4.4.4. young people; those who are economically inactive for less than a year – excluding NEETs or those at risk of becoming NEET aged 14-19 years old.
- 4.4.5. and challenge those who benefit from illegal 'grey' economy income (i.e. cash in hand recipients).

4.5. The commissioned deliver organisation will be expected to achieve the following outcomes within the two year commissioned period:

Outputs	Number
Number of participants enrolled	1500
Number of participants receiving 6+ hours of support (IAG, job search, mentoring, training)	1100
Number of participants achieving a vocational qualification	630
Number of participants achieving a qualification at NVQ level 2	50
Participants undertaking a work placement	100
Submission of a mid-term evaluation report	1
Number of participants into further jobsearch and training	500
Number of participants in employment within 13 weeks of leaving the project	543
Number of participants in sustained employment for 26 weeks (6M)	380
Number of participants in sustained employment for 52 weeks (1Y)	220
Submission of final evaluation report	1

- 4.6. This initiative will allow us to scale up our employment support capability and significantly increase the number of residents that we are able help by leveraging in an additional £1m ESF funding. It will provide value for money for the council by reducing our cost per job outcome to £1,842 whilst also ensuring that residents receive ongoing support once in employment in order to sustain their job.
- 4.7. A payment by results model will ensure that the council only pays for the outcomes that are achieved thereby limiting the risk of non delivery. A larger scale intervention, delivered through one organisation will ensure that we are better able to direct delivery at the residents and areas where support is most needed (see 2.3).

5. RISK MANAGEMENT

- 5.1. The Council has previously been a recipient of ESF funding and is familiar with the programme management regime and funding requirements. Payment is on a results basis removing a large element of risk from the programme.

6. COMMENTS OF THE EXECUTIVE DIRECTOR OF FINANCE AND CORPORATE GOVERNANCE

- 6.1. This report seeks approval to spend £1m to contribute to tackling local unemployment over the period 1 October 2012 until 31 March 2014. This includes £860,000 from the Third Sector Investment Fund, and a further £140,000 from the Westfield Section 106 agreement. This investment will be matched by a further £1m which has been secured from the European Social Fund.
- 6.2. Finance officers will review the terms and conditions of the tri-partite agreement to ensure that financial and other risks are assessed and mitigated, and that monitoring / auditing / performance arrangements are set up in accordance with Council policy.

7. EQUALITY IMPLICATIONS

- 7.1. This initiative seeks to address disaffection, disadvantage and unemployment among residents across the borough.
- 7.2. It will have high positive impacts for unemployed residents who are not supported through current provision such as the Single Work Programme .
- 7.3. The initiative will also help address the barriers faced by people who are disabled, lone parents or from BME communities in securing employment, ambitions and opportunities.

8. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)

- 8.1. It is noted that the Council has secured grant funding of £1m from the ESF subject to providing match funding (of a further £1m). The £2m, less a 5% administration fee payable to the GLE will be used to commission a delivery organisation to deliver the outcomes described in paragraph 5.4.
- 8.2. To access the match funding, the Council is required to enter into a tri-partite agreement with London Councils and GLE. Upon instructions from the client department (HRD), legal services will review the terms and conditions of the tri-partite agreement to ensure that the Council's position is protected.
- 8.3. It is understood that the procurement process for the appointment of the delivery organisation will be run by GLE, with input from the Council (Economic Development) and other London boroughs. The Council should ensure that the process is run in an open, fair, non-discriminatory and transparent manner, in accordance with the EU treaty principles.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	LBHF Local Economic Assessment 2011	Lee Fitzjohn	FCS - 5799
2.	3 rd Sector Investment Fund – Cabinet Report 15 July 2010	Sue Spiller	CSD - 2483
CONTACT OFFICER:		NAME: Neil Wigglesworth EXT. 3375	



London Borough of Hammersmith & Fulham

Cabinet

5 DECEMBER 2011

LEADER

Councillor Stephen Greenhalgh

TRI-BOROUGH MANDATES

Wards: All

This paper sets out the vision and priorities for Children's Services, Adult Services and Libraries within Hammersmith & Fulham as part of arrangements to share services with Westminster City Council and the Royal Borough of Kensington & Chelsea.

CONTRIBUTORS

EDCS
EDELRS
AD Adult Social Care
AD Cleaner & Greener Neighbourhoods
EDFCG
ADLDS

Recommendation:

That Cabinet approves each of the mandates as a basis for moving forward and agrees to refer them to relevant Select Committees for refinement and improvement.

**HAS A EIA BEEN COMPLETED?
YES**

**HAS THE REPORT CONTENT BEEN RISK ASSESSED?
N/A**

1. BACKGROUND

- 1.1. Cabinet agreed detailed business cases in June for the integration of Children's Services, Adult Social Care departments, elements of Corporate Services and boroughs' Libraries Services.
- 1.2. The business cases outlined how, through integration, boroughs can look to save over £33m by drastically reducing borough overhead costs for Adult Social Care, Children's Services and Environment Services.
- 1.3. The business cases were developed following extensive public consultation between February and May 2011 which concluded that there was substantial support for sharing services. Nearly 80% of staff, stakeholders and residents said that they understood the need to share services.
- 1.4. The business cases emphasised that boroughs would retain sovereignty. Tri-borough Executive Directors would work with boroughs individually to set out strategy and priorities. They would look to take advantage of opportunities to jointly procure and deliver services in order to drive down costs and improve service standards. However, Members will always be able to specify delivery on a single borough basis.
- 1.5. As part of the pledge to retain sovereignty, and as part of a Sovereignty Guarantee signed by each of the Councils, each individual service area considered for Tri-Borough arrangements have agreed to produce their own mandate stating the vision and the priorities for the services within Hammersmith & Fulham.
- 1.6. The full mandates for Children's Services, Adult Services and Libraries can be found in the appendices and are summarised further in this report.

2. MANDATE FOR ADULT SOCIAL CARE

- 2.1. The mandate sets out how through increased prevention, greater education and by empowering care communities, the Council expects to see greater throughput in the number of people we are directly helping. It is also expected that there will be a continued reduction in the use of care homes. The Adult Social Care Tri-borough team will ensure that the Council as a whole works with it to deliver the same agenda.
- 2.2. Tri-Borough working will make significant savings by combining commissioning, market management and procurement with the intention that a greater share of the available resources is spent on the

frontline. By aligning healthcare and social care commissioning with a single point of contact and assessment, there will be a more efficient, streamlined and responsive service.

- 2.3 The overall outcome is to build a stronger, better society where the burden of responsibility around the provision of care is extended beyond the Council alone.

3. MANDATE FOR CHILDREN'S SERVICES

- 3.1 Children's Services are a large part of the new Tri-Borough working arrangements with the Royal Borough of Kensington and Chelsea and Westminster City Council. The aim is to combine services - where there is a strong case to do so - to protect front line services, improve service effectiveness and reduce costs.

- 3.2 This mandate establishes Hammersmith & Fulham's vision and priorities for Children's Services based upon the particular needs of its Borough residents, as determined by the Council, and outlines the Service's current and future commitment to Tri-Borough working.

- 3.3 The key measures of success will be:
- Improving academic achievement for Hammersmith & Fulham schools as a whole;
 - Increasing the proportion of Hammersmith & Fulham children who attend local schools;
 - Reducing the proportion of young people receiving criminal convictions;
 - Reducing the proportion of children needing the support of statutory safeguarding services, and;
 - Reducing the proportion of children needing to be placed in public care.

4. MANDATE FOR LIBRARIES SERVICE

- 4.1 The mandate sets out how, through Tri-Borough working, libraries will strengthen their position as being at the heart of our community, freely available to everyone and playing a major role in improving literacy standards.

- 4.2 Working with Tri-Borough partners will result in more than one million books available to residents and visitors across Hammersmith & Fulham, Kensington and Chelsea and Westminster, with a single managed Library and Archive Service providing an opportunity to sustain and improve this excellent and highly valued frontline service.

- 4.3 The Sovereignty Guarantee will safeguard how Hammersmith & Fulham's libraries are run, making sure local communities have a say in how long their library is open and what services it offers.

5. RECOMMENDATIONS

- 5.1 Cabinet is requested to agree the mandates for Adult Social Care, Children's Services and the Libraries service as a basis for moving forward.
- 5.2 Cabinet is also asked to agree to refer the mandates to Scrutiny for further improvement and debate.

6. COMMENTS OF THE EXECUTIVE DIRECTOR OF FINANCE AND CORPORATE GOVERNANCE

- 6.1 The three mandates have been drawn up alongside the plans for the 2012/13 Tri-borough budgets and are consistent with them. The full details of the 2012/13 budgets will be reported to the relevant Select Committees in January 2012 alongside the mandates.

7. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)

- 7.1 The Council's powers to enter into shared services arrangements have been set out in detail in earlier reports. The principles of the Sovereignty Guarantee will be incorporated into the legal agreements setting up the arrangements. The draft agreements also provide for each service to conduct an annual review of the service and an annual strategic agreement summarising the priorities, targets and budgets for the forthcoming financial year together with any variations to the arrangements. It is anticipated that the Mandates will form part of this process, in addition to being an expression of the Council's sovereign priorities".
- 7.2 Officers are of the view that the proposals will have no negative impact on protected groups at this stage and indeed the purpose of the proposals is to protect front line services. Officers are mindful however that the PSED is an ongoing duty and due regard will continue to be given to the PSED as proposals are developed and implemented and appropriate action taken.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	The Tri-Borough proposals report (February and June 2011)	Kayode Adewumi 0208753 2499	FCS, 1st floor Town Hall.
CONTACT OFFICER: Head of Governance and Scrutiny		NAME: Kayode Adewumi	



The Dignity Agenda The Mandate for Adult Social Care in Hammersmith and Fulham

Executive Summary

1. Vision and Commitment

Hammersmith and Fulham Council is committed to creating a Borough of Opportunity for all residents, irrespective of age or disability. Our aim is to ensure that our most vulnerable residents can access opportunities, employment, find belonging and participate fully in community life.

We recognise that our residents are best placed to make decisions about the services they receive. We will continue to support user choice and control and engage residents in the development of our services

We will continue to emphasise that residents should take responsibility for protecting their own and others' health and wellbeing and our care will continue to focus on maximising independent living.

2. Delivery

In order to deliver this, we wish to ensure that Adult Social Care delivers services to our vulnerable residents by using our resources in the most effective and efficient way.

We will continue to provide a high quality service at the best possible value for money to our most vulnerable residents who can not make decisions for themselves and for those who need to be protected from harm.

We are determined to ensure that our most vulnerable residents have the opportunity to participate fully in community life by prioritising care in the home and as far as possible and practicable we aim to stop using residential placements.

3. Partners

We will work with the voluntary sector to ensure that residents are supported earlier, preventing them from needing more complex and costly services in the future. We recognise that we can not deliver this 'Dignity Agenda' alone and are therefore committed to working and integrating with our health partners including the Clinical Commissioning Group, Central London Community Health and the West London Mental Health Trust in order to provide the right care, at the right time, in the right place at the optimum cost.

Mandate for Adult Social Care and Integration with Health

1. Purpose

This document sets out the proposed mandate for the provision of Adult Social Care in Hammersmith & Fulham. We are inviting feedback from interested parties. Once views have been considered, it will be put to Cabinet and once finally approved, will set the future guidance for how we will operate.

2. Introduction

We are proud of the high quality services that are delivered in Hammersmith & Fulham and the priority the Council gives to creating a climate in which a healthy community can flourish and all residents can access opportunities, find belonging and participate fully in community life.

Yet there remain differences between the health and social needs of our residents and those who are most vulnerable in our community can be excluded from society.

Hammersmith and Fulham is committed to bringing together all members of our community, so that each member has an opportunity to participate in community life. We are addressing this by helping people to help themselves, helping those who help others and helping those who need help.

3. Our principles

This document sets out the proposed mandate for the provision and practice of Adult Social Care in Hammersmith & Fulham.

- We will provide the leadership and policies to promote a 'borough of opportunity' where people are encouraged to lead as full and independent life as possible.
- We will focus on helping people who need help, helping people who help others and helping people to help themselves.
- We will continue to provide a high quality service for those of our most vulnerable residents who can not make decisions for themselves and for those who need to be protected from harm.
- We will work to ensure that our most vulnerable residents have the opportunity to make a significant contribution to community life.
- We will also expect people to take responsibility for protecting their own and others health and wellbeing.

- We will adopt a reabling approach in all services that we provide and commission
- We will do all we can to prevent avoidable hospital admissions.
- We will continue reduce the need for care homes, prioritising care in the community over care home placements.
- We will continue to promote user choice and control so that service users are able to make informed decisions about what is right for them.
- We will bring together social care and healthcare assessment under one point of contact to offer most efficient and effective service possible.
- We will ensure people access advice and support across a broader range of services, linking health and social care with employment, education and housing services.
- We will set the threshold for community care services at a point where there is a balance between enabling participation in civic life and minimising expenditure.
- We will stimulate the market to provide greater choice, encouraging the development of social enterprises.
- We will engage residents in the development and procuring of services.

To achieve these principles we will work with our health partners and especially the Clinical Commissioning Group and Central London Community Health to integrate appropriate assessments, care management and service provision.

We will ensure that all staff working in the system are trained, supported and motivated to deliver this mandate and to promote an excellent standard of customer care.

4. Financial context

The environment in which we are operating is becoming more challenging as budgets become more constrained.

As a local authorities we have choices about how we reduce our budgets. We must manage adult social care within the budget at the same time as having a sense of purpose about what will make this borough a stronger, better place to live in and our communities more healthy.

We have a duty to make best use of the available resources. There are three ways of doing this:

1. Help people to help themselves; we will invest wisely to prevent or delay any future need for services
2. Help people in our community to help others; we will invest in initiatives that bring communities together
3. Helping those who need help; we will develop integrated assessments with Central London Community Healthcare NHS Trust and develop alternatives to nursing home care to enable people to remain in the community

The merger of the three councils' adult social care services will ensure we are able to make the best use of the resources and expertise available.

Spend on acute and community care has a direct correlation. For example, it is shown that increased spend on community care can realise extensive savings within the acute health sector. The integration with CLCH will align healthcare with social care so that we are able to offer a more complete and efficient service at the optimum cost. We will ensure that savings in the system as a whole are shared.

5. Helping people to help themselves

Evidence suggests that health education and self care can substantially prevent or delay health deteriorating, leading to a reduced reliance on acute health care or social care. We will support our health partners to develop expert patient programmes to enable people to take responsibility for managing their health. Developing telehealth solutions will further this.

Enhanced monitoring and pro-active home visiting has shown to be effective in helping to educate on healthier lifestyles while underlining the role individuals have to play. Together with our health partners, we will train selected home care workers to monitor and support the self care of service users.

We will encourage the further development of 'community champions' so that neighbours are helping neighbours to access services and information and we will signpost to organisations such as H&F Circle which allow people to share interests, activities and skills.

We will actively support voluntary sector organisations which promote inclusion and independence while targeting effective housing and employment support to prevent homelessness and worklessness.

By working with our health partners, particularly the Clinical Commissioning Group, we will promote integrated social and healthcare plans that are focused on helping people to remain independent in their own homes, with shared assessments and a single point of contact for users and carers. We will enhance our web based information to help people navigate the whole system.

We will continue to promote user choice and control in developing support plans to encourage people to take more responsibility for their health and social care needs with outcomes that are designed to empower the service user and reduce dependency.

Through greater use of technology, we will help people manage their conditions by accessing information and advice, their health and social care records, order repeat prescriptions and book appointments on line. We will enhance our telecare offer particularly in relation to falls management, dementia monitoring and night care.

6. Helping People to Help Others

We will continue to work to widen the responsibility of care services beyond the state, promoting the role of families and the wider community. We recognise that in Hammersmith and Fulham a particularly high number of service users live on their own without natural support networks. Our aim is to look at ways of extending support within our communities, including encouraging community organisations and volunteers to establish their own support networks.

We will continue to support initiatives that connect its members to each other in order to share interests, skills and enjoy themselves. We will also promote other schemes which encourage active participation, help neighbours to help each other and those which form local networks with mutually beneficial links between residents.

We will continue to build on the work of our carers support services and promote carers assessments and personal budgets to support informal care. We will develop and encourage the role of volunteers.

7. Helping People Who Need Help

This council is committed to helping those who need help and it wants to do that as effectively as possible. We are a statutory social services authority and we will work as professionally and effectively within our statutory framework as possible.

We have the duty to provide or procure services of last resort to provide a safety net for the health, housing and benefits systems. The largest of our safety nets is for the NHS and our main emphasis will continue to be on working in partnership with the NHS. The majority of our spend in adult social care is on meeting our statutory requirements.

We believe in doing more than what is statutorily required of us in order to help people participate in civic society.

Care in care homes:

Our target and aim is to promote independent living for as long as possible to help people stay in their own homes. We recognise that widespread use of institutional care is not only increasingly becoming unaffordable to the taxpayer, it is also less beneficial to the service user. There is evidence which indicates that once people move in to care homes they become more dependent more quickly.

People in care homes are marginalised, less independent and less able to participate in civic society. Our intention is to promote inclusion and social participation through community care.

We will work with our health partners to design systems that respond to individuals in crisis to provide care in the home as an alternative to an unplanned hospital admission which could have led to a care home placement. A key feature of this system will be the provision of rapid assessment and integrated care from multi disciplinary teams comprising of medical, nursing, home care, physio and occupational therapy expertise. We will also develop our assistive technology and response offer so that individuals in crisis are supported in the home. Where appropriate, we will adapt homes to ensure they are accessible and enable people to remain living in their home.

Where care cannot be provided in a person's own home and a care home placement is required, we will in all instances seek to provide this in extra care sheltered housing and work with our health partners and care providers to deliver nursing care. No one will be discharged from acute hospital directly into a permanent care placement. Only when people have been supported through reablement, rehabilitation and supported housing and living at home is no longer viable, will care homes be considered as an option.

We know that most service users want to stay in their homes. We are committed to managing down our use of care homes for permanent and respite placements so that in time very few service users will have to move into a care home. In order to do this we will work closely with our partners in the NHS, both commissioners and service providers and will integrate our assessments with nursing assessments. People who now get their nursing care in care home with nursing will in future get it in their own homes and we are relying on our health care partners to deliver this. The same is true of end of life care.

Care in the community:

A single point of contact will be established for all service users, bringing together health, social care and housing support in one care assessment package. This will enable us to make the best use of available resources and help us identify and meet the needs of service users in the most effective way possible.

Personal choice and accountability is extended and enhanced through personal budgets and direct payments so that the service user is aware of the cost of their care and can make informed decisions about what is right for them and choose whether to arrange it themselves or have the council arrange it for them. We will also encourage the use of advocates.

Hammersmith & Fulham is one of only 4 London councils which provides services to people with 'moderate needs' and above but we spend less per head of adult population than 23 other councils. We will continue to set eligibility criteria in a way that balances the needs of the service users with the overall need to make the most efficient use of constrained resources.

The relatively low financial gain that may be achieved by raising the eligibility criteria to Substantial or Critical would be outweighed by the adverse impact on service users' ability to engage in civic life. We will set the threshold for community care services at a point where there is a balance between enabling participation in civic life and minimising expenditure. We believe that this is a more rational position than merely reducing community care services to the minimum required of us by law.

We want all our residents to be safe, as well as fully engaged in civic life. To this end, we will meet our duties under the binding guidance on Safeguarding, the Mental Health Act and the Mental Capacity Act in a highly professional and quality assured way.

As a central London borough we have a high incidence of mental ill health. We remain highly committed to prioritising our mental health service to make sure that people get the help they need to make a recovery and re engage in civic society. We rely on our strong partnership with the West London Mental Health Trust to deliver this with us.

Amongst our most vulnerable residents are people who are unable to make decisions for themselves or manage their own affairs and have no one else to manage these for them. We make decisions for and act on behalf of many of our service users each year and remain committed to doing this.

8. Commissioning best value

Our commissioning will be evidence-based and informed by intelligence gained through needs analysis information and engagement with users and carers; professionals and experts; and providers.

We will work with Clinical Commissioning Groups and other community partners to develop services which are integrated and focussed on prevention, early intervention, and reablement. Users will have opportunities to choose and influence the services they use. To this end we will encourage the entry of innovative new providers, including third sector and social enterprises, to deliver quality services – including services currently managed directly by the Council.

We will work with our Tri-Borough partners to procure services in the most effective and efficient way possible, reducing administration and management costs and focusing a greater share of resources on the frontline. We will ensure all commissioned providers reach the required standards and continuously improve quality, outcomes, and value for money. Likewise, we will seek ongoing feedback from service users, communities, and providers on the effectiveness of our commissioning process in meeting local needs and achieving specified outcomes.

9. Conclusion

Through increased prevention, greater education and by empowering care communities, we expect to see greater throughput in the number of people we are directly helping. We also expect to see a continued reduction in the use of care homes. We will ensure that the Council as a whole work with us to deliver the same agenda.

Tri-Borough working will make significant savings by combining commissioning, market management and procurement with the intention that a greater share of the available resources is spent on the frontline.

By aligning healthcare and social care commissioning with a single point of contact and assessment, we will provide a more efficient, streamlined and responsive service.

The outcome we are seeking is to build a stronger, better society where the burden of responsibility around the provision of care is extended beyond the Council alone.

Appendix 1

Statutory framework:

- We have a duty under **section 21 of the National Assistance Act 1948** to provide residential care if a person is in need of care and attention which is not otherwise available to them. This must be provided in registered care homes. The council currently spends £35m per year on this so it is especially important that we manage this spend wisely.
- We have a power under **section 29 of the National Assistance Act 1948** to make arrangements for promoting the welfare of residents. The Chronically Sick and Disabled Persons Act, 1970 turns this power into a duty for those who need it. The council currently spends £12m per year on this.

- We must carry out an assessment of need under **section 47 of the NHS and Community Care Act 1990** where a person appears to be in need and then must provide services to meet assessed need. The council currently spends £1.1m per year on this. These assessments control the spend on the above two areas accounting for £47m of council expenditure.
- We have duties under the **Mental Health Act and the Mental Capacity Act** to make decisions on behalf of those who cannot make them for themselves. This is mainly the work of professional social workers and the council spends £5.7m per year on this.

Hammersmith & Fulham Mandate for Children's Services 2011

Introduction

1.1. Background to Children's Services

Number of children aged 0-19 in Hammersmith & Fulham: 34853¹

Number of pupils in Hammersmith & Fulham Schools: 16931²

Number of children and young people working with the Youth Offending Service (YOS): 138³

Number of pupils with special educational needs (SEN):4500⁴

Number of resident children and young people with statements of SEN: 611⁵

Number of children subject to child protection plans: 165⁶

Number of looked after children: 225⁷

28% of our looked after children are living in Hammersmith & Fulham and 72% are placed out of borough.⁸

1.2. Strategic Priorities for children and young people

- 1.2.1. Protect children and provide a safe environment
- 1.2.2. Improve the health and wellbeing of children and young people
- 1.2.3. Tackle the causes and impact of child poverty
- 1.2.4. Identify need early, working with families before problems arise
- 1.2.5. Improve the quality of education for local children
- 1.2.6. Ensure every child has the chance to reach his or her full potential
- 1.2.7. Encourage young people to lead active and purposeful lives
- 1.2.8. Maximise the opportunities open to young people as they move on from school or college
- 1.2.9. Achieve best use of resources.

¹ Mid Year Estimates 2010, ONS

² School Census, January 2011 includes all pupils in maintained nurseries, primary, secondary and special schools as well as academies

³ As at 24th October 2011

⁴ School Census, January 2011 (all children on SEN Code of Practice with LBHF postcodes)

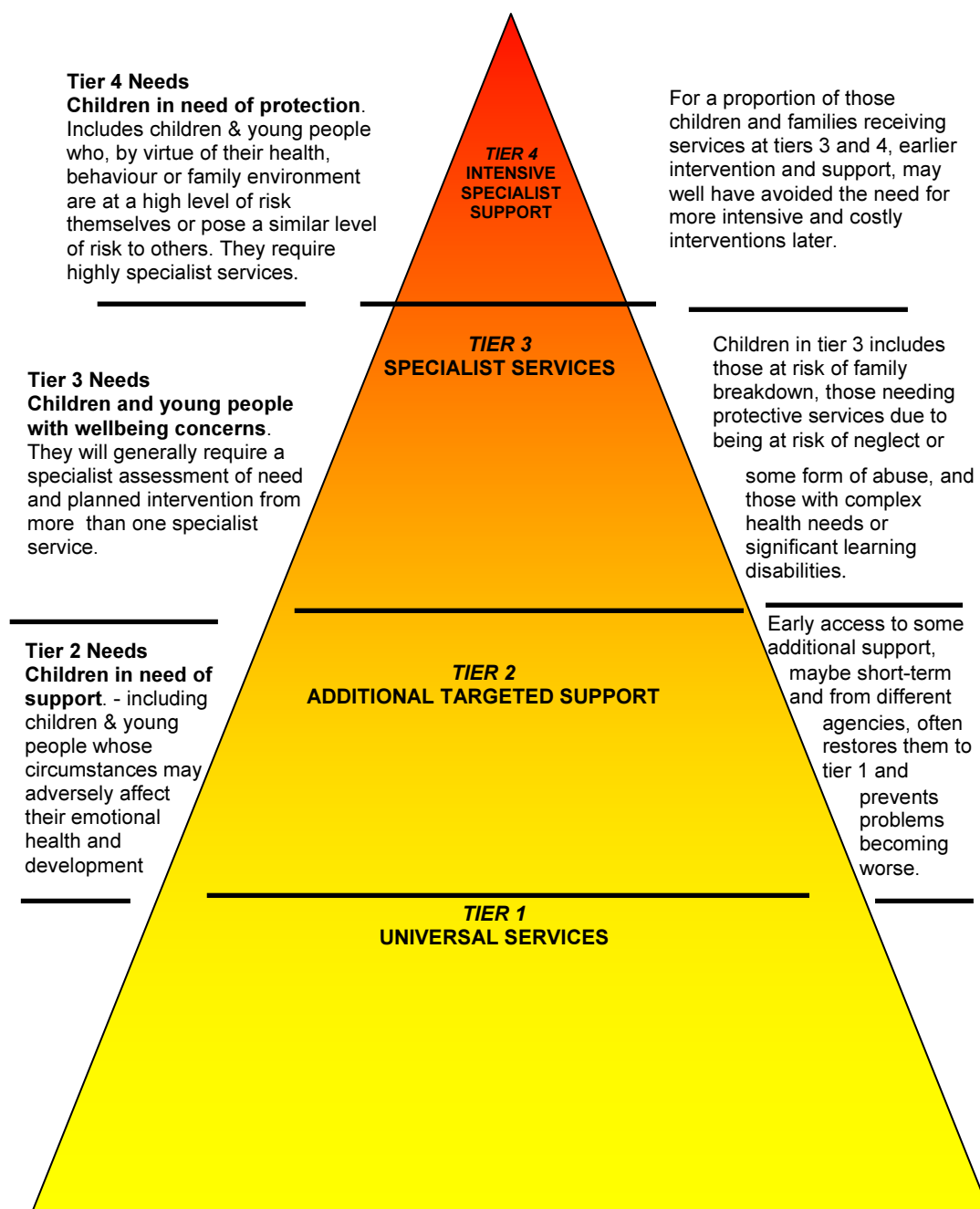
⁵ School Census, January 2011

⁶ As at 23rd October 2011

⁷ As at 23rd October 2011

⁸ As at 23rd October 2011

- 1.3.** Children's Services are a large part of the new Tri-Borough working arrangements with the Royal Borough of Kensington & Chelsea and Westminster City Council. The aim is to combine services - where there is a strong case to do so - to protect front line services, improve service effectiveness and reduce costs.
- 1.4.** This mandate establishes Hammersmith & Fulham's vision and priorities for Children's Services based upon the particular needs of its Borough residents, as determined by the Council, and outlines the Service's current and future commitment to Tri-Borough working.
- 1.5.** Hammersmith & Fulham's Children's Services are responsible for providing services to all 34,853 children and young people living in the Borough. Children's Services is a key Council department in ensuring that Hammersmith and Fulham is a 'Borough of Opportunity' for all. This Council prides itself upon;
- The provision of a high quality child-centred social care service that ensures the most vulnerable children are kept safe and have the best possible outcomes.
 - The provision of coherent locality-based early intervention and prevention, and
 - Schools of Choice providing a top quality education for all children, which includes a range of outstanding Special Schools.



2. Objectives

- 2.1. The Council's vision for children and young people is to create a ladder of opportunity to give children and young people the best possible start in life. The Council aims to provide top quality services in the most efficient and effective way.
- 2.2. Whilst delivering a balanced budget, the Service has the following key operational objectives:

2.3. Social Care

Number of children subject to child protection plans: 165⁹

Number of looked after children: 225¹⁰

28% of our looked after children are living in Hammersmith & Fulham and 72% are placed out of borough.¹¹

- Maintain a high quality social work service to ensure the most vulnerable children are kept safe and have good outcomes
- Provide support for disabled children to keep them at home with their families
- Ensure children have strong and stable attachments at the earliest possible opportunity, be it in their family of origin or a substitute family according to need
- Continue to reduce the number of children who need to be “looked after” by providing effective early support and timely permanent placement
- Develop the role of “corporate parents” to ensure that looked after children have the same the support, encouragement and expectations placed on them that parents would have for their own children
- Ensure care leavers are effectively supported to maximise their life chances

2.4. Early intervention and prevention

Number of families to receive the support of the Family Support Localities Service (at any one time): 400

Number of teenage pregnancies: 103 (or 49.3 per 1000 young women aged 15-17) (2009)¹²

Number of children and young people working with the Youth Offending Service: 138¹³

Number of reported incidents of domestic violence: 3111¹⁴

⁹ As at 23rd October 2011

¹⁰ As at 23rd October 2011

¹¹ As at 23rd October 2011

¹² Office for National Statistics and Department for Education 2011

¹³ As of 24th October 2011

¹⁴ Metropolitan Police 2010/11

- Increase the capacity of schools and other universal services such as GPs, Health Visitors and Early Years settings, as well as the voluntary sector and other providers to intervene early when families need support.
- Develop outcomes focused, evidence based programmes to build the capacity of vulnerable families via the Family Support Programme to support their children effectively towards positive outcomes (effective parenting skills, school readiness, health and work readiness) without the need for long term intervention from statutory services.
- Reduce the number of young people who have poor school attendance, become teenage parents become involved in gang activity or enter the criminal justice system.
- Review the balance between directly delivered services and commissioned services.

2.5. Education

Number of mainstream secondary schools judged by Ofsted to be Outstanding: 7 out of 9 ¹⁵

Number of Nursery Schools judged by Ofsted to be Outstanding: 3 of 4

Number of Primary Schools judged by Ofsted to be Outstanding: 7, Good 20, Satisfactory 7 of 34

Number of special schools judged by Ofsted to be Outstanding: 5 of 5 ¹⁵

Proportion of children achieving “a good level of development” in the Early Years Foundation Stage profile: 68% (2011) ¹⁶

Proportion of young people achieving 5 or more GCSEs at grades A*-C including English and Mathematics: 70.8% ¹⁷

Proportion of young people making the expected levels of progress in English between Key Stage 2 and 4: 81.5% (Highest in the Country) ¹⁸

Proportion of young people making the expected levels of progress in Mathematics between Key Stage 2 and 4: 82.4% (Second in the Country) ¹⁹

Proportion of young people achieving the English Baccalaureate qualification: 32.6% ²⁰

- Continue to improve standards in all of our schools to maximise opportunity for all children aiming for the following targets: All schools to

¹⁵ As of 24th October 2011

¹⁶ DfE October 2011

¹⁷ DfE October 2011

¹⁸ DfE October 2011

¹⁹ DfE October 2011

²⁰ DfE October 2011

exceed the government's floor targets; 80% of children to achieve 5 or more GCSEs at grades A* to C including Mathematics and English; 100% of our schools to be judged as good or outstanding by Ofsted and continuing to make good progress

- Develop our services for children with special educational needs thus making the borough a centre of excellence. Build on the existing broad range of high quality local provision to meet differing needs, including access to specialist services and working in partnership with parents and carers.
- Expand popular schools and support the establishment of free schools and academies in order to improve parental choice and meet the increasing need for primary school places.
- Encourage more schools to become self-governing with academy status, and more efficient in collaboration, such as through federations or joining supply chains.
- Ensure sufficient provision of school places and that there is fair access to these places
- Ensure schools have access to high quality services to support them through more sustainable models of service provision including Tri-Borough arrangements and Social Enterprises/Mutuals.

3. Commissioning Plan

- 3.1** Children's Services currently operates a combination of directly managed and externally procured services. This is kept under constant review. Services will remain in-house where it is demonstrated through cost-benefit analysis that this continues to be advantageous. All services regardless of how they are provided should ensure that key statutory responsibilities are addressed and high levels of quality, productivity and flexibility are maintained.

Children's Services will continue to work with all relevant agencies with responsibilities towards children and young people including health, the police and third sector to ensure that needs are met and that this activity is effectively co-ordinated. The Children's Trust Board and Local Safeguarding Children Board play a significant part in this coordination and it is anticipated that the Health and Wellbeing Board will further enhance this in the near future.

Reviews of a number of services over the past few years have led to outsourcing when there has been a clear business case to do so and this trend is set to continue. A number of key services have recently been externally commissioned, for example Youth Club provision and Children's Centres. Children's Services is also working with other departments to establish new models of service provision, for example, particularly in the north of the borough, through the development of a

Social Impact Bond/Payment by Results programme focusing on vulnerable families, unemployment and crime. There are a number of statutory services which protect highly vulnerable children which will remain in-house to ensure that these children continue to be safeguarded along with meeting the council's statutory responsibilities towards them.

The Council's Tri-Borough plans have already led to changes in the way some services for children are managed. The establishment of a single Tri-borough Executive Director of Children's Services and a single Senior Management Team will also have a significant impact on the way many services are managed, commissioned and delivered over the next three years. In addition to this there are plans to establish an employee owned Social Enterprise / Mutual Company providing services for schools.

See Annexe A at end of this Mandate for table which sets out Children's Services' current commissioning intentions for the provision of services both in H&F and on a Tri-Borough basis, for the next three years.

4. Procurement

Children's Services' top areas of expenditure through procurement over the next year are set out below:

Contractor	Description	Contract Value £000's	Renewal Date	Forecasted spend 11/12 £000's	Future Intention
Eden Food Services Ltd	Catering Management services for schools	19,365	04/11/12	3,873	Contract Renewal / Negotiation / Extension when contract ends
Various Providers	PVI Special School Placements			2,647	Other / No change
Various	Non-SEN Social Care Placements			2,368	To be commissioned out
Various Fostering Agencies	Fostering Services			2,354	Potential Tri-borough contract
16 Children's Centres	Children's Centres Provision	3,861	31/03/13	2,206	Contract Renewal / Negotiation / Extension when contract ends
Various	3 rd Sector Grants programme		30/09/12	1,067	Contract Renewal / Negotiation / Extension when contract ends
Out of borough Schools	Recoupment - ISTS costs			857	Other / No change
Various Providers	P&V Placements for DCT		52 week placements	803	Other / No change
Rolling contract with various providers	Private Hire Transport (not including CSD or SEN passenger		Joint contract from Sept	781	Potential Tri-borough contract

	transport)		2012		
Out of borough Special Schools	Recoupment - On roll costs			711	Other / No change
London Cyrenians Housing Ltd	Young people leaving care - High Support	1,855	14/02/13	618	Contract Renewal / Negotiation / Extension when contract ends
CfBT Education Trust	Connexions Service	4,331	31/03/12	593	Potential Tri-borough contract
Various Schools	Play Service	964	31/03/13	313	To be commissioned out
Notting Hill Housing	Young people leaving care - Medium Support	547	15/03/13	231	Contract Renewal / Negotiation / Extension when contract ends
London Cyrenians Housing Ltd	Young people leaving care - Medium Support	642	28/02/13	223	Contract Renewal / Negotiation / Extension when contract ends

Key for future intention:

Potential Tri-borough contract
Contract Renewal / Negotiation / Extension when contract ends
To be commissioned out
Other / No change
No contract – in house or spot purchased in WLA framework

Where an external provider is commissioned, the department will seek to deliver efficiencies through active management of the procurement chain.

Current savings and potential areas for future savings

Children's Services' focus on savings has been in implementing the Council's medium Term financial Strategy (MTFS) and developing Tri-Borough working. Whilst MTFS delivery is an end in itself, it is hoped that the implementation of the localities project as well as process and planning improvements in social care will generate further savings in social care through a reduction in the number of children in the statutory safeguarding and looked after system.

The following table sets out the planned savings for Children's Services which will be delivered, in part, through Tri-Borough working. The table clearly differentiates between those savings already included within the MTFS for which Tri-Borough working is the delivery mechanism, and those additional savings which will contribute to the council's transformation savings target.

Cabinet Paper Description	2011/12 £000's	2012/13 £000's	2013/14 £000's	2014/15 £000's	Existing MTFS £000's	Additional Trans'al savings £000's
Single Management Team	70	340	680	680		680
Single Adoption and Fostering Team	35	70	70	70	70	
Single Youth Offending Team		135	270	270		270
Single Local Safeguarding Children's Board		35	70	70		70
Education Services (GF)	760	760	1,520	1,520	1,520	
Education Services (DSG)	210	210	420	420		420
Commissioning Staff			350	700		700
Finance Staff				170		170
Reduced costs from private fostering providers / trading with other boroughs			148	297	297	
Combined procurement of supported accommodation for care leavers			160	160		160
Further finance savings				80		80
Procurement – GF			165	330		330
Procurement – DSG			100	200		200
Social Care – Middle management savings			330	330	340	
Exclude DSG savings						(620)
Total CHS – Tri borough savings	1,075	1,550	4,283	5,297	2,227	2,460

5. Assets

The department continues to consider and respond to options to better manage or dispose of assets, as part of the Council's strategy to reduce the burden of debt. This includes the review of property holdings and reduction of these, where possible, by disposing of surplus or under-utilised property, the reconfiguration of services and back office functions so that they occupy less space and considering tenures other than ownership where this leads to demonstrably better value.

Asset Realisation	
Sale of former school keeper premises	Sale arrangements concluded or being negotiated on up to 6 properties
Distillery Lane	Negotiations underway to sell
Castle Club	Property sold
Sand's End Community Centre	Bids being evaluated
145 Hammersmith Road	Property sold
12-14 Letchford Gardens	Lease expires in December 2011
Broomfield Lane Nursery	In discussions with adjoining owner regarding future of the service.
Change of use of community based sites	
Fulham Cross Youth Centre	Currently vacant

Avonmore Youth Centre	Evaluating bids
Paragon Centre	Transferred to Adult Education
70 Lillie Road	Vacant and available for disposal.
Dalling Road	Alternative accommodation for The Haven and Askham
Askham Centre	Relocation to Dalling Road
Wormholt Centre	Released for use by Free School
Bradmore Park	Land swap for King Street development
Cambridge School	Released for use by Free School
Stamford House	Released for use by Hammersmith Academy
Edward Woods Community Centre	Proposed use by Third Sector organisations on tri-borough basis
Rationalisation of office accommodation	
Barclay House	Staff relocated leading to reduction in lease costs
Cobbs Hall	Smartworking development enabled accommodation for 100 staff (previously 50)
Cambridge House	Ongoing review of building use

6. Workforce

The department plans to continue to respond positively to the challenge of maintaining and improving services and outcomes with a lower headcount, particularly with a more efficient management structure and fewer back office staff. A key part of this strategy will be to retain high quality staff as well as careful monitoring of key indicators of the workforce including sickness levels and the use of agency staff.

8. Managing performance

A range of monitoring systems is in place to ensure progress is tracked and exceptions tackled as early as possible. There is an increasing priority to measure outcomes rather than just outputs to demonstrate a positive impact being made on the life chances of children and families. Systems currently in place include:

- Monthly management information on performance regarding children with child protection plans and those in care
- Quarterly reviews of national performance indicators covering youth offending rates, health, social care and education
- Reviews of our national profile compiled by Ofsted
- Financial monitoring takes place at a Service, Divisional and Departmental level using complex forecast models for high risk areas which are reviewed monthly with budget holders and Assistant Directors. Consolidated revenue monitoring reports at divisional and cost centre level are reviewed by DMT. Summaries of key financial data analysis including performance in high risk areas, activity data including the monthly profile of numbers of looked after children along with explanations of major variances and capital programme summary. The operation of a number of Panels to

ensure tight financial control of placements and joint funding. The panels challenge the budget holders and authorise appropriate expenditure

- New or newly configured services such as the Localities Service and Children’s Centre hubs and spokes will be monitored through programme boards using processes which specifically aim to identify outcomes and improvements in particular localities in the borough as well as borough wide.
- Children’s Services will also continue to monitor performance and morale of staff through sickness monitoring, summaries of annual performance management reviews and Criminal Records Bureau check monitoring.
- Performance is also monitored and scrutinised by the Education Select Committee, Children’s Trust Board and Local Safeguarding Children Board
- Children’s Services are also subject to a range of inspection regimes led by Ofsted and other bodies. Currently the one of the most significant judgement is Ofsted’s Annual Assessment of Children’s Services for which the authority was judged to be performing excellently in December 2010.

9. What constitutes success?

There will be significant activity to monitor Children’s Services’ progress with meeting its objectives over the next three years. Evidence will be sought on improving outcomes across a range of measures of health and wellbeing. However, the key measures of success will be:

Improved academic achievement for Hammersmith & Fulham schools as a whole		
	Baseline	Target
Percentage of pupils achieving at least 5 A*-C grades at GCSE including English and Maths	68.4% (2010)	75% by 2012
Proportion of secondary schools which exceed the Government’s new floor standards	100% (2010)	100%
Proportion of all schools judged to be “good” or “outstanding” by Ofsted	85% (2011)	100%
Number of young people who are Not in Education, Employment or Training (NEET)	6.2% (2011)	6.5%
Increase the proportion of Hammersmith & Fulham children who attend local schools		
	Baseline	Target
Proportion of H&F children attending H&F LA primary schools	76%	Target to be confirmed
Proportion of H&F children attending H&F LA secondary schools	37%	Target to be confirmed
Reduce the proportion of young people receiving criminal convictions		
	Baseline	Target
Young people within the youth justice system receiving a conviction in court	8.9% (2010/11)	5%

who are sentenced to custody		
Reduce the proportion of children needing the support of statutory safeguarding services		
	Baseline	Target
Proportion of Children in Need (per 10,000 children)	529.1 compared with 596.5 average for statistical neighbours (2010)	Rate to be lower than average rate for statistical neighbours
Proportion of children with Child Protection Plans (per 10,000 children)	74.9 (2010)	Rate to be lower than average rate for statistical neighbours
Children are effectively protected		
Reduce the proportion of children needing to be placed in public care		
	Baseline	Target
Proportion of children in public care (per 10,000 children)	82 compared with 82.7 average for statistical neighbours (2010)	Rate to be lower than average rate for statistical neighbours
Children in care are in stable placements, with secure attachments and achieving their full potential		
	Baseline	Target
Appropriate indicators to be confirmed	Baseline to be confirmed	Target to be confirmed

10. Risks

Children's Services maintain a risk register which seeks to identify and mitigate against all potential risks which would have a significant impact. The key risks which might undermine the likelihood of achieving what has been identified through this mandate are as follows:

- The impact of the current or any future economic downturn leads to higher numbers of families needing support.
- The possible need to make further unanticipated efficiencies impact upon Children's Services' capacity to address all its key priorities.
- (To be developed further)

11. Children's Services' milestones for the next three years

2012-13				
Division	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Education	Integration of shared Education service (3BW)	Begin procurement process for new model	Fully traded services in schools Schools responsible for providing universal careers advice	
Family Support Programme	Review first nine months of operation of locality service	Go-live of new Front Door Review of 4 borough Custody Pathfinder project	Major review of the effectiveness of the service. Funding announcement for EIG for 2014 and beyond.	Adjust team structures in light of review of operational effectiveness Negotiate and issue new contracts for delivery of Sure Start Children's Centres
Health Integration		Commissioning team set up (3BW)		
Social Care	Implementation of new Front Door Merger of Fostering & Adoption and LSCB teams (3BW)	Go-live of new Front Door	Consolidation of Contact & Assessment and Family support & Child Protection teams	
Other	Consolidation of 1 finance team (3BW)		New Transport contract to go live (3BW)	

Annexe A - CHS Commissioning Plan 2011/15

CHS Vision

To create a ladder of opportunity which enables young people to pursue purposeful and full lives, becoming responsible citizens who achieve economic wellbeing.

Key:

Services to be Market Tested	Services to be Commissioned
Services Contracted Out	Services Directly Provided
Tri-Borough Service Delivery	

Service	High Level Objectives	Current 2011/12	Planned 2012/13	Planned 2013/15
Children's Social Care				
<u>High Level Objectives</u> <ul style="list-style-type: none"> • Maintain a high quality social work service to ensure the most vulnerable children are kept safe and have good outcomes • Provide support for disabled children to keep them at home with their families • Ensure children have strong and stable attachments at the earliest possible opportunity, be it in their family of origin or a substitute family according to need • Continue to reduce the number of children who need to be "looked after" by providing effective early support and timely permanent placement • Develop the role of "corporate parents" to ensure that looked after children have the same the support, encouragement and expectations placed on them that parents would have for their own children • Ensure care leavers are effectively supported to maximise their life chances 		<u>Metrics</u> <ul style="list-style-type: none"> • Average length of time for a Child Protection Plan is less than one year • Reductions in rates of children who need to be looked after • Reduction in average time children spend in care (in cases where they return home) • One care placement for looked after children (in cases where they return home) • Number of placement per looked after child once a permanent placement is made (target one placement per child) 		

Safeguarding	Identify the most vulnerable children Take steps to decrease vulnerability and protect children	Directly provided	Directly provided	Directly provided
Disabled Children's Services	Prevent family breakdown in families where there are disabled children	Tri-Borough Service Delivery	Tri-Borough Service Delivery	Tri-Borough Service Delivery
Looked After Children	Ensure children have stable attachments by either •Supporting a return to their birth families •Providing an alternative family •Looking after them in a stable placement Maximise life chances of LAC	Directly provided	Tri-Borough Service Delivery	Tri-Borough Service Delivery
Post-care Services	Support young people to make a safe transition to a successful adult life	Directly provided	Tri-Borough Service Delivery	Tri-Borough Service Delivery
Safeguarding & Quality Assurance	Ensure that all children's social care services meet the required standards	Directly provided	Tri-Borough Service Delivery	Tri-Borough Service Delivery

Service	High Level Objectives	Current 2011/12	Planned 2012/13	Planned 2013/15
Children Youth and Communities				
High Level Objectives <ul style="list-style-type: none"> • Increase the capacity universal services and other providers to intervene early • Build the capacity of vulnerable families to support their children effectively towards positive outcomes without the need for long term intervention from statutory services. • Reduce the number of young people who have poor school attendance, become teenage parents, become involved in gang activity or entered the criminal justice system. • Review the balance between directly delivered services and commissioned services increasing quality at a lower cost 		Metrics <ul style="list-style-type: none"> • Key Children's Centre outcomes • Key Family Support Localities Service outcomes • Key youth offending indicators including first time entrants to criminal justice system, rates of proven reoffending, young people receiving a conviction in court and sentenced • Reduced rates of children needing to be "looked after" 		
Family Support Programme	• Build the capacity of vulnerable families to support their children effectively towards positive outcomes without the need for long term intervention from statutory services	Directly provided	Directly provided	Explore Bi/Tri-Borough Service Delivery
Youth Offending Service	•Prevent young people from entering the criminal justice system and reduce reoffending of those who receive convictions	Directly provided	Tri-Borough Service Delivery	Tri-Borough Service Delivery
Transport	•Cost effective and efficient transport service for children with SEN and vulnerable adults	Services to be Market Tested	Services Contracted Out	Services Contracted Out
Commissioning (Children's Centres & Youth Projects)	•Procure high quality and value for money services which address unmet needs which relate to statutory requirements and local priorities	Directly provided with health commissioning based in INWL (tri-borough PCT)	Tri-Borough Service Delivery	Tri-Borough Service Delivery
Executive Support	•Support smooth running senior management function for Children's Services	Directly provided	Tri-Borough Service Delivery	Tri-Borough Service Delivery

Service	High Level Objectives	Current 2011/12	Planned 2012/13	Planned 2013/15
School Improvement and Standards				
High Level Objectives				
<ul style="list-style-type: none"> Continue to improve standards in all of our schools Develop services for children with special educational needs thus making the borough a centre of excellence. Expand popular schools and support the establishment of free schools and academies in order to improve parental choice and meet the increasing need for primary school places. Encourage more families to choose local schools Encourage all schools to be more autonomous and efficient. Ensure sufficient provision of school places and that there is fair access to these places Ensure schools have access to high quality services to support them through more sustainable models of service provision including Tri-Borough arrangements and Social Enterprises/Mutuals. 		Metrics - 80% of all pupils will achieve at least 5 A*-C grades at GCSE including English and maths by 2012 - All schools to be judged good or outstanding by Ofsted - All schools exceed the Government's new floor standards at the end of the primary and secondary phases - Increase the number of borough residents in local schools - More pupils with SEN statements accessing local provision - Continue to reduce the number of pupils who are excluded from school - Improved school attendance across all phases		
Schools Standards Commissioning (Statutory)	Maintain high standards of achievement in schools and broker support for schools where standards are low	Directly provided	Tri-Borough Service Delivery	Tri-Borough Service Delivery
Schools Standards Commissioning (Discretionary)	Offering additional supplementary support to continue to raise standards	Directly provided	Services to be Market Tested	Services to be Commissioned
School Organisation and Admissions	Ensure sufficient provision of school places Support schools of choice Ensure fair access to schools	Directly provided	Directly provided	Directly provided

Vulnerable Children	Meet the needs of children with special educational needs Ensure all children attend school regularly	Directly provided	Directly provided	Directly provided
Alternative Provision	Continued outstanding provision	Directly provided	Services to be Commissioned (School Status with Governing Body)	Services to be Commissioned (School Status with Governing Body)

Service	High Level Objectives	Current 2011/12	Planned 2012/13	Planned 2013/15
Schools Resources				
High Level Objectives • Deliver high quality education support services		Metrics - Take up and satisfaction - School organisation Strategy in place, - School Budgets calculated, consulted and allocated on time - School Capital Programmes delivered on time on budget, high quality - Strong educational input into regeneration projects		
Financial Services to Schools	Ensure governing bodies are supported with high quality financial information to make informed strategic decisions	Directly provided (partly as traded services)	Services to be Commissioned (through Mutual)	Services to be Commissioned (through Mutual)
IT Services to Schools	Strong management information systems in schools to enable statutory returns, pupil data and information for parents. ICT utilised to enhance curriculum and learning	Directly provided (partly as traded services)	Services to be Commissioned (through Mutual)	Services to be Commissioned (through Mutual)

Service Delivery Model	Current 2011/12		Planned 2012/13		Planned 2013/15	
	Spend (£k)	Spend (%)	Spend (£k)	Spend (%)	Spend (£k)	Spend (%)
Commissioned	0	0%	2,675	5%	3,526	6%

Directly Provided		61,962	100%	55,972	95%	51,602	94%
Total CHS		61,962	100%	58,647		55,128	

Hammersmith and Fulham Libraries Mandate

More Than a Library

What is our mission?

Hammersmith & Fulham libraries will provide an efficient, 21st century library service which promotes reading and offers opportunities for cultural enrichment, recreation, employment and learning for all residents, by:

- 1. Providing modern, welcoming and accessible library services at the heart of local neighbourhoods**
 - Working actively with internal and external potential partners to improve library buildings and ensure they are the cornerstone of our communities
 - Investigating the potential to create local library community hubs
 - Upgrading library ICT to meet modern requirements
 - Ensuring that high quality services are delivered cost effectively

- 2. Improving the library stock and ensuring that books and reading remain core priorities**
 - Maximising the spend on books and other library materials
 - Supporting reading development activities for children and adults

- 3. Ensuring that staff are customer focused with the key skills to deliver a 21st century library service to residents**
 - Developing staff roles to be customer facing
 - Developing a training programme for staff in core information and library skills
 - Increasing customer and resident satisfaction with library services

- 4. Providing access to Council services and events and activities supporting education and learning, employment opportunities and healthy lifestyles**
 - Working with key providers to develop programmes for all
 - Promoting access to council and other services from libraries at longer hours than traditional council office availability
 - Supporting work in schools to raise literacy standards and acting as a gateway for our communities for advice on employment, health and wellbeing

- 5. Engaging effectively with residents and marketing library services to existing and potential customers.**
 - Supporting the development of 'Friends of' groups
 - Developing opportunities for volunteers, including within our emerging community-run libraries
 - Communicating regularly with residents about our More Than a Library Brand

“Literacy is a fundamental cornerstone of a modern society and we need to get youngsters off their sofas and into our libraries. This is why we are finding original ways to strengthen and protect as many of our libraries as we can. Residents across the three boroughs will soon have access to more books than anyone could realistically expect to read in a lifetime.”

Cllr. Greg Smith, Cabinet Member for Residents' Services, Hammersmith & Fulham Council

This document sets out the proposed mandate for the provision of Library and Archive Services in the London Borough of Hammersmith and Fulham.

Our vision

Libraries are central to our community, should be freely available to everyone and meet their present and future reading, learning and information needs.

Making over one million books available to residents and visitors across Hammersmith & Fulham, Kensington & Chelsea and Westminster, we believe that a single managed Library and Archive Service will provide a unique opportunity to sustain and improve this excellent and highly valued frontline service.

The Sovereignty Guarantee will safeguard how Hammersmith and Fulham's libraries are run, making sure local communities have a say in how long their library is open, what services it offers and how they are transformed (eg – Hammersmith Library's redevelopment).

Some key statistics and detail on the core offer are set out in Appendix 1.

In Hammersmith and Fulham, our libraries will:

- **help children and adults become proficient readers** for life and promote the love of reading for pleasure
- **support formal education at every stage** and be a major provider of informal and self-directed learning for all
- **create and provide access to digital resources**, and help people to bridge the digital divide through support and training
- **provide the gateway to the world's knowledge** (about anything and everything) and to local community information, with intelligent interpretation from expert staff
- **provide a physical, accessible, safe indoor presence in the heart of local communities**, a meeting place for local people and organisations, and a destination or venue for cultural events and activities
- **be a natural place where people will go to seek advice** and support and to do business with the council
- **keep the record of times gone by**, the history of local people and communities, helping to create identity and cohesion

Our priorities for 2012/13

- **Increase participation** by delivering a wide range of adult and children's reading, learning and cultural activities.
- **Transform Hammersmith Library** by spending up to £1.6 million on enhancing our More Than a Library approach, improving and extending customer access and reducing operating costs.

- **Complete the re-branding of Fulham library**, introducing Wi Fi and self serve.
- **Create a wider range and number of volunteering opportunities** in both the Council-run and community libraries.
- **Explore the development of community hubs** in libraries where customers can carry out a range of Council business with support from library staff.
- **Improve information, learning and skills support for residents and local businesses** via Work Zone based at Shepherds Bush Library, contributing to the regeneration of the local area (the scheme has already helped 355 people into work) A Learn Direct Centre opened in September which has already signed up 30 customers. The centre offers online training and accredited courses to help residents to develop their skills and career opportunities.
- **Develop our online services and digital content**, including e-books, e-learning courses, an improved website and customer interface, promotion of online resources and expansion of our use of social media, adding to the **257,266** online visits a year that we receive
- **Continue to provide a range of locally commissioned services for Hammersmith and Fulham's** diverse communities, including the Prison Service
- **Review next steps for our volunteer-supported Archives Service** reducing costs and digitizing collections where possible
- **Integrate the Home Library Service**, creating a local service that understands and responds better to community needs

What difference will our customers see?

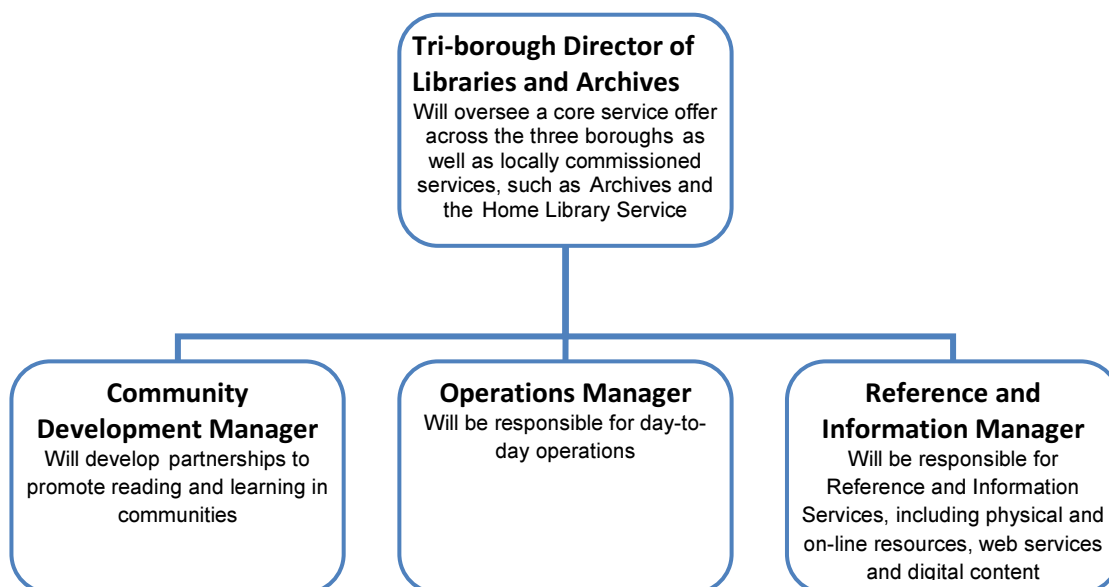
74% of residents are already satisfied with our libraries and the number of people 16 or over that view the library as very good or good is 83%. But we want even more visitors and residents to enjoy and make use of the service. We will create local libraries where our customers can get ideas, inspiration, books and facts, talk to staff and deal with the council.

- **Hammersmith and Fulham's libraries will become the gateway to a wider tri-borough service**, enabling users to access a wider range of books and other materials, including the specialist collections held by each borough. Customers will also be able to access the differing specialist expertise and experience of staff.
- **There will be consistent standards of service across the three boroughs**, ensuring customers receive a high quality experience regardless of where they are or whether they walk into a library, speak on the phone or visit the website.
- **Libraries will remain open and some services will be available 24/7**
- **A single library card** will give residents the ability to borrow or return items to any library

- From author talks to training opportunities and health information, **there will be a range of events and activities to suit everyone**
- **We will offer more than just access to Google**, providing improved reference and information services which will be available 24/7
- **Staff will be positive, well-motivated, listen and help.**
- **Closer involvement of communities** in the development of local Library and Archive Services

Our tri-borough plans for improvement

- A single integrated Library Service across all three councils will be lead by a **single management structure**:



- In Hammersmith and Fulham, our tri-borough **staff will deliver the new integrated core service** when fully operational, with further posts dedicated to supporting locally commissioned services.
- Sharing existing structures across the three boroughs will reduce the combined budget for the service from 8.6m to 7.5m, releasing **£1.1m worth of savings** (£270,000 of which will be apportioned to Hammersmith and Fulham)
- From 2012 we will review options for alternative approaches to the delivery of the service, including models of charitable trust, social enterprise, joint venture or private sector management, to determine whether these would add any further value to our plans.

To achieve all this, **we will deliver the new integrated Tri-Borough Library Service across three phases:**

2011/12											2012/13			
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q4	Q1	Q2	Q3	Q4
PHASE 1				PHASE 2							PHASE 3			
Definition and scope of work stream agree				Operating model design for the creation of a single management structure							Implementation and roll-out of single operational structure			
Programme mobilized				Implementation of a single management structure							Realization of benefits from a single combined service			
Production and sign-off of business case				Realisation of benefits from a single a management structure							Detailed design for preferred delivery/trading option			
Approval to proceed to Phase 2				Detailed design to create a single operational structure and staff group for a combined library service							Production and sign/off of business case for preferred delivery/trading option			
Planning for Phase 2				Approval to proceed to Phase 3							Approval to proceed to implementation			
Mobilization for Phase 2				Planning for Phase 3							Implementation and roll-out of new delivery model			
Feasibility report for archives				Mobilization for Phase 3							Realization of benefits of new delivery model			
				Options appraisal for new delivery/trading options										

Hammersmith and Fulham’s libraries and archives in numbers

Last year, our libraries were open 228 hours a week and visited 1.2 million times a year.

In total this provides the borough with;

118 computers and Wi-Fi provide free online access

A home library service used by over 146 residents

621,666 items loaned every year

Over 60,000 prints, drawings & photographs dating from the 1870s to present day.

Local government records dating from 1646

And every year 15,900 people join our libraries

Next year, the council will be re providing 2 of its 6 sites as community-run libraries, offering additional, co-located services in collaboration with local residents, schools and groups

<p style="text-align: center;">Reading</p> <ul style="list-style-type: none"> • Resources to support adult reading • Special events to support children’s literacy • Activities to support reader development • A programme of outreach to meet local need, such as our Home Libraries Service 	<p style="text-align: center;">Learning</p> <ul style="list-style-type: none"> • Resources to support adult and children’s learning • Learning activities to improve adult literacy and IT skills • Help with finding a job and advancing in your career
<p style="text-align: center;">Digital</p> <ul style="list-style-type: none"> • Creation of digital content, such as community databases • Access to on-line digital resources, such as health and business support information • Learning activities to improve digital literacy, such as how to get online and navigate around • Free access to PCs for the first 30 minutes • Free access to free Wi-Fi 	<p style="text-align: center;">Information</p> <ul style="list-style-type: none"> • Access to information resources and knowledgeable staff • Access to local and council information and special collections including prints, drawings & photographs, electoral and parish registers, dating from 1646
<p style="text-align: center;">Community</p> <ul style="list-style-type: none"> • Venues for community and partner organisations to meet • A venue for cultural events and activities • 2 community-run libraries responding to local needs • “Baby bounce” sessions for our youngest visitors 	<p style="text-align: center;">Access point for other services</p> <ul style="list-style-type: none"> • Supported Online access to other public services • Development of chip and pin activation, to enable customers to pay for other council services when they visit the library



London Borough of Hammersmith & Fulham

Cabinet

5 DECEMBER 2011

**CABINET MEMBER
FOR COMMUNITY
CARE**

*Councillor Joe
Carlebach*

**WHITE CITY COLLABORATIVE CARE
CENTRE – APPROVAL OF FULL BUSINESS
CASE AND AUTHORITY TO REACH
FINANCIAL CLOSE**

**Ward:
Wormholt
and White
City**

The White City Collaborative Care Centre (WCCCC) is a joint project between the Council and Hammersmith & Fulham PCT. The PCT will enter into an agreement for the building of a centre for health and social care on the site of the former Janet Adegoke building, part of which the Council shall utilise. This is an important opportunity to:

- Develop joint working between social care and the NHS
- Contribute to the regeneration of the White City estate

The project has already passed some significant milestones:

- In April the Department of Health (DH) gave approval in principle for PFI credits of £335k per annum;
- Planning permission for the development of the site was approved in October;
- The developer, Building Better Health (White City) Ltd (BBH) has agreed heads of terms with Notting Hill Housing Association in relation to the residential elements of the scheme;
- Interior layouts have been agreed;
- BBH has appointed a funder; and
- The PCT was due to submit the Full Business Case (FBC) to NHS London in early November.

This decision is presented to Cabinet to enable the DH and Treasury to give final approval for the PFI Credits, and to enable financial close to

be reached in January or February 2012. That is the point at which all parties legally commit to the scheme. This FBC was submitted to the DH on 11 November, on the basis that it was still subject to Cabinet approval.

It is intended that construction will begin quickly after financial close, finishing in early 2014.

CONTRIBUTORS

AD Resources, CSD
EDFCG
ADLDS

**HAS A EIA BEEN
COMPLETED?
YES**

**HAS THE REPORT
CONTENT BEEN
RISK ASSESSED?
YES**

Recommendations:

- 1. That approval be given to the Full Business Case at Appendix 1, including the affordability statement set out in paragraph 3.1 of this report.**
- 2. That authority be delegated to the Cabinet Member for Community Care, in conjunction with the Tri-Borough Executive Director of Adult Social Care, to take all actions to reach financial close, including (but not limited to):**
 - Entering into the underlease to be granted by the PCT, at the value in the affordability statement, adjusted by any factors that may impact as at financial close, provided the lease remains affordable to the Council and still represents value for money.**
 - Entering into an overage deed (together with ancillary documents relating to the land exchange) and agreeing the level of payment, if any.**
 - Entering into an extension of an option agreement for the release of the restrictive covenants with the Church Commissioners, and any document(s) formalising that express release.**
- 3. That the Community Services Department be permitted to carry forward £269k of its 2011/12 revenue underspend to meet the capital equipping costs of the scheme.**

1. BACKGROUND

- 1.1 The White City Collaborative Care Centre (WCCCC) scheme was previously approved by Cabinet in 2009. A revised Full Business Case (FBC) is attached to this report and is presented to Cabinet again for approval for two reasons:
- The DH and Treasury require it, as part of their process to give final approval for the PFI Credits (worth £335k per year over 25 years to the Council). They have already given their approval in principle in April 2011.
 - So that the Cabinet Member for Community Care has all the delegated authority he needs to commit the Council to the legal agreements necessary to bring the project to financial close.
- 1.2 Financial close is the critical stage for the project, as this is when all parties commit irrevocably to the scheme. Financial close is complex because it involves several parties reaching agreement simultaneously. These are the Council, PCT, LIFTCo, BBH, the BBH's funder, and the Notting Hill Housing Association.
- 1.3 This complexity arises because it is an NHS LIFT scheme, which means it is a type of Private Finance Initiative (PFI) project, and it also involves a substantial residential development.
- 1.4 The Council's principal long term commitment to the scheme will be to accept the grant of an underlease from the PCT for the space the Council will take up in the WCCCC. This is an underlease because: the PCT will be granted a lease of the WCCCC from the landlord, LIFTCo. However, the PCT will only occupy two thirds of the WCCCC. Therefore, it will grant the Council an underlease of the remaining one third, which the Council will occupy.
- 1.5 The form of the underlease to be granted to the Council shall be on the basis of the standardised NHS LIFT scheme document, save that the form of the underlease shall be amended to reflect:
- Any project specific terms of the transaction
 - That the primary contractual relationship is between LIFTCo and the PCT, not the Council. This means that the Council will have the benefit of covenants from the PCT, rather than LIFTCo, e.g. to involve the Council in certain decisions, to use reasonable endeavours to enforce LIFTCo's obligations to the PCT and to comply with the obligations of the PCT under its lease from LIFTCo.

The Council is being advised by external legal advisers on the exact wording of this underlease.

1.6 Some important stages in this project have already been achieved:

- In April the DH gave approval in principle for PFI credits of £335k per annum
- Planning permission was achieved in October 2011, and the GLA has confirmed that it supports the Council's planning decision
- The section 106 agreement was expected to be agreed in early November 2011.
- The developer, BBH, has agreed heads of terms with the Notting Hill Housing Association for the sale of the residential premises in the scheme.
- Interior layouts have been agreed.
- BBH has appointed a funder
- The PCT has submitted the Full Business Case (attached) to NHS London.

1.7 The PCT need to gain the approval of NHS London for the scheme, through the submission of this business case. An interim submission was made in November 2010 but, while NHS London were supportive of the scheme, they felt the FBC needed to be considerably strengthened. The FBC attached is the strengthened version.

1.8 The FBC demonstrates that the project is:

- An excellent strategic fit as it forms part of the regeneration of the White City, and it enables integration between social care and health services in that part of the borough.
- Affordable.

1.9 It is envisaged that financial close will take place in January or February 2012, with construction starting quickly after that. This depends upon NHS London giving their approval to the PCT, and the DH and Treasury giving their approval to the Council, both by mid January. They have all undertaken to make their decisions to that timetable.

- 1.10 In order to facilitate financial close the Council will also vary its existing leasehold arrangement with BBH, in relation to the extent of its current premises at the site, as well as the existing overage arrangement.

2. STRATEGIC FIT

- 2.1 The FBC sets out how the WCCCC helps address two of the key priorities of the Council:
- To regenerate the White City Estate.
 - To integrate adult social care and health services to improve care for residents
- 2.2 The WCCCC will be a significant boost to the regeneration of the White City, as it will be placed on the site of the old Janet Adegoke centre at the western end of Wormholt Park. The architecture will be of high quality, and it will offer health and social care very close to the residents of White City. Wormholt Park will also be improved by a significant investment enabled by the s106 agreement. Separate proposals will be brought to Cabinet.
- 2.3 The Council has long held the objective of working more closely with the NHS to integrate social care and health care. An important part of the Tri-Borough project for Adult Social Care is the integration of adult social care assessment and care management activities with the NHS, particularly with GPs and community services. By doing this the Council expects to make savings by reducing the use of residential care and high cost packages of care.
- 2.4 The FBC describes how the WCCCC will be an important enabler for this in the north of the borough because it will bring together in one place:
- Four General Practices
 - A dental practice
 - Community health and therapy staff
 - Council social workers
 - The joint Council and NHS Learning Disability community team
 - The joint Council and NHS Children with Disabilities Team
- 2.5 The WCCCC will also allow issues of poor accommodation to be addressed for the Children with Disabilities team.

3. AFFORDABILITY

3.1 The table in this section is drawn from the FBC. It demonstrates that the WCCCC is affordable for the Council.

Table 1: Affordability Summary

White City Collaborative Care Centre Full Year Revenue Affordability					
			Social Workers, LD Community Team, Children with disabilities		
			Full Year Impact on CSD Revenue Budgets		Impact on Capital
Do Nothing Current Position					Capital Receipt Shown as Positive Value
	£000s	Notes	£000s	Notes	£000s
Rental and Running Costs					
LD Integrated Team Stamford Brook	98.9		0.0	1	
Assessment and Care Mgt move from King St to WCCCC	126.5		0.0	2	TBC
LPC for WCCCC (i.e. rent paid to PCT)			379.6	5	
Sub - Total:	225.4		379.6		
Repair and Maintenance Costs					
Running Costs of WCCCC	0.0		220.6		
Sub - Total:	0.0		220.6		
Optimism Bias					
LPC Optimism Bias	0.0		11.4	3	
Soft FM Optimism Bias	0.0		11.1	3	
Sub - Total:	0.0		22.5		
Implementation costs budget freed up	62.0		0.0		
TOTAL ANNUAL COST:	287.4		622.7		
VARIANCE FROM DO NOTHING:			335.2		
PFI Credits			-335.2	4	
Capital equipping					-269
Affordability Gap ('-' = surplus):	0.0		0.0		-269
Notes and Assumptions:					
1. LD Community team move from Stamford Brook to WCCCC					
2. Enables space freed up at 145 King St to be used by non-CSD staff and achieve estates savings elsewhere					
3. This is a contingency required by the DH as a condition of the granting of the PFI credits					
4. Dec 2011 price base					

3.2 The project involves part of the social work assessment and care management team currently at 145 King Street moving to the WCCCC. This will not allow the disposal of King Street to free up savings. Instead the revenue saving at King Street will rely upon other Council functions moving into that building, thus freeing up space and costs elsewhere.

- 3.3 The WCCCC will need equipping with furniture and other items. Re-using items from other Council buildings was considered, but would create a poor visual impression in the new building and would not allow the optimum use of space. The capital equipping cost has been estimated at £269k. It is planned to review this with a view to bringing it down by some re-use of computer equipment. The Community Services Department in the Council is currently forecasting that it will end the 2011/12 year with a favourable revenue variance of £1.5m and is proposing that £269k of that is carried forward to be spent as capital on equipping this building.
- 3.4 The Children's with Disabilities service will be able to vacate the St Dunstons Clinic which is owned by the Council and leased to PCT on a peppercorn rent. This will free up the St Dunstan's building which is earmarked for the expansion of William Morris Sixth Form to address significant overcrowding issues.
- 3.5 The PFI Credits from the DH and Treasury are not indexed for inflation, but will remain constant over the 25 years of the lease. The Council will therefore need to meet inflation increases that occur on the lease payments to the PCT.
- 3.6 The scheme has been developed under the terms of the NHS LIFT arrangements previously committed to by the Council, the PCT, and the developer. This means that the value of the rent to be paid to the PCT may vary right up to the point of financial close, depending on things like interest rates. The Cabinet is therefore being asked to allow the Cabinet Member for Community Care some discretion in the value of the final rent to be paid, provided it remains affordable, in the opinion of that Cabinet Member.
- 3.7 The FBC indicates an affordability gap of £62k. This Cabinet report assumes that the £62k revenue budget already established for the development of the scheme is used to address the gap.

4. OVERAGE DEED, LAND EXCHANGE AND RELEASE OF THE RESTRICTIVE COVENANT

- 4.1 In order to facilitate financial close, the Council will enter into the following documents before financial close has occurred:-
- Overage Deed: to be made between the Council and BBH. This imposes an obligation to pay a percentage of BBH's profits to the Council in limited circumstances. The Council is being advised by external property consultants and legal advisers on the exact wording of this overage deed. The Council has been advised that it is unlikely to receive overage on the current projections for BBH's costs, anticipated receipts and its margin.

The overage deed will suspend the existing overage arrangement set out in BBH's lease of the Janet Adegoke centre, tailoring it to this new scheme. Should the scheme not proceed for any reason, the existing overage arrangement with BBH shall continue. If the scheme does proceed and overage becomes payable (or none is payable), then the existing overage arrangement will fall away.

Authority is sought not only to enter into this overage deed but also to agree the level of overage payment, if any, once the relevant figures have been finalised and evidenced by BBH.

- Deed of Variation, Supplemental Lease and Underlease: these will all be made between the Council and BBH. [The latter two documents facilitate the land exchange approved following the Cabinet Report dated 10 October 2011]. The Council will take an underlease of part of BBH's current demise, adjacent to Wormholt Park and, in exchange, BBH will be granted a lease of two parcels of land currently forming part of Wormholt Park and which are adjacent to the former Janet Adegoke Centre. The Deed of Variation amends minor provisions in BBH's existing lease for this transaction.

- 4.2 The land to be demised to BBH which currently forms part of Wormholt Park (referred to above) is subject to restrictive covenants, including a covenant which restricts use of the land for anything other than open space under the Open Spaces Act 1906. These restrictive covenants were reserved for the benefit of the Church Commissioners in 1909.
- 4.3 An option agreement was signed in December 2007 to release these restrictive covenants subject to a premium being paid by BBH to the Church Commissioners. It is now proposed that this option be extended until 30 June 2012. The Council is party to this agreement as it is the freeholder of the land involved (i.e. Wormholt Park).
- 4.4 If BBH proceeds with the scheme and exercises the option agreement, the Church Commissioners, BBH and the Council (again, as freehold owner) will enter into a deed under which the Church Commissioners will formally release any benefit of the restrictive covenants that the Church Commissioners have retained and the premium payable for the release of the covenants are to be paid by BBH to the Church Commissioners.

5. CONSULTATION

- 5.1 Cabinet members have previously been interested in the consultation that has taken place in connection with this scheme. Consultation

has been extensive over the life of the project. The FBC sets out what that consultation has consisted of and that is reproduced below

Table 2: Summary of consultation on the White City Collaborative Care Centre

Event	Date	Action
Consultation on the 2011 planning application	May 2011	<p>Following advice from the Director of Planning and Chair of the Neighbourhood Steering Group, a long standing resident of the area, a fairly “soft” consultation was carried out. This included:</p> <ul style="list-style-type: none"> • a workshop attended by: <ul style="list-style-type: none"> - local residents - Friends of Wormholt Park - parks department - Local Community Health Champions - neighbourhood steering group representatives - Phoenix School - BBC - PCT staff and Public Health - local GP representative • Safer Communities meeting • Health & Well Being Group • Neighbourhood Steering Group • Residents Steering Group
Hammersmith and Fulham Connected Care Action Research Project	Sept 2010	<p>Turning Point was commissioned to undertake the project by London Borough of Hammersmith and Fulham, NHS Hammersmith and Fulham, and the Department of Health. The project has involved speaking to local people for their views on how services can be improved. The interviews were carried out by community researchers – people who live locally and are trained by Turning Point. 18 people were recruited to this position in total. Between December 2009 and June 2010, 831 people in the study area gave their views on local services through questionnaires, interviews, focus groups and community events</p> <p>The intention of the research is to engage with local people on providing solutions for a cost effective and sustainable integrated approach to commissioning services. The community will – through this process – become more informed and better able to make choices about the kind of services that best fit locally.</p>
White City Celebration Event	Apr 2010	<p>This event was to celebrate the achievements of local people in becoming Health Champions, and the joint working with local people to promote Health and Wellbeing in White City. The event also reinforced that, in spite of the delays, the findings from the October 2008 event have been fed back to planning for the new centre.</p>
Community Relations Group	Mar 2010	<p>The workshop was targeted at Black and Minority Ethnic and Faith Communities and Community</p>

Event	Date	Action
Workshop Event		Organisations to help identify their experiences of accessing primary care services and put forward recommendations for future health and social care – including primary care services. Although the event was Borough wide, there was strong representation from voluntary and community organisations and communities in the White City.
White City Open Day	Oct 2008	This successful event reported back to the community what had been identified by the community at the July 2005 event, and how plans had been changed as a direct result of that consultation. Information was given on how plans had been updated since that date. Attendees were encouraged to discuss their views, wants and desires for the health element of the facility, and these were all captured, and have been used in the specification for the interim Canberra Centre for Health.
White City CCC Consultation Event	July 2005	The consultation was carried out by the Council, the PCT, Threshold Housing Association, Richard Rogers Partnership, Groundwork, and was organised by Charlotte Pomery. This identified key health and social care themes for future consultations.
Urban Studies Centre - WCCCC Consultation with Children and Young People	Autumn 2004 - Summer 2006	Consultations were linked to National Curriculum areas and targeted all primary and secondary schools, and community and children's centres in White City and surrounding areas.
A Collaborative Approach to Developing a Diabetes Service	Dec 2004 – May 2005	This project targeted Black and Minority patients and carers as well as patients with learning and physical disabilities to identify their experiences of having diabetes and other long-term conditions. The recommendations helped inform provisions for people with long-term conditions.
Janet Adegoke Site Residents Project Groups	Oct 2004 - 2006	The Residents' Group Chaired by Kevin Veness-Hafftra met on a monthly basis to discuss the White City LIFT Programme and comment on proposals for the WCCCC. This group was reconvened in March 2010, and shown the latest designs for the centre.
Access to Health Services by Somali and Eritrean Communities	2004	This was an action research project into the health and social care needs of the above communities; approximately 1,500 residents participated in this research project. The project provides key recommendations for improved access to current services and provision of future services.

The recommendations from the above consultations strongly mirror the Government's White Paper principle of 'nothing about me without me'. As a result during September 2010 the PCT facilitated a process of

bringing together local steering groups under the umbrella of a White City Health and Well-being Steering Group whose aim is to:

- Promote health and wellbeing locally through coordinated working.
- Facilitate links across primary care and other services.
- Inform the design of new or reconfigured statutory services, in particular WCCCC proposals.
- Ensure local services and activities are shaped by local people.
- Seek to ensure funding from statutory and voluntary sources for the area are best utilised and coordinated.
- Promote networking across the area.
- Promote information sharing across services to benefit residents.

Since May 2011, a number of subsequent events have taken place:

- Meetings with the Friends of Wormholt Park.
- Consultation event on the future of the Park, run by Groundwork Trust on behalf of the Parks Department.
- Health Champions event.
- Meetings and liaison with the Chair of the neighbourhood steering group.
- Meetings of the Health & Well Being Group.

6. RISK MANAGEMENT

- 6.1. There are two risks relating to this project included in the Community Services Department risk register.
- 6.2 The first is that the economic viability of the scheme may be compromised by changes in economic circumstances. This is rated two out of five for likelihood and five for impact. Likelihood has recently reduced since the developer received planning permission for a commercially viable configuration of housing and commercial content, and agreed heads of terms with the Housing Association. The approval in principle of the PFI credits has also helped reduce the likelihood.
- 6.3 The second risk is that the scheme will not be approved by NHS London and the DH. This is rated at three out of five for likelihood,

and five out of five for impact. The control being applied is the appointment of a stronger project team at the start of 2011, who have demonstrable experience in delivering approved business cases with NHS London, and have already demonstrated significant progress with the WCCCC project in 2011. Without that control the likelihood is rated at four out of five.

7. COMMENTS OF THE EXECUTIVE DIRECTOR OF FINANCE AND CORPORATE GOVERNANCE

- 7.1. Affordability is dealt with in section 3. Table 1 indicates a nil affordability gap in year one of this project and this endorsed by the Executive Director of Finance and Corporate Governance. However, it is noted in para 3.5 that the PFI Credits received from the Department of Health will not be indexed. This will mean that going forward the Council will bear all the risks of inflation and over time will need to fund an increasing proportion of the overall costs in order to maintain a nil affordability gap.
- 7.2 This agreement represents a PFI arrangement which under International Financial Reporting Standards (IFRS) requires any assets associated with it to be recognised on the Council's balance sheet. These assets would, in turn, be matched by a long-term liability which would represent a credit arrangement. This would attract Minimum Revenue Provision (MRP), however this would effectively be funded by the budget for this project. The assets would be depreciated but these costs are neutralised by statute and do not impact on the General Fund. Ultimately, with regard to project as a whole, the impact on the General Fund is no different from treating all costs as revenue (as they previously would have been).
- 7.3 There is a minimal risk that the £269,000 projected revenue underspend will not be achieved this year; and also this will be subject to a carry-forward request to Members after the current year end closure. The Community Services Department have provided assurance that the underspend will materialise.

8. EQUALITY IMPLICATIONS

- 8.1 An Equalities Impact Assessment is included in the FBC. That has been converted into the Council's format and accompanies this report. The scheme offers some positive benefits for some protected characteristic groups, and does not adversely affect any.

9. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)

- 9.1. The Council is being advised by Pinsent Masons LLP for this project. They have examined this paper and I am satisfied that all relevant legal matters are addressed within it.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	<u>Outline Business Case for White City Collaborative Care Centre, London Borough of Hammersmith & Fulham, June 2009</u>	Mark Jones mark.jones@lbhf.gov.uk 020 8753 6700	CSD, Resources Division 4th Floor 77 Glenthorne Road
2.			
CONTACT OFFICER: AD Resources, CSD		NAME: Mark Jones EXT. 6700	

Appendix 1

White City Collaborative Care Centre

Full Business Case

November 2011

White City Collaborative Care Centre
Stage 1/Stage 2 and Full Business Case



FOREWORD BY THE LEAD CABINET MEMBER FOR COMMUNITY SERVICES, THE LONDON BOROUGH OF HAMMERSMITH & FULHAM

On behalf of the London Borough of Hammersmith and Fulham, I am pleased to submit to you the Council's Final Business Case for social care PFI Credits to support the delivery of a new model of health and social care in a state-of-the-art building in the heart of White City.

This scheme supports the Council's strategic objectives to deliver high quality value for money services and to create a healthier borough for local residents as part of our Borough of Opportunity for all.

The Wormholt and White City ward is one of the most deprived areas in the country with high levels of unemployment, poor housing options, higher standardised mortality rates, higher levels of referral to adult social services and significantly poorer health outcomes.

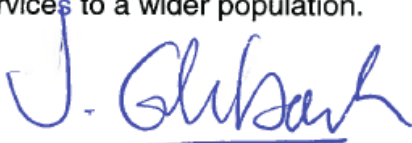
As a Council we are wholly committed to working with our partners to make a sustainable difference to people's life chances in this area.

The integration of Social Care with NHS services is a critical part of the Council's strategy to address these problems and the White City Collaborative Care Centre is fundamental to realising this ambition.

The health and social care centre is set in a development that will also include retail space and mixed tenure housing, including 67 affordable units. It will bring about substantial regeneration of the area, forming the western anchor of much larger scale physical, social and economic regeneration of the White City Opportunity Area.

The Collaborative Care Centre is a partnership project between the Council, Hammersmith and Fulham Primary Care Trust (H&F PCT), the Building Better Health (BBH) LIFTCo, local voluntary agencies and the local community. There is a high level of commitment to the scheme right across this partnership and a considerable amount has been invested in advancing the development to this final stage and as far as possible removing barriers to delivery.

This scheme is very strongly supported by the Council. It will be delivered through a mixed-use building of high architectural quality that will provide general medical services to a population of at least 25,000 patients, serving as a hub to provide extended primary and community health and social care services to a wider population.



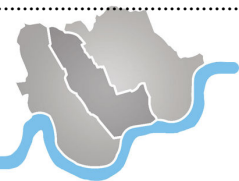
Councillor Joe Carlebach
CABINET MEMBER FOR COMMUNITY SERVICES, THE LONDON
BOROUGH OF HAMMERSMITH & FULHAM



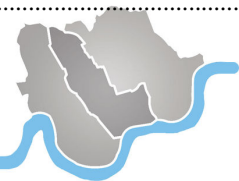
1.1.	Introduction	8
1.2.	Background	8
1.3.	Service Vision and Strategic Context	8
1.4.	Services Delivery	9
1.5.	Communications and Engagement	9
1.6.	Briefing and Design Proposals	9
1.7.	Commercial and Contractual Matters	9
1.8.	Financial Impact	10
1.9.	Value for Money	10
1.10.	Risk, Project Management and Benefits Realisation.....	10
2.	Introduction, Background and Strategic Fit.....	12
2.1.	Introduction	12
2.2.	Format of the business case.....	15
2.3.	Project Background.....	16
3.	Strategic Fit	19
3.1	Introduction	19
3.2	The vision: Regeneration of White City	20
3.3	Delivering the vision: Continuity of Care	21
3.6	Business Case assumptions and constraints	34
3.7	Stakeholder involvement	43
3.8	Equality Impact Assessment	43
4.	Service Delivery	45
4.1.	Introduction	45
4.2.	Mapping Continuity of Care to the provision of services at the White City Collaborative Care Centre	46
4.3.	Care settings and services in the WCCCC	51
4.3.1.	General Practice Services	52
4.3.2.	Specialist Community Health Services	54
4.3.3.	Maternity and Children’s services	54
4.3.4.	Primary Care Dental Services	54
4.3.5.	Children with Disabilities service.....	55
4.3.6.	Hammersmith & Fulham Advice Service	57
4.3.7.	Mental Health Services	59
4.4.	Confirming how services map with needs	60
4.5.	Relationship between services and space at the WCCCC.....	61
5.	Brief and Design Proposal	64
5.1.	Introduction	64
5.2.	Development of Design Proposals	64



5.2.1.	Approach	64
5.2.2.	Design Brief.....	65
5.2.3.	Tenants' Requirements	65
5.2.4.	Detailed Requirements	67
5.2.5.	Capacity modelling	72
5.2.6.	Conclusion	73
5.3.	Approval Criteria	74
5.4.	Clinical Functionality	79
5.5.	Change Control.....	79
5.6.	Reviewable Design Data.....	79
5.7.	BBH's Design Proposals in response to the Tenants' Requirements	79
5.8.	Compliance with Approval Criteria (Design & Specification)	80
5.8.1.	Fitness for Purpose	80
5.8.2.	Flexibility & Adaptability	82
5.8.3.	Sustainability	82
5.8.4.	BREEAM Rating.....	83
5.8.5.	AEDET Review	83
5.9.	Safety	83
5.10.	Cost Optimisation	84
5.11.	General Development Overview/Design and Access Statement.....	84
5.11.1.	Scheme redesign	85
5.11.2.	Circulation Spaces	87
5.11.3.	Provide Improved Accessibility for Patients.....	87
5.11.4.	Flexibility and Adaptability.....	87
5.11.5.	Overall Building Mass	88
5.11.6.	Overall external materials palette	89
5.11.7.	Addressing the Park - Rear (west) Elevation	89
5.11.8.	Addressing the Street - Front (east) Elevation	90
5.11.9.	Side (north elevations).....	90
5.11.10.	Centre Fenestration.....	90
5.11.11.	Internal Layouts	91
5.11.12.	Basement	91
5.11.13.	Ground floor	92
5.11.14.	First floor.....	93
5.12.	Future expansion	93
5.13.	External Areas	93
5.14.	Summary.....	95
5.15.	Design Development and Detailed Design Proposals.....	95



5.15.1.	Interior design concepts and finishes (being developed at present).....	95
5.15.2.	Way-finding.....	96
5.15.3.	Interior materials.....	96
5.15.4.	Artwork and memorabilia	97
5.16.	Planning Matters	97
5.17.	The Programme	98
6.	Commercial Case and Contract Structure	102
6.1.	Introduction.....	102
6.2.	Project Specific Issues.....	102
6.2.1.	Overview of the structure	102
6.2.2.	Detail of the agreements	104
6.3.	Payment Mechanism.....	105
6.4.	Key Issues and Derogations Report - PCT	106
6.5.	The Council’s Contract.....	107
6.6.	Funding Terms.....	107
6.6.1.	Fundability.....	108
6.6.2.	Interest rate buffer.....	108
6.7.	Equipment and Information & Communications Technology.....	108
6.7.1.	Equipment Grouping and Ownership	110
6.7.2.	From Stage 2 to financial close	112
6.7.3.	Transfer of equipment.....	113
6.7.4.	Information and Communications Technology.....	115
6.8.	Subcontracts and Supply Contracts	116
6.9.	Employment Matters.....	117
7.	Financial Impact for the London Borough of Hammersmith & Fulham	118
7.1.	Introduction.....	118
7.2.	Position at OBC Addendum.....	118
7.3.	Revenue Affordability	118
7.4.	Optimism Bias	119
7.5.	Revenue Affordability	120
7.6.	PFI Credits.....	120
7.7.	Sensitivities.....	121
7.8.	Capital Affordability	122
7.9.	LIFTCo Project Funding	122
7.10.	Cabinet Support.....	124
8.	Value for Money	125
8.1.	Introduction.....	125
8.2.	Quantitative Value for Money Analysis.....	125



8.3.	Qualitative Value for Money	128
8.3.1.	Stage 1 option appraisal	129
8.4.	Consideration of an alternative procurement route	132
8.5.	Construction costs.....	133
8.6.	Land costs.....	135
8.7.	Equipment.....	136
8.8.	ICT Equipment Capital Costs	137
8.9.	PCT Costs.....	138
8.10.	Facilities Management Costs	139
8.11.	Partnering service costs	140
8.12.	Value for Money conclusion.....	140
9.	Project Management, Risk and Benefits Realisation.....	141
9.1.	Introduction.....	141
9.2.	Project Organisation and Plan	143
9.3.	Key Risks.....	145
9.3.1.	Corporate risks	145
9.4.	Key Benefits	145
9.5.	Managing Risks	146
9.5.1.	General.....	146
9.6.	Gateway Review	159
9.7.	Benefits Realisation.....	160
9.8.	Programmes.....	162
9.9.	Post Project Evaluation.....	162

Appendices

- Appendix 1: Letters of Support
- Appendix 2: London Borough of Hammersmith & Fulham Core Strategy
- Appendix 3: Public Health Reports
- Appendix 4: PCT's Estate Strategy
- Appendix 5: Site Search Report
- Appendix 6: Community Engagement Activity
- Appendix 7: Equality Impact Assessment Form
- Appendix 8: Integrated Care Pilot
- Appendix 9: Capacity Planning
- Appendix 10: Tenants' Requirements
- Appendix 11: Schedule of Accommodation
- Appendix 12: LIFTCo's Proposals
- Appendix 13: Planning Approval Information
- Appendix 14: BREEAM Report
- Appendix 15: AEDET Report
- Appendix 16: Construction Programme
- Appendix 17: Legal Information



- Appendix 18: Funding Package Letter
- Appendix 19: Site Valuation Report
- Appendix 20: Benchmarking Report
- Appendix 21: District Valuer's Reports
- Appendix 22: Project Initiation Document
- Appendix 23: Risk Register
- Appendix 24: Benefits Realisation Plan
- Appendix 25: Optimism Bias
- Appendix 26: PFI Credit Annuity Calculation
- Appendix 27: Cash Flows
- Appendix 28: LIFTCo Financial Model
- Appendix 29: Financial Advisors' Report



1. Executive Summary

1.1. Introduction

The development of the White City Collaborative Care Centre remains the cornerstone of the joint Council and NHS Inner North West London vision for the local implementation of the Continuity of Care Programme, facilitating the introduction of fundamental changes in clinical and social care that are required to improve the health and social wellbeing of people living in the north of Hammersmith & Fulham.

This Business Case has been prepared to set out the case for this development and describes the approach to services delivery that has been adopted and which is being driven by the local Clinical Commissioning Group.

This Business Case follows national guidance in the form required for a combined Stage 1 & 2 LIFT Business Case submission and seeks approval for the development to be undertaken through Building Better Health Limited, the local NHS LIFT Company.

1.2. Background

NHS Inner North West London: An interim Full Business Case was submitted to NHS London in November 2010. Feedback from the review led to reconfiguration of the project management arrangements, development of the project consistent with guidance produced by the Department of Health and the Treasury, and enhanced communication with NHS London and the Department of Health in order to ensure that both approving bodies are conversant with the project and its objectives.

London Borough of Hammersmith & Fulham: The Outline Business Case for social care PFI credits was submitted in November 2009. This was approved by the Treasury's Project Review Group and was reaffirmed following an updated submission in August 2010. Final agreement to the provision of PFI credits is subject to the approval of this Final Business Case submission, which, together with the NHS INWL's submission, sets out final intentions, costs, value for money and more detailed design proposals.

1.3. Service Vision and Strategic Context

Both organisations can confirm that this, final Full Business Case contains no change from earlier submissions in relation to vision and strategic planning and no change in interfaces with the wider health and social care economy.

In fact, the submission is stronger in that the principal driver for the facility is the delivery of the Continuity of Care Programme (the programme to integrate Social Care and NHS services); this programme has made progress since the last submissions, now driven by the Clinical Commissioning Group.



1.4. Services Delivery

In terms of content of the facility there have only been minor changes to the content of the facility that have arisen through more detailed analysis of epidemiology, demography, activity and capacity, together with greater progress on delivering the Continuity of Care Programme.

1.5. Communications and Engagement

A wide range of stakeholders has been involved in the development of the WCCCC proposals from its initial conception. The local communities which the centre will serve, the providers who will be based there and those potentially impacted by the related care pathway redesign have all been actively engaged.

Engagement work ensures that stakeholders are kept abreast of and able to influence decisions about the development, aware of any changes to the proposals, and briefed on the involvement opportunities there are as the scheme develops.

1.6. Briefing and Design Proposals

A new team of Project Advisors was established in March 2011. They have worked with key individuals in each of the client organisations and a range of stakeholders to develop the Design Brief, as well as with the LIFTCo design team on the design solution, with 1:200 layouts being agreed by the Joint Project Board on 15th September 2011.

The Project team has reviewed and validated the previous work undertaken on the project over a number of years. It has focused on understanding the history and how service intentions for the Centre have developed in light of the service shift already underway.

Once services robustness was confirmed, a strong joint brief (Tenants' Requirements) was developed in order to provide the Key Performance Indicators (KPIs) that would allow the design to be developed and tested and to ensure the delivery of the benefits associated with the development.

The designs have been developed at 1:200 & 1:50 scale to sufficiently demonstrate functionality and compliance with the Tenants Requirements. Work is now under way to finalise all aspects of the detailed design.

1.7. Commercial and Contractual Matters

The standard drafting for the Lease Plus Agreement (LPA) has been adopted, with a limited number of derogations that can be justified by reference to the relationship of the Centre to the wider development with Notting Hill Housing Association.

The section also describes the likely funding structure and cost structure for the funding, and demonstrates that this represents value for money for the PCT and the Council.



1.8. Financial Impact

Both the PCT and the Council can demonstrate that the WCCCC is affordable.

The PCT's share of the accommodation will cost £563,000 per annum more than the facilities which the services are currently using. However, this additional cost is covered by expected savings of up to £1,540,000 per annum which will be released through service changes facilitated by the delivery of the WCCCC.

After receipt of PFI credits, the Council's affordability gap amounts to £62,000 per annum, but the Council regards that as affordable.

1.9. Value for Money

The PCT and the Council have carried out extensive work to test the value for money of the WCCCC. On a quantitative and qualitative basis it has been demonstrated that:

- a new Collaborative Care Centre is the best way to deliver the strategic and service intentions for health and social care in the White City area
- LIFT provides the best route for delivery of the WCCCC
- the individual elements of the cost of the WCCCC can be shown to be value for money through benchmarking and reports of external parties such as the District Valuer

1.10. Risk, Project Management and Benefits Realisation

The PCT has approached the delivery of the WCCCC by establishing a project structure to ensure that both key organisations are kept up to date with developments and take part in decision-making, risks are appropriately identified and managed and communication between the PCT and the Council is maximised.

Management and delivery of the project has taken place in the context of changing organisational structures, developing policy and a challenging financial climate; the approach to mitigating the risks inherent in these issues is addressed under 'Key Risks' in this section of the Business Case.

As the project represents one element of a larger development, comprising residential and retail facilities, this has required close examination of the construction programme, risks associated with the operation of the WCCCC whilst the remainder of the development is still under construction and on-going service charges payable to the owner of the residential units.

The critical success factors that have driven the project in the period January to November 2011 include:

- Programme:



- Delivery of a programme that recognises the challenges associated with the long gestation period of the project whilst ensuring that the key deliverables are appropriately managed and closed out
- Early identification of the project risks and close management
- Design:
 - Underpinned by a strong, integrated brief (Tenants' Requirements)
 - Consistent demonstration of intimate links between the brief and the design
 - Close monitoring to ensure the delivery of Key Performance Indicators (KPIs)
- Contracts:
 - Interrogation of construction /fit-out risks
 - Interrogation of early operational risks
 - Delivery of signed-up occupiers
- Affordability:
 - Focus on value for money judgements
 - Focus on robustness of the financial model
 - Focus on robustness of affordability assessments

The key milestones for the remainder of the project are as follows:

Milestone	Current Planned Dates	Anticipated Dates
Planning meeting	11/10/11	11/10/11
SPB Stage 1 approval	20/09/11	20/09/11
NHS INWL Board Stage 1 approval	29/09/11	29/09/11
Business case submission	11/11/11	11/11/11
Judicial review ends	13/02/12	13/02/12
NHS London Business case approval	19/01/12	19/01/12
DH approval (PFI credits)	16/12/11	16/12/11
Treasury approval (PFI credits)	10/02/12	10/02/12
Financial close	Mid February 2012	Mid February 2012
Start on site	Early April 2012	Early April 2012
Handover	February 2014	Early December 2013
Operational date	April 2014	January 2014



2. Introduction, Background and Strategic Fit

2.1. Introduction

This document sets out the Business Case submitted by the NHS Inner North West London cluster, acting on behalf of NHS Hammersmith & Fulham, one of its constituent PCTs (hereafter referred to as the PCT) and the London Borough of Hammersmith and Fulham (the Council) for the development of the White City Collaborative Care Centre (WCCCC).

The development of the White City Collaborative Care Centre is a principal component of the Council's regeneration of White City and the PCT's plans to deliver redesigned health services for its local population.

The proposal is based on:

- a comprehensive understanding of the needs of the local population and the strategic context within which the PCT and the Council operate
- delivery of an integrated, client-focused model of care, linked to local and national service strategies, which will help deliver key performance and quality targets
- better local health and social care configuration that supports innovative practice, promotes high quality services and enables people to access services closer to home and outside hospital
- addressing other significant current pressures for change, such as poor estates conditions and cost pressures

The proposal has the support of the Hammersmith and Fulham Clinical Commissioning Group. The building of the WCCCC is a key enabler for the delivery of the CCG's commissioning intentions for 2012-15 and beyond. In particular it is a critical part of delivering its Continuity of Care programme, which will improve primary and community healthcare support to prevent hospital admissions and shift activity from acute hospital settings into community-based centres.

The proposal also has strong support from the local community and the GP practices, community care and social care teams who will move into the centre; this is included in Appendix 1.

The centre forms part of a mixed-use development, as required by the Council's strategic plan, comprising not only the centre but also affordable housing and retail space. It is a compact build being designed with the capacity and flexibility to adapt to changing healthcare needs. It offers good value for money both in terms of immediate improvements to the quality of healthcare estate in an area of high need, and being an essential enabler for pathway redesign to deliver more care through primary and community services.



The WCCCC is not simply a replacement for what exists at present. It is an essential tool within a larger integrated system of care that will allow the PCT and the Council to drive the transformational changes that are needed. Its design, operation and financial justification are based on its overall future role in the transformation and delivery of health care services to the people of White City and more widely across the north of the borough.

The approach adopted by the PCT is fully consistent with the Cluster's clinical strategy. Moreover, it is consistent with the integrated approach being developed in partnership with social services to promote people's independence and keep them out of hospital.

This case has been completed in accordance with the guidance set out in the Department of Health's 'Business case approval guidance for Primary Care Trusts with existing Local Improvement Finance Trusts'. It is submitted to NHS London for approval to proceed to financial close and to the Department of Health for PFI credits.

Realising this investment will deliver the following high-level strategic and operational benefits (arranged by investment objectives):

Table 1: Investment objectives and benefits

Investment Objectives	Main benefits
Objective 1: Greater service integration	<ul style="list-style-type: none"> GPs working together in a network approach to deliver care Services working in a co-ordinated way across organisational boundaries, led by the Continuity of Care Programme and informed by the ICP project
Objective 2: Improved access	<ul style="list-style-type: none"> Improved access to GP appointments Improved access for planned care for patients with long term conditions Improved access for patients outside core general practice hours Improved access to primary care services particularly those who face barriers to accessing traditional primary care
Objective 3: Improved Primary Care Quality	<ul style="list-style-type: none"> Provide high quality primary care premises Increase the skills and capacity of general practice Improve the quality of primary care services with earlier diagnosis of disease and higher quality Chronic Disease Management
Objective 4: Productivity	<ul style="list-style-type: none"> Improve the range of primary care services to ensure that need to attend hospital is reduced and discharge is swiftly managed Better use of resources through shared management and administrative functions. Development of admin/healthcare assistant roles to create a flexible workforce.



Investment Objectives	Main benefits
	Community Health Services: improved modern health facilities to provide greater access and range of community health services designed with GP practices to target local patient populations
	Dental services: potential merger of GDS and specialist dental services will improve space utilisation and skill mix within the dental services provided

In May 2010, the Secretary of State for Health, Andrew Lansley, set four new tests that must be met before there can be any changes to NHS services. These tests were to measure:

- the support for change by local GPs commissioners
- that plans were based on sound clinical evidence to improve outcomes for patients
- that there was strengthened public and clinical engagement on any proposals
- that patients' choices of where to be treated were considered when deciding how local NHS services should be arranged

The project has been assessed against the Secretary of State's four tests and the following table summarises the results of that assessment.

Table 2: Effect of the White City Collaborative Care Centre on the Secretary of State's four tests

Test	Effect of WCCCC
Patient, public and local authority engagement	<ul style="list-style-type: none"> • Section 3 of this strategic case sets out the process of public and patient engagement that the PCT has carried out over several years – the service model to be implemented at White City has been developed in consultation with the public • The WCCCC has been developed jointly by the PCT and the Local Authority and will house integrated care teams
GP support	<ul style="list-style-type: none"> • Hammersmith and Fulham has one Clinical Commissioning Group (CCG) which represents all practices within the borough • The CCG has given its support to the WCCCC
Clinical outcomes	<ul style="list-style-type: none"> • The integrated holistic service to be provided at White City will improve clinical outcomes as described in Section 2 below
Patient choice	<ul style="list-style-type: none"> • The WCCCC will provide additional services as set out in Section 6 below • Local residents have expressed a strong wish to be able to access health care in the White City locality



2.2. Format of the business case

Adoption of the Lease Plus Agreement (LPA) brings with it a need to refer to "FundCo" (who is the Landlord of the PCT under the terms of the LPA and a wholly owned subsidiary of LIFTCo). LIFTCo is a joint venture company between Building Better Health, Community Health Partnerships and Hammersmith & Fulham PCT, Ealing PCT and Harrow PCT. The brief and the design /construction responses are also titled as follows:

- the PCT's and the Council's joint brief is known as the Tenants' Requirements (TRs) and these are included in the LPA at Schedule 3
- the New Project Proposal has developed into a deliverable project, titled Landlord's Proposals. Those elements of the Landlord's Proposals that are pertinent to the submission are included within the LPA at Schedule 4

In order to demonstrate that all of the Department of Health's guidance requirements are fulfilled and that the Approval Criteria are clearly responded to, the Business Case is formatted to make identification of the detailed measures and relevant proposals easily recognisable.

The chapters of this Business Case are:

- Foreword**
- Section One: Executive Summary**
- Section Two: Introduction and Background**
- Section Three: Strategic Context**
- Section Four: Services Delivery**
- Section Five: Brief and Design Proposal**
- Section Six: Commercial Case and Contract Structure**
- Section Seven: Financial Impact**
- Section Eight: Economic Case: Proving Value for Money**
- Section Nine: Project Management, Risk & Benefits Realisation**

Each of Sections Three to Eight commence with a brief reflection of the means by which the approval criteria have been considered, followed by clear statements of the detailed measures that have been identified to objectively measure achievement of the Approval Criterion that is relevant to the section, as follows:

Table 3: Summary of Approval Criteria and Business Case Sections

Section	Approval Criterion
Section Three: Strategic Context	2 The New Project can be delivered within the Affordability Cap
	4 The PCT and the Council are able to demonstrate that the New Project will provide value for money to the public sector
Section Four: Services	4 The PCT and the Council are able to



Section	Approval Criterion	
Delivery		demonstrate that the New Project will provide value for money to the public sector
Section Five: Brief and Design Proposal	1	The New Project meets each of the Tenants' Requirements, including standards contained in output specifications for facilities and services
	3	The New Project complies with the law and all applicable regulations
	4	LIFTCo is able to demonstrate that the New Project will provide value for money to the public sector
Section Six: Commercial Case and Contract Structure	3	The New Project complies with the law and all applicable regulations
	4	LIFTCo /the PCT /the Council are able to demonstrate that the New Project will provide value for money to the public sector
Section Seven: Financial Impact	2	The New Project can be delivered within the Affordability Cap
	4	LIFTCo /the PCT /the Council are able to demonstrate that the New Project will provide value for money to the public sector
Section Eight: Economic Case: Proving Value for Money	4	LIFTCo /the PCT /the Council are able to demonstrate that the New Project will provide value for money to the public sector

2.3. Project Background

In November 2010 NHS Hammersmith and Fulham submitted an Interim Stage 2 Business Case to NHS London for review. Feedback from the review led to:

- reconfiguration of the project management arrangements to ensure successful delivery of the project by forming an integrated project structure that better represents the collaborative nature of this project and the commonality inherent in the proposed content of the facility. This is illustrated in Section Ten.

This approach has resulted in the minimisation of the risk of miscommunication of the project's objectives, better expresses the project's benefits to the local population and facilitates common ownership of the vision for local, integrated health and social care.

- enhanced common understanding of how the building will operate and better communication on issues such as ownership and contractual interfaces. This means that discussions on legal and commercial matters have been able to take place in an atmosphere of mutual cooperation that has reduced the length of time required to close out these requirements.



- the project development being consistent with guidance produced by the Department of Health and the Treasury, thereby minimising risk to the approvability of the project by NHS London, the Department of Health and the Treasury.
- enhanced communication with NHS London and the Department of Health in order to ensure that both approving bodies are conversant with the project and its objectives.

In terms of content of the facility, the vision remains the same and is referred to in more detail in Section 3. There have only been minor changes to the content of the facility that have arisen through more detailed analysis of epidemiology, demography, activity and capacity, together with greater progress on the elements of the Continuity of Care Programme which is the programme to integrate Social Care and NHS services (see Section Three).

Once services robustness was confirmed, a strong joint brief (Tenants' Requirements) was developed in order to provide the Key Performance Indicators (KPIs) that would allow the design to be developed and tested and to ensure the delivery of the benefits associated with the development.

More detailed interrogation of the structure of the overall development and associated costs, together with changes in policy at national level, have also resulted in a reassessment of the most appropriate procurement route. It has now been confirmed that the WCCC is best delivered through the LIFT model, on Value for Money (VfM) grounds.

The table below summarises the activities that have taken place since the Interim Stage 2 Business Case was submitted.

Table 4: Activities

Dates	Activities
November 2010	Interim Stage 2 Business Case submission; focus on healthcare provision
February – March 2011	Review of proposals PID development and approval Appointment of joint advisory team, with the exception of legal advice Joint Project Team and Joint Project Board established
April – July 2011	Development of Approval Criteria Joint development of Tenants' Requirements Value for Money assessment of procurement routes Development of legal /contractual



	<p>requirements</p> <p>Reviews of Financial Models and establishment of GMP</p> <p>Early design development</p> <p>Testing of proposals for ensuring VfM in construction, fit-out and Hard FM</p>
August /September 2011	<p>Appointment of Funder</p> <p>1st stage construction contract tender</p> <p>Detailed design development</p> <p>Payment mechanism calibration</p> <p>Development of legal /contractual requirements</p> <p>Business Case development</p> <p>LIFTCo funding competition</p>
October 2011	<p>Detailed design development</p> <p>Agreement of Hard FM services</p> <p>Development of legal /contractual requirements</p> <p>Business Case development</p>

The Joint Project Team has focused on:

- identifying clear rationales for clinical service provision and interfaces with social care needs
- developing strong relationships with LIFTCo and its design team
- developing robust Tenants' Requirements
- identifying key issues and putting in place the levels of support that it considers most appropriate to ensure the delivery of value for money solutions

More information on these approaches can be found in Section Ten of this document: 'Risk, Project Management and Benefits Realisation'.



3. Strategic Fit

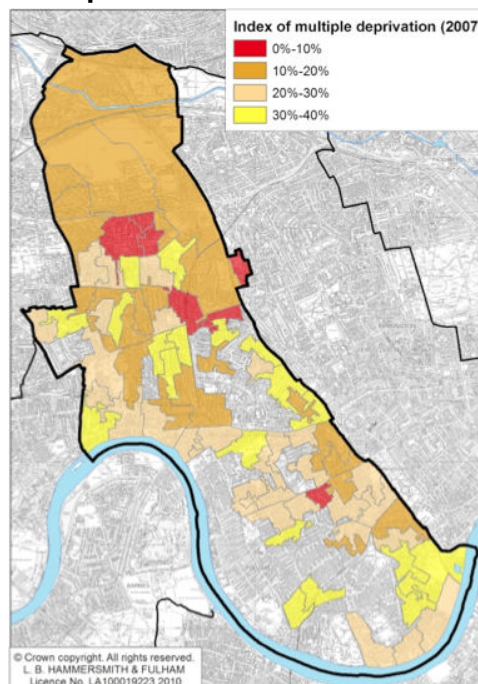
3.1 Introduction

The Joint Service Needs Assessment (JSNA) identified inequalities experienced by the residents in the north of the borough, and particularly White City, as:

- greater unemployment
- lower average incomes
- poorer education attainment
- poorer quality housing / overcrowding
- poorer access to health services

The Child and Well-being Index (2009) ranks Hammersmith & Fulham as the 23rd most deprived out of 354 local authorities in England

Figure 1: Map of deprivation in the London Borough of Hammersmith & Fulham



These inequalities manifest themselves in poorer health outcomes across a range of issues including higher levels of:

- heart disease
- respiratory disease
- teenage pregnancy
- diabetes
- depression



As an example the percentage of people diagnosed with coronary heart disease is significantly higher within the Wormholt & White City ward than in the rest of the borough.

This section sets out the broader context within which the development of the WCCCC is placed. It describes the overarching vision for the Council, and the strategy and programmes implemented to drive the delivery of the vision, in the context of local population health and social care needs.

The WCCCC forms part of a much larger programme of regeneration across the White City Opportunity Area. The housing element of the WCCCC proposal has been developed jointly with the Council's housing and planning services to ensure that it is specifically targeted to meet local need and the Council's physical regeneration plan. In line with the Council's targets, the WCCCC will feature a low-rise, mixed use development with an affordable housing element on the upper floors.

The development and submission of the Planning Application was completed in partnership between the Local Authority and the Developer, BBH.

3.2 The vision: Regeneration of White City

The Council and PCT share a vision for improving the health of White City residents. Public health information and consultation reveals a picture of poor health amongst White City residents that results in higher than average unplanned care admissions to hospitals, higher rates of chronic diseases and ultimately to a life span that is in parts 10% lower than the average for the borough. Further details of the epidemiology of the local population can be found in later on in this Section.

The Council's vision for White City is of a vibrant and creative place with a stimulating and high quality environment where people will want to live, work, shop and spend their leisure time. Regeneration will improve the physical environment, quality of housing and education in the area and create jobs that will be filled by local people.

The original strategy¹ contained a vision to create a borough of opportunity for all in an area with considerable deprivation. The key priorities in delivering this vision are:

- promoting home ownership
- regenerating the most deprived parts of the borough
- a top quality education for all
- setting the framework for a healthy borough
- tackling crime and anti-social behaviour
- creating a cleaner, greener borough
- delivering high quality, value for money public services

Further development of this vision has seen the announcement of a regeneration plan for the White City area.

¹ Community Strategy 2007



As an integral part of the development and ownership of this vision many local stakeholders contributed through various engagement fora. Core themes from public engagement that will be addressed by the White City Collaborative Care Centre development included the desire to see:

- modern fit-for-purpose buildings offering one-stop-shop support
- greater integration of health, social care and housing support
- improved quality of primary care (including access to out-of-hours and walk-in clinics)
- improved access to NHS dentistry
- improved access to mental health support
- better support for long-term conditions
- better information and sign-posting to relevant services
- services that promote health as well as treat illness
- better support for carers
- integration into the park

The approach adopted by the PCT and Council is fully consistent with the Sector's clinical strategy as well as the Council's Core Strategy (2010;Appendix 2) plus its 'Tri-Borough Service Plans and Proposals'. It will deliver the integrated approach to promoting people's independence and keeping them out of hospital.

3.3 Delivering the vision: Continuity of Care

Continuity of Care is an ambitious and complex programme covering all the main patient pathways. Its aim is to re-design existing pathways and where required design new pathways to create a seamless patient journey.

Development of these joint strategies has resulted in the inception of the Continuity of Care Programme.

There are a number of core strategic objectives for regeneration, many of which will be supported by the WCCCC development:

- Increase the supply and choice of high quality housing and ensure that the new housing meets local needs and aspirations, particularly the need for affordable home ownership and for homes for families.
- Ensure that both existing and future residents, and visitors to the borough, have access to a range of high quality facilities and services, including retail, leisure, recreation, arts, entertainment, health, education and training and other community infrastructure.
- Encourage and promote healthier lifestyles and reduce health inequalities.
- Protect and enhance the borough's open green spaces, promote biodiversity and protect private gardens.



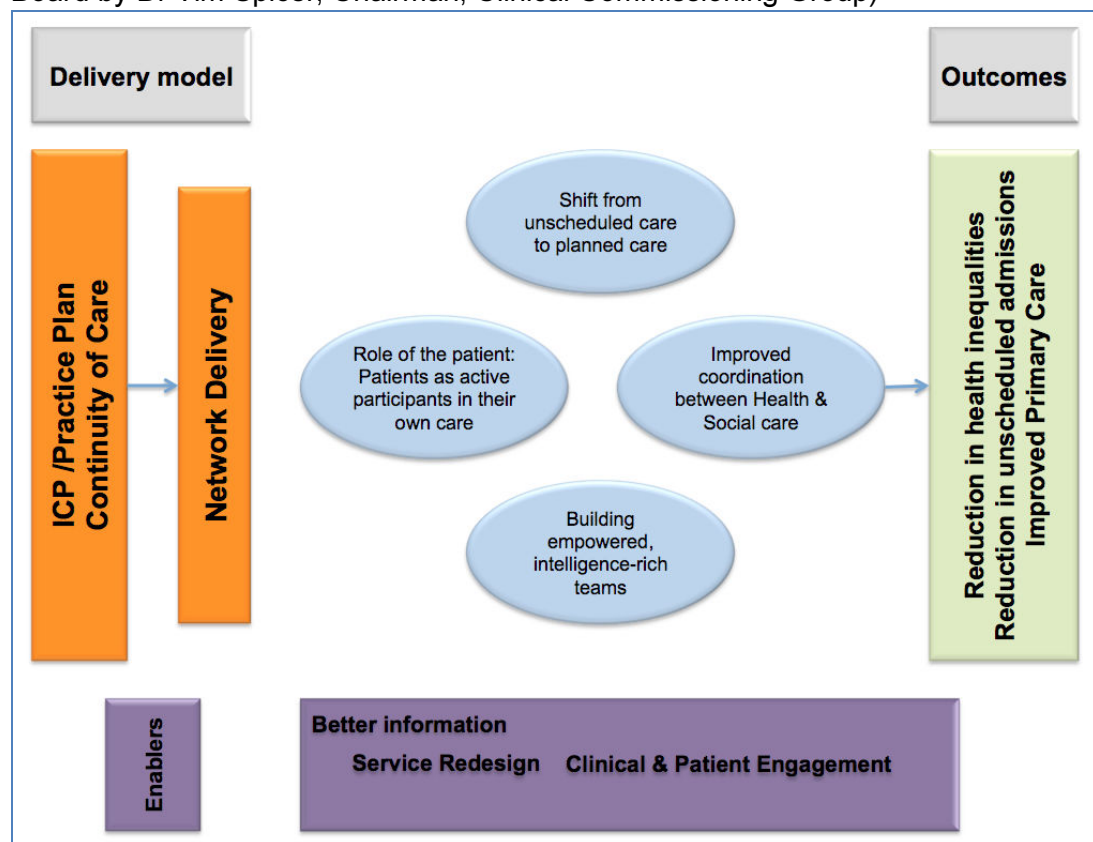
'Setting the framework for a healthy borough' is one of the priorities identified in Hammersmith and Fulham's Corporate Plan (2008-2011) and Community Strategy (2007-2014). These stress the need to reduce the use of more acute services by promoting healthier lifestyles and a healthier environment, and enabling independence for vulnerable residents through the provision of high quality, responsive health and social care services.

The Council's Community Services departmental plan (2008-2011) incorporates a vision for a neighbourhood approach to social care, as well as providing services that are integrated with the NHS to promote independence, responsibility and help residents reach their full potential.

The PCT's Commissioning Strategy Plan (2010-2014) sets out a programme to deliver the key goals of:

- enabling and supporting health, independence and well-being
- giving people more control of their own health and healthcare
- offering timely and convenient access to quality, cost-effective care
- proactively tackling health inequalities

Figure 2: Hammersmith and Fulham Aims for the delivery of Continuity of Care
(Source: 'Strategic Objectives – 2011 to 2015' presentation to the Health and Wellbeing Board by Dr Tim Spicer, Chairman, Clinical Commissioning Group)



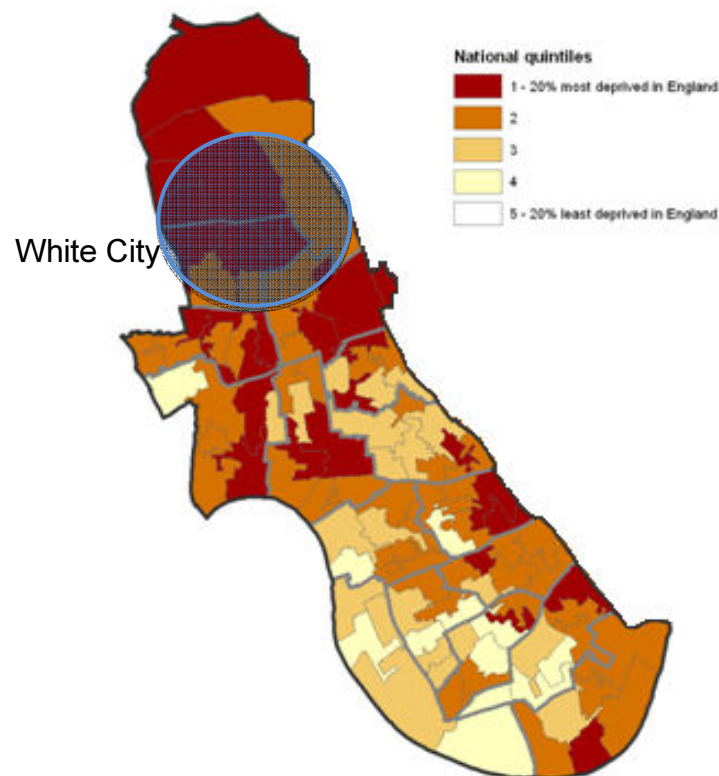
Since the establishment of the pathfinder Clinical Commissioning Group (CCG), Primary Care involvement and leadership in developing the Programme has grown. The commissioning intentions currently being drafted by the CCG include the following priority areas:

- developing integrated local delivery models
- shifting emphasis from unscheduled care to planned, personalised, pro-active care and support
- reduced reliance on acute services by moving care into the community and practice level

3.4 Service need

General assessment: The wards of College Park & Old Oak, Shepherd's Bush Green and Wormholt & White City are amongst the most deprived wards in Hammersmith & Fulham and nationally. The majority of areas within the wards sit within the most deprived quintile of areas nationally, and all areas within the wards fall into the most deprived 40% of areas nationally.

Figure 3: Index of Multiple Deprivation for Hammersmith & Fulham by National Quintiles (Dept. for Communities & Local Government, IMD2010)



The Northern wards of Hammersmith & Fulham generally have a high amount of Out Patient hospital attendances. In the financial year 2010/11, Wormholt & White City was the ward with the highest amount of Out Patient attendances.

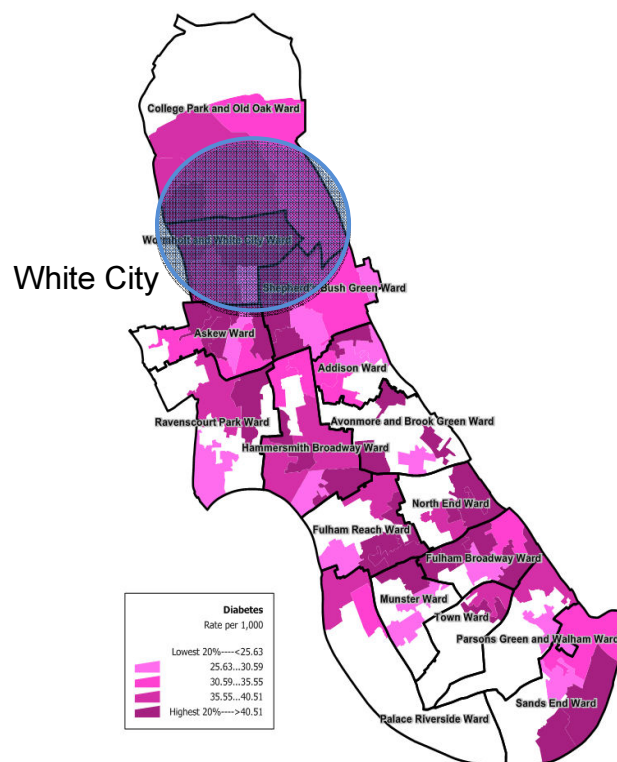
The Northern wards of Hammersmith & Fulham also have a high amount of hospital admissions. In the financial year 2010/11, Wormholt & White City was the ward with the highest amount of admissions, and Shepherd's Bush Green was the third highest.

In general, Hammersmith & Fulham has a low percentage of people living with a limiting long-term illness compared with London and England. However, all three Northern wards in the borough have higher than the average percentage of Hammersmith & Fulham residents with limiting long-term illnesses.

Also noteworthy is that, in the 2001 census, around 10% of those people living in the three Northern wards stated that their health was 'not good'. This was higher than the average for Hammersmith & Fulham, London and England.

Like many long-term conditions, the number of people diagnosed with diabetes is recorded by GPs. According to this information, some areas of Wormholt & White City and Shepherd's Bush Green have the highest prevalence of diabetes in Hammersmith and Fulham (Figure 4). Diabetes prevalence in north of the borough is higher than the average prevalence in Hammersmith and Fulham (33 per 1000), and London (32 per 1000).

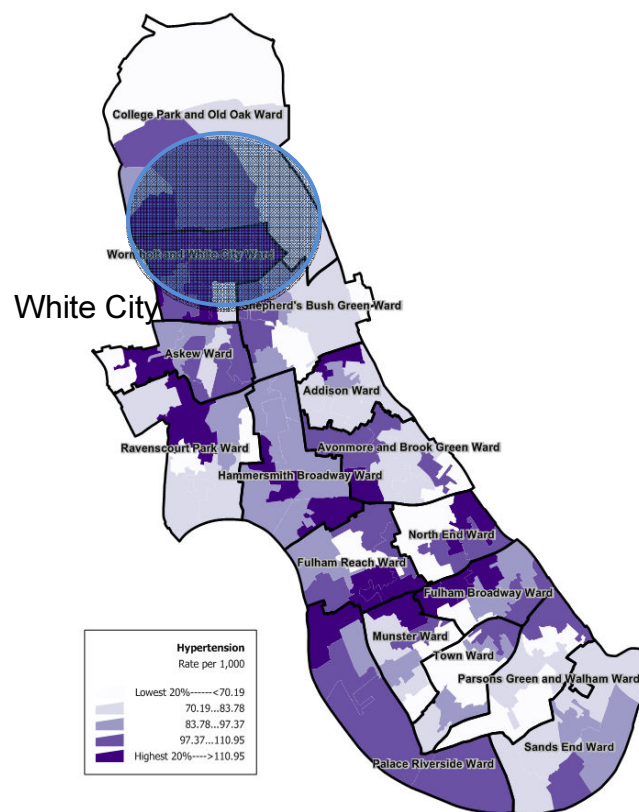
Figure 4: Map to show Diabetes prevalence in Hammersmith & Fulham (GP Data, 2011)



Persistent hypertension is one of the major risk factors for stroke, myocardial infarction, heart failure and arterial aneurysm. It is also a leading cause of chronic kidney failure. Moderate elevation of arterial blood pressure leads to shortened life expectancy. Dietary and lifestyle changes can improve blood pressure control and decrease the risk of associated health complications, although drug treatment may prove necessary in patients for whom lifestyle changes prove ineffective or insufficient.

In Hammersmith and Fulham, high prevalence of hypertension can be observed in Wormholt & White City (Figure 5). The prevalence in this area is higher than the average for Hammersmith and Fulham (95 per 1000) and London (109 per 1000).

Figure 5: Map to show Hypertension prevalence in Hammersmith & Fulham (GP Data, 2011)



Chronic obstructive pulmonary disease (COPD) is a general term that includes conditions such as chronic bronchitis and emphysema. COPD can cause obstruction (narrowing) of the airways. In the UK, it is estimated that three million people have been diagnosed with COPD and another half million people have the condition but have not yet been diagnosed. COPD mainly affects people over the age of 40 and becomes more common with increasing age. It is more common in men than women.

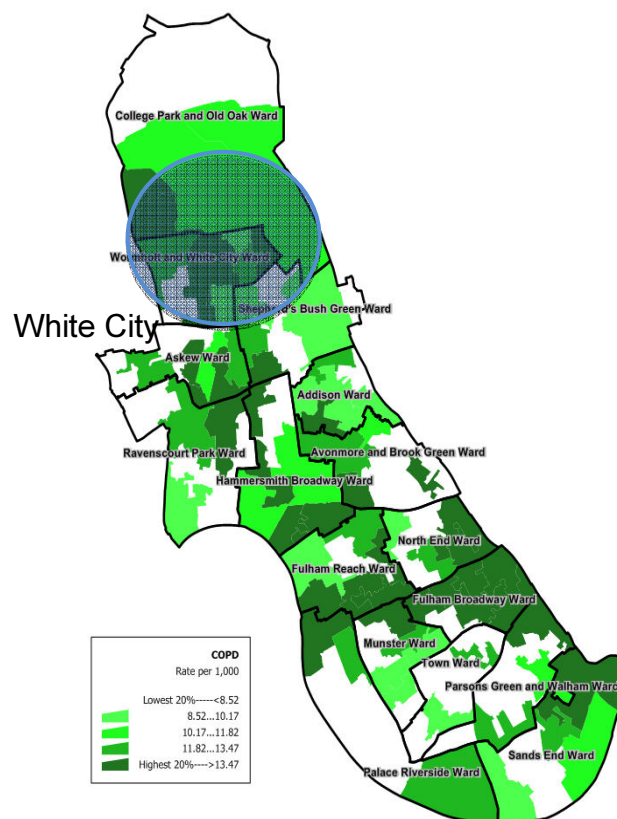


The economic impact of COPD is significant. COPD accounts for more time off sick from work than any other illness; and it is one of the most common reasons for admission to hospital in UK (1 in 8 admissions are due to COPD).

Smoking is the cause of COPD in the vast majority of cases. About 15% of people, who smoke 20 cigarettes per day, and a quarter of 40 per day smokers, will develop COPD if they continue to smoke. Air pollution and polluted work conditions may also cause some cases of COPD, or make the disease worse.

COPD prevalence both in London, and in Hammersmith and Fulham is 10 per 1000. However, some parts of Wormholt & White City and College Park & Old Oak wards have the highest prevalence of COPD in the borough.

Figure 6: Map to show COPD prevalence in Hammersmith & Fulham (GP Data, 2011)



Like COPD, asthma is a condition that affects the airways. Asthma is caused by both genetics and environmental factors. There are often triggers in the environment that can result in a flare up of symptoms:

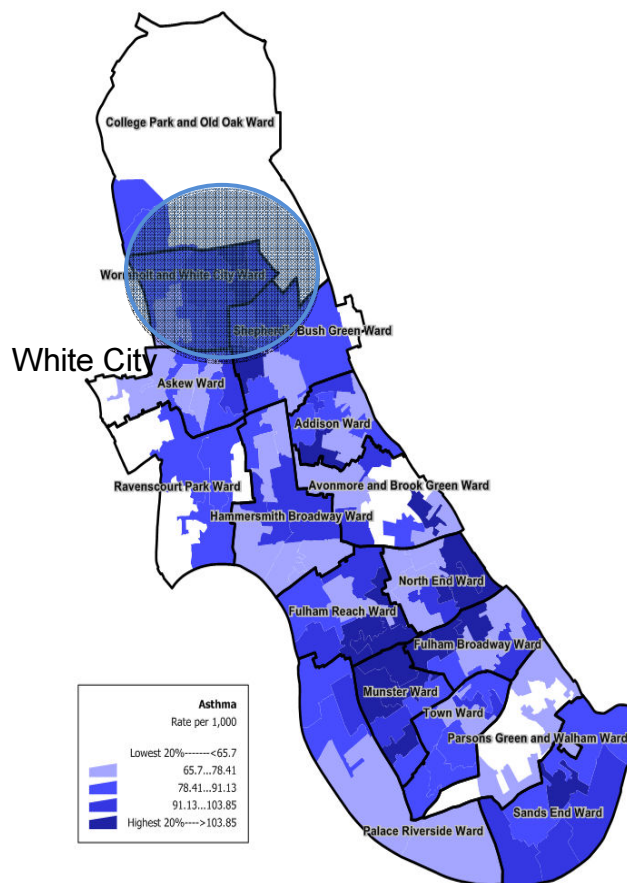
- respiratory infection - such as a cold or flu
- irritants - such as dust, cigarette smoke and fumes



- chemicals (and other substances) in the workplace - known as occupational asthma
- allergies to pollen, medicines, animals, house dust mites

Asthma prevalence in London is 48 per 1000 and 47 per 1000 in Hammersmith and Fulham. Some smaller areas of northern wards of Hammersmith and Fulham have significantly high asthma prevalence, nearly three times the rate of London as a whole.

Figure 7: Map to show Asthma prevalence in Hammersmith & Fulham (GP Data, 2011)



Further information: Appendix 3 to this Business Case contains a public health report providing more details on the demographics and clinical need of the population of the northern part of Hammersmith & Fulham.

Families and young people: The north of the borough experiences particular health inequalities for families and young people. The majority of families and young people living in the borough are resident in the north of the borough. In the ward of Wormholt and White City 25.5% of the population is aged 18 or under, much higher than other parts of the borough and England averages.



Hammersmith and Fulham's Children and Young People's JSNA 2010 identified that morbidities are distributed unequally in low-income families and BME children and that much ill health consists of clinical manifestations of social, economic and cultural determinants. The main morbidities are:

- chronic diseases in about a quarter of children, particularly high rates of eczema, asthma and respiratory illness
- high levels of obesity and malnutrition
- poor dental health, with dental caries the top cause of elective hospital admissions for children and young people
- physical & learning difficulties
- psychological and emotional morbidity
- STIs and other forms of sexual ill health

Accident and emergency use and emergency admission is higher amongst children living in the most deprived communities and a local priority is to reduce children's use of unscheduled care and hospital attendance.

Children in the area experience low levels of wellbeing (0-20% on the Child Well-being Index 2009) and higher rates of ill health.

A review of the local needs of disabled children was completed in February 2010. In summary:

- there are approximately 700 disabled children living in the borough
- of those, around 500 would meet thresholds for local services
- most families reside in the centre or north of the borough
- there are more male than female disabled children
- autistic spectrum disorder, learning difficulties and disabilities and speech, language and communication needs represent highest areas of needs
- many children have multiple needs (i.e. 2 or more disorders)

Approximately 180 Hammersmith & Fulham children were assessed as needing a joined up assessment or review from the local children development service in 2009/10. This included:

- 110 children who required a multi-disciplinary assessment (MDA)
- 150 disabled children were referred for speech and language therapy (SALT) as part of an MDA
- 486 children were referred for SALT under 5 with over 3,600 sessions delivered
- approximately 250 children were referred to the special school SALT team with around 1,750 sessions delivered
- the occupational therapy caseload is around 230 children, with over 1,000 face to face contacts
- 2,648 physiotherapy appointments were delivered



Referrals to all services have grown over recent years.

Planning for population growth: the Hammersmith and Fulham population is expected to grow in size by 6% by 2016, and by 12% in total by 2028, with implications for all agencies providing and commissioning services. The growth in the middle-age population (40-55) may cause an increase in demand for services to support with the treatment and management of chronic diseases, and the increase in numbers of older residents will cause an increase in demand for social care provision. With this population projection in mind, the design specification for the WCCCC includes a requirement for flexible, multi-use spaces within the building to allow for service expansion and development over time. This design requirement also meets DH criteria for ensuring a high degree of flexibility in capital investments to allow the PCT and the Council to respond to changing needs.

Prevention and early detection – Prevention is a long-term approach to reducing the prevalence of chronic health conditions and reducing pressure on acute front-line services. The combination of delivery of mainstream services with the provision of information, advice and guidance is intended to keep people well and help people to manage their long-term conditions better.

Taking a whole systems approach to the causes of ill health – The JSNA identifies priority areas for health and wellbeing outcomes in Hammersmith and Fulham as CVD, cancers, mental health, HIV, TB and excess winter deaths and outlines the key determinants (education and continuous learning, safety and social cohesion, environment, housing, employment, regeneration) and lifestyle factors (smoking, food and fitness, alcohol) influencing these. A review of the working practices of health, adult social care and voluntary sector service providers, followed by their co-location in a single building at the WCCCC, will ensure seamless integration of front-line provision from the Centre and reflects the importance of collaborative working between service providers.

Taking a neighbourhood approach to overlapping needs – The Mosaic segmentation tool identified many instances of overlapping need in the borough. Overall, deprived families in public sector housing and poorer minority families have the highest needs and worst health outcomes. Multi-disciplinary teams at the WCCCC will deliver a common assessment process leading to person-centred planning and self-directed care, whilst co-location of health, social care and voluntary sector services together on one site will enable people to move promptly through evidence-based ‘pathways’ of support. By managing complex/ overlapping cases in a co-ordinated way, more personalised care will be achieved, which will in turn reduce the use of acute services and reliance on long term care.

Plans for joint commissioning: The Prevention Strategy underpins the key objectives of the joint commissioning strategies. This strategy that ensures people are supported early in their care pathway to manage in the community and as independently as is practical with appropriate support. The strategies include a focus on the integration of health and social care teams to ensure that there is not duplication in provision and that transition, where necessary can be managed seamlessly.



The PCT has an excellent working partnership with the Council. The commissioning organisations have developed three key joint commissioning posts: mental health and learning disabilities, physical and sensory impairment and carers.

There is already an increased focus on realigning existing resources to facilitate improved outcomes through service redesign, rather than looking for new money to fund new initiatives.

The co-location of local primary care and mental health services will also provide opportunities to make further progress locally on the mental health National Service Framework. For people with depression or anxiety, primary care psychological therapy services will become much more accessible. Early intervention services, which work with individuals with the early symptoms of psychosis, will work closely alongside GPs to identify referrals and prevent deterioration in the condition.

Furthermore, with broader multi-disciplinary support available to GPs, it is anticipated there will be a reduction in formal referrals to secondary care. Discharges back to primary care will also be facilitated, thereby promoting a more recovery-based model of care.

These analyses reveal the need for a focus on delivering services to the population of White City that proactively support the prevention of ill health, and emphasise the expenditure of resources on identification and delivery of care to high-risk patients. The impact of this will be to empower people to manage their own health needs, reduce the risks of requiring hospital-based investigation and treatment and thereby reduce expenditure on acute-based care. This is the premise on which the Continuity of Care programme is based.

Without a shift to a model of proactive high quality integrated care services available in the community, health and social care spending on emergency and unscheduled interventions is likely to continue to rise without any positive impact on the health and well-being of the population.

3.5 Facility need

Both organisations have programmes that link service development plans and estates /asset strategies (see Appendix 2 and Appendix 4).

The programmes respond to the following service drivers:

- that routine healthcare should be provided as close to people's homes as possible, while the most complex healthcare for major trauma, stroke and heart attack needs to be centralised to provide the best quality service
- that integrated services with greater responsiveness and a pro-active approach to Chronic Disease Management should reduce the number of unplanned hospital attendances and admissions



- that many of the current outpatient appointments taking place in hospital could be provided by GPs or nurses, and that where specialist outpatient care is needed should be provided as locally as possible, which will require clinicians to provide outpatient clinics in the community
- that centres should be developed that offer a far greater range of services than currently offered in GP practices, whilst being more accessible and less medicalised than hospitals

The core principles that underpin the estates strategies are:

- services should be designed for the convenience of patients and not for the convenience of the PCT or any particular staff or service group.
- services should be easily accessible
- services should be as close as possible to where people live. However, it should also be recognised that some complex services are best provided in larger units and therefore there may need to be a compromise on proximity in order to ensure clinical quality
- there should be a reduction in health inequalities; this is likely to entail an increase both in the quality and quantity of service provision in more deprived areas, and the corresponding need for a change in the nature and size of the estate from which current services are delivered
- services should be locally sensitive; this may mean different service provision and therefore different Estates requirements in different parts of the borough
- there should be an increased emphasis on ill-health prevention and self-help; this also is likely to extend requirements for community-based facilities
- the buildings used should also be good places for staff to work allowing the PCT to attract and retain the best staff

There are a number of factors that act as barriers to delivering the model of health and social care required by the White City population. The key barriers are:

1. Out-dated premises that fail to comply with current access requirements and act as a deterrent to service improvement
2. Wide variation in general practice quality
3. Lack of space to accommodate shifts of services from secondary to primary healthcare settings
4. Limited opportunity to co-locate services to support access and integrated working

The PCT's estates strategy envisages two delivery hubs, supported by a number of larger health centres. These in turn will work with the remaining GP practices. The southern hub is at Charing Cross Hospital and opened as a community services site, with GP surgery and Urgent Care Centre, in a phased way from 2009. It is now fully open.

In the north, the PCT has positioned the Urgent Care Centre at Hammersmith Hospital. There is no further space to expand at the Hammersmith site and the hospital is not as well served with transport options as the White City area. The greatest need and most



significant health inequalities are in the north of the borough, around White City. The residents here have demonstrated a greater enthusiasm to access service on the White City estate as demonstrated by the GP registration pattern at the two new surgeries (one at Hammersmith Hospital and one in the White City Estate) and via the extensive public consultation.

The PCT commissioned a study of potential locations for a centre that can deliver the services required to support the delivery of the Continuity of Care programme. A copy of this report can be found at Appendix 5. Site search criteria were provided and a combined desktop /physical site inspection approach were undertaken. Four potential sites were identified that were then explored in further detail. The result was that none of the sites were considered capable of delivering requirements during the timescale available due to a range of constraints.

The result of this exercise confirmed that the multi-use complex planned for the Blomfontein Road site was the only realistic option for location of the facility. Delays already experienced in developing the proposal have already meant that temporary locations have had to be found from which to deliver some primary /community care services to local people.

Temporary locations to be replaced by WCCCC

- the Canberra Centre for Health – a new practice which opened in January 2010 to boost general practice capacity in the area.
- the Canberra Dental Centre

Both of these facilities are located on a school site whose use will revert to playgrounds when the move takes place. There will therefore be no capital income available to inject into the WCCCC project once transfer takes place. There will however, be no double running costs for these contracts as contractors are aware of the potential for transfer to the new building and the building leases were set up with a break clause for when the new building becomes available.

Unfit locations to be replaced by WCCCC:

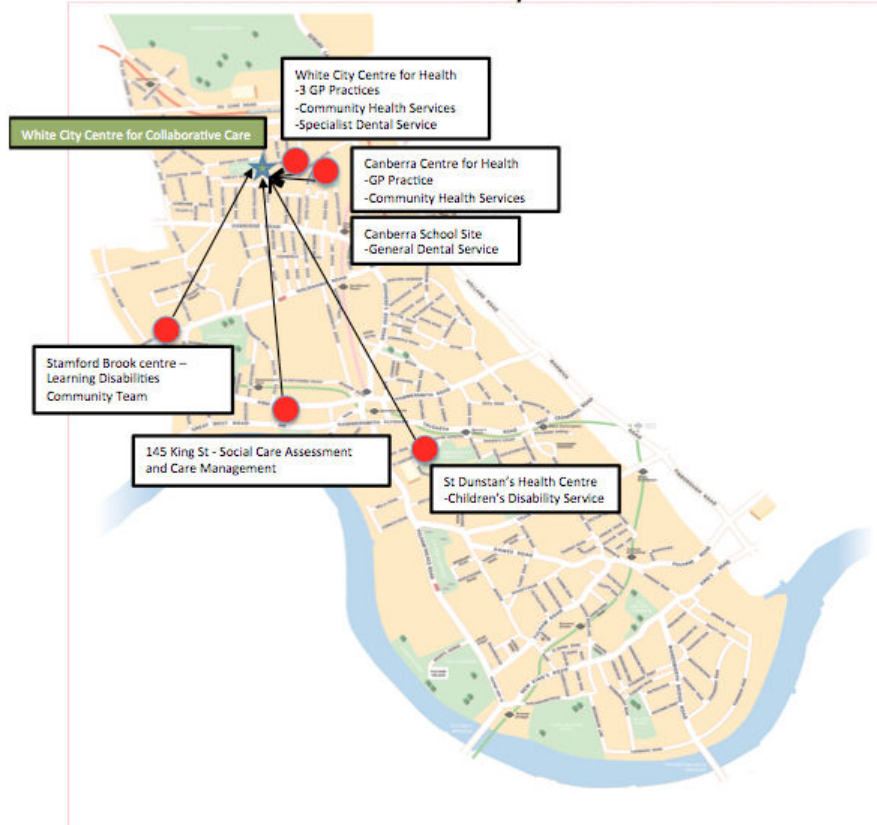
- current White City Health Centre – housing three GP practices and a range of community care clinics and team office space. The sale of this site could release some capital, although such a sale could not take place until after the premises have been vacated
- the Milson Road Health Centre – which used to house a range of community care services. These services have transferred to temporary accommodation at Canberra School, White City Health Centre and White City Community Centre. Canberra can only be used for a further three years. Some residual services are still there but will move to a central hub at Charing Cross Hospital before transferring to White City. The PCT expects to sell Milson Road in April 2012
- St Dunstan's Health Centre – housing specialist community services for children with disabilities. Service requires more space and better facilities. This is a leasehold property that the landlord wishes to reclaim to develop for other



purposes. There will therefore be no capital income available to inject into the WCCCC project once transfer takes place

The map below identifies all of the services that will move into the WCCCC on its completion.

Figure 8:
Movement of Services to White City Collaborative Care Centre



The development of the WCCCC will support the Continuity of Care Programme by:

- providing the capacity to manage a greater number of patients and range of conditions within the community
- providing an environment that supports:
 - integrated working in multidisciplinary teams
 - supports secondary care clinicians working productively outside hospitals
 - for conditions that need both GP and hospital support designing the 'care pathway' so as much care as possible is available outside hospitals
- improving the quality of GP and community care health estate in the area
- enabling General Practice in the area to expand the range of services available to patients locally



Service and facility need across the period of the LPA: Section Four of this business case sets out in detail the services proposed for inclusion in the WCCCC. The proposed period of the LPA is 25 years. The PCT and the Council assume, on the basis of projections of increased demand associated with the specified client groups, that use of the proposed facility will continue at full capacity, with increasing provision of home-based care over time and as integrated care models and shifts of activity from acute to community settings develop.

Public sector land use and compliance with the PCT's estates strategy: The PCT can confirm that it will comply with the principles of 'Estatecode' and 'The Register of Surplus Public Sector Land – Inclusion of NHS Land' when disposing of any land.

3.6 Business Case assumptions and constraints

This sub-section summarise the basis on which the business case has been built and the impact on other services.

Over the last year, clinicians, managers and patient representatives in North West London have developed a 4-year Strategic Commissioning and QIPP (Quality, Innovation, Productivity and Prevention) Plan to 2014/15. This has involved the:

- development of a case for change
- using benchmarking and case studies to set priorities
- development of models of care aligned to the settings in which they could be delivered
- review of the impact of proposals on provider clinical and financial viability
- development of high level implementation plans
- development of detailed plans for 2011/12

The strategy is based on a robust case for change that was developed by over 100 senior leaders within North West London. The key constraint to addressing the case for change is financial. Under the local scenario, North West London will need to close a projected £1bn funding gap if there is no change in the demand for care and the way it is delivered. Through the case for change, opportunity analysis and engagement processes, key priorities have been identified, each with underpinning initiatives:

- areas with opportunity to improve quality and patient experience, and make significant QIPP savings:
 - urgent care
 - planned care
 - mental health
 - end of life care
 - acute contracting/procurement
 - prescribing
- key enablers to improving quality and patient experience and to making QIPP savings:
 - primary care



- long term conditions
- areas that are a priority for quality improvement but not significant QIPP opportunities:
 - specialist services
 - staying healthy
 - maternity & newborn
 - child health

The strategy will impact on all providers:

- a reduction in income for acute providers from £1.5bn in 2010/11 to £1.23bn in 2014/15 due to de-commissioned services and service re-provision although some of this money is expected to be re-invested in hospitals
- acute providers also need to make a 4% year-on-year efficiency saving, becoming more efficient in providing the activity that remains with them
- a consolidation of some services and localisation into the community of others will mean the movement of income and services between providers
- non-acute providers will need to be more productive and efficient, such that they can either contain activity at current levels and cost or provide additional activity (excluding demographic growth) at current price levels

This means that:

- some services will need to be consolidated onto fewer sites
- hospitals will need to reduce capacity as less activity is provided on hospital sites
- staff may need to work differently in the future, especially working more closely with colleagues in different care settings, providing more outreach services and support in the community
- some trusts will struggle to respond to efficiency pressures impacting on financial or clinical viability and will need to look at options such as merging with other organisations and/or putting in place network support arrangements with other trusts
- providers of out-of-hospital services will need to work together to provide out-of-hospital care more efficiently and reduce demand for activity through joint working

Two additional initiatives, elements of which cross-cut the Continuity of Care programme, are the Integrated Care Pilot (ICP), which is being delivered across North West London, and the QIPP programme which the PCT is responsible to the Cluster to deliver. In principle the ICP shares the same vision as Continuity of Care, across a wider footprint but with a narrower focus of care limited to diabetes and the frail and elderly, who account for 10% of the population but absorb 28% of the spend on healthcare in North West London. The engagement of the majority of Hammersmith and Fulham Practices in the ICP (including all of the practices planned to move in to the White City Collaborative Care Centre) alongside Central London Community Healthcare, Imperial College Healthcare NHS Trust and Chelsea and Westminster Hospital NHS Foundation Trust means that there is a broad strategic coalition focused on improving services that prevent admission



to hospital. The pilot programme, based on US Integrated Care Organisations, sees the formation of multi-disciplinary groups typically covering 40,000 patients, proactively managing the care of the most vulnerable patients through integrated care planning processes and resource allocation.

The financial context of the current environment demands significant cost savings from organisations across the health economy. Integrated care provides a win-win solution – through working together providers can create savings of approximately 10% in the two pilot pathways which can be shared between commissioning and providing organisations, allowing commissioners to deliver healthcare within budget while providers are able to avoid price deflation by reducing unnecessary hospital care. These benefits can be realised in both the short and longer term. Initially the majority of savings will be seen in the high-need, high-cost patient segments. In the longer term, as efforts in primary prevention and overall well-being pay dividends, the number of people developing medical conditions later in life will be reduced. Modelling, based on the improvements made in other systems, shows that an IC pilot covering the whole borough population could reduce health and social care spend for people with diabetes by £1m after 1 year, and a further £2.4m after 5 years, and for the elderly by £3.5m after 1 year, and a further £2.7m over 5 years. Further modelling suggests this would mean a reduction in emergency admissions of around 650 admissions across the borough population.

The Continuity of Care programme aims to accelerate aspects of delivery that will enable Hammersmith & Fulham to meet the outcome targets of the ICP, whilst maintaining its overall objective to integrate health and social care. Integrated primary and community health and social care has been evidenced as a patient centred approach to delivering care within a system that improves the experience for patients, achieves better outcomes for service users and patients, and enables limited resources to go further.

The table below shows how the Continuity of Care approach responds to the White Paper themes.

Table 5: Continuity of Care and the White Paper themes

White Paper theme	Continuity of Care
Putting patients and public first	<ul style="list-style-type: none"> • Redesign of clinical services – clinicians across secondary, primary and community care together with partners from social care will design the optimal pathways to support their patients; services will be based around the needs of the patient, providing the support or treatment they need from the most appropriate locations, with 4 of the 9 local GP practices based at the Centre • Increase in capacity and capability in primary and community care to extend the services available outside hospital – more doctors, nurses and therapists will be employed across primary and community services meaning an extended range of



White Paper theme	Continuity of Care
	care available to patients without having to be referred to hospital
Improving healthcare outcomes	<ul style="list-style-type: none"> Improvement of prevention and early detection for those most at risk – more resources will be put into preventing ill-health; keeping people disease free and supporting those with long-term conditions to keep symptoms under control and for those most at risk, services will be responsive to individual needs and prevent conditions reaching crisis point Creation of integrated teams offering patients a simple holistic service – integration will occur between secondary and community health services and across health and social care boundaries
Autonomy, accountability and democratic legitimacy	<ul style="list-style-type: none"> Supports GPs as commissioners enabling commissioning decisions to be taken as close to the patient as possible. Provides the opportunity for GP commissioners to create the services their patients require to keep out of hospital /stay healthy
Cutting bureaucracy and improving efficiency	<ul style="list-style-type: none"> Greater efficiency and better use of resources – more efficiently designed services will reduce the administrative burden on clinicians, allowing them to spend more time with patients, reducing the duplication that currently exists across primary and secondary care will release resources to be reinvested elsewhere and developing modern energy efficient buildings supporting larger clinical teams will also allow the sharing of management and back office functions

The White City Collaborative Care Centre (WCCCC) will provide a single point of access for local people to get all their needs met for community health care, social care and housing support. The intention is to ensure that people achieve maximum independence, by combining health and social care teams to create a single assessment and care management process, ending duplication and multiple visits, and leading to a reduction in both expensive acute care costs, and in high cost social care.

The development of the WCCCC will support the Continuity of Care Programme and wider North West London Strategic QIPP Plan by:

- providing the capacity to manage a greater number of patients and range of conditions within the community
- providing an environment that support integrated working in multidisciplinary teams, and supports secondary care clinicians working productively outside hospitals



- improvements to GP surgeries and health centres, refurbishing or relocating services from the buildings not fit for purpose to modern sites
- ensuring consistently high quality services are available across all local GP surgeries
- expanding the range of services from GP Practices available to patients locally
- linking health and social care services so people who need help to know who is responsible for their care
- for conditions that need both GP and hospital support designing the 'care pathway' so as much care as possible is available outside hospitals

The pilot is being designed based on the assumption that whichever parties have more of the downside risk will receive more of the upside reward. These financial assumptions are shown in the table below:

Table 6: Continuity of Care Financial Assumptions

Item	Amount £m	Assumptions
Commissioners' desired savings for diabetes and elderly care of the pilot population	11	The difference between what the IC would need to be paid for diabetes and elderly activity at 3.9% growth (£194 million) and what the providers would be expected to be paid under integrated care improvements for a population of 380,000
Spend for additional out of hospital activity	-2.05	Financial modelling estimates an additional £2.05 million of out of hospital activity in 2011/12 in order to begin making reductions in acute activity
Management costs of the IC pilot 4	-1.6	In future this will be paid by the providers, but in the initial year they will need financial support to cover the transition costs (staff to run the pilot)
Incentive payment for integrated care pilot providers	-3	This incentive amount is set at 1.6% of the total amount of resource expected to be utilised in the pilot (£179), comparable to similar incentive percentages (CQUIN, LES)
Commissioner savings at the end of 2011/12	3.55	

The key strengths of the pilot include:

- early release of secondary care funding to support primary care transformation
- aligning financial incentives to support collaborative working
- creating MDT working to facilitate timely decision making and action
- speeding up information exchange between services and providers

The pilot objectives represent a subset of the wider 'continuity of care' transformation agenda in Hammersmith and Fulham, which is being developed with the active engagement of general practice.



The financial modelling for this business case can be found in Section Seven, Financial Impact.

Impact on other NHS bodies: Where services are the same as those that are delivered in an acute setting and are consultant led, the PCT will look to achieve productivity gains through more effective commissioning of the services and greater integration with other services to smooth the patient journey along care pathways and enhance the local integrated approach.

Outlined below are the key impacts that it is expected the development will have across the provider landscape:

General Practice: The White City population requires a new model of care to support its needs. The model must provide proactive high quality integrated care services available in the community. Without this, health and social care spending on emergency and unscheduled interventions is likely to continue to rise without any positive impact on the health and well-being of the population.

The ability to make savings by moving health services closer to home depends completely on the success of transforming current delivery models for general practice, community services and social care. The capacity and role of general practice is central to this transformation. GPs will be the key decision makers in purchasing care and what they decide to purchase will be driven by what they are able to provide and deliver themselves.

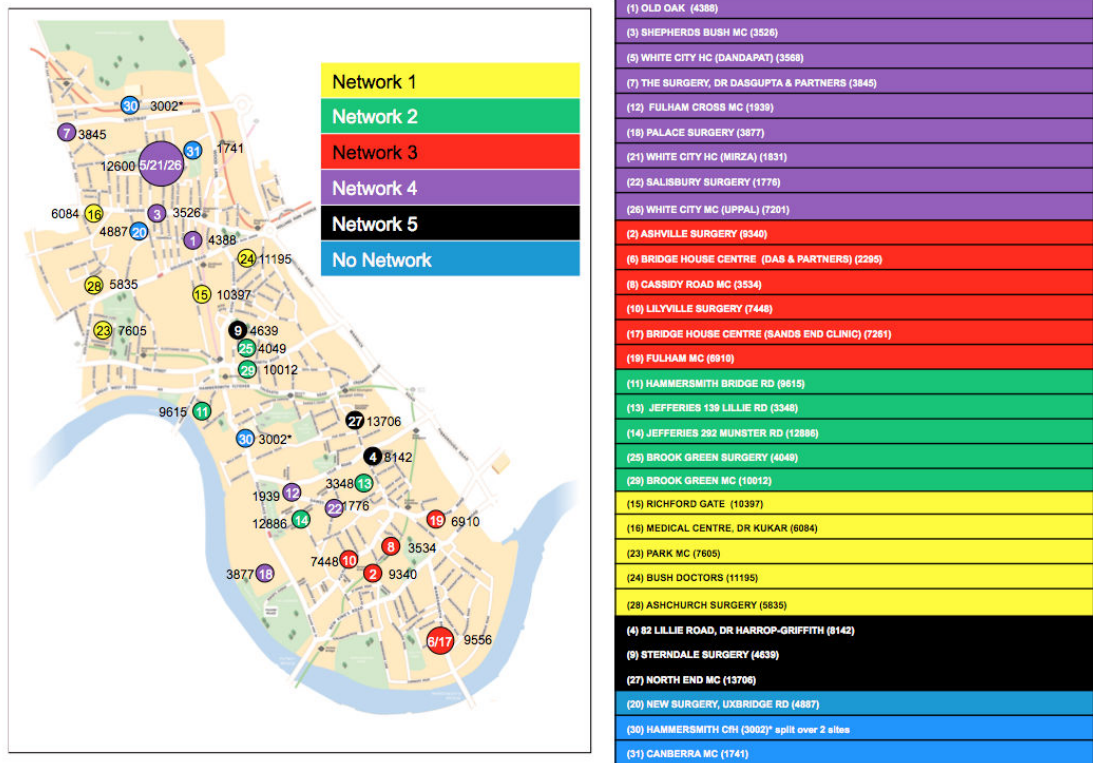
The four practices identified to move into the WCCCC support the proposals and have agreed to the relocation. The primary care services located at WCCCC will have capacity to serve a total population of around 25,000 people.

NHS Hammersmith and Fulham has worked closely with GPs across the borough to drive up the quality of primary care and address a range of infrastructure issues. Considerable improvements in quality have been delivered through programmes such as QOF+ (a local enhancement to the Quality and Outcomes Framework). Elsewhere in the borough numerous GP surgery refurbishments and relocations have addressed poor quality premises.



Figure 9:

H&F Practices Plan Networks

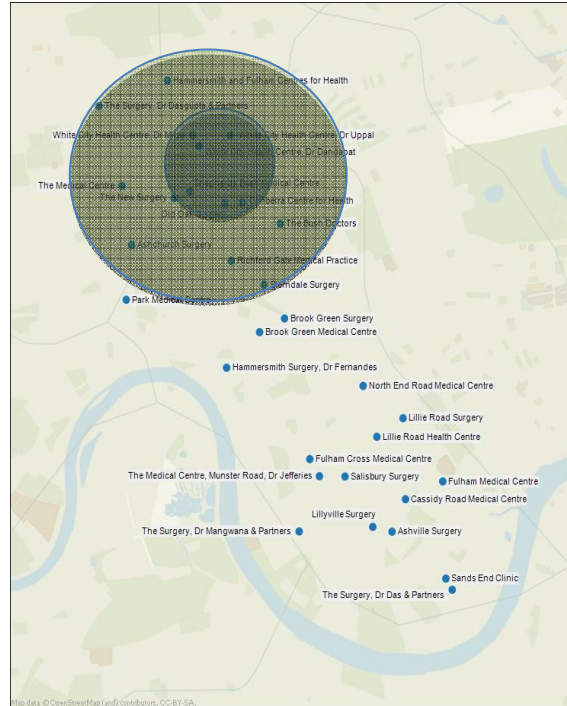


Individual GP practices have chosen or are choosing to join to one of 5 neighbourhoods based on populations of 40,000 to 50,000 patients. The network that covers White City is Network 4, which currently provides services to a list size of 31,951 people. Delivery of the WCCCC will ensure that additional populations will have access to enhanced community based services so that the total population with access to these services rises to between 45,000 and 51,000 (see diagram below).

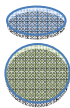
Strengthened clinical leadership and collaboration driven by the development of local service networks will raise overall standards of care.



Figure 10: Catchment area for the WCCCC



Key:



White City catchment area

Prospective catchment area for specialist community services

Multi-disciplinary health and social care teams at the WCCCC will deliver a common assessment process leading to person-centred planning and self-directed care, whilst co-location of health, social care and voluntary sector services together on one site will enable people to move promptly through evidence-based ‘pathways’ of support. By managing complex/ overlapping cases in a co-ordinated way, more personalised care will be achieved, which will in turn reduce the use of acute services and reliance on long term care.

Acute Hospitals: Imperial College Healthcare NHS Trust provides the bulk of acute hospital services to local residents. The WCCCC will support strategic plans to shift activity out of acute settings, and therefore has the potential to affect the trust’s income streams. However, the Trust’s wider strategy is to become focus on specialist acute services and has indicated a willingness to work with commissioners to shift suitable activity into new community settings, either through Trust teams working in the community or the re-provision of services from alternative providers.



Community Care: Central London Community Healthcare NHS Trust is the local provider of community services. The trust is keen to develop specialist community based nursing and therapy services, and needs better estate to provide such services from. The statements of support provided in Appendix 1 confirm that CLCH is confident the development will have a positive impact on their work.

Mental Health: West London Mental Health NHS Trust provides the majority of mental health service to local residents. The WCCCC development will support the Trust to deliver improved community based services and have a positive impact on their ability to support people in an area of high incidence of mental health problems. A statement of support is provided in Appendix 1.

NHS Dentistry: Increased capacity for NHS dentistry has been commissioned in the area through a new practice housed in temporary accommodation. The WCCCC will provide the opportunity for the provision of more comprehensive dentistry services.

Impact on the third-sector: These are voluntary or non-profit organisations for which the development of the WCCCC presents new opportunities. The facility will provide space and sessions for:

- expert patients' programmes
- interpreter and Advocacy Services
- welfare rights and citizens' advice
- self-help groups
- Alternative Health provision
- space for voluntary groups to meet (Community Seminar rooms)

Interactions with the independent sector: The commissioners of services will rely on a combination of the following priorities in determining any requirement for services provided by the independent sector, in line with the 'any qualified provider' concept:

- priorities for identification of need, arising from epidemiology and demographic data
- prioritisation in line with the Continuity of Care programme
- feedback from the local networks of local need
- quality assurance parameters applied to existing services providers

Third party income: The original proposal for the facility included provision of a pharmacy. Further investigation of local provision found a number of pharmacies in close proximity to the new facility so an integrated pharmacy has not been provided. However, there is the opportunity to locate a pharmacy in the adjacent new build retail area. Any decision on whether or not to provide an adjacent pharmacy will be dependent on the Council's more detailed plans for regeneration of the White City area. Should a pharmacy be provided in the future, it has been agreed between the PCT and Fulcrum that the PCT will be entitled to half of the premium received for the lease and the rent over and above the first £12,000 a year will be shared on a 50:50 basis with the PCT. The PCT's proportion will



be converted into a single payment by calculating the Net Present Value (NPV) of the PCT's share of the rent and this will be paid within 30 working days of the pharmacy lease being completed.

3.7 Stakeholder involvement

A wide range of stakeholders has been involved in the development of the WCCCC proposals from its initial conception. The local communities which the centre will serve, the providers who will be based there and those potentially impacted by the related care pathway redesign have all been actively engaged.

Our engagement work ensures that stakeholders are kept abreast of and able to influence decisions about the development, aware of any changes to the proposals, and briefed on the involvement opportunities there are as the scheme develops.

A programme of consultation and engagement has been maintained with residents in the White City and surrounding areas over a number of years. Engagement has covered both specifics of the centre itself and the wider health and development needs of local communities. A summary of the main engagement activities is given in Appendix 6.

The feedback has been influential in designing plans for how the centre will operate and which services will be available. Temporary services put into the area in the interim have specifically responded to the needs identified by local residents and joint strategic needs assessments for the area.

Core themes from public engagement that will be addressed by the WCCCC development include the desire to see:

- modern fit for purpose buildings offering one-stop-shop support
- greater integration of health, social care and housing support
- improved quality of primary care
- improved access to NHS dentistry
- improved access to mental health support
- better support for long-term conditions
- better information and sign-posting to relevant services
- services that promote health as well as treat illness
- better support for carers

The PCT and the Council also want to ensure that residents and other key stakeholders continue to be involved in the WCCCC development and a forward looking communications and engagement plan is being developed for the next phases work through to completion and service launch.

3.8 Equality Impact Assessment

An equality impact assessment form has been completed, and is included in Appendix 7. This concludes that a full equality impact assessment would go over ground that has



already been covered through needs assessments and numerous engagement exercises, and is not recommended at this point.

However an engagement plan should be established that presents the latest WCCCC plans to the local community and explains why some of the original features of the Centre are no longer viable. This will ensure that the PCT and the Council are meeting their duties to consult, engage and feedback under the Health and Social Care Act. The dialogue can then move on to how to make the final services as effective as possible for local residents. This recommendation is supported by the PCT and an engagement plan for the next phase of work is being developed (see section 3.7).



4. Service Delivery

4.1. Introduction

This section sets out the range of policy and strategic objectives for the NHS and Local Authority that will be supported by the building the White City Collaborative Care Centre. The development will help deliver on a broad range of priority issues ranging from reducing health inequalities and improving health, to designing integrated care pathways, through to improvements in social care services and the regeneration of the borough's most deprived areas.

The project was subject to a stringent audit at the beginning of this year, which resulted in adjustments to the services to be provided at the facility. The review resulted in a revision of spatial requirements driven by the developments in Continuity of Care and a focus on client facing services in order to maximise the impact on the health and well-being of local people. Office accommodation is now only included where it is essential to the delivery of integrated care pathways. The table below summarises the changes and associated rationales.

Table 7: Services delivery developments

Original services requirement	Revised services requirement	Change	Rationale for change
Primary Care			
Urgent Care		Included in Primary Care	Extended opening hours of Primary Care
Minor surgery		None	
District nursing and specialist nursing services		None	
Podiatry		None	
Leg ulcer clinic		None	
Psychological therapies		None	
Family planning		None	
Maternity services		None	
Dental Services		None	
Diagnostic services			
X-ray		Excluded	Insufficient demand
Mammography		Excluded	Provision now established elsewhere
Ultrasound		None	
ECG		None	
Phlebotomy		Not to be provided as a separate service but by the GPs as is currently the case	
Pharmacy		Excluded	Four pharmacies within walking distance of the facility
Integrated Adult and Children's Social Care		None	
Housing services	Internet access points to broader range of social care services including housing		Housing service will continue to be provided from King Street consistent with the Council strategy
Learning Disabilities Community team (joint with health)	Children with Disabilities Services	None	
Learning Disability Day Services	Children with Disabilities Services	LD day services will be provided elsewhere	CWD is an Integrated health & social care team; Client-facing sessions to be held at WCCCC. LD day services are



Independent Living Service for younger disabled people	Children with Disabilities Services	Office accommodation to be based elsewhere	not a core local authority function and are being outsourced. Integrated health & social care team; Client-facing sessions to be held at WCCCC.
Physical Disabilities Teams		Office accommodation to be based elsewhere	Integrated health & social care team; Client-facing sessions to be held at WCCCC
Community Mental Health Team that serves the north of the borough		Office accommodation to be based elsewhere	Client-facing sessions to be held at WCCCC
HAFAD, the combined Welfare Rights and Disability Benefits project, and other voluntary sector partners, for example MIND and MENCAP		Office accommodation to be based elsewhere	Client-facing sessions to be held at WCCCC
Drugs and Alcohol service		Excluded	Provided elsewhere

4.2. Mapping Continuity of Care to the provision of services at the White City Collaborative Care Centre

The council’s Mosaic segmentation tool identified many instances of overlapping need in the borough. Overall, deprived families in public sector housing and poorer minority families, the two groups concentrated in the north of the borough, have the highest needs and worst health outcomes.

In order to address this overlapping need, NHS Hammersmith and Fulham and the London Borough of Hammersmith & Fulham have made significant progress in integrating commissioning teams in order to support the delivery of the Continuity of Care programme. Initial work led to the creation of a joint children’s commissioning team sitting within the PCT. Since PCT clustering and Tri-Borough agreements between H&F, K&C and Westminster councils this has developed to include integrated adults commissioning teams.

Integrated care: The Continuity of Care Programme represents the vision of the Borough Executive of Hammersmith and Fulham for the delivery of integrated services across Health and Social Care. The Borough Executive comprises the Clinical Commissioning Group for Hammersmith and Fulham (which represents all 31 GP practices in the area), the London Borough of Hammersmith & Fulham and the PCT Borough Director.

Work on reducing avoidable acute care contacts commenced with the Integrated Care Pilot; a partnership between acute hospitals, community trusts, GPs, and Local Authorities. The objectives of the pilot are to provide integrated pro-active delivery of planned care to patients with diabetes and frail elderly patients in order to reduce unscheduled secondary care, reduce lengths of stay where hospitalisation is required and improve the quality of care to patients. This initiative has been running for some time and continues as part of the broader Continuity of Care programme. More detailed information on the Integrated Care Pilot is available at Appendix 8.

The WCCCC will support the delivery of integrated care by providing capacity for community based multi-disciplinary assessments and acting as a one-stop-shop location for the bulk of appointments patients require across the range of acute, primary, community and social care services. For diabetes in particular this model of working relies on the enhanced community based services that have been implemented and will move into the WCCCC from existing temporary accommodation.



The Continuity of Care programme is predicated on the assumption that many hospital and nursing home admissions could be prevented and better patient outcomes achieved through more timely and targeted intervention with at-risk individuals.

The programme aims to re-shape the health and care system so that it is designed to effectively manage long-term conditions in community settings. Specifically, the objectives are to:

- improve the service user experience through integration of services which are delivered at the right time, in the right place, by the right provider
- improve the overall health and wellbeing of Hammersmith & Fulham residents, and to reduce disparities in health outcomes between groups, through prevention and early intervention
- reduce the rate of unplanned hospital admissions and readmissions, and optimise length of stay, and thereby realise associated savings on acute hospital cost
- reduce the rate of permanent admission to nursing homes
- increase the productivity of the primary, community, and social care workforce

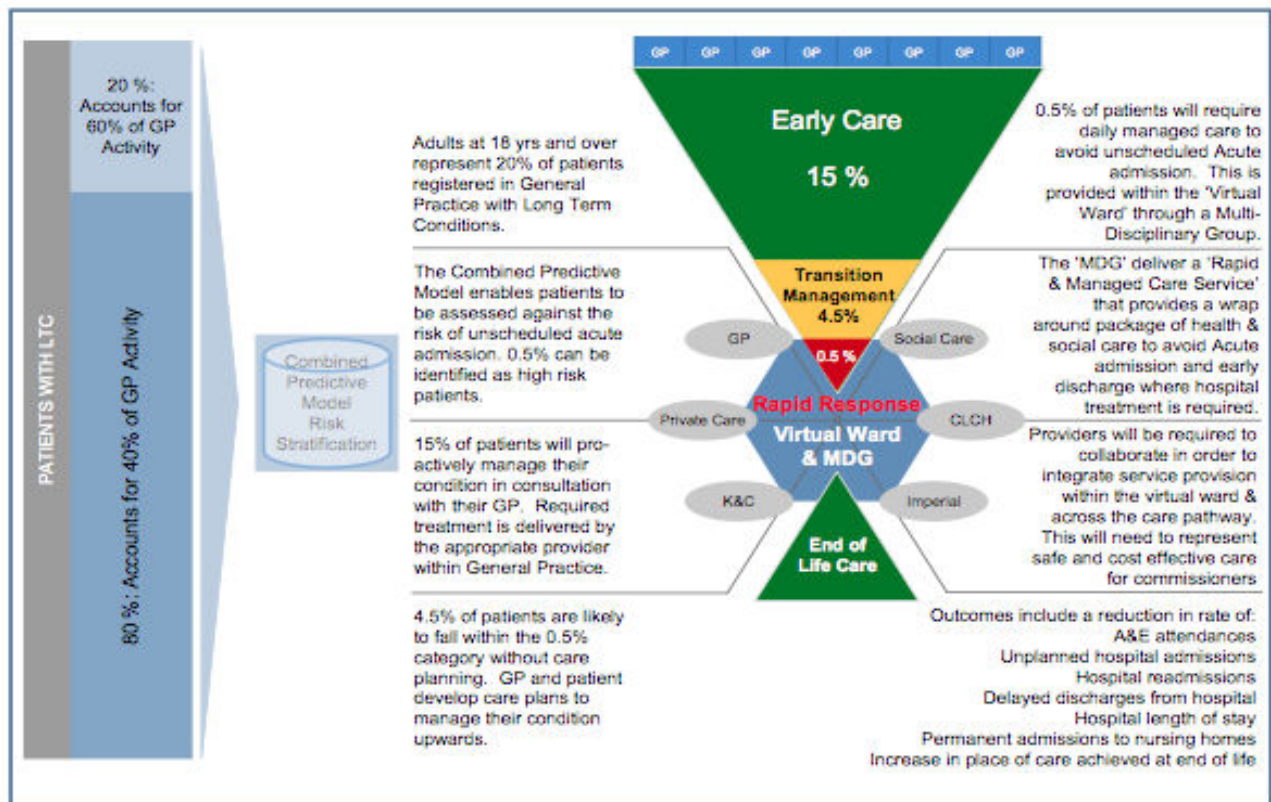
This will be delivered through five inter-linked programmes:

- Risk Stratification & Care Planning
- Early Care
- Transition Management
- Rapid Response
- End of Life



Figure 11: How risk stratification works

Risk Stratification: Conceptual Model



Early Care is an approach based on pro-active monitoring and primary care support of patients at higher risk of hospital or care home admission. Primary care teams will work with patients to help them identify the information, advice, support, and resources they need to self-manage. This process will include discussion about the patient's health condition(s) and medication, their goals, the resources and programmes they will attend/access to help them self-manage, and what to do and who to contact if there is a problem.

Where appropriate, this process will include advance care planning to facilitate choice of place of death. Some Early Care clients may also require additional support and follow up such as telecare /health monitoring, hybrid (health + care) home support workers, and health or care professionals who are able to visit at home. By combining these interventions there will be the ability to maintain clients at home safely and cost effectively through:

- remote vital signs monitoring
- remote or on-site medication adherence prompting and monitoring
- telephone support
- advice, education, and training on self-care
- prompts and bio-feedback on physical exercise and rehabilitation regimes



- remote monitoring of client movements and events (e.g., fridge, fall sensors)
- early intervention where a problem is indicated
- enhanced medication management

People with very complex needs that cross health, housing, and social care, consistently feedback that accessing the right services at the right time is not always straightforward; this is a message also received from GPs.

In particular, as each service has its own referral points, eligibility criteria, funding streams, assessment processes, and IT systems, people are sometimes unclear where to go for help and may have to repeat their stories several times as they negotiate 'the system'.

A more integrated system of care that is directed by general practice would be both easier to access and better able to respond to people's needs before a crisis develops which may result in hospital or care home admission. Transition Management will bring together access to community health, supported housing, and social care so that:

- there is one point of referral, screening, coordination, & budget/resource management for home and community care services including community nursing, therapies, continuing care, social care, supported housing, and adaptations
- all major funding streams (social care, continuing care, community health, housing support) are combined for the service user at the point of entry

Rapid Response is an integrated service delivering home based nursing, rehabilitation and re-ablement to support individuals for a period of up to eight weeks. The service targets the following groups of people:

- individuals who have experienced an acute exacerbation, or a health and/or social care 'crisis', but who can be safely managed in the community with a package of care, as an alternative to unnecessary admission to hospital, or into residential or nursing care
- individuals who require access to swift, intensive care in order to enable them to remain in their own home at the end of life
- patients who are suitable for early supported discharge from hospital and who can be safely transferred into the community with an appropriate care package in place

Rapid Response will provide holistic assessment to individuals using a single assessment process, and will deliver combined packages of social and nursing care and therapies. GPs will provide medical oversight, and there will be access to specialist advice and resource. There will be a single point of access to the Rapid Response Service, with a guaranteed response time of 2 hours.

Research demonstrates that there is real potential for end of life care services to reduce expenditure associated with hospitalisation while at the same time accommodating the

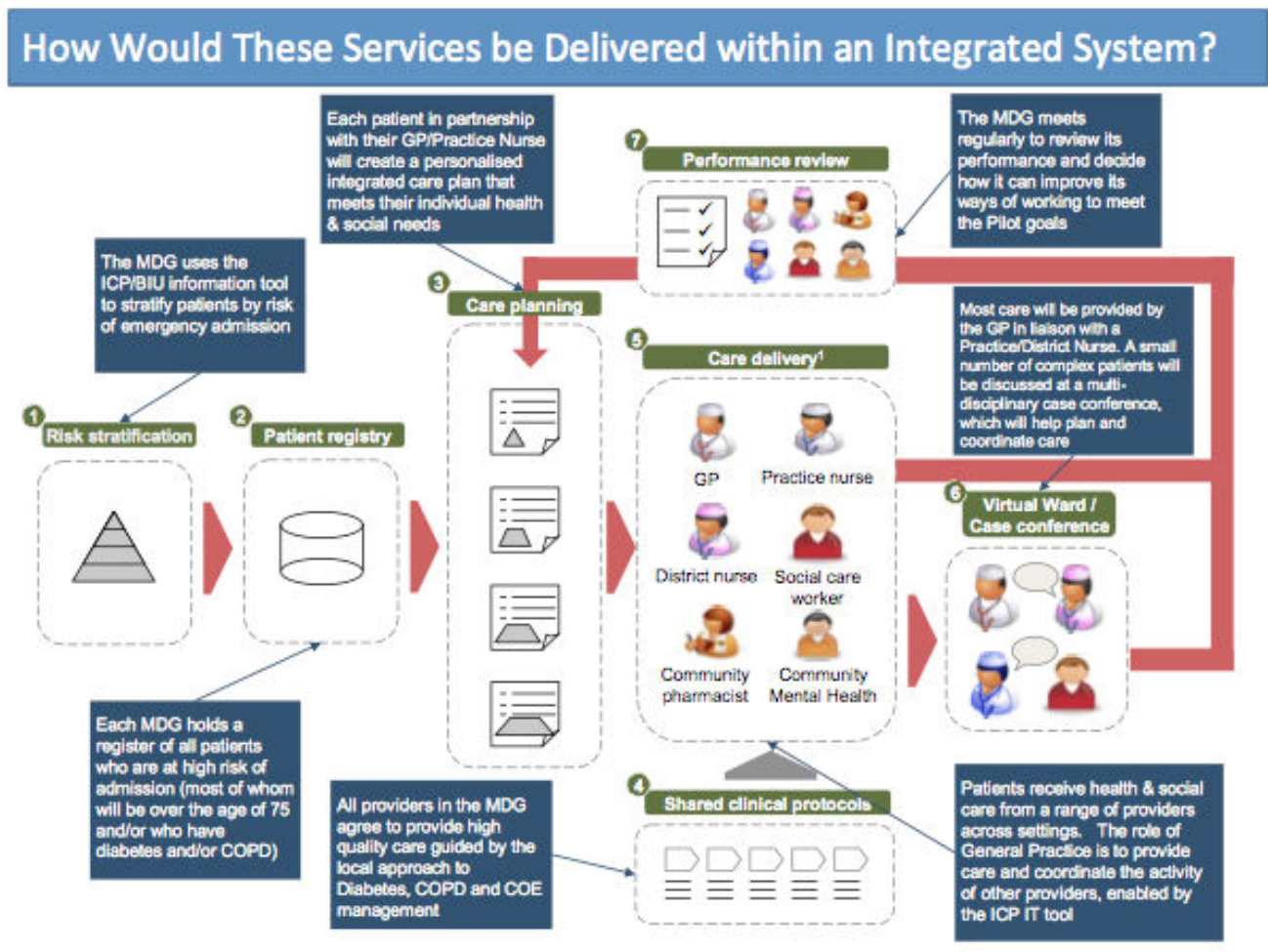


expressed preferences of patients. The aim of this programme is the full implementation of the Gold Standards Framework across all providers and to manage those with a terminal prognosis within community settings, and prevent admission, generally through A&E by means of an integrated care record.

Integrated care and service redesign: The WCCCC development will support the further development of a number of care pathway redesigns that have been identified as priorities for White City.

Integration of services across NHS provider boundaries and between the NHS and social care are critical to delivering the benefits of this redesign work. For this to be achievable there must be high quality modern health centres suitable for delivering enhanced primary and community care and supporting multi-disciplinary working. The diagram below illustrates the approach to multi-disciplinary assessment of need that aims to deliver the improvements in service delivery as set out in Section Three:

Figure 12: Integrated Assessment: a new model of care delivery for adults



4.3. Care settings and services in the WCCCC

The WCCCC will offer a flexible range of facilities from which services will be delivered in a local primary care setting. The Centre will provide a single point of access for the community to a range of health and social care services with patients and users being able to access a wide range of quality services within a primary care environment, with interventions requiring multiple professionals provided from larger, flexibly designed spaces.

The following clinical and social services will be provided at the WCCCC:

- General Practice services
- Specialist Community Health Services: including services such as:
 - Diabetic care
 - Podiatry
 - Tissue viability
 - Dermatology
 - ENT
 - Musculo-skeletal
 - Respiratory (including COPD and Asthma)
 - Maternity
 - Paediatrics
- Sexual & reproductive health
- Primary and Community Care Dental Services
- Children with Disabilities Service
- community nursing and occupational therapy
- H&F Advice - Adult Social Care:
 - Assessment teams
 - Social Workers
 - Information point
- Mental Health Services:
 - Improving Access to Psychological Therapies
 - Community team consultations
- Learning Disability Community team sessions
- Training programmes, including:
 - Expert patients' programmes
 - Health trainers
 - Health Promotion & Illness prevention (e.g. smoking cessation)
- Health Promotion
- Sessional bookings from other services such as:
 - Interpreter and Advocacy Services
 - Welfare rights and citizens' advice
 - Self-help groups
 - Alternative Health provision
 - Space for voluntary groups to meet (Community Seminar rooms)



The generic clinical space planned into the WCCCC will allow the provision of a flexible range of services dictated by residents' needs and new service models. For the first time the co-location with social care will mean the NHS and Borough can share staff and resources, and out-of-hospital support is currently being redesigned to integrate health and social teams and professional roles.

4.3.1. General Practice Services

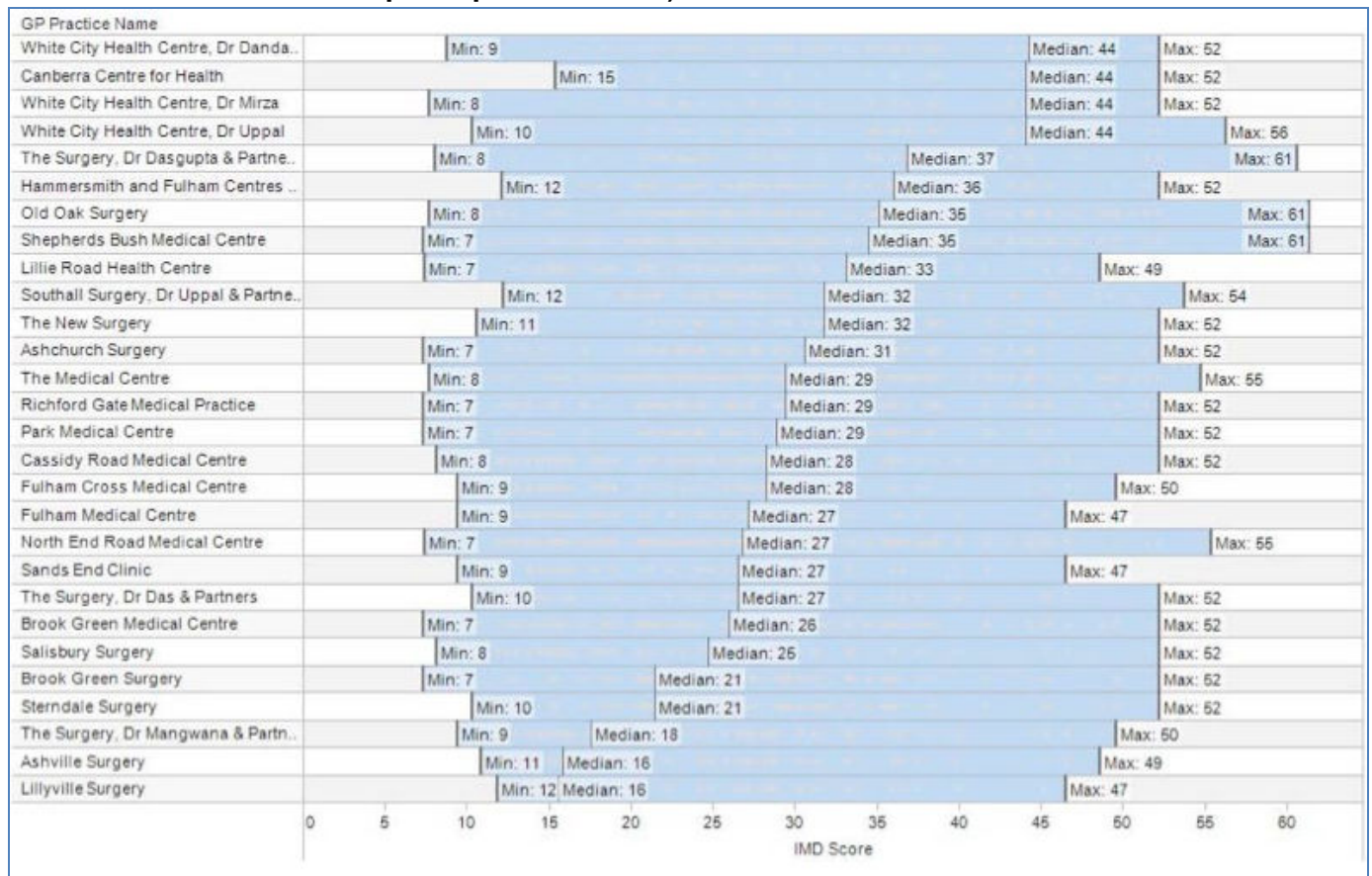
There are 31 general practices in the borough, ranging in size from single-handed doctors to teams of 20+. One practice is based in temporary accommodation in White City. The quality and range of services varies considerably across practices and the current geographical spread means the more deprived areas in the north are under-served.

The WCCCC will form a hub for the 9 practices in the White City area. Four practices will relocate to the Centre. The other practices will become spokes in the delivery model. Existing lists will transfer to the Centre - there will be no new lists. 50,000 local residents will have access to enhanced services, which will include an out of hours centre.

The Index of Multiple Deprivation scores for the populations serviced by the Hammersmith and Fulham practices are illustrated in the graphic below, from which it can be seen that the four practices moving into the WCCCC rank highest in the borough. It is therefore vital to ensure that the Continuity of Care programme is established for these local people as soon as possible in order to start making real progress in improving the quality of care and reducing the drivers of need for unplanned health and social care.



Figure 13: Distribution of IMD Score by Hammersmith & Fulham Practice (Source: Index of Multiple Deprivation 2007)



The four GP practices already provide a mix of direct and locally enhanced services, as demonstrated in the practice profiles contained within the ‘Demographics and Clinical Need’ Appendix 3.

There are many potential benefits for patients to having GPs co-located at the WCCCC. These will include being able to access many services and clinicians in the same place and often on the same day. This is particularly the case with diagnostic services such as ultrasound and echocardiography where currently patients often have to travel to other part of the borough. Speedy access to diagnostics allows GPs to diagnose more quickly and accurately and can reduce unnecessary trips to acute hospitals for patients. It will also support the provision of one-stop shops such as for people with diabetes who need to see a range of clinicians on a regular basis.

Co-location of services also allows services to be delivered more seamlessly. Patients should not notice when they move from one provider to another for different elements of their care. Communication between providers is supported not only by good IT systems, but also by the ability to communicate informally. This is facilitated through co-location.

Routine GP appointments will be available from 8am to 8pm. This will improve access to GP services for many people. It will also allow the workload to be spread more evenly



over the day. In many practices there are currently peaks of activity in the morning and then again in the early evening. This could have an impact on traffic in the surrounding area; however, spreading the work over a 12-hour period will partially mitigate this impact. A detailed transport assessment has been completed as part of the planning application.

4.3.2. Specialist Community Health Services

Central London Community Healthcare is the main provider of community nursing and therapy services. The new premises will provide a hub for the delivery of a range of specialist community services in the north of borough. These are likely to include:

- diabetic care
- podiatry
- tissue viability
- musculo-skeletal
- respiratory
- maternity
- paediatrics
- sexual and reproductive health

4.3.3. Maternity and Children's services

Consultation with local residents in the White City area identified that they wanted improved access to good quality antenatal and children's services and extended access to GP services.

The WCCCC will provide a valuable resource to deliver integrated and accessible maternity, children's and health promotion services to address the significant child and maternal health inequalities in the White City area and north of the borough, including:

- midwifery clinics, antenatal and preparation for parenting sessions
- outreach and community based paediatric services for management of long term conditions asthma and eczema management
- oral health promotion and dental services, including fluoride application for under fives
- immunisation catch up sessions, including for HPV
- child and family nutrition and obesity prevention services
- family support and parenting services for BME families
- CAMHS support for GPs

4.3.4. Primary Care Dental Services

A primary care dental service will be provided, which includes a range of special needs services provided historically as a community dentistry service. Special needs services will include oral surgery and specialist paediatric services. The service will contribute towards and develop health and social care programmes to improve the oral health of the



population and in particular the oral health of young children. This will support the PCT's commitment to improve access to high quality preventative orientated NHS dental services and reduce inequalities in oral health within the White City area.

4.3.5. Children with Disabilities service

The community paediatric service in Hammersmith and Fulham is currently delivered from two sites. Children from the centre and north of the borough go to St. Dunstan's, located in the grounds of the William Morris 6th Form College near Charing Cross Hospital, and children from the south go to Doughty House, next to Chelsea and Westminster Hospital. The accommodation at St Dunstan's is extremely cramped and the service has been asked to vacate the premises so a local college can use it. Current service configuration arrangements have been unsatisfactory for some time. Lack of space is contributing to unacceptably long waiting times for assessment and intervention at critical points in a child's development (especially in their very early years). Inadequate facilities mean that staff spend valuable time travelling to, and setting up in, external or alternative venues; time which could be better spent with patients. The service has a vision to create an integrated centre for disabled children and has been looking for suitable premises to provide it from for some time.

Disabled children are some of the most vulnerable children in our society, and their families often live complicated lives to fulfil all their needs. The vision for an integrated centre for disabled children is to radically improve access, co-ordination of services, assessments and treatment, and have a space which parents and their families' feel is welcoming. The vision would be to enable:

- a single child-centred service, which is easy to get to, welcoming and enables parents to meet one another including at the weekends. The space for the service would be designed with children and families in mind and be focused on being safe, secure and welcoming to children and families
- easy access to the space specially designed for disabled children. Appointments would all be at the same place and access to the building will be designed to meet the needs of disabled children. Children and their families will be involved in the design of the space.
- children to be seen more quickly, and the communication between the family and the professionals improved by strengthening the links between primary, secondary and specialist care. There are long waiting times for assessments, and this is partly because of accommodation and dislocation of services. Having one site where children can be seen by a team of health professionals will improve this and by sitting alongside primary care the links between primary and specialist care can be strengthened and developed
- more joined up support for families, with many of the professionals working with the families based at the same building, managed by the same person, and working to the same systems. This co-ordination of advice, information and support is vital for families with complex issues to deal with



- a shared information system, which supports professionals to work more closely together and reduces the need for parents to feel they have to orchestrate the communication

In other parts of the country, models of integration have been developed and the service aims to use their experience to develop the most effective and efficient model to respond to patient needs. This includes making services work for children and their families better, but also using professional time efficiently, and the accommodation in the most flexible and cost effective way.

The main children's services to move to White City will therefore be community paediatrics and associated therapies. These services work with some of the borough's most vulnerable children who may have severe and complex medical needs and disabilities including autism, cerebral palsy or global developmental delay, may present with severe child protection health concerns, or who may be looked after children. Community paediatrics therefore involves distinct but linked service areas, each with several elements.

These are summarised below:

- child development services:
 - multi-disciplinary assessments & reviews
 - neuro-disability services
 - referral to specialist assessment and treatment
 - clinical nurse specialists
 - social work liaison
 - Clinical Psychology service
- Social community paediatrics:
 - Designated Doctors (looked after children and safeguarding)
 - adoption and looked after children medicals and health assessments
 - child protection assessments and advice
- Public health paediatrics:
 - immunisations and vaccinations clinical lead
 - special educational needs assessments & input to special schools
 - Special Needs Register (data collection and coordination)
 - paediatric audiology follow up and treatment identified by the New Born Hearing Screening Programme (NHSP)
- Therapies:
 - physiotherapy
 - occupational therapy
 - speech and language therapy (SALT)
 - music therapy



4.3.6. Hammersmith & Fulham Advice Service

Hammersmith & Fulham Advice is an approach introduced in 2007 that will be re-created within the WCCCC to serve the north of the borough. It will aim to service the clients who are the dominant consumers of adult social services, those who have a preference for face-to-face contact. This preference is suited to the nature of the services in question, many of which require human contact to establish entitlement or to assess need. The Hammersmith & Fulham Advice approach improves access to services for these customers by providing:

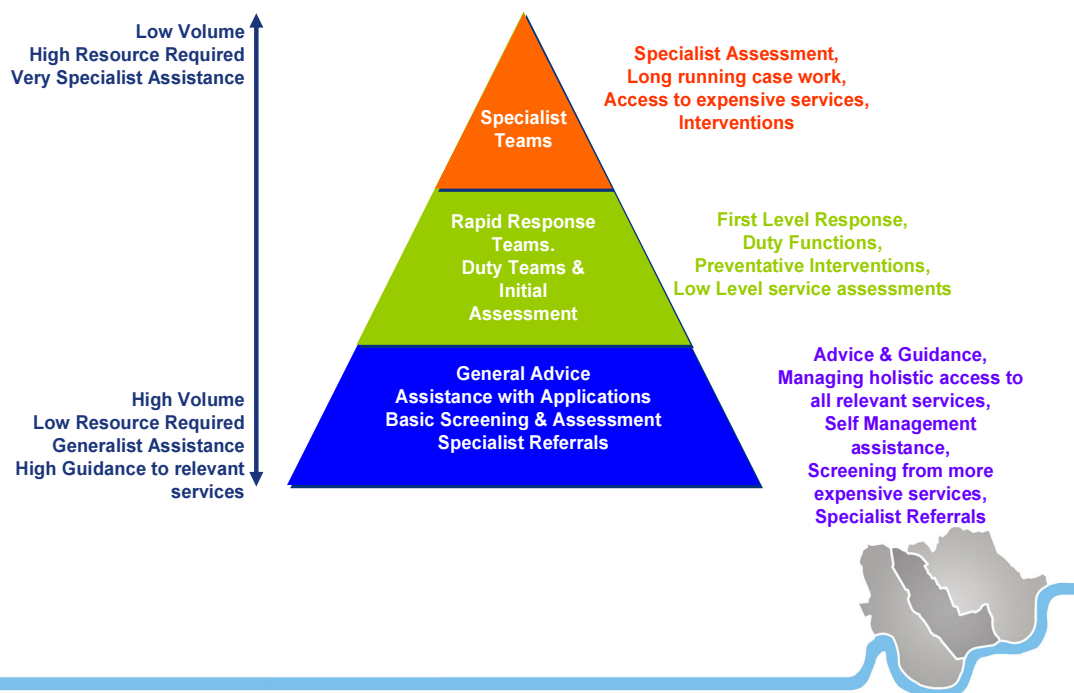
- single point of access where a holistic assessment of a person or family circumstances or needs can be undertaken for adult social care
- high quality screening at the front line, and accurate signposting to alternative providers where appropriate - in order to reduce dependency
- improved customer service which provides safeguards for people at risk, to improve the service users' experience of service delivery by teams sharing information when appropriate
- multi-skilled, highly trained and customer focused staff
- processes that are efficient and integrated

The service is accessed through a single telephone number, or by enquiring in person. An integrated team of Community Support Advisors undertake the multi-faceted role of answering calls, greeting visitors and undertaking initial Screening Assessments.

The diagram below shows the service model for the advice service.

Figure 14: Service model for advice service

Service Access Pyramid for Community Support



The entry point to the services is at the bottom of the pyramid. This is shown in blue in the diagram above. This provides basic advice and screening and is the highest volume of enquiries. The objective of this part of the pyramid of service is to provide broad guidance across the realm of community support services to ensure the customer is provided a holistic and joined up service and that the same information does not have to be captured several times later on. It also ensures that the customer does not have to find his or her own way within the organisation for different facets of need. However, it also attempts to screen the customer to prevent expensive resources being wasted further up the pyramid and in a high proportion of cases no further assistance from further up the pyramid will be needed.

The green teams in the pyramid have more specialist expertise within their own service area and attempt to provide a rapid first level response and a resolution in most cases. They need to be aware of potential join-up points with the other services but do not have the breadth of generalist capability of the blue teams.

The red teams are the specialist casework teams with longer running cases and dealing with specific needs. They tend to more expensive and access to these teams is limited. It is the function of the blue and green teams to ensure that only the necessary cases reach this part of the organisation and that when they do these teams are provided with all of the information from all parts of the organisation so that a more effective diagnosis of service needs can be ascertained.

The service principles of the advice team are to:

- Provide high quality customer service by:
 - ensuring front and back office process are improved
 - standardising tasks
 - improved access:
 - by providing many services in one place
 - reducing the number of visits to various locations
 - fewer phone numbers to access those services
 - less confusion on how to get through to the right service
 - more resolution of customer queries at first point of contact where possible
 - improved access to information
 - on the phone / face to face visits / home visits / office appointments / suggest alternative providers
- Maximise residents' independence and reduce reliance on professional services:
 - thorough screening /gate keeping role at the point of contact
 - increased availability of information about:
 - alternative providers
 - eligibility criteria
 - length of the process to receive a service, thus helping inform people of the choices they may have for their needs/wants



- to help people navigate through the system to the services they require sooner
- staff have a culture shift – ownership of query, knowledge & awareness, skills, new roles/functions/team structure
- Support staff in working more efficiently:
 - streamlining high volume and manual processes
 - reducing handoffs where possible
 - automating key processes and providing templates
 - reducing the demand for the back office to be involved with a client by improved resolution in the frontline setting where appropriate
 - reducing the need to handle an enquiry or activity more than once by improved screening.
 - redefining the processes where tensions exist e.g. reviews, duty, answering phone calls, home visits, planned vs unplanned work
 - using technology to view and update client records appropriately
 - easier to work with colleagues if using the same processes / systems / co-located
 - training in new skill areas and expanding knowledge base across services where needed

Hammersmith & Fulham Advice at White City will provide a single multi-skilled entry function to adult social services. This will include a team of Community Support Advisors who are well skilled and trained as ‘super’ receptionists. Each advisor will understand enough about all of the service areas to ensure that an effective screening is undertaken for all entrants to the service.

They will be able to manage the access to other assessment teams so that the customer gets the breadth of services required. The advisors will be able to screen customers and deal with their needs where they do not need access to more specialised services.

Behind the front of house Community Support Advisors will be the rapid response and duty assessment teams. These will be more service specialised than the Community Support Advisors but will also report to the Community Service Manager to ensure that the requisite join ups with the front of house teams and between the service silos are maintained. It is expected that the rapid response and duty teams will handle the majority of assessment load with only a minority of the work feeding through to the specialist teams.

4.3.7. Mental Health Services

The majority of mental health services are provided by West London Mental Health NHS Trust.

Wormholt and White City and the three surrounding wards have the highest referral rates to mental health services in the borough. The co-location of primary care and specialist



mental health services will provide opportunities to make further progress locally on the mental health NSF.

It is intended that the Improving Access to Psychological Therapies services (IAPS) that are currently provided from the general practices that are moving into the centre will also relocate. In addition, community team consultations (nurses and social workers) will take place here for patients from the north of the borough.

The specialist teams will handle the more specialised casework and longer running relationships with customers.

4.4. Confirming how services map with needs

The provision of the services identified above will match the analysis of needs as described in Section Three, as follows:



Figure 15: Mapping needs with services to be provided at the WCCC

	unemployment	low incomes	poor education	poor quality housing	access to health services	heart disease	respiratory disease	teenage pregnancy	diabetes	depression	Chronic diseases in about a quarter of children, particularly high rates of eczema, asthma and respiratory illness	High levels of obesity and malnutrition	Poor dental health	Physical & learning difficulties	Psychological and emotional morbidity	STIs and other forms of sexual ill health
General Practice services					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Community Nursing & Occupational Therapy					✓											
Specialist Community Health Services																
Speech and language therapy				✓												
diabetic care				✓				✓		✓						
podiatry				✓												
tissue viability				✓												
musculo-skeletal				✓									✓			
respiratory				✓		✓				✓						
maternity				✓			✓									
sexual & reproductive health				✓			✓									✓
heart disease				✓	✓											
dermatology				✓						✓						
ENT				✓												
Gynaecology				✓												
Dental services				✓								✓	✓			
Children with Disabilities Service				✓							✓	✓	✓		✓	
Audiology				✓									✓	✓		
Speech and Language Therapy				✓								✓	✓	✓		
OT				✓									✓	✓	✓	
Physiotherapy				✓									✓	✓		
Music Therapy				✓									✓	✓		
Paediatrics				✓						✓	✓	✓	✓	✓		
Adult Social Care										✓						
Assessment teams	✓		✓	✓										✓	✓	
Social Workers	✓		✓	✓										✓	✓	
Mental Health Services																
Improving Access to Psychological Therapies					✓					✓						
Community team consultations	✓	✓	✓	✓	✓					✓					✓	
Learning Disability Community team sessions	✓	✓	✓	✓	✓									✓		
Training programmes, including	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Expert patients' programmes			D	✓	✓	✓	✓	✓	✓	✓						
Health trainers			D	✓	✓	✓	✓	✓	✓	✓			✓			
Community Champions	✓	✓	✓	✓	✓							✓	✓			✓
Health Promotion & Illness prevention			✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓
Health Promotion			✓	✓	✓	✓	✓	✓	✓	✓		✓				✓
Sessional bookings from other services such as :																
Interpreter and Advocacy Services.	✓	✓	✓	✓	✓											
Welfare rights and citizens' advice.	✓	✓	✓	✓	✓											
Self-help groups.	✓	✓	✓	✓	✓	✓	✓		✓	✓						
Alternative Health provision.				✓												

4.5. Relationship between services and space at the WCCC

Integrated service delivery means that patients may not always access primary care services directly, but via referrals received from other services to be delivered at the centre. The intention of this approach is to aim to identify patients requiring health care assessment before they may otherwise have done so themselves. This provides the opportunity to offer advice and support that may prevent unplanned admissions to hospital or attendances at A&E /urgent care centres and to pre-empt the need for avoidable outpatient appointments.



GPs are in the process of stratifying their patient populations by risk category, so that high-risk patients can receive detailed care plans. Care /services will then be able to be provided either at home or close to home (WCCCC).

As care /services will be provided by multi-disciplinary teams, and these pathways are currently under development, the demand and justification for space cannot yet be demonstrated by using historical patterns of referral.

In future, the boundaries of who provides what services may change; what will remain consistent will be the clinical oversight of services by local GPs.

The planning for the facility has therefore taken the approach to capacity planning set out in Section Five and Appendix 9. The table below summarises the calculated requirement and the actual facilities included in the design proposals. The calculated requirement has been slightly uplifted to reflect the expected population increase in the area and to accommodate further shifts in activity from the acute sector (see Section Three) on top of the additional community activities.

Figure 16: Capacity Planning

Tenant		Rooms Calculated from Capacity Analysis					Allocated Rooms					TOTAL	
		C/E & Consulting & Interview rooms	Treatment room	Specialist rooms	Group room	Community Seminar	TOTAL	C/E & Consulting & Interview rooms	Treatment room	Specialist rooms	Group room		Community Seminar
PCT	General Practice	15					15.00	14.00	2.00	2.00			18.00
	Community Services	6	2				8.00	7.00	3.00				10.00
	CWD	5		5			10.00	6.00		6.00			12.00
	Dental		3	2			5.00	3.00		2.00			5.00
Council		3				0.60	3.60	5				2	7.00
Shared					0.22		0.22	2			1		3.00
TOTAL		29	5	7	0.22	0.60	42	37	5	10	1	2	55

The Council calculations do not include the requirements for the LD Community team and Mental Health team consultations

The table below summarises how the different services are likely to make use of the space within the Centre.



Figure 17: Summary Services Mapped to Space

	General Practice			Spec. Comm	CWD								H&F Advice		Dental		Shared			
	C/E room	Treatment room	Procedure room		C/E & Consulting rooms	Podiatry / TV treatment rooms	MDA room	Med Exam room	SaLT room	Audiology	Music Therapy	Sensory	Nursing / SW / Psychology	Physiotherapy	Occupational Therapy	Interview rooms	Counselling rooms	Dental Consulting	Dental X-Ray	Group room
General Practice services	✓	✓	✓																✓	✓
Specialist Community Health Services																				
Community Nursing & Health Visiting				✓							✓	✓							✓	✓
Occupational Therapy				✓	✓								✓							
diabetic care	✓	✓		✓	✓															
podiatry					✓															
tissue viability					✓															
musculo-skeletal	✓	✓		✓									✓							
respiratory	✓	✓		✓																
maternity	✓	✓		✓															✓	
paediatrics	✓	✓		✓									✓	✓					✓	
sexual & reproductive health				✓															✓	✓
heart disease	✓	✓		✓																
dermatology	✓	✓		✓																
ENT	✓	✓		✓					✓											
Gynaecology	✓	✓		✓																
Dental services																		✓	✓	
Children with Disabilities Service						✓	✓	✓	✓	✓	✓	✓	✓	✓						
Adult Social Care															✓	✓				
Assessment teams															✓	✓				
Social Workers															✓	✓				
Mental Health Services																				
Improving Access to Psychological Therapies	✓																			
Community team consultations	✓														✓	✓				
Learning Disability Community team sessions															✓	✓				
Training programmes, including																				
Expert patients' programmes																			✓	✓
Health trainers																			✓	✓
Community champions															✓	✓			✓	✓
Health Promotion & Illness prevention																			✓	✓
Sessional bookings from other services such as :																				
Interpreter and Advocacy Services.															✓	✓			✓	✓
Welfare rights and citizens' advice.															✓	✓			✓	✓
Self-help groups.															✓	✓			✓	✓
Alternative Health provision.	✓	✓		✓	✓					✓	✓								✓	✓



5. Brief and Design Proposal

5.1. Introduction

The White City Collaborative Care Centre will be constructed on the site of the former Janet Adegoke sports centre in White City. The site is located towards the northern edge of the London Borough of Hammersmith and Fulham, in the Wormholt and White City ward, bounded to the east by the Bloemfontein Road which is a busy road connecting Uxbridge Road to the south with the A40(M) to the north.

To the west of the site is Wormholt Park, one of the few public open green spaces in the area. The area is predominantly residential with the exception of Loftus Road stadium and BBC White City which are both located within easy walking distance of the site.

Strategically located between two large but distinct residential neighbourhoods, the White City Estate and the Wormholt Estate, this redevelopment site offers the opportunity to create a new civic space, collaborative care centre and retail provision which can help to link the two communities.

The new centre sits in the vicinity of the current patient population and is proximate to the existing GP practices which will be relocating to the new centre. This coupled with its location in the area of need for the new service profile represents an ideal geographical fit.

This section of the FBC sets out the Tenants' Requirements for the Collaborative Care Centre and then describes BBH's response to those requirements, demonstrating that the PCT and Council's requirements will be met by the proposed development.

5.2. Development of Design Proposals

A new team of Project Advisors was established in March 2011. They have worked with key individuals in each of the client organisations and a range of stakeholders to develop the Design Brief, as well as with the LIFTCo design team on the design solution, with 1:200 layouts being agreed by the Joint Project Board on 15th September 2011.

5.2.1. Approach

The Project team has reviewed and validated the previous work undertaken on the project over a number of years. It has focused on understanding the history and how Service intentions for the Centre have changed in light of current strategy and the service shift already underway. For example, it had previously been intended to relocate 2 Community Mental Health teams to this building - but in the interim these services have already been reconfigured and will no longer require a base within the building. The service and facility profile has been challenged, resulting in a more generic set of facilities which will permit maximum flexibility for future changes in service delivery.



The earlier design solution was reviewed to consider how circulation, patient flows and overall functionality could be improved within the constraints of the building footprint. The previous capacity modelling has been revisited and supplemented.

5.2.2. Design Brief

Service Vision: The Centre will provide a single point of access for local people to get all their needs met for community health and social care. The intention is to ensure that people achieve maximum independence, by combining health and social care teams to create a single assessment and care management process, ending duplication and multiple visits, and leading to a reduction in both expensive acute care costs, and in high cost social care.

Design Objectives:

- To provide a purpose built modern healthcare facility that is fit for purpose and provides flexibility to meet the changing healthcare and social needs in the short, medium and long term, of the local population
- To resolve the current problem of substandard clinical space from which current GP practices and community services operate
- To embrace and promote sustainability during construction and operation through design
- To provide additional capacity in areas where current trends would indicate that demand will exceed capacity
- To introduce innovative service provision that embraces technology and new ways of working that facilitate the delivery of high quality accessible services
- To design a community facility which can be appreciated and valued by residents as a community asset even if they are not users of services
- To provide clinically and operationally appropriate services that can be safely and economically delivered in a primary / community setting
- To ensure that the configuration of services has a strategic, clinical and operational fit within the wider network of health and social care
- To optimise daylight and sunlight and realise a relationship with the green space that benefits visitors and staff

5.2.3. Tenants' Requirements

The detailed Tenants' Requirements are contained in Appendix 10 and comprise a comprehensive series of documents covering all design, operational and functional requirements of the new collaborative care centre covering the aspirations and requirements of both client groups. In summary, the White City Collaborative Care Centre will contain following clinical and social services:

- **General Practice Services** – initially four practices will be relocating to the centre with approximately 10,000 registered patients. The centre has been designed to provide full General Practice services to a population of 25,000 patients (reflecting



demographic growth and likely changes in current GP provision), and as a hub for 50,000 patients. It will serve as the hub for the Multi-Disciplinary Group delivering the “Continuity of Care” programme of risk-stratification and individual case management of people at medium and high risk of hospitalisation. This will be supported by the availability of diagnostics such as ultrasound and ECG and visiting specialist consultant support

- **Specialist Community Health Services**, on a sessional basis, including:
 - community nursing
 - diabetic care
 - podiatry
 - tissue viability
 - musculo-skeletal
 - respiratory
 - maternity
 - paediatrics
 - sexual and reproductive health
- **Primary Care Dental Service**, including a range of Special Needs services provided historically as a Community Dentistry service. Special Needs services will include Oral Surgery and Specialist Paediatric services
- **Children with Disabilities Service** (provided by Central London Community Health and Chelsea & Westminster NHS Foundation Trust)
- **Multi-disciplinary assessment of children** with complex health and development needs
- Specialist Physiotherapy
- Speech and Language Therapy
- Music Therapy
- **H&F Advice** - adult social care
 - assessment teams
 - social workers
 - occupational therapy
- **Mental Health Services**
 - Improving Access to Psychological Therapies
 - community team consultations
- **Learning Disability Community Team** sessions
- **Health Promotion**
- sessional bookings from other services such as :
 - interpreter and advocacy services.
 - welfare rights and citizens’ advice.
 - self-help groups
 - alternative health provision

In support of these services, support services will include:

- office and administration space. The following will be accommodated:
 - general practice staff
 - integrated care teams



N.B. with the exception of GP practice administrative space, the desks within the new centre will not be dedicated but be available on a “hot-desk” / “smart-working” basis

- FM Services – including domestic services, goods /waste management and help desk support for building maintenance issues.

In addition, community services will include:

- information point.
- space for voluntary groups to meet (community seminar rooms)

5.2.4. Detailed Requirements

A set of Performance Indicators have been identified, against the proposals will be measured:

- fitness for purpose
- flexibility and adaptability
- sustainability
- capacity
- innovation
- Information & Communications Technology
- social well-being
- safety
- affordability

Schedule of Accommodation: The required accommodation for the Centre has been determined through detailed consultation within both of the Client organisations over an extended period. This is summarised in the tables below. The Briefing Schedule represents the Clients' requirements, based on HBN guidance on sizing & allowances for circulation & communication. Discussion with the architects indicated that the shape and deep-plan nature of the building resulted in a less efficient use of circulation & communication space and that it was therefore not possible to provide the nett area required by the HBN-based Briefing Schedule.

An adjusted briefing schedule was therefore prepared in an attempt to fit the required service accommodation into the available space by reconsidering room sizes (showing reductions in some cases while maintaining functionality), rather than by reducing the numbers of rooms. This is based on a modular grid of 4.25m x 0.75m, as proposed by the Architects.

Administration space has been included for the General Practices, but not for any of the other PCT services. Office accommodation for the Children with Disabilities service is not included and this will need to be provided close to this location in another building. For integrated teams (80 staff - council space), 7 desks have been provided per 10 staff. This equates to 56 desks which are intended to be used on a "hot-desk" / "smart-working" basis



No external space is scheduled, all of which falls within the ownership of the Landlord of the development

Table 8: Required Accommodation

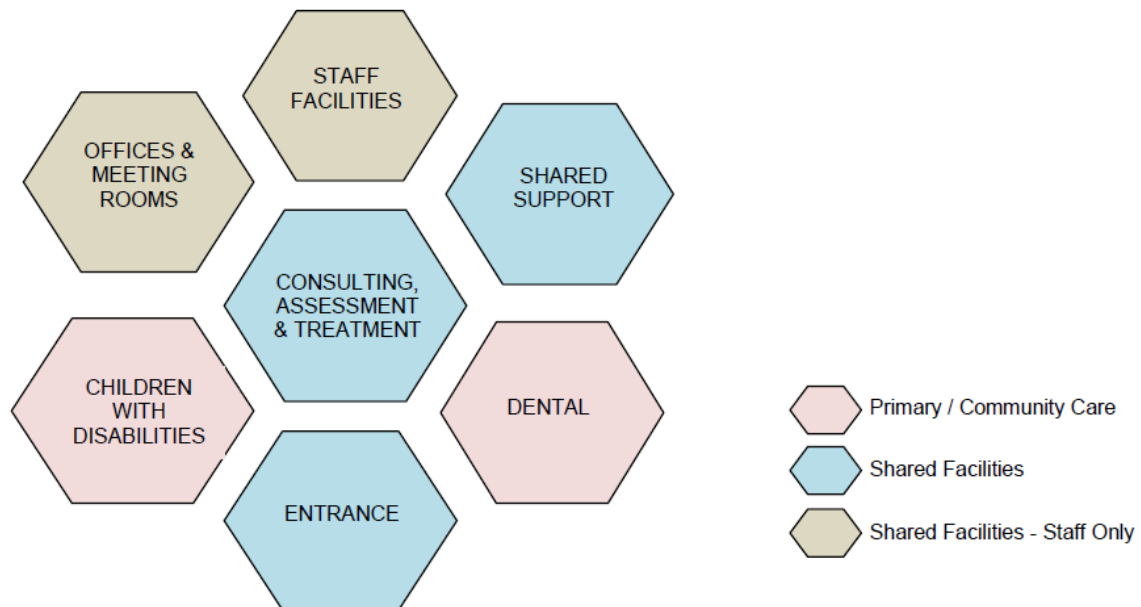
Department	Area (m2)		
	HBN-based Briefing Schedule	Adjusted Briefing Schedule	As-Drawn Schedule
Entrance & Shared Facilities	530.50	511.00	478.42
Cluster 1 (General Practice)	340.00	309.00	313.40
Cluster 2 (Specialist Community Care)	200.00	186.00	188.42
Cluster 3 (Children with Disabilities)	257.00	251.00	256.19
Cluster 4 (H&F Advice)	88.00	81.00	83.10
Cluster 5 (Dental)	136.00	123.00	124.00
Admin.	548.00	534.00	559.07
Staff Support	128.00	126.00	136.00
Support	125.00	115.00	100.16
Nett Centre Total	2352.50	2236.00	2238.77
Allowances	1020.51	1137.01	1134.00
Gross Centre Total	3,373.01	3,373.01	3,372.77
Basement - Plant & Circulation	187	187	187.00
Gross Building Total	3,559.80	3,559.71	3,559.77

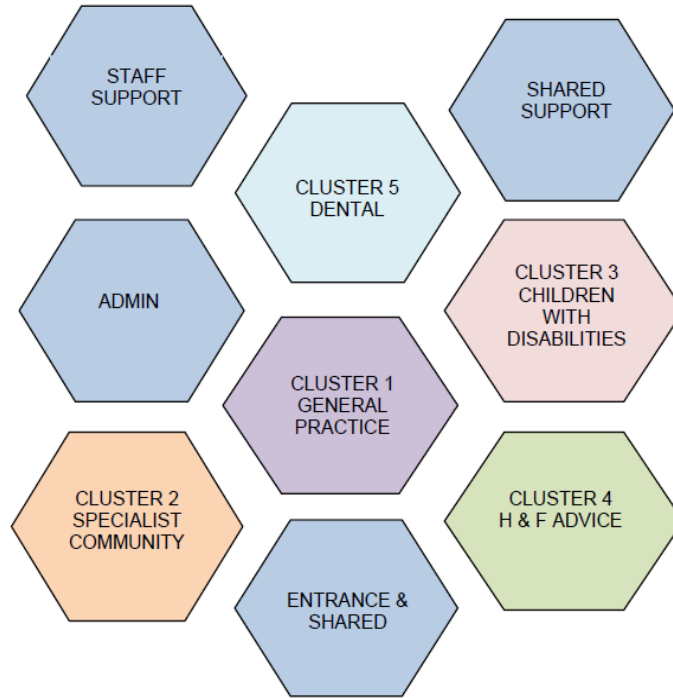


Department	PCT								Council	TOTAL
	General Practice				Community	CWD	Dental	Total		
	Canberra	Dandapat	Mirza/Kukar	Uppal						
Entrance & Shared Facilities	66.90	66.90	50.18	50.18	96.01	72.75	42.94	445.87	282.03	727.90
Cluster 1 (General Practice)	148.06	146.06	112.94	111.54	0.00	0.00	0.00	518.60	0.00	518.60
Cluster 2 (Specialist Community Care)	0.00	0.00	0.00	0.00	344.32	0.00	0.00	344.32	0.00	344.32
Cluster 3 (Children with Disabilities)	0.00	0.00	0.00	0.00	0.00	260.89	0.00	260.89	65.22	326.11
Cluster 4 (H&F Advice)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	119.00	119.00
Cluster 5 (Dental)	0.00	0.00	0.00	0.00	0.00	0.00	154.00	154.00	0.00	154.00
Admin.	36.36	36.36	29.27	29.27	9.08	6.88	4.06	151.26	429.11	580.37
Staff Support	12.21	12.21	9.16	9.16	21.73	16.47	9.72	90.67	45.33	136.00
Support	10.49	10.49	7.86	7.86	18.66	14.14	8.35	77.84	38.92	116.76
Nett Centre Total	274.02	272.02	209.41	208.01	489.80	371.11	219.07	2043.45	979.62	3023.07
Allowances	31.41	31.41	23.55	23.55	55.88	42.34	24.99	233.13	116.57	349.70
Gross Centre Total	305.42	303.42	232.97	231.57	545.68	413.45	244.06	2,276.58	1,096.19	3,372.77
Basement - Plant & Circulation	17	17	13	13	30	23	13	124.67	62	187.00
Gross Building Total	322.22	320.22	245.56	244.16	575.57	436.09	257.42	2,401.25	1,158.52	3,559.77
Breakdowns	9.1%	9.0%	6.9%	6.9%	16.2%	12.3%	7.2%	67.5%	32.5%	
								67.5%		

Adjacencies: Adjacency requirements for facilities within the building have been identified graphically to assist in discussions with the design team.

Figure 18: Adjacencies

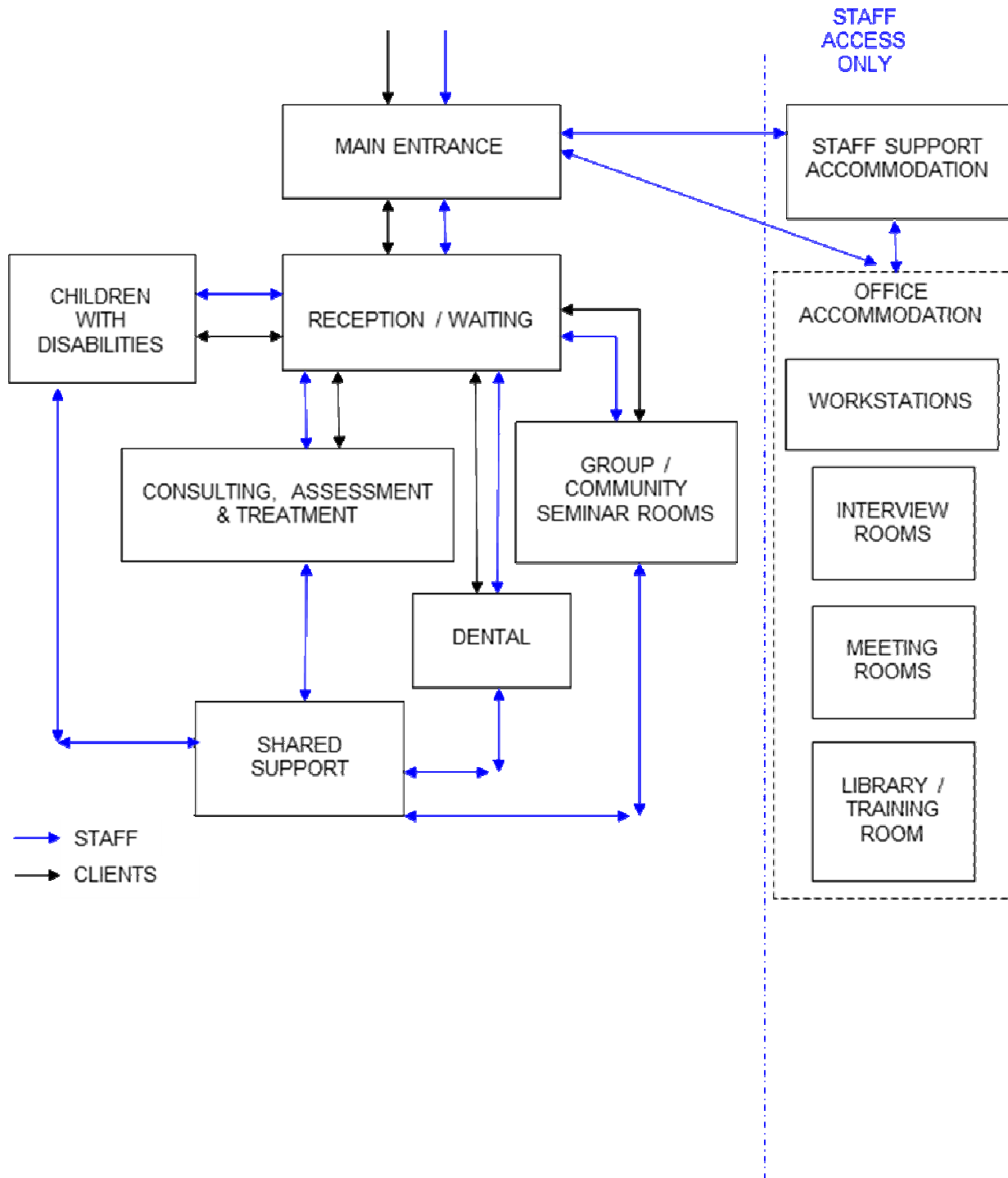




Flows: Patient and staff flows through the facilities within the building have been identified graphically to assist in discussions with the design team. The Overview is shown below, with more detailed flows for each service being included in the Tenants' Requirements.



Figure 19: Overview of patient and staff flows



Design development: Room layouts are being developed and reviewed in consultation with clinical user representatives.



5.2.5. Capacity modelling

Appendix 9 contains a detailed description of the capacity modelling carried out to ensure the White City Collaborative Care Centre contains the optimum amount of accommodation.

The original space modelling for the Centre was based on activity projections for the area in 2008. This has been reviewed and updated analysis has been undertaken for each of the service areas. Some of the services included in the analysis at that time have since been accommodated in other locations - while the further development of Clinical Strategy in the intervening period has identified additional services that will be included.

The intention is for the Centre to provide sufficient capacity within the building to accommodate:

- current activity
- the expected population increase in the area
- further shifts of activity from the acute sector
- additional community activity

This will in part be achieved by extending service delivery hours and days in order to provide more flexible service delivery, while making most efficient use of the building. This shift in patterns of service delivery is being driven by the commissioning agenda as reviews and renewals of contracts permit - and will be implemented incrementally.

Across the service areas, the updated analysis has taken several approaches:

- analysis of available activity data with future planning principles to calculate space required – in some cases the data is not available in a suitable format to be analysed in this way
- analysis of current room utilisation at White City Health Centre, Canberra Centre for Health and Canberra Dental centre, with future planning principles to calculate future rooms requirements, where only limited activity data was available
- analysis of space available with future planning principles to calculate potential throughput

In terms of the Planning Assumptions, for most services 10 hours per day and 5.5 days per week operating at 85% utilisation have been used. The exception is Children with Disabilities where an 8 hour day is used to reflect the needs of the service users. It is intended that this will be achieved from date of the occupation of the Centre - with the potential for hours to extend to 14 for 6.5 days per week.

General Practice: Activity data was collected for a sample week in January 2010 for all practices across Hammersmith and Fulham PCT. Based on this, the number of appointments per head of practice population were determined - as an average for Hammersmith and Fulham; and for the highest level of contacts within Hammersmith and



Fulham. The national average amount of appointments per head of practice population was obtained from a report from the Primary Care Foundation for the Department of Health "*Urgent Care - a practical guide to transforming same day care in General Practice*" published in 2009. Using these 3 different rates, the potential number of appointments required for the intended practices' population of 25,000 were calculated - and the number of rooms required to deliver these appointments.

Analysis of the potential throughput for the General Practice rooms included in the building showed additional capacity available. This will allow for:

- minor surgery
- on-going delivery of the IAPS service by the West London Mental Health Trust
- on-going delivery of activity by other disciplines (e.g. physiotherapy)
- expansion of practice populations, reflecting the expected growth in the local population
- further shifts of activity from the acute sector

Specialist Community Health Services: The activity data for these services which is available in a suitable format for analysis is limited. Therefore the analysis of this data shows an incomplete picture of the facilities requirements to deliver the anticipated future services. Current utilisation has therefore been analysed and this shows a requirement for 6 CE / Consulting rooms and 2 Treatment rooms for Tissue Viability/Podiatry. The rooms provided in the centre allow room for expansion of the service in response to the growing population and shift of services into a community setting.

Primary Care Dental Service: The service in the new centre will combine the services currently provided under the Primary Care and Community Dental contracts. The current activity for both of those contracts has been reviewed - although it should be noted that for this period the Primary Care dental contract was underperforming by 37%. Therefore current room utilisation has also been considered which indicates a future requirement for the amount of rooms provided, with some scope for additional activity within that space.

Children with Disabilities Service: Activity data has been obtained from the Commissioning team and planning assumptions agreed with them. For Physiotherapy, Occupational Therapy and Music Therapy assumptions have been made about the breakdown of group and individual activity.

H&F Advice - Adult Social Care: In addition to the Assessment activity included in the analysis, it is intended that these rooms will also accommodate sessions of activity from the Community Learning Disability team and Community Mental Health teams.

5.2.6. Conclusion

The table below summarises the calculated requirement and the actual facilities included in the Brief. The calculated requirement has been slightly uplifted to reflect the expected population increase in the area and to accommodate further shifts in activity from the acute sector - as well as the additional community activities.



Table 9: Calculated Requirement and Actual Facilities in the Brief

Tenant		Rooms Calculated from Capacity Analysis					Allocated Rooms					TOTAL	
		C/E & Consulting & Interview rooms	Treatment room	Specialist rooms	Group room	Community Seminar	TOTAL	C/E & Consulting & Interview rooms	Treatment room	Specialist rooms	Group room		Community Seminar
PCT	General Practice	15					15.00	14.00	2.00	2.00			18.00
	Community	6	2				8.00	7.00	3.00				10.00
	CWD	5		5			10.00	6.00		6.00			12.00
	Dental		3	2			5.00	3.00		2.00			5.00
Council		3				0.60	3.60	5				2	7.00
Shared					0.22		0.22	2			1		3.00
TOTAL		29	5	7	0.22	0.60	42	37	5	10	1	2	55

The Council calculations do not include the requirements for the LD Community team and Mental Health team consultations

5.3. Approval Criteria

The key performance indicators arising from the high level objectives, which have formed the approval criteria for the BBH design, are:

Fitness for purpose: The design and construction must provide for good standards of space (area, height, form and scale) which are operationally and energy efficient and economical and which have the capacity to be flexible for future changes in service provision (see ‘flexibility’ below and in Appendix 10 to the Tenants’ Requirements). The design must also consider the aesthetics, durability, cleanability and sustainability of all materials used in the construction, finishes and furnishing (see technical output specifications and ‘sustainable design evaluation’).

Flexibility and adaptability: The aim is to provide a flexible solution that will be sustainable over the lifetime of the building by enabling short, medium and long term change, both in healthcare services and other community activities and services, including extended hours of use. This flexibility and adaptability will have access, security, services, storage and management implications.



Flexible accommodation allows different activities to be accommodated in a given space without physical rearrangement of engineering services taking place. Adaptable accommodation is space that has certain basic parameters which, when built upon, will facilitate the use of the space by other activities by the physical rearrangement of building elements, services and furniture. Adaptability therefore requires the installation of removable partitions and furniture that can be added to, subtracted from or rearranged as required.

Further information on flexibility and adaptability can be found in Appendix 9 to the Tenants' Requirements.

Sustainability: Both clients are committed to "development that meets the needs of the present without compromising the ability of future generations to meet their own needs". The clients are looking to LIFTCo, to respond to the sustainability agenda in all three key aspects:

- social
- economic
- environmental

Further detail is provided in Appendix 7 to the Tenants' Requirements.

Capacity: The clients expect the design to demonstrate how it can respond to any changes in capacity requirements that may occur during the life of the new facility. This will be achieved, for example, through standardisation of room shape and layout to maximise future flexibility in use; and through ensuring that the fabric of the building is suitable to cope with maximum building throughput. Details of the capacity modelling for the facility can be found in Appendix 2 to the Tenants' Requirements, which are in Appendix 10 of this document.

Innovation: The PCT expects to see evidence of the incorporation of evidence-based design solutions in the provision and configuration of space, especially where they provide a response to the patient safety agenda.

Technology: Technology in this context refers to information and communications technology (ICT). ICT is not a discrete business function. It is a set of technologies and service that together play a part in most aspects of both:

- the health services to be delivered from the White City Collaborative Care Centre such as support for people with long term conditions
- the operation and management of the facility itself such as security and telephony

In recent years, the systems and technologies that support these services and operations, such as personal computers and CCTV cameras, have converged on a common infrastructure based on a standard communications protocol (IP). This means that they can share the infrastructure within the facility and also, most importantly, exploit



a common means to communicate across a Wide Area Network between sites and on to the wider NHS network and Internet.

The clients are looking for solutions that not only recognise and respond to these developments but also provide the flexibility to respond to future expectations.

Social well-being: It is essential that the building, both externally and internally, is designed to provide a positive healthcare experience that promotes the wellbeing of all building users, is not intimidating and does not cause anxiety. This involves consideration of the physical, psychological, emotional and therapeutic effects of the building environment. Natural light and the view of green spaces from the building will be significant issues in achieving this. Specifically relating to natural light, the PCT expects to see that the design demonstrates that natural light will be available into all rooms / spaces where staff work.

The massing and façade treatments should highlight the civic impact required by an important local building within the context of the surrounding buildings and environment, while providing a human scale that ensures that it is an accessible, approachable and welcoming community facility.

The design and layout of the waiting areas should provide a human, non-institutional scale with a secure, reassuring, calming environment. They should accommodate a variety of functions and facilities, including quiet area(s), private spaces/rooms, children's space, information point, community services, use for out-of-hours public activities. They should be visually pleasing (natural light, natural materials, reduction of glare, sensitive and appropriate texture and colour selection), acoustically comfortable (reduction of echo and unwanted sound intrusion) and should be visually linked to external open space. Finishes should be durable and easily cleaned so that they maintain their original appearance.

Clarity of way-finding is critical to reducing the anxiety of patients and visitors. The building layout should respond to this need by providing a design that enhances intuitive way-finding, shortens travel distances, and allows natural light to penetrate and be integrated into the internal spaces. This should be supported by high quality interior design that incorporates the use of colour, symbols and artwork as a means of guiding people through the building, as well as consistent and appropriate signage.

Specific facilities within the Centre, such as the Vending Lounge, should be located to enable open space to be directly visible.

ASPECT (A Staff and Patient Environment Calibration Tool) provides guidance and a method of assessment for social wellbeing, and will be used by the clients as an informal tool to inform their assessment of the design.

Safety: Considerations of safety are broad-ranging and unless they are sensitively handled they can result in solutions that are detrimental to ambience of the facility (see 'social well-being' above).



The clients have set out their expectations of safety in terms of accessibility, infection control, security and health & safety (see Appendices to the Tenants' Requirements). The concept of 'front of house' and 'back of house' contributes to the safety agenda by separating the flows of goods and waste from those of patients, staff and visitors. The clients are looking for a design solution that achieves such separations, both internally and externally.

Affordability: The local population will expect the delivery of a local community facility that is inclusive and inspirational. Delivery of these expectations will require careful management of the design process and the PCT's detailed service briefing sheets and planning principles aim not only to provide clarity to the design team but also reflect carefully balanced judgments regarding operational versus design requirements. Although these documents provide a baseline against which the design can be measured, they will not answer all of the questions that will arise during design development.

Key to delivering an affordable solution has been the introduction of robust change management controls into the design process so that any requests for changes to the brief have to respond clearly defined value for money criteria. The clients will expect LIFTCo to demonstrate how such controls can be implemented.

Quality: The clients are committed to achieving excellence in healthcare design, and LIFTCo's designs have been assessed against the following principles:

- **functionality:** the design should deliver the occupants functional requirements with sufficient flexibility to "future proof" the design
- **access:** good access to facilities both for everyday and emergency situations, using both private and public transport, should be available for all irrespective of physical ability. Way finding and signage will be clear and an integral part of the design solution. Proximity to areas of pedestrian activity with good lighting and being overlooked from public spaces help to minimise the risk of crime and provide a sense of comfort to all users. Access to the reception area is, for most people, the point where the first impression is made, however, the approach to the building and the ease of access will also play an important part in that process
- **space standards:** space standards shall be developed around ergonomically sound principles. Patient areas should be sized to enable an efficient yet comfortable and therapeutic environment
- **character and innovation:** facilities should be welcoming for patients and conducive for staff to give their best results
- **internal environment:** designs shall ensure that patients are treated with privacy and dignity in safe and comfortable surroundings. The building must also provide staff with the optimum working conditions
- **urban and social integration:** the buildings shall be designed to integrate into the fabric of their surroundings, rather than be insular, detached or self-contained.



Integration of landscape and external works into the overall design will be critical from the outset

- **performance:** standards of day lighting, artificial lighting, ventilation, acoustics and thermal comfort should be tailored to deliver the highest levels of patient comfort and staff efficiency in a safe and secure environment
- **engineering:** designs should incorporate the latest and emerging technology
- **construction:** construction should be of a high build quality with a strong regard for sustainability issues to minimise maintenance and life cycle costs. Standardisation and prefabrication of building elements could be considered if they are appropriate

Designs have been assessed using the 'Achieving Excellence Design Evaluation Toolkit (AEDET)' and reflect the content of the CABE "2002 Vision: Our Future Healthcare Environments" report published in June 2002.

Commission for Architecture and the Built Environment (CABE): an important part of CABE's remit is to scrutinise the quality of buildings in the public sector. CABE has set out seven key design issues that Health Care Trusts must address if they are to achieve better quality, patient-focused health care environments:

- balancing clinical requirements with patient and staff needs - beware of the agglomeration of services to the detriment of the internal environment. Do not forget about high natural lighting levels, access to outside space, generous corridors and waiting areas close to the point of treatment
- urban design – draw up a strategic plan at an early stage to identify opportunities and constraints that the site offers and employ an urban designer early on
- landscape – a high quality landscape is not an optional extra, it offers real value to a health building and the surrounding community. Do not let clinical or car parking pressures get in the way of landscape benefits
- space standards – be clear about minimum standards. Trusts should defend the space required for public functions and apply quality thresholds
- legibility – new medical facilities must be easily accessible providing clear, legible and short routes both inside and outside the centre
- client management structure – client teams must be small and dedicated solely to the project with direct responsibility to the CEO
- supply side issues – successful projects need strong integrated bidding teams. To achieve this, clients must demand quality and bidders need to invest in quality design and understand how an architect adds value

Account has been taken of the guidance on design quality included in the DCMS publication "Better Public Buildings", the OGC guidance "How to achieve Design Quality in PFI Projects" and the 4Ps "Achieving Quality in Local Authority PFI Building Projects"

Design Life: within the Client's Project Brief, the building design life is required to be for the full duration of the Lease Plus Agreement, and materials are required to be suitable for purpose, appropriate to local context and have regard to sustainable sourcing. The



anticipated life expectancies for the following architectural and engineering systems included in the designs are as set out in the following table:

Table 10: Design lives

Element	Minimum Design Life to First Replacement
Building Structures	60 years
Drainage Systems	60 years
Internal Walls	25 years
Finishes	5 to 10 years
M&E Plant	15 to 25 years
M&E Systems	15 to 20 years
Lifts	25 years
Telephone and Data Systems	15 years

Materials have been chosen to meet the required Design Life proposals.

5.4. Clinical Functionality

Appendix 11 contains the schedule of accommodation and the Tenants’ Requirements at Appendix 10 sets out the clinical functionality requirements for the White City Collaborative Care Centre.

5.5. Change Control

The development of the Tenant’s Requirements and close collaboration with the design team during development of the Stage 2 proposals has successfully managed change control issues to this point, such that there have been no adverse impacts on cost.

5.6. Reviewable Design Data

The Guidance states that ‘while Reviewable Design Data provides a useful mechanism for engaging the Participant in the completion of design work after Stage 2, this should be restricted mainly to particular finishes and other non- critical design areas, unless specialist elements are involved.’

At Stage 2 the PCT has taken an approach to design review that will ensure that all matters of functionality are either finalised, agreed and documented pre-contract, or the functionality requirements of any matters yet to be finalised are agreed and clearly expressed. The schedule of Reviewable Design Data post Financial Close will therefore be minimised and the current schedule itself is included in the LPA.

5.7. BBH’s Design Proposals in response to the Tenants’ Requirements

A full copy of LIFTCo’s Proposals can be found in Appendix 12. These have been developed in direct response to the Trust’s Tenants Requirements (TRs). The direct



outputs from LIFTCo, which represent and illustrate their interpretation of the healthcare planning proposals for the new development, are contained in the following information included in the LIFTCo proposals documentation:

- site plan at 1:500 scale
- floor plans at 1:200 scale
- selected loaded room plans at 1:50 scale

5.8. Compliance with Approval Criteria (Design & Specification)

5.8.1. Fitness for Purpose

The Trust's Construction Requirements stipulate that the design solution must demonstrate fitness for purpose in a number of ways:

Clinical functionality: the scheme has been developed throughout to ensure compliance with clinical functionality. The main focus in obtaining the final layouts has been a careful analysis of clinical adjacencies and patient and staff pathways through the building. A series of organisational and adjacency studies were prepared and discussed in detail in order to ascertain the optimum design solution for the brief.

Space standards: a process of reviews at key stages was established in order to check that space standards, including room areas, proportions and heights, were appropriate for the anticipated activities. This involved a series of 'due diligence' reviews with Health Planners to assess compliance of the scheme with the Tenants' Requirements. There has also been an on-going assessment of comparative schedules of accommodation that list current proposed room areas against those first included in the Indicative Schedules as part of the project brief. Where individual rooms depart from current guidance in terms of overall size, these have been individually tested to ensure that functionality is maintained.

The standardisation of room sizes around the structural grid also assists in maintaining future flexibility with the extensive use of non-loadbearing elements allowing the repackaging of room enclosures in the future which will work around established structural bays and openings thus allowing the modular scaling of rooms in equal units as originally envisaged by HBN 11-01.

Design vision: the design vision encompasses two main areas. Firstly, in considering the experience of the building user, whether as a patient, visitor or member of staff. The design solution addresses their needs by, amongst other things, incorporating as much natural light as possible into the internal spaces, allowing for views both internally and externally to assist with orientation and way-finding. Also, a wide variety of internal spaces ensures that patients and staff can find a suitable area to suit their needs. The second aspect of design vision relates to the image that the building conveys to the local community and environment in relation to modern healthcare service delivery.



Ease of use and legibility within the building are also key concepts of a successful design and the careful location and layout of circulation space in the new building proposals coupled with the logical clustering of clinical services and the various departmental spaces have all been developed with these aims in mind.

Parking: this has been highlighted in the brief documentation as a specific area for consideration due to its sensitive nature for building users, local residents and the Local Authority. A robust methodology has been implemented to analyse and predict traffic activity in conjunction with the Green Travel Plan, which was submitted as part of the Planning Application. Consultation with the local highways department and local councillors as well as project stakeholders has led to a deliverable solution now set out in the scheme proposals which have received the support of the local planning authority.

Planning: in 2009 the London Borough of Hammersmith & Fulham gave consent to a mixed use development with health, retail, office, community, residential uses and the creation of a new piazza. Following a review of the scheme undertaken by Building Better Health and its housing partner, Notting Hill Home Ownership, in late 2010 a decision was taken to make some minor material changes to the scheme in relation to a reduction in the number of units, alterations to the residential mix and associated minor design alterations. Following consultation with the local planning authority it was decided to conclude these changes by way of a formal full application.

This revised full application was considered at committee on the 11th October 2011 and was granted conditional full planning approval subject to a series of conditions / reserved matters that very much mirrored those applied to the earlier approval.

None of these conditions / reserved matters is considered exceptionally onerous or unreasonable and the LIFTCo is in the process of seeking to discharge these conditions ahead of the target financial close date, concentrating on those conditions which are subject to “pre-commencement” obligations.

A full copy of the planning approval notice together with a tracker for the planning conditions noting the party responsible for their discharge and the progress made to date, is contained in the Appendix 13 to this business case.

The planning approval granted is also subject to a section 106 agreement which places an obligation on the scheme developer to contribute towards the upgrade of the highway in the vicinity of the new centre (including traffic calming, access provision and new crossing points to serve the scheme etc) as well as for the provision of additional ‘Blue Badge’ disabled user parking bays located on the public highway to facilitate access to the new centre. In addition the planning obligations include for much needed improvements to the public realm about the site and moreover to Wormholt Park which the new centre backs onto and overlooks. The total planning obligation under the section 106 agreement has been equitably apportioned between the various elements to the overall White City development including the new health facility.



All costs associated with clearing reserved matters and the planning obligations under the section 106 agreement have been identified, quantified and factored into the financial model.

5.8.2. Flexibility & Adaptability

The design and layout of the building reflects the most recent guidance published by the Department of Health, regarding primary and community care facilities. One aspect of the guidance is to allow healthcare buildings to be more flexible, both on a day-to-day basis, increasing the utilisation of clinical rooms, and on a longer term basis, to ensure that buildings have a longer lifespan. This can be achieved by enabling the layout to flex in order to accommodate changes to the clinical services delivered from the building and also to accommodate changes in the models of care.

The need for a layout that incorporates elements of adaptability and flexibility has been carefully considered during the design process including:

Use of generic rooms with standardised infrastructure: this has been implemented, wherever possible, in order to allow a range of different activities to take place in a single space without physical rearrangement of engineering services or structure. Clinical rooms have been generally sized so that they can accommodate a wide range of activity. These also allow for the specialisation of room equipment if required, but ensure that rooms can revert back to generic room types in the future. This approach avoids bespoke solutions that cater to only a single clinical service.

Community facilities: these spaces, such as group rooms, have been located close to the main entrance so that they can be accessed easily without disturbing clinical areas. This also assists with phased shutdown out of hours as the rest of the ground floor can be locked off separately.

5.8.3. Sustainability

The new building layout has been designed to support new clinical models of care and will also act as a catalyst for operational and managerial change. This offers an opportunity to develop more sustainable operational policies and work patterns.

Issues are being addressed that promote sustainability both during the construction process as well as during the on-going lifespan of the building. The PCT and the Council fully support the environmental agenda. The project team has developed a series of overarching principles to set the sustainability agenda for the redevelopment project and the intention is to exceed current statutory guidance wherever possible.

It has been recognised that sustainability issues must be addressed as early as possible in the design process to maximise the environmental benefit. The scheme will meet the 2010 Building regulation requirements and incorporate a number of sustainability features including renewable energy generation via photovoltaic panels located on the roof of the new scheme.



5.8.4. BREEAM Rating

The latest BREEAM report, dated September 2011, indicated a target score of 71.39% (Excellent). The report highlighted the potential to achieve a score of 80.89% with additional work. The current design proposal reflects a scheme that can achieve an 'Excellent' rating within the current cost plan. A copy of the current BREEAM report is contained in Appendix 14.

5.8.5. AEDET Review

A full review of the building design has been undertaken using the AEDET Evolution toolkit and the results of this are contained in the Appendix 15 to this business case. The review was undertaken with representation from the Project Team and the Client representatives. The average total assessment for the scheme shows an average score of 4.57 out of 6 across the 10 assessment criteria

5.9. Safety

It is imperative that all users of the building are safe and secure and also that they feel safe whilst in the building or anywhere within the site. Areas where safety and security have been considered include:

- **Control of infection:** safety from infection and enable simple cleaning regimes wherever possible to minimise the spread of infection
- **Fire safety:** safety from fire and enabling safe evacuation from the building in the event of a fire
- **Staff observation:** visibility of all entrances and exits from the building, together with visibility of all public and waiting areas has been addressed through the positioning of staff bases and receptions
- **Technology:** staff call, CCTV, building management, systems, etc. are utilised to provide a safe environment. All rooms within which a client / patient may be alone are provided with a nurse call system that reports to each of the reception areas. The building has CCTV provision to enable the movement of people within corridors, external paths, entrances and car park that are monitored at the main reception desk
- **HTM/ HBN compliance:** ensuring that all rooms and spaces are designed in a way that they are fit for purpose in accommodating their intended activities
- **DDA / accessibility:** ensuring that all appropriate areas of the building are safe to access for all members of the community
- **Secured by Design:** the proposals are being developed in conjunction with Secured by Design. This is a Police initiative advising on the design of new developments to address issues that promote safety and security. The design of the CCTV and lighting installations are very much influenced by and compatible with the principals of Secured By Design



5.10. Cost Optimisation

The programme allows for regular affordability checks throughout the design process to ensure that the building will be delivered to budget.

This is based around a robust process of open book tendering which has allowed for a high level of cost certainty to be established prior to submission of the Stage 2 Business Case.

LIFTCo has embarked on a two stage tender process with the first stage based on an competitive competition to select a main contractor based on a submission of overheads and profit, preliminaries and an initial cost plan for the new development.

On selection of the main contractor offering the best value for money in relation to the stage 1 criteria, a process of open book market testing has been undertaken with production information for the various subcontractor packages having been issued for tender in order to market test the developing elemental cost plan.

At this time, at the submission of the Stage 2 Business case, sufficient progress has been made in the competitive open market testing of the main subcontractor packages for the main contractor to be able to confirm a guaranteed maximum price for the development to LIFTCo which has been assessed in value for money terms and reported on elsewhere in this business case. On-going work continues on refining the cost plan and undertaking further market testing with a view to improving the position at Financial Close with the safeguard to the Clients of the GMP underwritten by LIFTCo's main contractor

Specification and product selection continues to be made based on value for money considerations, both of the initial product and of the on-going maintenance required. Facilities management, Lifecycle and maintenance implications have therefore been carefully considered with specialist input provided throughout the design development, which has been key to ensuring best value.

Facilities management services have similarly been subject to open book competitive tender with an FM provider now selected by the Liftco

5.11. General Development Overview/Design and Access Statement

A summary of the principal design features of the building which have been developed during the Stage 2 process as part of the production of the LIFTCo Proposals for the Collaborative Care Centre follows below.

The proposals for the comprehensive redevelopment of the former Janet Adegoke Centre site respond to both the immediate site context and also the wider context of the White City area. The provision of housing situated above a new community health and social services facilities in addition to new retail on the site has created the opportunity to integrate the development into the surrounding network of facilities.



The accommodation of these new facilities in two distinct ground level buildings on the site creates a natural gateway to the park from Bloemfontein Road, and allows the continuation of the Australia Road axis in to the park, linking the scheme directly through the White City estate, to the BBC, Wood Lane and White City underground station. Above these community facilities sits the residential element of the scheme, 170 one, two and three bedroom apartments.

The strategic urban response of the development includes:

- create a new gateway to Wormholt Park on the Australia Road axis, establishing a very strong connection from the site to the heart of the White City Estate
- provide a new Collaborative Care Centre as part of a network of existing education, health and community facilities
- create a new urban civic space at the heart of the development, located on the western side of Bloemfontein Road, surrounded by the active facades of the Collaborative Care Centre and retail facilities
- create new retail facilities to the south of the site which are complimentary to those already established at Charnock House
- create a landscaping strategy which clearly connects the contrasting spaces of the park and the new civic space with a common language, and draws visitors into the park
- create a high quality landmark building, a new civic heart for the White City and Wormholt estates and the wider area

5.11.1. Scheme redesign

The design that was granted planning permission in 2009 is successful on many levels:

- appropriate streetscape and urban response
- positive contribution to urban realm
- accommodation for essential local facilities
- a community centre and meeting point
- much needed residential accommodation

This permitted scheme has been further developed by the new design team, under the instruction of the client stakeholder group including the housing partner NHHG, to ensure that the project is a deliverable and robust scheme that best fits the brief. This review highlighted the need to:

- re-evaluate the residential mix and numbers
- review the structural approach
- omit the 1st floor office accommodation and replace with residential units
- reduce the amount of retail space and realign the building at the southern end of the site
- review the servicing and environmental approach to reflect design changes and changes in current regulations



The design team has progressed the scheme to address these issues without increasing the permitted envelope and retaining the established architectural expression and identity. Moreover, the changes have maintained the original concept of the collaborative care centre within the overall development. Similarly the servicing, waste and fire strategies for the building remain unchanged in principle and the scheme resubmitted for planning approval in June 2011.

The finalised design for the CCC element has been generated by two key design drivers. Firstly, the layouts reflect the clinical functionality required by the brief in order to meet the healthcare objectives in an effective and efficient manner. Secondly, the layout has been designed to ensure that the patient and visitor experience is of the highest possible quality. There will be a wide range of users of the new facility and it is critical that the building is accessible to all, is easy to navigate and provides an uplifting and reassuring environment. A wide number of consultees have been involved in the design of the internal layouts including:

- representatives of the different services to be provided within the building, including:
 - General Practice
 - health visiting
 - anti-coagulation
 - family planning
 - podiatry
 - dental
 - Children with Disabilities
- infection prevention specialists
- service commissioners – PCT and Council

Whilst not specifically involved in the detailed layouts, a number of other groups have been consulted regarding the building design. These include:

- residents – via HAFFTRA
- voluntary sector including HAFAD, Nubian Life, MENCAP and MIND
- West London Mental Health Trust
- Hammersmith & Fulham Buildings Group, Hammersmith Society and other neighbouring Amenity Groups
- Bryony Centre and adult education
- Council Members
- the Local MP
- Business economy – Chamber of Commerce
- the Friends of Wormholt Park

Whilst the majority of the Centre consists of clinical spaces to satisfy the clinical brief, it is intended that the building is also a community resource with flexible spaces that can be used to promote a broader health agenda beyond simply treating illness. These spaces



include the public areas of the building together with additional areas that will be available on a bookable-basis when not used by patients for assessment, rehab and therapy activity.

5.11.2. Circulation Spaces

These have been designed to be non-institutional. This has been achieved by reducing the length of corridors as much as possible, avoiding dead-ends where possible, introducing passing places and by incorporating natural light and views, both external and internal, to aid orientation.

Circulation for the residential units above the care centre are formed by separate 'cores' with their own access from Bloemfontein Road. These cores have been designed with a view to minimise the impact on the footprint of the care centre and have been part of the complementary design approach to this mixed use development.

5.11.3. Provide Improved Accessibility for Patients

The building has been designed to be fully accessible to all. To that end, the design not only considers the needs of wheelchair users, but also those of children and their parents, those with poor mobility, particularly the elderly and those who are sensory impaired. The simple and logical layout of the building promotes easy way-finding for all. This will be complemented by appropriate signage and use of colour. The centralisation of the main entrance within the plan shortens travel distances within the building from the front door to each of the different areas, aiding those with mobility difficulties. In addition one of the lifts has been placed adjacent to the Children with Disabilities department to provide ease of vertical circulation for parents and children using this department.

A dedicated drop-off zone for both patients and ambulances plus proposals for dedicated 'blue-badge' parking provision to the front of the building have all been agreed with the Local Authority to enhance the accessible credentials of the scheme.

5.11.4. Flexibility and Adaptability

Long term flexibility goes hand in hand with sustainability. BBH's philosophy is for long life, loose fit buildings. BBH has designed the building to be able to adapt easily to changes in health provision requirements, and anticipate future change from the outset. To this end they have used standard grids and all the internal partitions are non-load bearing, independent from the structure, and all the mechanical and electrical services routes are very controlled so that these do not obstruct future internal rearrangement.

The need for a layout that incorporates these elements of adaptability and flexibility has been carefully considered during the design process, as it increases the longevity of the building and makes it more sustainable. The design and layout of the building reflects the most recent guidance published by the Department of Health regarding primary and community care facilities. One aspect of the guidance is to allow healthcare buildings to be more flexible, both on a day-to-day basis, increasing the utilisation of clinical rooms,



and on a longer term basis, to ensure that buildings have a longer lifespan by being able to flex in order to accommodate changes in the services delivered from them. There is a number of ways that the proposed layout maximises flexibility and adaptability.

Modular room sizes: Clinical rooms are sized so that they can accommodate a wide range of clinical activity. These also allow for the specialisation of room equipment but ensure that rooms can revert back to generic rooms in the future.

The intention is to provide a minimum number of room sizes in order to avoid bespoke solutions that cater to only a single clinical service. The building layout is based predominantly around the use of a systematic planning grid of 1.2m x 4.15m, enabling the creation of a suite of generic room sizes of 9, 14, 18m² etc. These sizes are considered generous and appropriate for an array of clinical and non-clinical uses, allowing future flexibility in the potential relocation of services.

Accommodation clusters: The building has three main clusters of clinical accommodation, located either side of the rear atria and linked by a generous circulation zone running perpendicular to the main entrance. The GP cluster is located to the right (north) on the ground floor and is linked to the smaller cluster with the procedures suite. Above this cluster on the first floor in another cluster occupied by Children with Disabilities.

The third main cluster is located to the left (south) and is a generic clinic cluster for a variety of clinics. Between the main cluster two smaller sub groupings are located on the ground and first floor and are to be occupied by the GP's on ground and dentistry on the first floors.

5.11.5. Overall Building Mass

The form of the scheme has been informed by three key overriding principles:

- the first is to achieve a balance of land taken from the park against land that is given back to create an equilibrium of park area. The park is no smaller but its eastern edge will be defined by the proposed building
- the second is to ensure the new building as well as that all neighbouring properties are not overshadowed in a detrimental way so that rights to daylight are not affected. This has resulted in the building taking a linear form, simply set back on Bloemfontain Road which in turn creates a new urban square on to the street
- the third is to successfully integrate the circulation cores giving access to clusters of residential units with the footprint of the new health centre with a view to minimising circulation and reducing corridor lengths wherever possible

The ground level form uses two distinct components, the Collaborative Care Centre and the retail units, united by the residential building above. Their separation at ground level allows a route through to the park to be established whilst still retaining a strong edge to Bloemfontein Road. This link through to the park extends a well-used route along Australia Road from the BBC and is a gateway to the wider community. This enhances



the pedestrian and community links to the new Collaborative Care Centre which is a key component of the building's siting.

Sitting the building away from Bloemfontein Road creates a new space which forms a gateway to the park. The ground level uses address the new public open space creating animated frontages on to it. All elevations are publicly visible adding to the overall natural surveillance and security of the new centre.

On the park side the buildings are shaped to create a generous gateway to the park. These public elements enjoy a frontage directly on to the park. The boundary between the park and the development is integrated by bringing the park into the newly created CCC space, and allowing some of the development into the park. The eastern boundary of the park is redefined but with no net loss of park area, with the provision of the new space onto Bloemfontein Road there is a net gain of public open space overall.

5.11.6. Overall external materials palette

The materials selection further enhances the project objectives and aspirations. In order to achieve a high level of sustainability, material choices have been subject to review regarding their extraction, manufacture, delivery to site and disposal of resultant waste material. The material choices have also been made to give the building the characteristics of a modern healthcare building that represents the vision for improved service delivery. To this end, the building is composed of a series of simple and elegant volumes that manipulate light and shadow, giving depth to the facade. Elements of colour and texture are introduced along the residential block to provide interest and to introduce a human scale along this long facade.

5.11.7. Addressing the Park - Rear (west) Elevation

The proposal creates a gateway which connects Wormholt park visually and physically into the wider area; this should increase the use of the park.

All the residential units have balconies which are large and designed to be an extension of the living space. Around 50% of these overlook Wormholt Park which will create a sense of overlooking and security within the park and creates effective pedestrian links to the wider community using the new centre.

At ground and first floor levels the Collaborative Care Centre is designed to incorporate large glazed areas to allow a direct visual connection from the centre's waiting, circulation and play areas to the park. Privacy for the Collaborative Care Centre will be subtly provided by a landscaped buffer between the building facade and the public realm together with careful façade treatment and use of an appropriate palette of materials

The roof of the Collaborative Care Centre will be developed as ecology gardens, which will add a visual amenity as seen from both the park and the residential building, but will also improve the bio-diversity of the park and surrounding area.



5.11.8. Addressing the Street - Front (east) Elevation

The proposed siting and massing strategy addresses a number of key issues in relation to Bloemfontein Road and adjacent buildings. The townscape impact of the development is reduced by setting the building back from the street, which increases the sunlight and daylight provision within the immediate area. Furthermore, breaking the building form into five linked parts animates the facade and creates rhythm to the street elevation. Setting the building back also allows for a new public space at ground level, with a character that is distinct and different from the park.

The overall setting of the building and the maximisation of natural light are key benefits of the White City Collaborative Care Centre. The eastern edge of the space is defined by Bloemfontein Road and the new line of trees, which will reduce the impact of this busy road on the new space.

The lower parts of the building provide frontage to the proposed public space, with retail access to the south, and the entrance into the Collaborative Care Centre to the north. These uses are both intended to have long operational hours, and so provide lighting and animation to the street during the evening, all adding to the sense of secure, publicly accessible community facility.

The axis of Australia Road which links the scheme to local transport infrastructure, and the wider area is now provided with a clear focal point by the new development.

5.11.9. Side (north elevations)

The benefit of a corner location for the new Collaborative Care Centre with street frontage on two sides has been maximised by creating a separate service access for the centre off Bryony Road thus successfully separating the public and service entrances to the building, and improving operational functionality.

5.11.10. Centre Fenestration

Sitting the building away from Bloemfontein Road creates a new space which forms a gateway to the park. The ground level uses address the new public open space creating animated frontages on to it. The residential element of the building above further defines the space, and reduces the proximity of the new development to the adjacent buildings.

The residential element of the scheme overlooks this public space with an animated façade of residential balconies. Below this is a two storey high glazed façade which directly addresses the plaza and allows the public elements of the building to define the edges of the new space whilst maintaining a relationship with the park.

The façade has a rhythm of 1.5m bays which move around the building and change in character from a primarily glass elements to the front to a more solid element along the side and then opening up again to the park via two double height glazed courtyards. As well as full height glass metallic panels are used in combination to provide security and



privacy where required internally. On all elevations, the external doors and windows have been arranged to complement the materials and rhythm of the facades.

5.11.11. Internal Layouts

The internal arrangement of the building seeks to balance individual functions' requirements for street presence, access, security, confidentiality and complimentary co-location adjacency. This is achieved by:

- locating multi-use community facilities on the ground floor along the street frontage. This allows flexibility of access, street presence and an active street front
- locating high volume healthcare departments on the ground floor, with those functions mostly requiring immediate access lower in the building, and those least dependant, with low through put and longer appointment times on the first floor. All departments are arranged to be directly accessible from the atrium and courtyard waiting areas for simple way-finding within the Collaborative Care Centre
- locating staff and administration facilities on the first floor of the building to provide some separation from public areas and direct access to the staff areas
- locating incoming services, staff parking, deliveries, clinic waste pick-ups and as much plant as possible either in the basement or on the northern edge of the ground floor, preventing these support spaces from interrupting the community or healthcare provision and allowing direct access to the service lay-by on Bryony Road

The Collaborative Care Centre is organised with a clear single point entrance on the new Bloemfontein Road public space, which gives immediate access to a reception point and leads on to the vertical circulation. The building is then organised into a sequence of open ended fingers of cellular accommodation in between which are softer flexible top-lit space formed by the atria. These double height spaces accommodate waiting areas, secondary reception points, play areas and primary circulation. The spaces are visually connected to the park by large glazed areas on the western facade allowing outward views to the park beyond and bring natural light into the core of the building.

The floor layouts have been generated based on the principles outlined above, and through discussion with a wide range of stakeholders. Appendix 12 contains the signed off 1:200 drawings for the ground and first floors.

5.11.12. Basement

A large basement storey is located below the CCC, and projects under the plaza at the front of the building. This primarily contains parking for both the Centre and the residential units and is accessed via a ramp from Sawley Road.

In all 23 parking spaces are allocated for the CCC, 2 of which are disabled parking bays. and there will be sufficient bicycle spaces allocated to comply with local planning authority



requirements and to achieve the relevant BREEAM credit. In addition the basement contains plant rooms, service areas, and water storage for the building, thus maximising the space available for clinical / operational use on the principal ground and first floors

This level is well connected to the floors above via a dedicated stair and lift core at the northern end of the CCC, with access control to all areas for CCC staff.

5.11.13. Ground floor

The ground floor contains mostly clinical activity. This consists of the GP practice, and specialist community areas; with the local authority advice centre located close to the front entrance.

The public areas of the building are located centrally within the floor plan. It is critical that the entrance is located centrally within the building in order to afford simple access to each of the clinical departments without passing through other areas. This also promotes simple way-finding, minimises internal travel distances and maximises security when only specific areas are accessible out of hours. From the main entrance, through the use of extensive glazing and balcony areas, there is good visibility to the various destinations within the facility.

A 'meet and greet' area and the Centre reception are located at the main entrance with the General Practice reception located centrally with a commanding view over the associated waiting areas. The main circulation core, consisting of a lift and stairs to upper levels are positioned between the two reception areas. To maximise the provision of natural daylight into the building there are two large, double-height internal courtyards (formed by the atrium roof lights) adjacent to the main public areas that face towards the park offering view of trees. These are the main waiting areas for the various services.

The two main clusters of clinical accommodation, are located either side of the rear courtyards/atria and are linked by a generous circulation zone running perpendicular to the main entrance. The GP cluster is located to the right (north) with the larger waiting area and associated smaller sub-cluster of procedures & treatment area. The Specialist Community cluster is located to the left (south) and will be used for a variety of clinics.

The use of corridors has been limited wherever possible to the internal clinical spaces in the building, so that the public routes are more open and informal. Whilst there is only a single entrance area, there are a number of areas that have controlled access to external areas, for staff use, deliveries and means of escape.

The service routes (waste, supplies etc.) are located at the northern end of the building with direct access to the dedicated layby on Bryony Road. In addition a lift is adjacent to allow service movements between ground and first floor without moving through the main public areas of the building.



This location has been discussed in detail with the facilities management providers to ensure that this service can be provided efficiently with minimum disruption to the other activities taking place within the building.

5.11.14. First floor

The accommodation at this level is used for a limited amount of clinical services namely Dentistry and the Children With Disabilities service, which are clustered around the main waiting area above the GP spaces allowing direct access from the main feature stair and lifts. These services have the smaller through put and therefore have smaller localised waiting areas, with adjacent small reception / clinical office.

The Children With Disabilities service is contained around a central corridor and also has a lift located adjacent for ease of circulation which is specified as an evacuation lift to enhance the means of escape strategy of the building and which recognises the specific needs of the client group being served.

The remainder of the floor contains staff accommodation which includes administration offices comprising hot-desking for council services and permanent, dedicated workstations for the GP practices and includes interview rooms, meeting and training areas and staff facilities including staff changing and a rest room overlooking the park.

5.12. Future expansion

The layout of the building around the central space allows for a flexible arrangement of care zones/suites, each with direct access that avoids 'crossovers' between separate zones. This also generates floor-plates of optimal depths for the range of healthcare spaces required. Using a modular planning grid and generic design of consulting rooms allows for future changes in the care services to be accommodated, without major re-organisation, over the life of the building. The distribution of building services and utility spaces are also designed to allow for future flexibility.

The location of the community facilities in close proximity to the main street frontage allows these spaces to operate flexibly, either as independent units or as part of an integrated healthcare and healthy lifestyle facility, with out of hours / bookable useage being possible having local access to sanitary facilities and reception without the need to access the remainder of the Collaborative Care Centre.

5.13. External Areas

The objective of the landscape strategy is to extend the park to the western facade of the building and connecting it to a new public open space on Bloemfontein Road. This will create a transition between the scale of the residential areas to the east, the relatively dense urban character of the new development and the park to the west.

The Collaborative Care Centre and retail entrances are all arranged along the eastern facade addressing the new public space on Bloemfontein Road. Four residential



entrances are also located on the eastern facade addressing the new public space on Bloemfontein Road.

General issues: the paved surfaces will be arranged in bands to pick up the building grid, with subtle changes in laying patterns used to emphasise the separate, distinct entrances to the development. Regularly spaced London plane trees, linear benches and lighting columns provide a permeable edge between the pedestrian footway and the road.

The frontage will be designed with drop kerbs and rising bollards to accommodate disabled drop-offs and access for service and emergency vehicles.

A series of gates between the two ground floor building wings allow the park to be secured at night and provide additional security to the southern and western facades to the centre.

Pedestrian access: Pedestrian routes will be segregated from cycling and vehicular routes to maximise safety. The main entrance plaza, proposed as a shared surface, will be subject to particularly close attention to detail to ensure safety and accessibility to all users of this space.

Ramps and steps around the perimeter of the building have been designed out giving a level access entrance to the new centre and seating areas will be provided at pause points along the pedestrian access routes.

The pedestrian routes will be surfaced to provide an appropriate surface for wheelchair movement. These will include textured surfaces and rumble strips, where required, to indicate crossing points for visually impaired.

Whilst the site layout has been generated to produce a simple and logical route into the CCC, the positioning and design of signage will be developed to reinforce this concept.

Access routes and drop off areas will be adequately lit at night to provide security and a safe environment for all users. Light overspill will, however, be controlled, so as not to affect the neighbouring properties.

Parking and drop-off: Ambulances, taxis and patient transfer vehicles will be able to set down passengers at the pull in bay provided on Bloemfontein Road, directly opposite the CCC entrance, with drop bollards, kerb design will be developed to ensure safe transfer for all arrivals, and with textured surfaces.

Sufficient disabled parking bays exist close to the main building, along the adjacent side roads and the provision of additional disabled parking spaces has been agreed with the local authority as part of the planning obligations linked to the planning approval for the development. Within the basement 8% of the overall staff parking allowance will consist of disabled bays.



Cycle parking is provided in the front plaza for visitors and patients with a separate area of covered cycle parking located within the archway entrance to the park. Secure staff cycle parking facilities are also provided in the basement area.

Highways: the development works to the site require a substantial improvement to the public realm and works to the public highway to improve access and pedestrian safety all as part of the works outlined above. The scheme has been considered in detail by the local highways authority via the planning process and they have established a series of improvements necessary to the highway, the costs and obligations for which have been included in the section 106 agreement allied to the planning approval for the scheme.

Utilities: the site locality is provided with all main utility services including those that served the former leisure centre on the site. Formal enquiries and requests for service quotations have been made and received from the gas, electricity and water authorities. These are enclosed in Appendix 12. All utilities have confirmed the existence of sufficient capacity of services to supply the new development and all costs have been reflected in the construction cost plans.

5.14. Summary

The proposals for the new CCC have been developed through a process of wide stakeholder engagement over a number of years. Consequently, the project not only meets the aspirations of the PCT and the Council, but also provides a more far-reaching community resource with facilities that promote a broader wellness agenda.

All rooms are sized and positioned to reflect the principles of flexibility described in detail above so that the building is able to accommodate future change simply and easily whilst minimising the need for alteration to the building fabric.

Similarly, the proposals described above reintegrate the whole site into the local context and provide much needed housing, retail, a new healthcare and access to open space amenities that are open and accessible for all.

5.15. Design Development and Detailed Design Proposals

5.15.1. Interior design concepts and finishes (being developed at present)

The interior of the building has been designed as a pleasant, calming and easily navigable environment for patients and visitors and as an exemplary workplace for staff. Colours and materials will reflect all current legislation and guidance for accessibility, maintenance and control of infection in a public and clinical environment. The public spaces offer an opportunity for creative use of these products to create a welcoming and non-institutional space that reflects the function of the building as a community resource.

The cost plan currently allows for enhancement of both floor and ceiling finishes in the ground floor public areas – main entrance and waiting spaces – although the exact



specification and colour selections will be developed in conjunction with the architects and interior designers and form part of the Reviewable Design Data process.

Furniture and fittings are a key component of the interior and bespoke reception desks will be used that coordinate with the finishes in the atrium and waiting areas. Key equipment items such as waiting area seating, information points/ internet café and vending areas etc will be co-ordinated as part of the interior design proposals which will require collaboration between the design team, the PCT and council client groups to ensure an holistic approach to the interior look and feel of the new centre.

5.15.2. Way-finding

Clarity of way-finding for all, regardless of sensory, educational or cultural background, is a key driver for our design strategies. To this end it is imperative that the architecture supports this strategy without reliance solely upon signage.

The clustering of all departments and services around the unifying atrium and courtyards allows receptionists to direct all visitors to the relevant clinical zone which they can directly see from the main reception desk, itself clearly evident upon entering the building.

Highly visible stairs and lifts in proximity to the main reception desk are readily apparent as the means of reaching upper floors.

Each department or community services will be clearly branded by colour and large format graphics ensuring that language is no barrier to identification or directions. Large text will be legible to those with imperfect eye sight.

Within each clinical zone straight, relatively short corridor runs minimise the potential for losing bearings and the provision of windows with natural (or borrowed) lighting and views out not only makes a more enjoyable space but allows the visitor to orientate themselves in relation to local landmarks.

Room numbering allows the directing of visitors to specific rooms. The use of bolder colour to those rooms which serve visitors differentiates and prioritises these above staff and ancillary doors which will be downplayed. Magnetic name signs will be provided to each door allow the clinician in residence to be identified.

Statutory signage will be provided in accordance with all statutory requirements; the aesthetic of this signage will be stylish and professional, more akin to an office environment, as opposed to institutional whilst ensuring compliance with current DH guidelines.

5.15.3. Interior materials

One of the key elements of the design is the central double height spaces entered on arrival into the building. The location at the heart of the building means that it is the



organisational hub for the various clinical spaces and contains the reception areas; waiting spaces and the main accommodation stair.

This central space will be focus of the internal spaces leading to the two internal atrium 'courtyards' to the rear of the building that look out over the park. The two courtyards are topped by timber framed lanterns with a glazed roof light to allow diffuse natural light into the adjacent clinical spaces.

It is the intention to use a tiled material on the floor as an extension of the plaza at the front of the building and this will carry through into the courtyards to the rear.

The key factor in specifying internal materials is ensuring they enhance the staff, patient and visitors experience whilst also complying with accessibility (Building Regulations and DDA) and clinical guidance (HTMs and HBNs).

All surfaces will be easily cleaned and the initial specifications take into account life cycle maintenance costs. Whilst the selection of internal finishes has not yet been finalised, the intention is to maximise flexibility of spaces through the materials selection. For example, providing a rubber floor to group rooms, in addition to the inclusion of a wash hand-basin, allows a wider range of activities to be accommodated.

Wall protection in the form of IPS panels, proprietary splash-back products as well as impact protection to vulnerable corners and surfaces in key areas of the building will be provided to deliver an attractive, robust finish to the scheme

5.15.4. Artwork and memorabilia

It is widely acknowledged that the arts have a positive effect on physical, mental and emotional health. Incorporating the artwork into the new CCC will be beneficial to the wellbeing of patients and staff, and aid in the healing process.

The PCT and the Council are committed to working with the local community to develop suitable artwork and memorabilia for the WCCCC. A process will be put in place during the construction phase to seek out local artists and groups with an interest in contributing to this.

5.16. Planning Matters

In 2009 the London Borough of Hammersmith & Fulham gave consent to a mixed use development with health, retail, office, community, residential uses and the creation of a new piazza. Following a review of the scheme undertaken by Building Better Health and its housing partner, Notting Hill Home Ownership, in late 2010 a decision was taken to make some minor material changes to the scheme in relation to a reduction in the number of units, alterations to the residential mix and associated minor design alterations. Following consultation with the local planning authority it was decided to conclude these changes by way of a formal full application.



This revised full application was considered at committee on the 11th October 2011 and was granted conditional full planning approval subject to a series of conditions / reserved matters that very much mirrored those applied to the earlier approval.

None of these conditions / reserved matters is considered exceptionally onerous or unreasonable and the Liftco are in the process of seeking to discharge these conditions ahead of the target financial close date, concentrating on those conditions which are subject to “pre-commencement” obligations.

A full copy of the planning approval notice together with a tracker for the planning conditions noting the party responsible for their discharge and the progress made to date, is contained in Appendix 13.

The planning approval granted is also subject to a section 106 agreement which places an obligation on the scheme developer to contribute towards the upgrade of the highway in the vicinity of the new centre (including traffic calming, access provision and new crossing points to serve the scheme etc) as well as for the provision of additional ‘Blue Badge’ disabled user parking bays located on the public highway to facilitate access to the new centre. In addition the planning obligations include for much needed improvements to the public realm about the site and moreover to Wormholt Park that the new centre backs onto and overlooks. The total planning obligation under the section 106 agreement has been equitably apportioned between the various elements to the overall White City development including the new health facility.

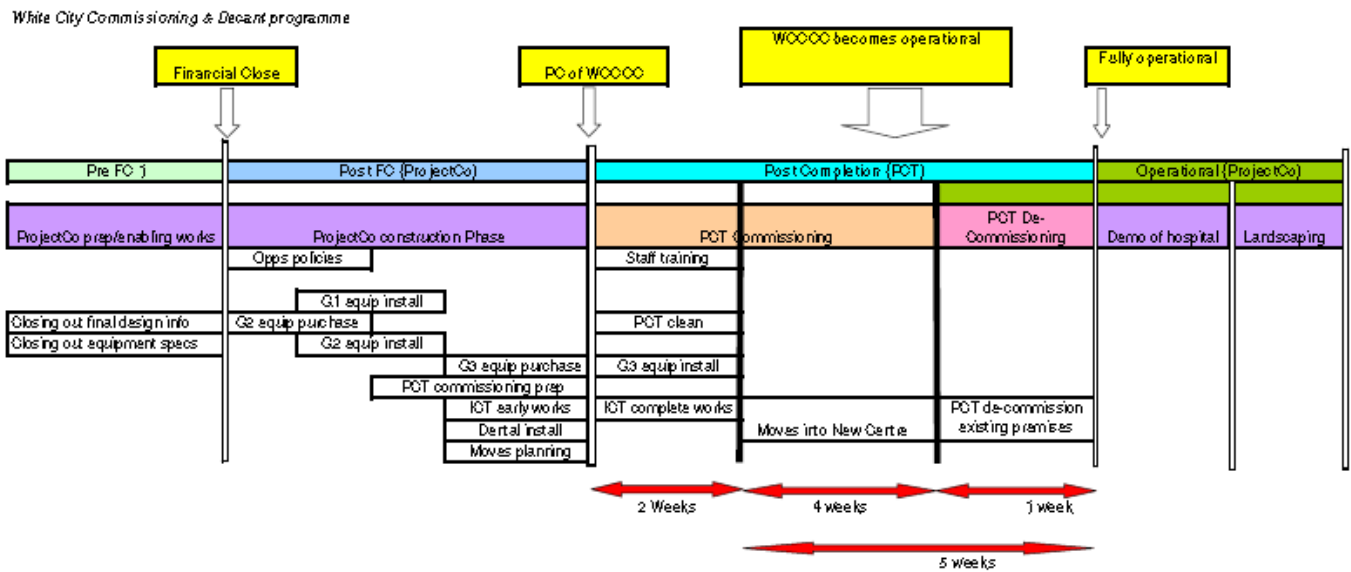
All costs associated with clearing reserved matters and the planning obligations under the section 106 agreement have been identified, quantified and factored into the financial model.

5.17. The Programme

The Liftco have developed a combined design, construction and commissioning programme which working with the Client also incorporates the commissioning and equipping activities of the PCT and local authority to ensure a fully integrated activity schedule which minimises risk by identifying each parties requirements and critical paths in the process of delivering the completed development



Figure 20: Programme



The full construction programme is included in Appendix 16. The key components of the programme between Stage 2 and Financial Close are summarised below:

Closing out final design information

Between stage 2 and financial close, the White City Project Team will be undertaking final reviews of the key components of the design in a series of engagements with Liftco's design team and the main contractor to ensure that full compliance with the Tenant's Requirements has been achieved in the proposed specifications and design drawings developed between Stages 1 and 2 and that any outstanding queries etc are closed out ahead of financial close.

This series of reviews will include the following:

- security strategy and access control proposals
- fire strategy proposals
- ICT installations
- call systems
- acoustic detailing
- dental department designs, servicing and layouts
- general finishes, wall protection
- reception desk designs
- kitchen layouts
- environmental review
- DDA review
- finalisation of derogations schedule
- wayfinding and signage designs



By undertaking these reviews between Stage 2 and Financial Close, the intention is to minimise the amount of information contained in the schedule of Reviewable Design Data (RDD) thus minimising the risk to the Clients by restricting RDD mainly to particular finishes and other non-critical design areas, unless specialist elements are involved. This is consistent with business case guidance and indeed the approach to clinical functionality responsibilities adopted by the project.

In addition to the above specific design reviews, the Project Team will also undertake a final review of all the 1:50 room plans for the building. For stage 2, to ensure completeness of the equipment schedules and to facilitate accurate costing of the scheme, the LIFTCo produced full 1:50 plans for every different room kind / variant which have been reviewed and updated during Stage 2. Post Stage 2, all the other rooms that are repeat versions of the standard room types will also be reviewed in order that a complete, final set of loaded room and floor plans is delivered for Financial Close.

Given the work undertaken in Phase 2 to refine the designs, LIFTCo will be responsible and bear the risk of managing this process through to Financial Close to maintain costs within the affordability cap set by the Stage 2 approval.

Post Financial Close project management

The project management arrangements of the LIFTCo post financial close will follow the requirements of the LPA with the appointment of the Employer's Agent and joint appointment with the Participants of the Independent Tester. These roles are well defined and LIFTCo has demonstrated through the delivery of all previous projects in the LIFT their ability to suitably co-ordinate and manage the supply chain through the financial close and construction phases. The main contractor is the principal party responsible for the successful management of the construction phase. The appointed main contractor Gallford Try is a well-established, experienced construction organisation with robust project management and quality assurance processes. Between stage 2 and financial close, LIFTCo will work with the contractor and the PCT to finalise all aspects of the project programme and management arrangements. Within appendix 12, the main contractors general management, quality systems and production process methodologies are included for general information.

Closing out equipment specifications

The finalisation of equipment specifications in both Groups 1, 2 and 3 will take place between stage 2 and Financial Close via a series of further engagement between the Trust and the LIFTCo.

Group 2 and 3 equipment procurement

The approach to procurement of group 2 and 3 equipment is consistent with the equipment categories identified in the equipment strategy. Post Stage 2 and Financial Close the Clients will develop and finalise the equipment specifications to provide to LIFTCo. The equipment strategy assumes that tenants will supply identified group 2 and



group 3 equipment. The specification of this equipment will be included in the services commissioning documentation.

Beneficial access for pre-completion works – Dental and ICT installations

Dates and periods for beneficial access are required for the installation of dental equipment and ICT systems. The details of beneficial access periods are included in the outline commissioning programme in Schedule 7 of the LPA

Tenant Commissioning Works

The outline commissioning programme included in Schedule 7 of the LPA includes both technical and services commissioning. A joint commissioning group will be established 12 months in advance of practical completion.



6. Commercial Case and Contract Structure

6.1. Introduction

This section describes the proposed commercial structure for the White City Collaborative Care Centre, which will be delivered using the LIFT initiative. The section demonstrates that the standard drafting for the Lease Plus Agreement (LPA) has been adopted, with a limited number of derogations which can be justified by reference to the relationship of the Centre to the wider development with Notting Hill Housing Association.

The section also describes the likely funding structure and cost structure for the funding, and demonstrates that this represents value for money for the PCT and the Council.

The process of allocating the space within the building to different departments / tenants can be described as follows:

- corridors & waiting space have been allocated to departments where appropriate
- on a room by room basis space has been divided between PCT & Council - either on a dedicated basis or a shared basis
- where space has been designated as shared it is either
 - 67% PCT & 33% Council
 - 80% PCT & 20% Council (CWD area only)
 - proportional to the desk space in the admin area

The PCT space has then been divided between the 4 departments (GP, Dental, Specialist Community, CWD) on either a dedicated or shared basis. Where PCT space has been designated as shared it is then divided between the 4 departments based on their % of dedicated space. Within General Practice, dedicated space has been allocated to each of the practices & shared space has then been divided based on the % of dedicated space for each practice

6.2. Project Specific Issues

6.2.1. Overview of the structure

The White City scheme legal structure during the construction and operational phases are shown in the diagrams below.



Figure 21: Legal Structure during the construction phase

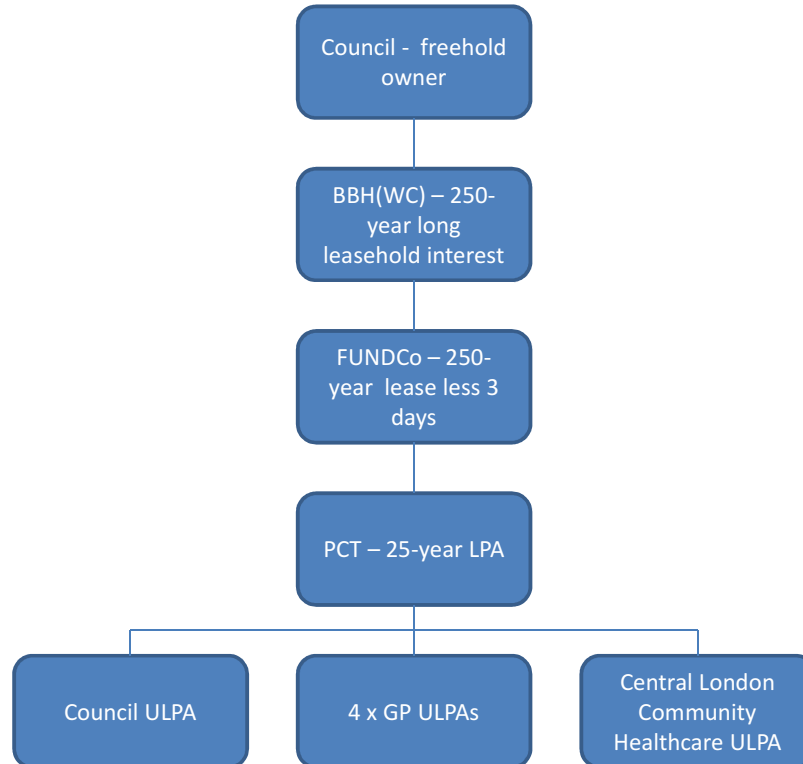
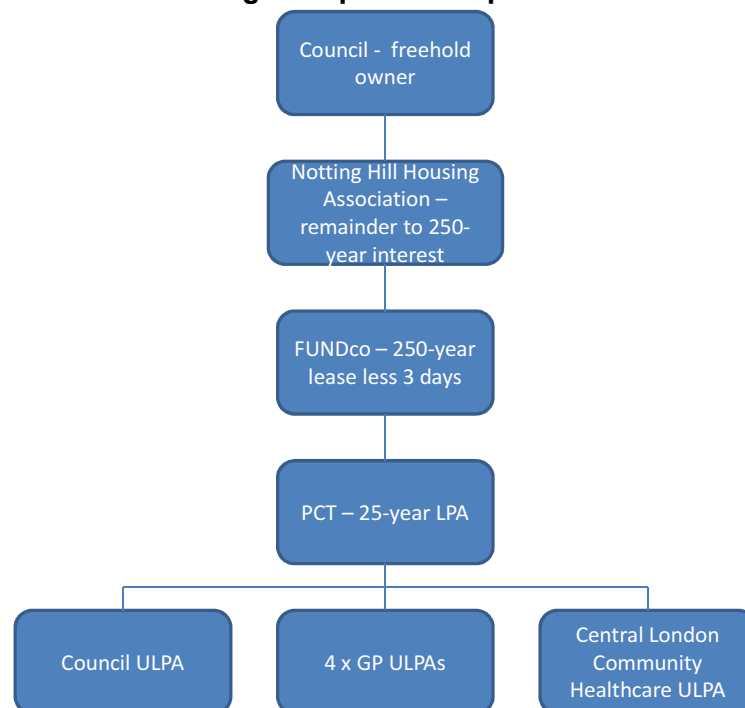


Figure 22: Legal structure during the operational phase



BBH-White City Ltd will enter into the following agreements:

- a 250-year lease of the site from the London Borough of Hammersmith & Fulham (this lease is already in place)
- a 250-year lease to BBH-West London (Fundco 5) Ltd for the WCCCC
- development agreements with Notting Hill Housing Association and BBH-West London (Fundco 5) Ltd for the construction of the shell & core and external works
- a building contract with Galliford Try for the construction of the shell & care and external works

In addition, BBH-West London (Fundco 5) Ltd - referred to throughout this Business Case as LIFTCo – will enter into the following agreements:

- a 25-year LPA with the PCT
- a building contract with Galliford Try for the fit out of the WCCCC
- an estates management/FM contract with Integral

6.2.2. Detail of the agreements

Although the PCT is to be granted a standard form LPA by FundCo (LIFTCo's wholly owned subsidiary), project specific derogations are to be made to allow for the fact that FundCo's land interest is leasehold rather than freehold.

It is intended that at Financial Close:

- the lease from BBH(WC) to FundCo will be granted
- the LPA from FundCo to the PCT will be granted with the simultaneous granting of Underlease Plus Agreements to the subtenants of the PCT (the Council, Practice plc, three GPs and Central London Community Healthcare)

Although contractually the Works are split between shell and core and fit out works, using the same contractor, for the purposes of the LPA standard form drafting is used to ensure FundCo carries out all the Works necessary for the PCT to lawfully occupy the health and community care facility (these works therefore include works outside this facility).

The health and community care facility forms part of a larger building which also includes residential units. BBH(WC) is to enter into a development agreement with Notting Hill Housing Association to construct residential units.

On completion of the residential units Notting Hill Housing Association is to take an assignment of BBH(WL)'s leasehold interest. Notting Hill Housing Association will therefore become direct landlords of FundCo. Notting Hill will be responsible for managing the hard and soft FM services being provided for the Building (save for the health and community care facility). Notting Hill Housing Association will provide grounds maintenance, lifecycle of the building structure and maintenance of the basement for the



WCCCC. These costs are currently assumed as a Pass Through Cost in the LPA and they will be fixed (indexable by RPI annually) for the concession term.

Notting Hill will be taking out the insurance for the Building (which includes the health and community facility). However to ensure the insurance as detailed in the LPA are provided FundCo is to take out “difference in terms” insurance. It is not intended to vary the terms of the LPA in relation to insurance.

The form of the uLPA will be broadly similar. The uLPA to be granted to the GPs and Central London Community Healthcare will be a recognised national standards form. The uLPA to be granted to the Council is for a third of the WCCCC facility and they are to be granted a higher level of available remedies than the GPs and Central London Community Healthcare (CLCH) and a greater pass down of the rights the PCT have in their LPA – for example the ability to make representations during the construction phase (without the ability to prevent sign off of the building).

The PCT is to make a capital contribution within the Treasury Guidance threshold. The payment mechanism has therefore been weighted accordingly. FundCo will not be able to access the capital contribution until the completion of the Works. In the event the LPA terminates before the expiry of the term and the full benefit of the PCT's contribution has not been received then the LPA allows for a discount from the purchase price if the PCT exercise their option to buy back FundCo's leasehold interest. In the event the LPA terminates due to damage or destruction the LPA allows the PCT to be repaid any un-received benefit from any insurance proceeds left after the repayment of the senior debt.

6.3. Payment Mechanism

NHS Hammersmith & Fulham has agreed with LIFTCo that the payment mechanism will be in line with the standard LPA payment mechanism and meet the calibration metrics set out by the Department of Health.

The LPP is payable for 25 years and it will increase annually by RPI with a base date for indexation purposes of the Financial Close date. The LPP will be payable from practical completion of the WCCCC building.

The availability deductions are based on the notional LPP (set at a higher level which excludes the reduction in the LPP associated with the PCT capital injection). The Minimum Deduction has been set at £30.

The payment mechanism has been fully calibrated by the PCT in conjunction with the Council. The calibration fully reflects the detailed design of the buildings and the proposed service configuration to enable individual rooms to be grouped into functional units and areas. Weightings have been attached to reflect the PCT/Council views on the importance of each unit/area.

LIFTCo and their FM provider, Integral, have confirmed their acceptance of the payment mechanism principles and calibration



The technical due diligence advisers to Aviva, Davis Langdon, have also agreed to the core principles of the payment mechanism and associated calibration.

The following service failure point thresholds which trigger warning notices and remedial step in rights have been set and agreed with LIFTCo.

Table 11: Service Failure Points - ProjectCo

Service	Warning notice SFP threshold on rolling 1 month basis under clause 36.3.2	Tenant’s Remedial rights step in threshold on rolling 1 month basis under clause 36.5.2
General	310	210
Utilities	60	40
Estates	200	150
Grounds	80	50
Helpdesk	350	200

In addition, response and rectification times have been included in the service level specifications for each element of the FM service. These are based on agreed response and rectification times as per the standard NHS Service Level Agreements subject to local departures which have previously been agreed on earlier LIFT schemes in the sector and which have proved to be robust, beneficial and value for money for the NHS. NHS Hammersmith & Fulham has also determined that there is no need for an overnight presence at the centre since it will be closed outside of core operational hours.

The detailed payment mechanism and service failure thresholds are included in Schedules 9 and 10 of the LPA.

6.4. Key Issues and Derogations Report - PCT

Appendix 17 contains the Derogations Report for the LPA prepared by Bevan Brittan, the PCT’s legal advisors. Differences to the standard LPA have been kept to a minimum, but a limited number of amendments have been necessary to reflect:

- the developer-led nature of the scheme
- that the freehold of the site will remain in the ownership of the London Borough of Hammersmith & Fulham
- the replacement of BBH(White City) with Notting Hill Housing Association as holder of the headlease once the construction phase is complete
- the payment of the capital contribution by the PCT
- that the Collaborative Care Centre forms part of a larger development on the site



6.5. The Council's Contract

The Council will enter into an Under Lease Plus Agreement (ULPA) for its portion of the building which mirrors the provisions of the LPA. The Council and its lawyers Pinsent Curtis have reviewed the draft agreement and are content with the provisions therein.

6.6. Funding Terms

In broad terms the WCCCC project requires the senior lender to provide c.90% of the funding requirement of £15.1m (including construction costs, upfront costs, management during construction).

To ensure the best senior debt funding terms were achieved on the WCCCC, LIFTCo agreed to undertake a funding competition. LIFTCo developed an Information Memorandum providing details of the structure of the WCCCC project and requesting a response to a range of queries including funder margins and terms and period of commitment of terms. The PCT reviewed, amended and agreed the Information Memorandum with LIFTCo.

The overall objective of the funding competition is for LIFTCo and the PCT and the Council to jointly agree to a senior debt provider who offers the best value for money and deliverability for the WCCCC project. On 6 July 2011 the information memorandum was sent to four senior debt providers, who were:

- Aviva
- Barclays
- RBS
- Co-op

Consideration was also given to providing the Information Memorandum to Dexia, however, they confirmed they would only fund a Land Retained Agreement, ie a contract without Residual Value, which is not the preferred structure of the WCCCC project. All of the funders approached are active in the LIFT funding market and therefore they have a good understanding of the standard LPA and experience of closing LIFT projects.

Responses from funders were due on 22 July 2011. Only Aviva provided a response. The other funders all declined to provide terms, as we understand from Fulcrum.'s financial advisers that Fulcrum has run a number of funding competitions over the last 18 months and other funders have not been able to match the Aviva terms on any occasion and they believe they are unlikely to win the competition.

The PCT's financial adviser, Garnet Consulting Ltd, has compared the terms provided by Aviva to the current LIFT funding market and confirmed that the proposed funding package is on market. Their funding package letter is included in Appendix 18.



The Aviva terms are committed in principle up to the end of February 2012; however, they are subject to detailed due diligence and final credit committee approval, which is standard for a PPP project at this stage.

LIFTCo and Aviva have appointed all the funders due diligence advisers and they are now undertaking detailed due diligence.

6.6.1. Fundability

LIFTCo and their financial advisers, Elgar Byrne, have closed a number of NHS LIFT projects with Aviva over the last 18 months, and they are confident that the WCCC project is fundable.

The PCT and the Council have discussed the current banking market with their financial advisers and recognise that there continues to be volatility in the banking market. The PCT's advisers consider the terms included in the LIFTCo model are reflective of the terms currently being provided and closed on in the LIFT market. Both Elgar Byrne and Garnet Consulting will monitor the banking market as the project approaches financial close, which is expected in late January 2012.

6.6.2. Interest rate buffer

It is accepted that underlying interest rate movements are outside of the control of LIFTCo and the PCT. Aviva will set the underlying interest rate based on a yield on the relevant reference Treasury Bond (or gilt) at Financial Close. This is different to commercial banks in the LIFT market who use LIBOR based inter-bank funding. A buffer of 25bps has been included within the LIFTCo financial model, in line with DH guidance.

At financial close the underlying interest rate buffer will be removed and replaced by the agreed reference rate.

6.7. Equipment and Information & Communications Technology

The development project is a key component in the delivery of modernised primary and community health care services in Hammersmith and Fulham. In initiating the project the key stakeholders recognise the requirement to provide equipment to meet the clinical and functional requirements of the new centre.

The development of White City Collaborative Care Centre takes place within an environment where the PCT is developing its commissioning strengths and divesting itself of direct responsibility for the delivery of patient care. The focus is more on ensuring the delivery of services that are appropriate to local population needs and on ensuring the quality of delivery.

During Stage 2, both the PCT and the Council have therefore tested the strategies established at Stage 1 to ensure that the most appropriate decisions are made in respect



of the procurement, maintenance and replacement of furniture and equipment in order to deliver a solution consistent with the organisations' services and design visions.

Equipment schedules have developed in more detail through Stage 2 reviews of the 1:50 room plans and the healthcare planning due diligence review. The PCT has also continued to ensure that best value for money is obtained by testing equipment assumptions both in terms of requirement, specification and procurement arrangements with an overall view of maintaining affordability within the overall capital investment envelope and driving down cost wherever possible

The PCT and the Council are therefore confident that the equipment proposals that are being developed at Stage 2:

- will support the delivery of the proposed new healthcare facility that is fit for purpose and provides the stated flexibility required to meet the demands of changing healthcare needs in the short, medium and long term
- will ensure that value for money is being maintained, with the specialist advisers conscious of the need to budget for equipment which will be judged by the PCT and the Council on the basis of technical specification, purchase cost, maintenance costs and level of service, warranties, availability of technology refreshment, and life cycles, together with compliance to the existing regulatory framework in accordance with the established equipment strategy
- place the responsibility for the supply, installation, maintenance and replacement with the parties best placed to manage the responsibility – this has included the categorisation of certain elements of equipment to meet this end
- promote sustainability through the selection of environmentally friendly products and materials by working with equipment specialist consultants
- provide sufficient equipment to meet capacity taking into account existing equipment provision
- embrace new technologies where this will promote new ways or improvements in working practice within the affordability cap
- provide equipment to complement the proposed environment to the benefit of patients and staff and which is safe and fit for purpose
- integrate with the interior design and technologies within the new building

The confidence in the equipment proposals presented in the Stage 2 business case is derived from the work undertaken by the project team over the last few months which has seen the equipment requirements become more precisely defined with the further development of:

- the Activity Database Room Data Sheets for all rooms and spaces within the new building which have been substantially developed with the assistance of stakeholders and expert advice to ensure fitness for purpose and flexibility of use in all areas of the new care centre



- cost plan reviews and updates of all equipment requirements to form a revised Bill of Quantities which aligns with the ADB sheets and the developed 1:50 room plans ensuring that all equipment has been identified
- refinement of the responsibilities for equipment procurement via categorization as well as grouping of equipment within the new scheme and by separately identifying equipment within shared areas where costs will be borne by the PCT and the Council proportionately in accordance with their overall dedicated space within the building
- the development of equipment procurement programme that is integral to the commissioning activities programme for the project

The work undertaken in refining the equipment inventories and cost plans has fed directly into the work of the financial team in relation to the strategy for the rental valuations which has also been developed further at Stage 2.

As part of this process the equipment workstream has had direct input into the completion of the schedules of the LPA to ensure that the contractual documentation reflects the practical approach taken to equipping the building.

6.7.1. Equipment Grouping and Ownership

The equipment procurement principles will be underpinned by the requirements of the interfacing strategies identified in the Tenants' Requirements documentation

On this basis the proposal for equipment ownership is as follows:

- Group 1 equipment owned and maintained by Liftco
- Group 2 equipment split into two categories:
 - NHS H&F owned (2a)
 - LB H&F owned (2b)
- Group 3 equipment split into four categories:
 - NHS H&F owned (3a)
 - LB H&F owned (3b)
 - Joint NHS and LB H&F owned (3c)
 - Service Provider owned (3d)

Note there will be some equipment for example waiting area seating which is located in common / shared areas of the building which will be used to the benefit of all parties – in this instance it is proposed that the costs are apportioned between the PCT and Council in the same apportionment as that of their overall space in the building i.e. 2/3rd to 1/3rd

The above grouping of equipment and specifically the identification of Group 1 equipment for which the LIFTCo will be responsible for supplying, installing and maintaining is confirmed within that section of the Tenants' Requirements document which deals with the technical specification of the building (Appendix 5 of the Tenants' Requirements) as well as in the Equipment section (Appendix 8 of the Tenants' Requirements). These



principles will be reflected in the finalised Room Data sheets which will also identify equipment grouping (albeit not the separate ownership sub- categories). On this basis, all parties can be confident that the Contract Documentation for the scheme will align and responsibilities for procurement, ownership and on-going maintenance and lifecycle responsibilities are consistently applied and full understood

The table below identifies the above groupings and categories in more detail:

Table 12: Equipment categorisation

Group	Definition	Example	Owned by	Procurement	Installation	Maintenance	Replacement	Replacement installation cost
1	Items (including terminal outlets), which are supplied and fixed within the terms of the building/engineering contract	Ceiling mounted hoists, Cabinetry, ICT infrastructure	LIFTCo		LIFTCo			Fm & lifecycle cost plan
2a/b	Items that have specific requirements with regard to space and/or building construction and/or engineering services requirements; and are fixed within the terms of the building contract but are supplied under arrangements separate from the building contract.	Examples include Towel dispensers, diagnostic sets, Notice boards etc	NHS / Council	NHS / Council	LIFT Co	NHS/ Council	NHS / Council	NHS/ Council
3a/b/c	Items, which are supplied under separate arrangements from the building contract, possibly with storage implications, but otherwise having no effect on the requirements for space or engineering services.	Furniture associated with the interior design strategy and /or provided in sessionally utilised accommodation				NHS/ Council		
3d	This equipment is deemed to be service specific and therefore ownership and responsibility will be with the service provider and provided as part of the contract entered in to with the service provider.	Mobile imaging equipment (e.g.ultrasound) and other medical equipment			Service provider			



As part of the business case costs of equipment have been allocated across the capital cost plan and a separate bill of quantities that will be funded by the Tenants has been developed based on the accommodation schedule and room data sheets

6.7.2. From Stage 2 to financial close

During the post stage 2 period, the following workstream activities will be required to prepare the project for financial close and the construction / procurement phases of the programme:

- receiving and reviewing detailed specifications / supplier and manufacturer proposals for the scheduled Group 1 equipment from LIFTCo who will have comprehensive vendor lists for the equipment specified. As far as is beneficial, the intention is to maximize standardisation and volume purchases by having vendors take full room, system or functional responsibility for installation packages where appropriate
- developing and confirming detailed specifications of individual items of Group 2 equipment with stakeholders for issue to LIFTCo for design co-ordination / information and to purchasing departments for procurement to accord with the services commissioning strategy, interior design strategy, ICT strategy and Security Strategy as applicable. This process will follow the protocols set out in the Tenants' Requirements, the Equipment and Furnishing Strategy
- the PCT and the Council have the right to set the specification for all medical and specialist equipment. The specification for each piece of equipment will be agreed by the organisation's project team by confirming the technical specifications and banding required of each item
- maintaining close control over the capped equipment costs set at Stage 2
- an updated review of the current equipment asset registers of the PCT and Council to ensure equipment schedules are further refined to accord with existing fit for purpose equipment at all existing localities prior to procurement
- a separate exercise will be undertaken to identify equipment and furniture currently available from other facilities. In tandem with the interior design proposals the best use of these available items in the new facility will be agreed with the relevant donating bodies
- refinement as necessary of the agreed commissioning programmes which have been jointly developed with LIFTCo during Stage 2 to create co-ordinated / integrated design, construction and commissioning plans which incorporate equipment procurement and installation activities

Post-financial close equipment procurement principles will be underpinned by the requirements of the interfacing strategies identified above.

Procurement of equipment: Consistent with the Stage 1 approach to equipment procurement, it has been confirmed at Stage 2 that the inclusion of Group 1 equipment in the rental arrangements and the exclusion of Group 2 & 3 and specialist equipment is consistent with the general expectation that all occupiers will be expected to cover the



cost of equipment that is fixed to the building. The cost of specialist equipment (such as the dental equipment installations for example) will be reflected in an additional charge to Tenants / Providers who will also be charged for the maintenance of the equipment.

The separate calculation of Category a, b, c and d costs in the detailed equipment inventories have allowed the financial team to allocate costs to the Building Contract (Group 1), to the PCT and Council's respective equipment funding budgets (Groups 2a/b and 3a/b) and to the separate service provider contracts (Group 3d).

LIFTCo maintenance and lifecycle cost plan maintenance assumptions remain the same at Stage 2 in that maintenance costs are based on the assumption that only group 1 equipment will be the responsibility of the maintenance contractor so no allowance is included for the maintenance of group 2 or 3 equipment.

It is not anticipated that the majority of group 2 items (e.g. pin boards, coat hooks, soap dispensers etc.) will require much in the way of maintenance. There are a few exceptions where some maintenance may be required (e.g. refrigeration); stage 2 activities have included a review of the equipment schedule and have quantified this requirement. It was on this basis that the decision to retain group 2 equipment within the maintenance responsibility of the tenants was made.

At stage 1 it was recognised that some equipment will be required in areas of the new care centre where the service provider has not yet been identified. In reviewing the detailed equipment schedules at Stage 2 and their categorisation, decisions have been made regarding how these areas will be equipped to meet the intended use but also reflect the PCT's and Council's intentions to minimize capital asset bases and focus more funding to direct patient care.

In this regard, all equipment which enables the flexible use of the clinical space and which relates to the provision of furniture that delivers the "front of house" vision for the interior design strategy have been incorporated into the Group 3c category identified above. All front of house equipment and furniture and that which is located in shared space within the new centre will be jointly funded by the PCT and the Council in the same 2:1 ratio as per their overall space allocation within the building.

In order to reflect the PCT's and Council's commitment to putting the patient first, this equipment will be precisely specified and provided for use at maximum intensity to deliver the highest possible levels of efficiency and flexibility.

6.7.3. Transfer of equipment

Medical equipment: The PCT's Asset Registers will be further reviewed as part of the finalisation of the transfer policy between stage 2 and financial close. However, as part of the process of separation of the provider arm from the PCT, it is anticipated that most, if not all, of this equipment will become the property of CLCH.



It will therefore be the responsibility of CLCH to undertake a transfer assessment on the medical equipment asset registers to determine the anticipated equipment available for transfer should the organisation provide services in the new facility.

CLCH clinical staff have been involved in the 1:50 review process to ensure that Group 3 equipment to be supplied by the chosen provider will fit in the clinical space.

Non-medical equipment: An estimate has been made that a small amount of the future requirement for this type of equipment will be available from transfers. As part of the process of separation of the provider arm from the PCT, it is anticipated that most, if not all, of this equipment will become the property of CLCH.

It will therefore be the responsibility of CLCH to undertake a transfer assessment on the non-medical equipment asset registers in order to determine the anticipated equipment available for transfer, should the organisation provide services in the new facility.

When considering viability of equipment transfer, account will also have to be taken of practicality issues in respect of the need to maintain seamless services and the lead-time potentially involved in decommissioning and re-commissioning.

Maintenance: Responsibility for the maintenance of equipment transferred to CLCH will also be transferred to CLCH.

Interim procurement arrangements: Consideration will be given to whether contracts placed for new equipment purchased before the operational date for the new facility will include provision for the equipment to be transferred to the new facility during its lifetime of operational use. This requirement will also be made clear to the service providers currently working out of existing facilities. The equipment team will maintain close links with providers and tenant staff responsible for equipment procurement during the construction phase to ensure that all schedules of existing equipment are up to date before new purchasing commences.

Operational Management: The PCT and the Council are aware that an operational management plan for Category a, b and c equipment needs to be agreed and implemented to manage equipment in an appropriate manner. The responsibility of ownership links to operational responsibilities and therefore comes with obligations for maintenance of equipment to optimise safety and also to manage issues such as replacement. This activity will take place during stage 2 and beyond.

Training on use of equipment will be organised with service providers prior to commissioning of the facility. Ongoing training will be the responsibility of the service provider.

Operational Stage: The role of the project team will change once the new facility is fully operational. This can be summarised as:

- agreeing the annual equipment replacement plan



- agreeing any service and specification changes as result of technology change and service demands
- ensuring full consultation and sign off of specific procurements through Specialist Clinical Teams utilising the existing clinical structures
- review of any maintenance specification changes and their implications
- ensuring full availability of equipment for clinical services and that optimum value for money is provided for the PCT and the Council

6.7.4. Information and Communications Technology

The PCT and the Council re-affirm the intention to take an innovative approach to the delivery of Information and Communications Technology (ICT) which it perceives as a set of technologies and service that together play a part in most aspects of both the health services to be delivered from the new White City Collaborative Care Centre as well as the operation and management of the facility, security, telephony, call systems.

The common infrastructure used to support these technologies is based on a standard communications protocol (Internet Protocol or IP) enabling users to exploit a common means to communicate across a Wide Area Network between sites and on to the wider NHS network, LA networks and Internet.

This approach is the basis for the work undertaken at Stage 2 to continue to ensure that:

- the technology supporting the delivery of patient care can be delivered in the simplest manner consistent with expectations of efficiency and effectiveness
- lessons are learned from recent previous projects
- requirements reflect differing user needs
- integration between tenant's systems can be facilitated as far as in possible / desirable allowing for future flexibility and change
- the strategy recognises the full implications of the flexibility of use that the facility will need to support
- the outputs of the strategy are reflected in the equipment requirements

To this end, the PCT and the Council have engaged their respective ICT teams to develop a technical brief to facilitate the detailed design by the LIFTCo of the necessary infrastructure within the new building to support the overall ICT strategy.

This technical brief is an addendum to the main ICT strategy and now forms part of the enhanced Tenants' Requirements, developed from the Tenants' Requirements submitted with the Stage 1 Business case.

At Stage 2 the following specific work has been undertaken and reflected in the LIFTCo's detailed design proposals and within the PCT's and Council's commissioning programme:

- confirmation of structured cabling requirements
- confirmation of redundancy and interconnectivity within the new care centre



- development of a design and technical brief for LAN / hub room fit out and servicing
- clarification of environmental parameters and security related issues regarding the installation of IT equipment and telephony
- clarification of equipment specifications and costs
- confirmation of incoming mains services / communication circuits

In addition to the above, the PCT and the Council have worked to develop a project plan which will deliver not only the installed ICT equipment at the new care centre but which will facilitate the various moves and relocations necessary during the commissioning phases to relocate the incoming clinical services and providers into the new building.

This project plan, which will be further developed between Stage 2 and financial close includes for:

- **network design of the new care centre:** the Detail Level Design (DLD) of the network infrastructure required for the new centre, also the Bill Of Material (BOM) required to install the equipments
- **design and planning for the relocation of users and services:** the cost and planning for the relocation of all existing services out of existing locations and the re-provision of IT and telephone services to the users at their new locations
- **planning the re-provision of IT services to the newly redeveloped centre:** this entails the resource cost and planning for the re-installation of services based on the detail level design for the commissioning of all IT and telephone services
- **planning for the relocation of users and services back into the new care centre:** based on the information regarding the space allocation and the floor plans for the services and users that will be housed in the new care centre

At Stage 2, with the additional work undertaken to define the technical brief and to schedule the costs of identified equipment and project management services, the PCT and the Council remain confident that the infrastructure and equipment implications of the ICT strategy are included in either the capital cost plan, the equipment Bill of Quantities or the project management costs included in the business case.

Post Financial close, a joint ICT project team will become an integral part of the Commissioning Team and work has already commenced on developing the organisations' commissioning programmes.

6.8. Subcontracts and Supply Contracts

It is not expected that anything in the subcontracts, supply contracts or funding documents will affect the allocation of the risk under the LPA. However, these documents are still in preparation and this review has not yet been carried out. The review will be completed before financial close.



6.9. Employment Matters

Currently, the maintenance (hard FM) of the PCT's buildings is carried out on an out-sourced basis, using a contract established by West London Health Estates. The contract provides for the addition and removal of sites, and the contract will move from the current buildings to the new White City building.

TUPE would only apply in this case if any one person spent 50% or more of their time working at one site. There is one centre manager at White City Health and Care Centre who may have TUPE rights.



7. Financial Impact for the London Borough of Hammersmith & Fulham

7.1. Introduction

This section will demonstrate that the WCCCC project is affordable to the Council.

The Council has compared the WCCCC project to their current costs to understand how additional costs and savings can be made through moving into the new WCCCC development.

Two elements of affordability have been considered:

- revenue
- capital

7.2. Position at OBC Addendum

The Council set out the revenue affordability implications of the WCCCC within the OBC Addendum dated August 2010.

The PFI credits calculation was updated to reflect the changes in the scheme, and an overall revenue affordability gap was identified of c£43.1k pa. The Council provided confirmation of Cabinet commitment to meeting this gap.

At the OBC stage it had been envisaged that equipment capital costs would be negligible as equipment would be re-used from existing Council buildings.

7.3. Revenue Affordability

The detailed revenue impact of the WCCCC development proposed in this FBC is set out below. The analysis assumes a January 2012 price date and the baseline revenue costs for the existing estate are extracted from the 2011/12 budgets.

The figures below show a full year's impact of the new WCCCC development.

Table 13: Full Year Revenue Affordability Analysis

Annual Revenue Affordability Analysis	Do Nothing/ Current Position £000s	New WCCCC Costs £000s
Occupancy costs		
LD Integrated Team (Stamford Brook)	98.9	0
Assessment and Care Mgt (King St)	126.5	0



Annual Revenue Affordability Analysis	Do Nothing/ Current Position £000s	New WCCCC Costs £000s
LPC for WCCCC	0	379.6
Running Costs		
Annual running costs	Incl. above	220.6
Optimism bias	0	11.4
FM cost contingency	0	11.0
TOTAL ANNUAL COST	225.4	622.6
Variance from Do Nothing		397.2
PFI Credits annuity		(335.2)
Council annual affordability gap		62.0

The LPP assumes that the Council will accommodate one-third of the WCCCC. The remaining two-thirds of the accommodation and associated LPP will be payable by NHS Hammersmith & Fulham.

This agreement represents a PFI arrangement which under International Financial Reporting Standards (IFRS) requires any assets associated with it to be recognised on the Council's balance sheet. These assets would, in turn, be matched by a long-term liability which would represent a credit arrangement. This would attract Minimum Revenue Provision (MRP), however this would effectively be funded by the budget for this project. The assets would be depreciated but these costs are neutralised by statute and do not impact on the General Fund. Ultimately, with regard to project as a whole, the impact on the General Fund is no different from treating all costs as revenue (as they previously would have been).

7.4. Optimism Bias

Optimism bias was calculated at OBC stage and has been reviewed for this FBC.

As part of the typical optimism bias calculations a percentage increase to capital costs is given as an 'upper bound' (the maximum percentage increase to capital costs without mitigating any of the contributory factors) for project appraisal; this has been calculated using the model developed by the Department of Health.

Upper Bound figures for the WCCCC development have been calculated at 19% with 16% of the contributory factors unmitigated. Overall this provides an optimism bias figure of 3.0%.

Appendix 25 provides details of the upper bound and mitigation calculations.



7.5. Revenue Affordability

The changes in revenue affordability between OBC Addendum and the FBC are set out in the table below:

Table 14: Comparison between OBC Addendum and FBC Annual Revenue Affordability

£000	FBC	OBC Addendum
Funding gap (excl. PFI credits)	397.2	391.4
PFI credits (annuity)	(335.2)	(348.3)
Council annual affordability gap	62.0	43.1

The new WCCCC will enable the LD integration team to move from their existing accommodation at Stamford Brook as well as the Assessment and Care Management teams relocating from King Street. The savings from vacating these properties in combination with the PFI credit allocation identified in the OBC dated November 2009, result in a revenue affordability gap of £62k pa. The Authority will fund this gap through the implementation costs budget, which has been paying for costs incurred in developing the WCCCC project to date. These current services/costs will not be incurred once the WCCCC construction is complete and the LPP becomes payable. The Council has previously committed to fund the revenue gap of £43.1k. When the FBC is put to the Cabinet on 5th December it will be asked to approve that the implementation costs budgets is used to cover the £62k gap. The Council's Executive Management team, including the Director of Finance, have reviewed the affordability position and the associated risks and they have accepted the allocation of this budget. Council Members have been actively involved in this project and Council officers consider that it is highly unlikely that the Cabinet would not agree to this, as the political desire and commitment for the WCCCC to be built is so strong.

It has been assumed that associated service costs will remain the same as the Council do not foresee cost movements as a result of moving into the WCCCC.

7.6. PFI Credits

Within the WCCCC OBC dated November 2009 the Council provided detailed PFI credit calculations. The OBC Addendum dated August 2010 subsequently updated the OBC including revisions to the PFI credits calculations. Although the OBC Addendum was subsequently approved by the Department of Health we understand that the PFI credit allocation is as per the original OBC. The key parameters for the calculation of the PFI credit annuity are as follows:

- total level of PFI credits £4,533,290
- interest rate 5.4%
- scaling factor of 100%



The annuity calculation has been re-calculated due to slippage in timescales. The key differences between OBC Addendum and FBC are set out in the table below.

Table 15: PFI Credits Annuity Calculation: Timescales

	FBC	OBC Addendum
Start of operations	March 2014	January 2013
End of operations	February 2039	December 2039

The revised PFI credit annuity grant is £14,078 in Year 1 and £335,201 years 2 – 24 with a final payment of £293,301 in year 25. The revised PFI Credit Annuity calculations are included in Appendix 26.

At the OBC stage the level of PFI credits was driven by the breakdown of the LPP. The variances between the OBC addendum and FBC LPP breakdown is set out in the table below:

Table 16: Changes in LPP Breakdown

£000	FBC	OBC Addendum
Inputs		
Annual LPP	391.5	383.2
Capital element	345.2	327.8
Revenue element	36.1	36.9
General element	10.3	18.5

Although the actual level of PFI credits would increase using the FBC LIFT model the Council understand that the PFI credits have been agreed at the OBC level and will not increase. Therefore the calculations in this FBC are based on the PFI credits levels and assumptions identified in the OBC dated November 2009.

7.7. Sensitivities

The LIFTCo financial model and underlying costs have been reviewed in detail by the joint PCT/Council financial and technical advisers and reported on the appropriateness of the costs and funding terms. Their reports are included in Appendix 20 and Appendix 29. An optimism bias contingency has been included to provide a risk buffer.

The running costs, including soft FM services, have been developed by the West London Health Estates & FM department's experience of LIFT and non-LIFT facilities in conjunction with the joint technical advisers. Within the revenue affordability the Council has included a contingency of £11k pa (5% of the running costs).



7.8. Capital Affordability

The WCCCC will require capital for equipping the centre with furniture and IT. Re-using items from other council buildings was considered, but would create a poor visual impression in the new building and would not allow the optimum use of space. The Council's portion of the capital equipping and IT costs have been estimated by the joint technical advisers at £269k, which will be incurred in 2013/14. The table below provides a summary of the equipment and IT costs:

Table 17: Equipment and IT capital costs

	Capital budget £000
Council proportion of general equipment and furniture (group 2 and 3)	81.5
Council proportion of jointly-owned equipment and furniture (group 2 and 3)	20.5
ICT costs	167.4
Total	269.4

The Community Services Department in the Council is currently forecasting that it will end the 2011/12 year with a favourable revenue variance of £1.5m and is proposing that £269k of that is carried forward to be spent as capital on equipping the WCCCC building. When the Council considers the FBC for approval on 5th December 2011, it will also be asked to approve the carry forward of £269k for capital equipping. The Community Services Department has successfully carried forward underspends in previous years. There are no restrictions in local government on using revenue funding for capital expenditure.

7.9. LIFTCo Project Funding

The LIFTCo financial model has been reviewed by the Council's financial advisers. Their report is included in Appendix 29. The Council's financial advisers have assessed the LIFT funding terms and confirmed these are in line with current market conditions.

LIFTCo will be funding the whole of the WCCCC construction and land costs through a series of funding sources, which are set out in the table below.



Table 18: Sources and Uses of Funding

Sources	£'000s	Uses	£'000s
Senior Debt	13,639	Capital expenditure	10,472
Equity	5	Bid costs	2,418
Subordinated Debt	1,511	Bank fees	321
		Interest	1,426
		Operating costs	123
		Prefunding reserves	395
Total	15,155	Total	15,155

Senior debt borrowing: Senior debt represents 90% of the total debt raised to finance the project. The terms agreed with Aviva, are set out below:

Table 19: Senior debt key terms

	Terms
Underlying Gilt Rate	3.09%
Interest rate buffer	0.25%
Margin over interest rate	1.75%
Arrangement fee	1.00%
Commitment fee	1.75%
DSRA	3 month DSRA

In modelling the LPP LIFTCo has used an underlying interest rate buffer of 25bps.

Aviva uses a private placement finance bond solution which uses a Gilt rate to fix the underlying interest rate at financial close. The current underlying interest rate is 3.09%, based on a long term gilt reference rate, which is used by the Aviva product.

Equity: LIFTCo's equity investors will all be requested to provide equity and sub-ordinated debt into the WCCC project. The key equity investors are:

- Fulcrum Infrastructure Management Ltd (60% shareholder);
- Community Health Partnerships (20% shareholder);
- NHS Hammersmith & Fulham (20% shareholder).

The key terms for the equity and sub-ordinated debt are set out below.

Table 20: Key Equity/Sub-debt Terms

Term	Rate
Sub-ordinated debt coupon	12.75% pa
Blended equity IRR (post tax nominal)	15.00%



7.10. Cabinet Support

The WCCCC scheme has been regularly discussed in detail at Cabinet meetings with Members, including affordability and risks. The Council Leader and the Cabinet Member for Community Care both agreed in November to adopt an urgent reports process to ensure that the Cabinet can formally approve the FBC at its meeting on 5th December 2011.



8. Value for Money

8.1. Introduction

This section describes how the value for money of the White City project has been demonstrated, both quantitatively and qualitatively.

It starts by summarising the analysis carried out at Stage 1/OBC which established that the most advantageous option was the development of a Collaborative Care Centre at White City. This includes an updated value for money calculation for the preferred option and the Do Nothing comparator, using the Generic Economic Model.

The section then sets out the way the PCT and the Council tested LIFT to establish whether it was the best procurement route, and summarises the analysis carried out in early 2011 which showed that LIFT with a capital contribution would be the procurement route which would provide the best value for money for the public sector.

There then follows value for money analysis of the underlying costs of the scheme – construction costs, fees, facilities management, equipment and funding

8.2. Quantitative Value for Money Analysis

At Stage 1, the following options for delivery of the service objectives were considered:

1. Do Nothing

This option would require the PCT and the Council to redesign services within the limitations of the existing estate. Service developments have already exceeded the estate's capacity to support them in the north of the PCT with diabetes, respiratory, musculo-skeletal and psychological therapies not being permanently accommodated in the north.

The option would not allow for the upgrade of GP premises or provide any of the other benefits of a larger health centre and co-location of services.

2. White City Collaborative Care Centre

This option would see the opportunity to deliver the borough's primary and community services to 50,000 residents in the area of greatest need and deprivation. The non-compliant GP premises (i.e. those not able to be upgraded to be DDA compliant) can be removed from use and all the residents will be able to access enhanced care, facilities and opening times.

3. Redevelopment of existing White City Health Centre

The existing White City Health Centre is a purpose built health facility constructed in 1979. The site boundary does not allow for an increase to the footprint of the building but



there may be potential to increase the number of floors over which the accommodation is offered. The demolition of the existing building and provision of a new, larger facility is a possibility. The new space would not be large enough to accommodate social or voluntary services and the benefits of integrated working could not be realised.

It would also be possible to sell the existing building and use the proceeds to subsidise an alternative development. However, the value of the capital receipt would not cover the cost of the new development and to deliver this option temporary accommodation for existing services would need to be found. There is no spare capacity in the PCT's estate, so all GP and PCT services would be relocated out of the area for the build period. The valuation for the site given by Savills (see Appendix 19) is up to £2 million, but with a more likely receipt of £1 million.

4. Extension to existing White City Health Centre

It is possible to create an additional 1,500 m² of accommodation by extending the existing Health Centre upwards. Extending rather than replacing would require less service decant, but some services would still be removed during the build and social and voluntary care could not be accommodated within the resulting building.

5. Investment in existing GP premises

None of the other existing local GP premises are capable of being improved from an estates perspective as they are chiefly converted residential buildings. There is an ageing GP population in the north of the borough and a predominance of single handed and two partner practices. Grouping Primary care provision in this way, without a central hub, does not allow patients the range of services and access they require or the PCT wishes to commission.

6. Development of Hammersmith Hospital Site as a collaborative care centre

The PCT has done this successfully, to an extent, at Charing Cross Hospital and proposes to continue to lease space there to meet its service development needs. The Hammersmith site could be developed in a similar way. However, Imperial College Hospitals cannot release any space on this site. It is less well connected by public transport and less well positioned in the borough to complement existing General Practice and community services, or to serve as a hub. It has also demonstrated less appeal to residents than the White City based Canberra Centre for Health.

The table below summarises the impact each of the six options would have on the four objectives of the development.



Table 21: summary of impact of each option at stage 1 on each investment objective

Option	Objective 1 Integration	Objective 2 Access	Objective 3 Quality	Objective 4 Productivity
1: Do nothing	None	None	None	None
2: New site at White City with integrated care centre	Good	Good	Good	Good
3: Redevelop existing site	None	None	Some improvement	None
4: Extend existing site	None	None	Some improvement	Some improvement
5: Upgrade substandard GP premises	None	None	None	None
6: Care centre at Hammersmith Hospitals	Some improvement	Worse than currently	Some improvement	Good

Thus the PCT and the Council agreed that the only feasible option for change was a new-build in the White City area.

The site proposed for this development was sold (on a long lease) by the London Borough of Hammersmith & Fulham to BBH in 2006, The site was sold as a regeneration scheme under the powers set out in the Local Government Acts.

The sales agreement committed BBH to trying to achieve a planning consent for a scheme which included:

- the opening up of Wormholt Park to the residents of the White City estate
- the inclusion of a collaborative care centre
- housing
- retail
- S106 contribution to works on Wormholt Park

A search was carried out by Knight Frank in February 2011 for suitable alternative sites. The report is contained in Appendix 5. This showed that no suitable alternative sites were available. Therefore the only options open to the PCT and the Council are to remain as presently, with services delivered from a variety of locations and integration not achieved, or the construction by BBH of the Collaborative Care Centre.

The economic cost of these two options to the PCT only has been calculated using the Department of Health's Generic Economic Model (GEM). The key assumptions used in the GEM are:

- sites for disposal on completion of the WCCCC are White City and Milson Road
- the "Do Nothing" option assumes the White City and Milson Road are used throughout the period of the analysis



- in order to keep using the White City and Milson Road sites, maintenance work would need to be carried out in the first five years of the Do Nothing analysis, totalling £333,500 for the White City Health Centre and £279,000 for Milson Road
- the “Do Nothing” option uses the same replacement costs for equipment and IT as the LIFT option
- optimism bias has been added to the LIFT option
- double running costs equating to 2 months of current running costs have been included in the LIFT option
- quantified benefits of moving to the WCCCC are a reduction in non-elective admissions of £630,000 per annum, reductions in A&E attendances of £120,000 per annum and reductions in outpatient activity saving £790,000 per annum, building over 3 years from the first full year of operation of the Centre

The discounted cost of the “Do Nothing” option over 28 years is £11.3 million and the discounted cost of the LIFT option is £3.1 million. Therefore the LIFT option provides the best quantitative value for money for the PCT.

8.3. Qualitative Value for Money

At Stage 1, the investment objectives for this project were set as:

- Objective 1: improving integration between health services and health and social care services
- Objective 2: improving primary care access
- Objective 3: improving service quality
- Objective 4: improving service productivity

Providing this investment will deliver the following high level strategic and operational benefits (arranged by investment objectives):

Table 22: investment objectives and benefits

Investment Objectives	Main benefits
Objective 1: Improve integration between health services and health and social care services	<ul style="list-style-type: none"> • Co-location will allow the Local Authority to fulfil its requirement to promote the joining up of local NHS services, social care and health improvement • Redesigned pathways and co-location of health and social services will allow the traditional barriers to be removed and patient requirements to be delivered with less hand offs and no duplication • One stop services need to locate the health care professional team together to maximise service delivery, team working, training and make the most efficient use of patients and staff time. Real time access to diagnostics is also required. • Physical or learning disabled service users can have multiple health and social needs. Navigating services and coordinating



Investment Objectives	Main benefits
	inputs is a challenge. Fully integrated teams can focus on users' needs rather than scope and coverage of separate teams, hand offs and handovers
Objective 2: Improve primary care access	<ul style="list-style-type: none"> • Clustering GPs together allows patients to retain trusted GPs while benefiting from extended hours access from the cluster • GPs in the cluster can offer the range of enhanced services and specialist staff that single or small group GPs could not
Objective 3: Improve service quality	<ul style="list-style-type: none"> • Primary care and outpatients will be able to make immediate referrals to these onsite services to streamline the patients' journey and ensure the appropriate choices are offered • Opportunity for clinicians to redesign services to provide holistic clinical pathways that minimise the necessity for hospital attendance and configure services around the patient • Integration of care between different aspects of health and social care will allow better focus on personalised care for patients which reflects individuals' health and care needs
Objective 4: Improve service productivity	<ul style="list-style-type: none"> • Shared services will reduce the administrative burden on GPs and practice staff allowing more time to be patient-facing. • Community Services back office functions, booking, scheduling and performance management can all be enhanced by co-location and integration. • Peer review and competition will support practice efficiencies • The centre will allow the space to move services and support the potential to redesign pathways to replace consultant outpatient attendances with other Health Care professionals and telemonitoring

8.3.1. Stage 1 option appraisal

The Stage 1 submission set out the option appraisal process that led to the proposal to develop an integrated health and social care centre as part of the redevelopment of the site fronting Blomfontein Road, a site acquired on long lease by Building Better Health from the London Borough of Hammersmith and Fulham. The site was sold to BBH by the London Borough of Hammersmith and Fulham in 2006. The site was sold as a regeneration scheme under the powers set out in the Local Government Acts.

The sales agreement committed BBH to trying to achieve a planning consent for a scheme which included:

- the opening up of Wormholt Park to the residents of the White City estate
- the inclusion of a collaborative care centre
- housing
- retail
- offices for Social Services (the Council later decided this was not needed)



- S106 contribution to works on Wormholt Park

All the above has been complied with.

The proposals were worked out with a residents' steering group, specifically convened to work on these proposals; a small architectural competition was held, and Rogers Stirk Harbour appointed.

There is no land value attributed to the Collaborative Care Centre; and the housing is making a financial contribution to the Centre. In addition the park is being redesigned through the S106 arrangements, and will be an integral part of the facility.

The long list evaluated within the Stage 1 case was as follows:

1. Do Nothing: This option would require the PCT to redesign services within the limitations of the existing estate. Service developments have already exceeded the estate's capacity to support them in the north of the PCT with diabetes, respiratory, cardiac, musculo-skeletal, breast screening and psychological therapies not being accommodated in the north. The option would not allow for the upgrade of GP premises or provide any of the other benefits of a larger health centre and co-location of services with Social Services.

2. White City Collaborative Care Centre: This option would see the opportunity to deliver the borough's primary and community services to 50,000 residents in the area of greatest need and deprivation. The non-compliant GP premises (i.e. those not able to be upgraded to be DDA compliant) can be removed from use and all the residents will be able to access enhanced care, facilities and opening times. For the first time breast screening services would be at the centre of the worst area of uptake.

3. Redevelopment of existing White City Health Centre: The existing White City Health Centre is a purpose built health facility constructed in 1979. The site boundary does not allow for an increase to the footprint of the building but there may be potential to increase the number of floors over which the accommodation is offered. The demolition of the existing building and provision of a new, larger facility is a possibility. The new space would not be large enough to accommodate social or voluntary services and the benefits of integrated working could not be realised. It would also be possible to sell the existing building and use the proceeds to subsidise an alternative development. However, the value of the capital receipt would not cover the cost of the new development and to deliver this option temporary accommodation for existing services would need to be found. There is no spare capacity in the PCT's estate, so all GP and PCT services would be relocated out of the area for the build period.

4. Extension to existing White City Health Centre: It is possible to create an additional 1,500 m² of accommodation by extending the existing Health Centre upwards. Extending rather than replacing would require less service decant, but some services would still be removed during the build and social and voluntary care could not be accommodated within the resulting building.



5. Investment in existing GP premises: None of the other existing local GP premises are capable of being improved from an estates perspective as they are chiefly converted residential buildings. There is an ageing GP population in the north of the borough and a predominance of single handed and two partner practices. Primary care provision in this way does not allow patients the range of services and access they require or the PCT wished to commission.

6. Development of Hammersmith Hospital Site as a collaborative care centre: The PCT has done this successfully at Charing Cross Hospital and proposes to continue to lease space there to meet its service development needs. The Hammersmith site could be developed in a similar way. However, Imperial College Hospitals cannot release any space on this site. It is less well connected by public transport and less well positioned in the borough to compliment surrounding PCT polyclinic developments. It has also demonstrated less appeal to residents than the White City based Canberra Centre for Health.

The table below summarises the impact each of the six options would have on the four objectives of the development.

Table 23: summary of impact of each option at stage 1 on each investment objective

Option	Objective 1 Integration	Objective 2 Access	Objective 3 Quality	Objective 4 Productivity
1: Do nothing	None	None	None	None
2: New site at White City with integrated care centre	Good	Good	Good	Good
3: Redevelop existing site	None	None	Some improvement	None
4: Extend existing site	None	None	Some improvement	Some improvement
5: Upgrade substandard GP premises	None	None	None	None
6: Care centre at Hammersmith Hospitals	Some improvement	Worse than currently	Some improvement	Good

The White City Health and Care Centre best meets the objectives of the investment and was therefore chosen at Stage 1 as the preferred option.

The Council carried out a similar analysis, using a system of weighting and scoring the shortlisted options (Do Minimum and Collaborative Care Centre). The Do Minimum option scored 58 points and the Collaborative Care Centre scored 102 points.

Both the PCT and Council's analysis found that the LIFT option offers the best qualitative value for money.



8.4. Consideration of an alternative procurement route

The PCT thoroughly explored the value for money an alternative procurement route, which would have involved the PCT contributing £9 million towards the cost of the building and then entering into a 25-year contract with BBH to deliver the building. Although the intention was to mirror the main contract terms of a LIFT deal, for example the payment mechanism, the PCT was advised that this “internal repairing and insuring lease” (IRI) structure would not be LIFT.

Initially the structure appeared financially advantageous. However, detailed discussions on the way the structure would work with the PCT’s lawyers and tax advisors and the Council’s lawyers revealed that risk adjustments should be made to the IRI option for:

- additional costs during procurement
- debt funding margin higher than expected
- additional Stamp Duty Land Tax payments due to more complex lease structure
- higher VAT rate
- land sales income lower than expected or delayed
- availability (lower protection through payment mechanism)
- management costs
- interaction between PCT and Council contracts
- engagement with BBH
- termination risk (loss of prepayment)

The value for money analysis was carried out on three options:

- the IRI option with a £9 million contribution
- a LIFT option with a £2.8 million contribution
- a LIFT option without any capital contribution

The table below sets out the results of this analysis.

Table 24: Economic analysis of alternative procurement routes

	IRI lease with £9m premium £'000s	LPA with £2.8m contribution £'000s	LPA – no contribution £'000s
Total undiscounted cost excluding risk	10,718.7	13,004.8	15,043.7
Additional risk due to procurement route	1,446.7	0	0
Discounted cost including risk and tax adjustment	13,752.3	11,718.3	12,219.1

Following this analysis, the PCT and Council agreed to follow the standard LIFT route, with a capital contribution – note that the contribution is now expected to be £3.8 million.



8.5. Construction costs

The construction and development costs of the White City Collaborative Care Centre are summarised in the Financial Advisor's report in the appendix.

At this stage, BBH has presented cost information in the form of elemental analysis of the various components of the scheme which have been compiled by the main contractor. These cost plans have been developed alongside the planning submission and technical proposals for the scheme as they have developed between stage 1 and stage 2.

LIFTCo has embarked on a two stage tender process with the first stage based on an competitive competition to select a main contractor based on a submission of overheads and profit, preliminaries and an initial cost plan for the new development.

On selection of the main contractor offering the best value for money in relation to the stage 1 criteria, a process of open book market testing has been undertaken with production information for the various subcontractor packages having been issued for tender in order to market test the developing elemental cost plan.

At this time, at the submission of the Stage 2 Business case, sufficient progress has been made in the competitive open market testing of the main subcontractor packages for the main contractor to be able to confirm a guaranteed maximum price for the development to LIFTCo which has been assessed in value for money terms and reported on elsewhere in this business case. On-going work continues on refining the cost plan and undertaking further market testing with a view to improving the position at Financial Close with the safeguard to the Clients of the GMP underwritten by LIFTCo's main contractor

Beyond stage 2, negotiations will continue with the appointed main contractor to agree a finalised contract sum for the works where any saving against the cost plan will be flowed down into the financial model for the benefit of the Clients in the form of a reduced LPP. Should costs exceed the GMP cost plans following conclusion of the second stage tender, then these additional costs will be borne by the LIFTCo via the main contractor in the form of a reduced return.

A breakdown of the main elements of the construction costs are set out below. The construction costs for the scheme comprise a combination of the two main development contracts; the construction of the shell and core space which LIFTCo will be purchasing from BBH White City as the main developer and the separate fit out contract that LIFTCo will be entering directly with the main contractor, all of which will be encompassed in the LPA. These figures have been refined over the preceding weeks moving from the original cost plans to a LIFTCo GMP to a main construction contractor GMP which forms the basis of this business case.



Table 25: Construction Costs

Shell and Core Elements	BBH LIFTCo Cost Plan July 2011	GMP Figure at Stage 2	GMP figure following Tender with main contractor	Construction Cost Benchmarked at Stage 2
Construction cost	3,401,000	3,401,000	3,356,157	3,356,157
External works	145,000	145,000	109,952	-
Design contingency	84,368	84,368	Included	-
Fees	544,500	544,500	519,916	519,916
Financing Costs	417,450	417,450	0	-
Development Management Costs	261,000	261,000	261,000	-
Subtotal	4,852,950	4,852,950	4,247,025	3,876,073
Developers Profit	970,590	647,050	849,405	-
SUB TOTAL	5,823,540	5,500,000	5,096,430	3,876,073

Fit Out Cost Elements	BBH LIFTCo Cost Plan	GMP Figure at Stage 2	GMP figure following Tender with main contractor	Construction Cost Benchmarked at Stage 2
Construction cost	3,470,650	3,470,650	3,609,379	3,609,379
Fees	520,000	520,000	520,000	520,000
SUB TOTAL	3,990,650	3,990,650	4,129,379	4,129,379

Total Construction Cost	BBH Liftco Cost Plan	GMP Figure at Stage 2	GMP figure following Tender with main contractor	Construction Cost Benchmarked at Stage 2
Construction cost	9,814,190	9,490,650	9,225,809	8,005,452

The final column in the above table shows those elements of the construction cost that have been benchmarked against comparator projects and the national benchmarks



compiled by Community Health Partnerships for LIFT projects. These benchmarks necessarily remove abnormal elements which can otherwise skew direct comparison.

The process by which these costs have been market tested and validated is set out in this Section and the PCT's technical advisers report is in Appendix 20. This compares the White City scheme to four comparators – note that given the nature of the scheme it is difficult to find direct comparators. The White City costs have also been compared to national data published by Community Health Partnerships.

The benchmarking exercise found that the White City project sits within 5% of the blended rate of the three comparable reference projects selected as benchmarks and is within 1% of the national average range of CHP benchmarks.

Given that the historic CHP cost data precedes both the introduction of BREEAM and the new Part L Building Regulations, both of which have had documented cost pressures on construction costs, this result is considered to re-enforce the value for money benchmark demonstrated by comparison with the White City scheme. This is also the case for the Benchmark 4 project which was delivered on a NEAT assessment as opposed to the new BREEAM requirements which are documented to add anywhere between 3 and 8% to the cost of project.

The current state of the construction market place with reducing work-loads coupled with material cost inflation does mean that indexation of historic costs does need to be treated with a degree of caution. Given however the very close comparison of the White City construction costs (excluding the abnormal elements) to both indexed national benchmarks as well as individual comparator projects where detailed cost information is available, then it can reasonably be concluded that the current capped construction costs submitted by BBH may be said to represent value for money for the Clients at this Stage 2 of the project.

8.6. Land costs

A 250 year lease was purchased by BBH (White City) from the Council for the site which will be the location of the WCCCC. BBH (White City) purchased the lease in February 2007 for a total cost of £3,300,000 which covers the entire development site (i.e. that land required for all aspects of the mixed use development including residential, retail, public realm as well as the WCCCC). Following the purchase of the site BBH (White City) has cleared the site, including demolition of the old Leisure Centre and has incurred rolled up interest costs on the original purchase which have been reflected in the sale price of the land to the LIFTCo.

The sale price to LIFTCo has been calculated on the basis of that proportion of the land for which is required for the development of the WCCCC and incorporates the rights to use the basement area of the development which sits outside the demise of the LPA and confers right to use 23 parking spaces for the duration of the LPA term. This agreed land value is in the sum of £940,000 for a 250 year lease subject to a peppercorn ground rent



The District Valuer has been provided with all information in relation to the land purchase costs and on costs associated with its development as contained in the financial model and has undertaken a review of these overall land costs allocated to the WCCCC, in the context of the overall site value and has confirmed that, in his opinion, the current market value for the long leasehold interest is fairly reflected in the purchase price of £940,000 reflecting the nature of the scheme and the share of the basement and car parking provision for the scheme

A copy of the DV's valuation report dated 21.10.11 is contained in Appendix 21.

8.7. Equipment

A breakdown of the main categories of equipment to be purchased by the PCT and Local Authority is included in the table below. It should be noted that Group 1 equipment is included in the construction costs and as such is not identified here as a separate cost, it being incorporated within the overall Lease Plus Charge. LIFTCo are responsible for the purchase, commissioning and maintenance of all Group 1 equipment.

The total cost of equipping the WCCCC is c£0.6m (including VAT). Approximately 25% of this equipment will be paid for by the Local Authority. The capital costs for equipment are set out in the table below.

Table 26: Equipment capital costs

Item	Budget (£000)
PCT Specialist Equipment (G2 and G3)	171
PCT proportion of general equipment and furniture (G2 and G3)	163
PCT proportion of Jointly owned equipment and furniture (G2 and G3)	41
TOTAL	375

General Group 2 and 3 Equipment: The budgets for general equipment have been compiled by the PCT's technical advisers and cover all items of equipment that have been identified during the production of the ADB Activity Database sheets for each room in the new collaborative care centre.

Cost estimates for the equipment have been taken from a range of sources but primarily from recently obtained purchase quotations from other LIFT projects using NHS supply chain providers thus giving a relatively good indication of current market costs for equipment. Some specialist equipment costs such as dentistry, have also been sourced from recently completed projects with an allowance for inflation.

Value for money in respect of the Group 2 and 3 equipment purchases for the scheme will be delivered through the use of the NHS procurement protocols including competitive tendering via the PCT procurement department.



ICT Equipment Capital Costs: A budget for the development of an ICT solution for the new collaborative care centre has been compiled by the project advisers from recent experience on several LIFT projects in the south east and are reflective of current market price expectations for both active equipment and project management costs to deliver the IT and telephony solutions. The principal heads of cost in this regard which have been developed on a centre wide basis (i.e. joint costs for the PCT and Local Authority) and have then been apportioned on a pro-rata basis to reflect the occupation levels within the building. An outline technical specification and project implementation issues have been discussed with the ICT leads at both client organisations to ensure that all aspects of the delivery of an building wide IT solution have been allowed for.

As with general equipping of the building, value for money in respect of the IT and telephony equipment purchases for the scheme will be delivered through the use of the NHS procurement protocols including competitive tendering via the PCT procurement department.

These budgets have been compiled by the PCT's technical advisers and cover all items of equipment that have been identified during the production of the ADB Activity Database sheets for each room in the new collaborative care centre.

Cost estimates for the equipment have been taken from a range of sources but primarily from recently obtained purchase quotations from other LIFT projects using NHS supply chain providers thus giving a relatively good indication of current market costs for equipment. Some specialist equipment costs such as dentistry, have also been sourced from recently completed projects with an allowance for inflation.

8.8. ICT Equipment Capital Costs

A budget for the development of an ICT solution for the new collaborative care centre has been compiled by the project advisers from recent experience on several LIFT projects in the south east and are reflective of current market price expectations for both active equipment and project management costs to deliver the IT and telephony solutions. The following table shows the principal heads of cost in this regard which have been developed on a centre wide basis (i.e. joint costs for the PCT and Local Authority) – these have then been apportioned on a pro-rata basis to reflect the occupation levels within the building:

Table 27: ICT capital costs

Item	Joint ICT Budget (£000)
Access switch	130
Wireless access points	25
Core switch	40
UPS	40
WAN connection (LES, N3 and ISDN circuits)	60



Item	Joint ICT Budget (£000)
VOIP telephone installation (incl. handsets)	20
Desktop PCs (new installation)	60
Desktop PCs (existing relocated)	5
Printers	15
Analogue lines – note that these will be needed for the lifts. Redcare lines, to fire alarm, intruder alarm and panic alarm (external connection) and possibly to BMS	3
Relocation of GP practices' clinical systems into new building	25
Telephone management system for the incoming GP practices and PCT provider departments	20
IT Project Management Costs	
IT Project Manager Cost – establishing initial brief/blueprint design	10
IT Project Manager Cost – new set up	12
IT Engineer Cost – new set up	24
IT Project Manager cost – for GP relocations/set up	12
TOTAL COST FOR ICT AT WCCCC	502
Cost to PCT	334
Cost to LA	167

8.9. PCT Costs

The PCT and Council have appointed joint advisers for the project team, except legal advisers, which have been appointed to separate legal firms. This approach enables the PCT and Council to share associated costs.

These fees are provided to construction completion, and the total costs and PCT proportion are set out in the table below.

Table 28: PCT costs

Item	PCT Budget (£000)
Project management	200
Legal (PCT only)	80
Technical	185
Financial	70
Commercial	26
Decant & decommissioning	40
TOTAL	601

These fees and costs are being financed directly by NHS Hammersmith & Fulham.



8.10. Facilities Management Costs

The benchmarking report at Appendix 20 **Error! Reference source not found.** also comments on the cost of the hard facilities management proposed by BBH. In reviewing the costs for the hard facilities management elements of the White City scheme (comprising the reactive maintenance revenue costs) regard was had to three main cost information sources to establish a benchmark against which the submission could be assessed; firstly the cost of FM services for three recently completed schemes in the South East which whilst of a smaller size, comprise a similar range and mix of services within the scheme including mechanical ventilation and which have been designed to achieve BREEAM excellent ratings and to current building regulations. In addition a fourth scheme of similar size which pre-dates BREEAM and is more naturally ventilated solution that the White City scheme and finally the national FM cost data published by Community Health Partnerships.

LIFTCo has undertaken a tender exercise to appoint a preferred FM provider from their current supply chain and have now provided a figure for FM service costs based on the results of this tender exercise which was based on the same agreed Service Level Specifications as previous projects in the LIFT. At this time, the benchmarking has been undertaken in relation to these costs which are now included in the Stage 2 financial model

Table 29: Hard FM costs

Scheme	Financial Model - FM £ cost p.a.
White City	84,000
Annual cost per m2	23.60
Whole Life Cost for term of LPA per m2	589.88

The report concludes that the FM costs put forward for White City sit within a reasonable range of the schemes used as a benchmark. Whilst the scheme does not include for grounds maintenance (given the situation of the health centre within a larger development) the fact that the scheme will be totally mechanically ventilated (there being no openable windows within the 100% curtain walled façade and a number of internal rooms within the scheme design) this acts to counter the expected cost savings as the mechanical and electrical component of FM services is proportionately higher.

These costs are as noted, based on a BBH capped GMP figure and will potentially be subject to price reduction as part of the competitive open book tender process currently being administered by the LIFTCo.

In addition to the construction costs, the lifecycle costs/expenditure for the same benchmark comparators has been utilised as the benchmark for the lifecycle elements of the White City project.

Whilst the expenditure profile for these comparator schemes were smoothed to assist with cash flow and address any potential concerns surrounding the sensitivity of their respective financial model, the resultant programme was supported by the respective



funders and their FM service provider and remained realistic in terms of delivering the requisite maintenance resource required under their Lease Plus Agreements.

The figures provided by BBH Liftco at this Stage 2 of the business case financial model are based on a detailed lifecycle cost modelling exercise undertaken by their consultant advisers David Langdon and are derived from previous BBH projects and are effectively capped at Stage 2.

The Whole Life Cost Model has been prepared by BBH using the main contractor's Cost Plans for the works (shell and core and fit out) along with the relevant drawings and specification details on which the construction costs were based

Liftco have confirmed that the lifecycle replacement periods and work intervals used in the model are based on published data, research, feedback from comparable buildings in use, and experience. Replacement periods assume that the appropriate planned maintenance is carried out, in accordance with good industry practice and manufacturers' recommendations. Work items have nominally been allocated to a specific year within the model but it is acknowledged that in practice, it is likely that the work items will most likely be spread across a number of years to minimise the operational disruption to the facility. In some instances, the model attempts to reflect this 'smoothing', although this will be driven in practice by the operational requirements prevailing at the time.

This exercise showed a close comparison with the benchmark scheme figures and a favourable comparison with the national data set. Therefore the total lifecycle cost package for the White City project may reasonably be considered to represent value for money for the Clients.

8.11. Partnering service costs

The LIFTCo on-going management costs have been agreed by the PCT. Details of these costs are included in the PCT's financial advisers financial model report.

8.12. Value for Money conclusion

The PCT and the Council have carried out extensive work which has established that:

- a new Collaborative Care Centre is the best way to deliver their strategic and service intentions for health and social care in the White City area
- the White City Collaborative Care Centre can be shown to provide the best quantitative and qualitative value for money of the options considered
- LIFT provides the best route for delivery of the WCCCC
- the individual elements of the cost of the WCCCC can be shown to be value for money through benchmarking and reports of external parties such as the District Valuer



9. Project Management, Risk and Benefits Realisation

9.1. Introduction

The PCT has approached the delivery of the WCCCC by establishing a project structure to ensure that both key organisations are kept up to date with developments and take part in decision-making, risks are appropriately identified and managed and communication between the PCT and the Council is maximised.

Management and delivery of the project has taken place in the context of changing organisational structures, developing policy and a challenging financial climate; the approach to mitigating the risks inherent in these issues is addressed under 'Key Risks' in this section of the Business Case.

Moreover, the project represents one element of a larger development, comprising residential and retail facilities. This has required close examination of the construction programme, risks associated with the operation of the WCCCC whilst the remainder of the development is still under construction and on-going service charges payable to the owner of the residential units.

The critical success factors that have driven the project in the period January to October 2011 include:

- Programme:
 - delivery of a programme that recognises the challenges associated with the long gestation period of the project whilst ensuring that the key deliverables are appropriately managed and closed out
 - early identification of the project risks and close management
- Design:
 - underpinned by a strong, integrated brief (Tenants' Requirements)
 - consistent demonstration of intimate links between the brief and the design
 - close monitoring to ensure the delivery of Key Performance Indicators (KPIs)
- Contracts:
 - interrogation of construction /fit-out risks
 - interrogation of early operational risks
 - delivery of signed-up occupiers
- Affordability:
 - focus on value for money judgements
 - focus on robustness of the financial model
 - focus on robustness of affordability assessments

The activities that have taken place in preparation for the joint Stage 1 and Stage 2 submission are summarised in the table below.



Table 30: Activities

Project management
Management of programme of work Co-ordination of activity profiles, joint project board & joint project team Management of risks
Health and social care services work-stream
Activity/capacity reviews completed Programme of commissioning activities Benefits realisation plans
Design /construction work-stream
KPI monitoring & reporting Site planning review Building externals & facades review Room layouts & Room Data Sheets reviews Interior design development reviews /way-finding interfaces programme Schematics proposals: healthcare planning technical reviews
Communications
External communications meetings Engagement activities
Financial /commercial work-stream
Affordability analysis Capital cost analysis Lifecycle & FM costs Capital charge & overheads review Balance sheet opinion Tax & VAT review Development of rental strategy Value for Money review Financial Model Funding competition
Legal /contractual work-stream
Re-assessment and final decision on contracting route All elements of LPA reviewed; all schedules developed uLPAs for all tenants
Equipment /ICT work-stream
Categorisation of equipment Room Data Sheets /1:50 equipment review programme ICT programme
Design team
Design development Planning requirements interfaces
Decant work-stream
Confirm staff /departments to be relocated, costs and programme
Commissioning /decommissioning work-stream



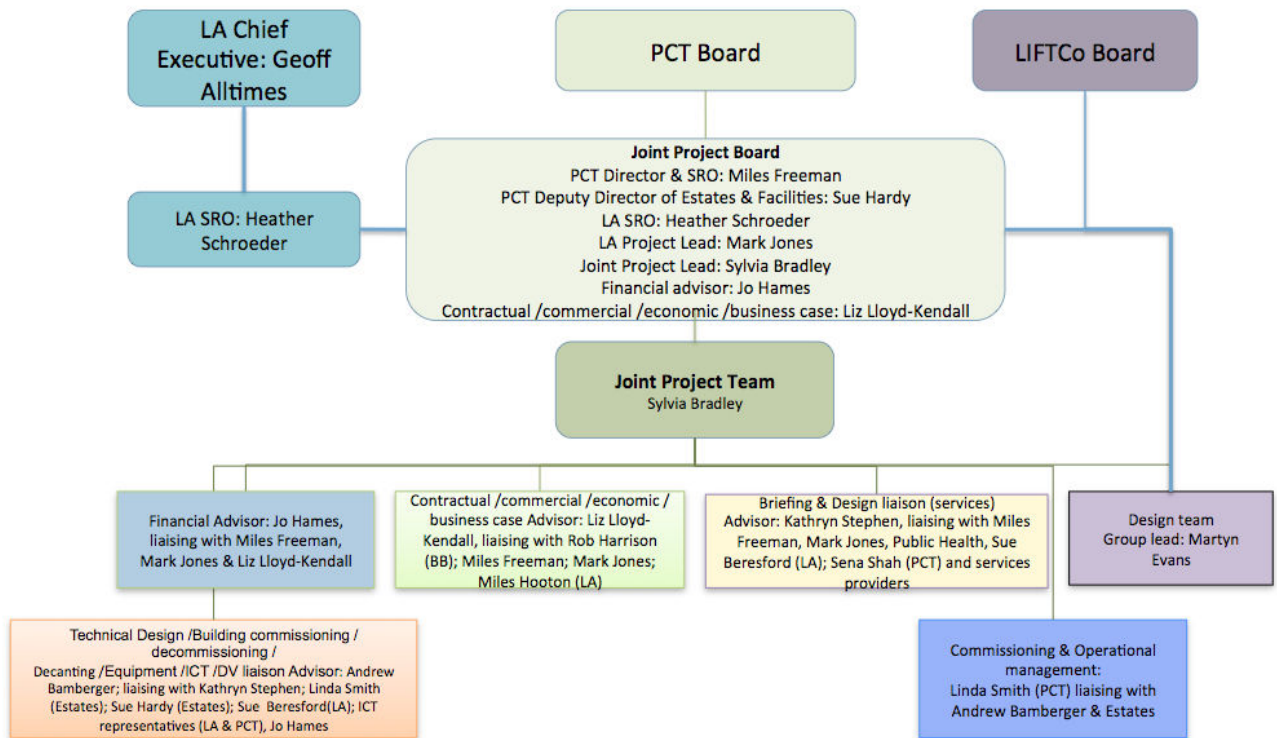
Soft FM confirmation of current position on services & providers, contractual arrangements; proposals for delivery of services to new build including procurement proposals and interface with clinical services
Programming and interfaces with decant proposals

Leaders of all activity profiles have coordinated their activities to ensure that there are no gaps or overlaps and progress has been reviewed on a fortnightly basis at Joint Project Team meetings; these meetings have taken place weekly over the last 2 months.

Any high level risks have been reported to the Joint Project Board, for agreement of mitigating action intentions.

9.2. Project Organisation and Plan

Figure 23: Project Structure

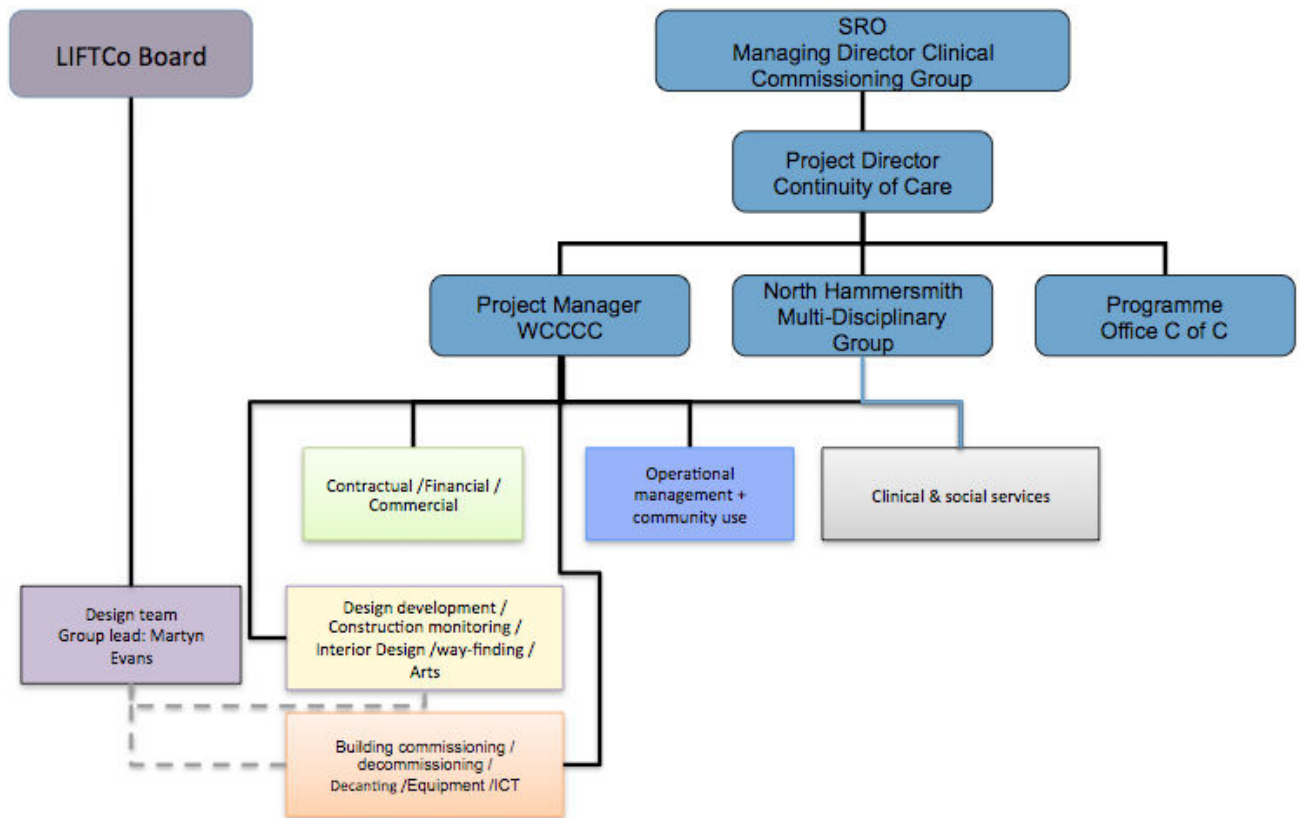


Details of the project’s organisational arrangements for delivery of the Business Case can be found in the Project Inception Document (PID) at Appendix 22.

Post-Financial Close Management Arrangements: Post-financial close the project management arrangements will be as follows:



Figure 24: Project Structure post-financial close



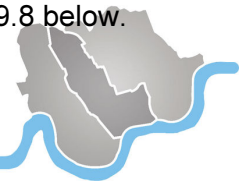
The PCT has defined the work involved in delivering the WCCCC as part of the overall Continuity of Care Programme due to the imperative to ensure that the redesigned models of services delivery are delivered when the WCCCC opens. The programme of work within the project comprises two inter-linking strands:

- Integrated services delivery
- Delivery of a fully operational facility that continues to comply with the expectations set out in the Tenants' Requirements

The PCT has appointed a Technical Representative who is familiar with the detail of the project, and who will have responsibility for monitoring design and construction progress in the post-Financial Close period. Simultaneously the role will be to work with the PCT's commissioning manager to ensure that the facility is ready for operation. The WCCCC Project Team that will be responsible for the realisation of the capital procurement benefits expectations will continue with its oversight of the programme and the Technical Representative will be a member of this team.

As an integral part of the duties of the Technical Representative, regular meetings will take place with senior design and construction representatives representing LIFTCo with the principal line of communication via LIFTCo's Employers Agent.

Further information on programmes can be found in sub-section 9.8 below.



Post-Financial Close Management Arrangements – LIFTCo: The post-financial close project management arrangements for LIFTCo will remain the same as they are now, with the addition of Galliford Try as the construction contractor. Galliford Try will provide a Construction Manager with whom the Technical Representative of the PCT will liaise.

9.3. Key Risks

A risk profile was agreed in March 2011 that identifies which organisation has responsibility for which risks and at what level those risks lay, a copy of which can be found in Appendix 23.

9.3.1. Corporate risks

The table below summarises in graphic format the risks as they applied to the project in March 2011 and the position as reported in October 2011.

Of a total of 168 risks profiled, the change between March and October 2011 is as follows:

Table 31: Risk Summary

	March 2011			October 2011		
	High	Medium	Low	High	Medium	Low
Programme Development	3	6	1	-	4	6
Design Risks	-	16	2	-	-	18
Construction Risks	-	24	12	-	1	35
Operational Risks	-	28	16	-	17	27
Variability of Revenue Risks	-	3	6	-	2	7
Finance Risks	-	13	11	-	8	16
Contract Risks	-	4	5	-	4	5
Disposal Risks	-	3	1	-	2	2
Regulatory Risks	-	10	1	-	-	11
Miscellaneous Risks	-	2	1	-	-	3

These risks have been managed /mitigated by the Joint Project Team in the first instance, with reference to the SROs /Joint Project Board as required.

More detail on the management of risk can be found in the sub-section below headed 'Managing Risk'.

9.4. Key Benefits

Key benefits have been expressed in services commissioning terms as follows:

- improvements in patient care and experience
- improvements in access to services and choice



- ensuring patients only go to hospital when necessary
- avoiding unnecessary acute hospital admissions
- achievement of value for money in commissioned services

Further details on the development of the vision for the WCCCC can be found in the Tenants’ Requirements at Appendix 10.

Two benefits realisation profiles, one each for services and for facilities are illustrated in the sub-section headed ‘Benefits Realisation’.

9.5. Managing Risks

9.5.1. General

This sub-section of the Business Case describes how the programme of work has been managed from a risk perspective.

The overarching approach to managing risk has been one of pro-actively placing management responsibility with the organisations and individuals best placed to manage it and monitoring progress. Appendix 23 identifies the high level risks and the process /activity associated risk allocations within a risk matrix; this matrix has been managed by the Project Lead and progress reviewed at joint project team meetings.

The table below illustrates how responsibility for managing risk has been allocated:

Table 32: Management of risk – allocation of responsibility

Risk section	PCT & Council	LIFTCo
Financial & commercial	Miles Freeman; Tim Tebbs; Sue Hardy; Mark Jones; Jo Hames; Liz Lloyd-Kendall	Martyn Evans
Approvals	Miles Freeman; Mark Jones; Sylvia Bradley	Martyn Evans
Communication issues	Sena Shah; Mark Jones	Sylvie Pearce
Services delivery	Miles Freeman; Heather Schroeder; Sena Shah; Kathryn Stephen	
Building commissioning / decommissioning	Sena Shah; Linda Smith; Mark Jones	

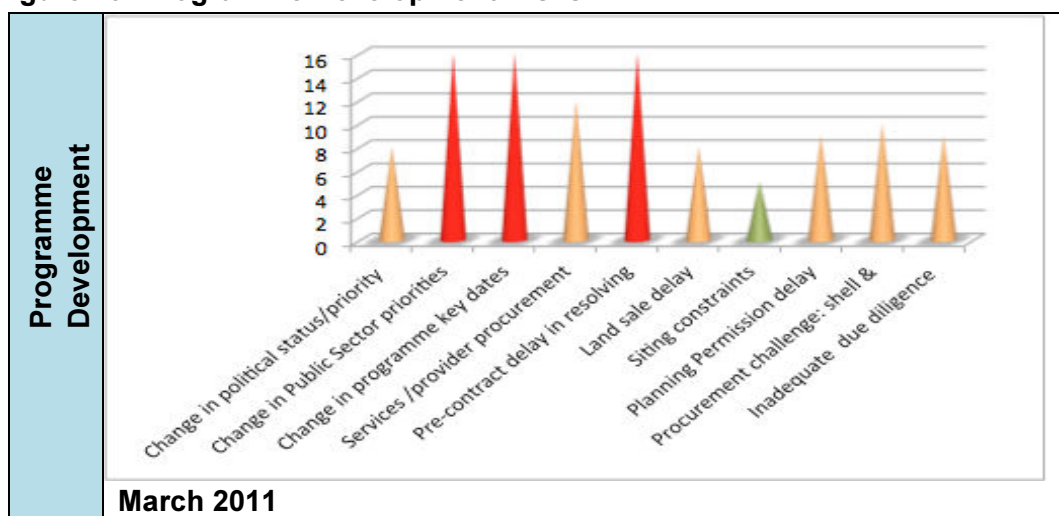


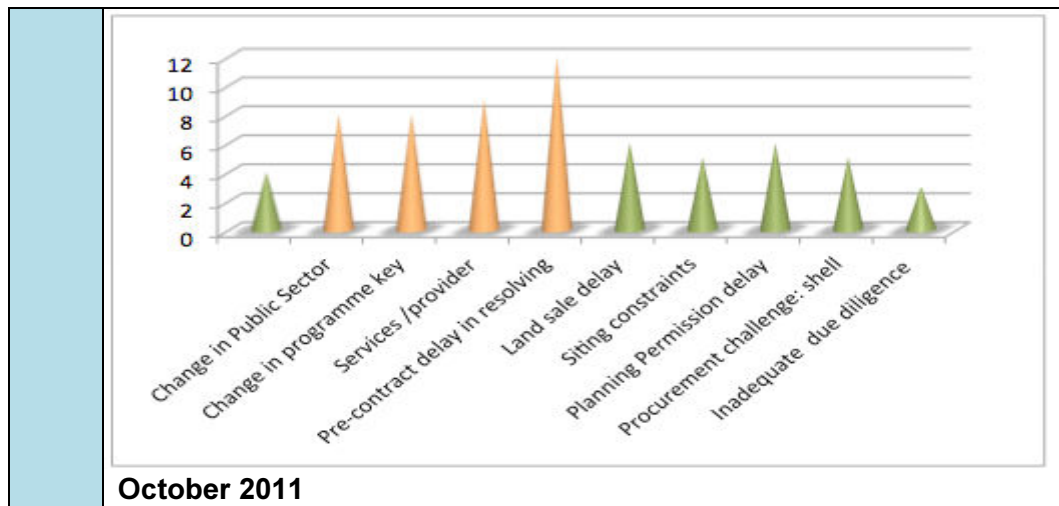
Design matters	Andrew Bamberger	Martyn Evans
Design KPI monitoring	Kathryn Stephen; Andrew Bamberger	Martyn Evans
Governance	Miles Freeman; Mark Jones	Martyn Evans
ICT	Andrew Bamberger; Sena Shah; Mark Jones	Martyn Evans
Furniture & equipment	Kathryn Stephen; Andrew Bamberger	Martyn Evans
Land & property		Martyn Evans
Legal & contractual	Rob Harrison (Bevan Brittan: PCT); Liz Lloyd-Kendall; Kevin Boa (Pincents: Council); Mark Jones /Miles Hooton	Martyn Evans; Peter Hardy (Addleshaw Goddard)
Partnership	Miles Freeman; Heather Schroeder; Sylvia Bradley	Richard Ashcroft
Planning	Mark Jones	Martyn Evans
Programme	Sylvia Bradley	Martyn Evans

The key risks have been mitigated as follows.

Programme Development:

Figure 25: Programme Development Risks





Of the ten items identified, five are the responsibility of the public sector to manage and the three high-risk items identified in March relate specifically to the potential for delays arising from the organisational and transactional changes that resulted from the White Paper '*Liberating the NHS*'. The Joint Project Team has taken a two-pronged approach to mitigating these risks:

- close liaison with NHS London's capital investment leads as well as establishing links with the Department of Health to ensure that it understands the revised expectations of these approving organisations.
- close collaboration between both public sector organisations in order to ensure robust development of integrated services profiles that reflect current strategies

By October the risk rating had shifted from 3:6:1 (red: amber: green respectively) to 0:4:6.

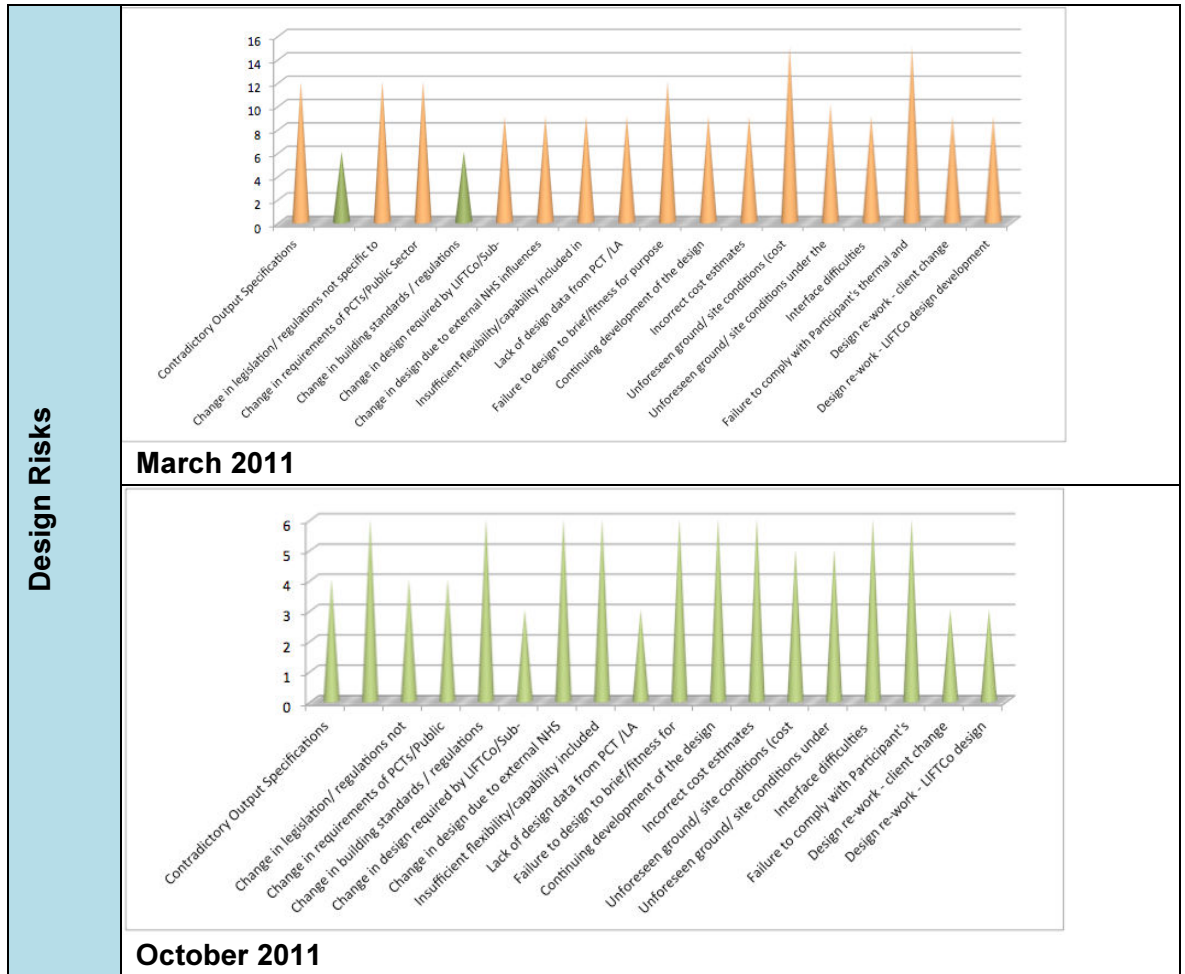
Brief /design development: Six of the eighteen (18) risks in this category are the responsibility of the public sector. These risks relate to availability, and robustness of briefing information and the ability to sign-off design proposals within tight timescales.

The Tenants' Requirements (TRs) have been substantially enhanced to ensure added clarity of functional requirements and built-in flexibility. Value for Money judgments have been applied to these enhancements and in each case it has been considered that the risks of non-achievement of functionality outweigh the risks of increased costs.

By October therefore, all of the public sector owned risks had been mitigated, as well as remaining design risks having reduced, from a total profile of 16:2 (amber: green) to 0:18.



Figure 26: Design Risks



Services delivery: The requirement to provide ‘confirmation by the boards of all public sector organisations taking a lease that they support the affordability analysis, to demonstrate that they can and will meet their financial commitment to the scheme’ (*‘Business case approval guidance for Primary Care Trusts with existing Local Improvement Finance Trusts’* published by the Department of Health in May 2009) has been superseded by the requirement to demonstrate that all providers have agreed the contents of under-leases and are in a position to sign uLPAs at Financial Close.

The services providers will be as follows:

Table 33: Service providers

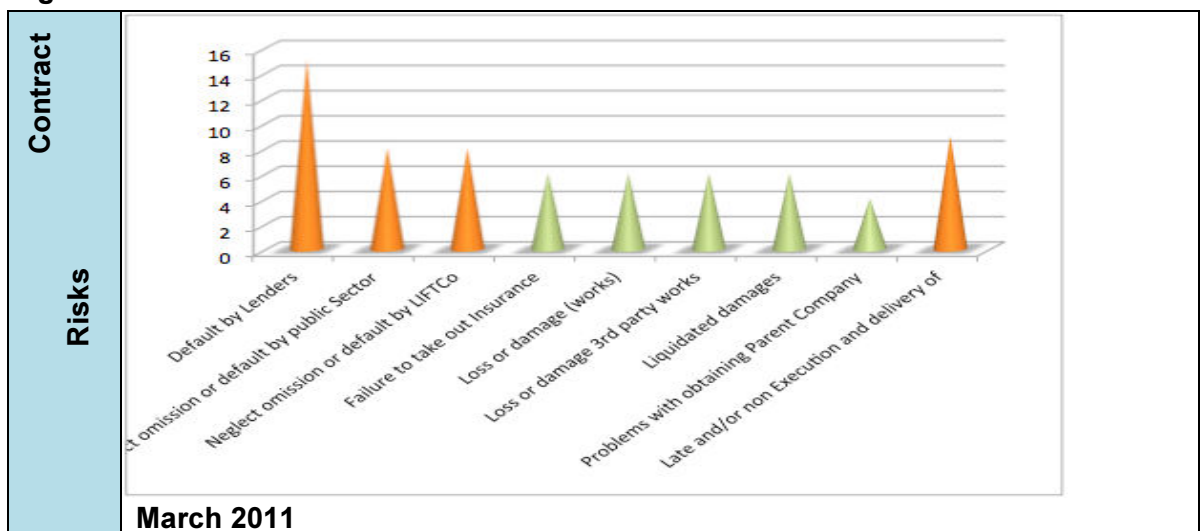
Services	Providers with whom uLPAs will be signed
General Practice services	The Practice plc Dr Dandapat & partner Dr Mirza & Dr R Kukar Dr Uppal & partners
Specialist Community Health Services, on a	CLCH

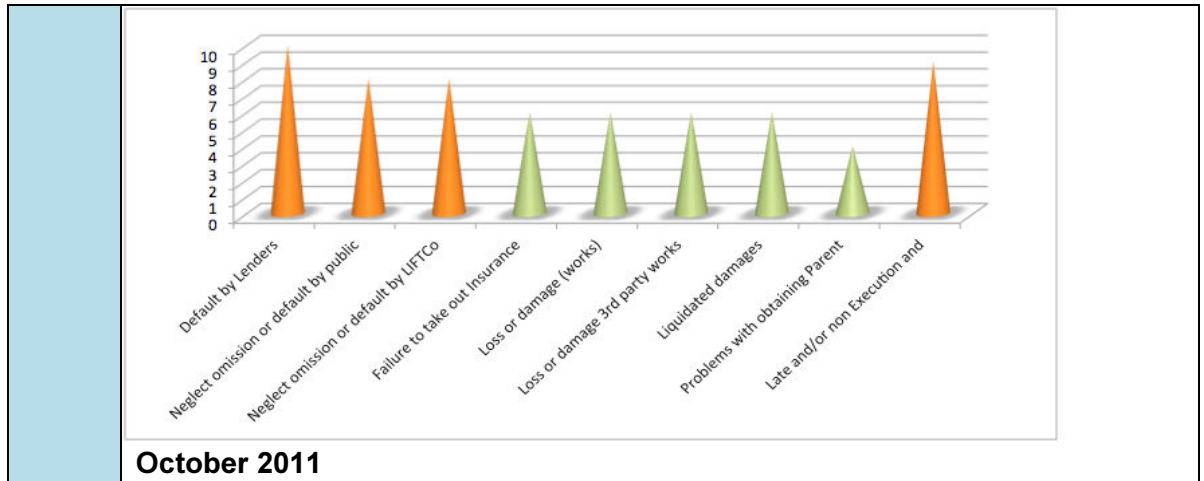


Services	Providers with whom uLPAs will be signed
sessional basis (including diabetic care, podiatry, tissue viability, musculo-skeletal, respiratory, maternity, paediatrics)	
Dental Services	CLCH
Children with Disabilities Service	CLCH /Council
Adult Social Care including Advice, Assessment teams, Social Workers, Community Nursing & Occupational Therapy, Mental Health services (IAPS), Community team consultations, Learning Disability Community team sessions	Council
Training programmes, including Expert patients programmes, Health trainers, Health Promotion & Illness prevention (e.g. smoking cessation). Sessional bookings from other services such as Interpreter and Advocacy Services, Welfare rights and citizens advice, Self-help groups, Alternative Health provision.	Delivered by a range of providers on a sessional basis utilising Council accommodation

In terms of contract risks as they relate to readiness of prospective providers to sign uLPAs, it has always been recognised that availability of detailed charging profiles would form the biggest risk within the programme. All providers have confirmed willingness to occupy and so the availability of service leads to agree the content of each uLPA has been the greatest challenge.

Figure 27: Contract Risks

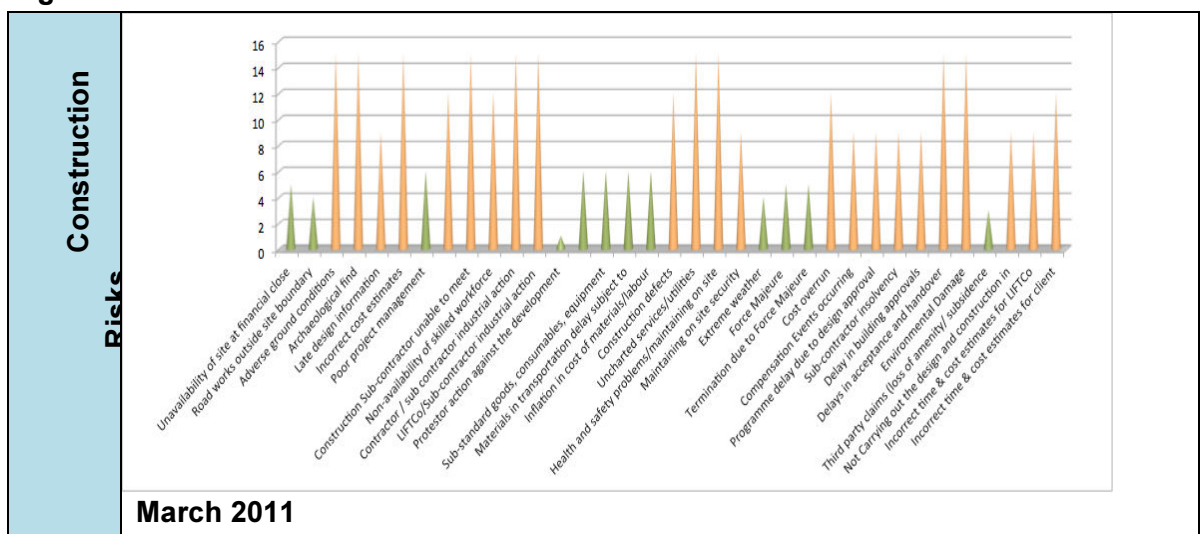


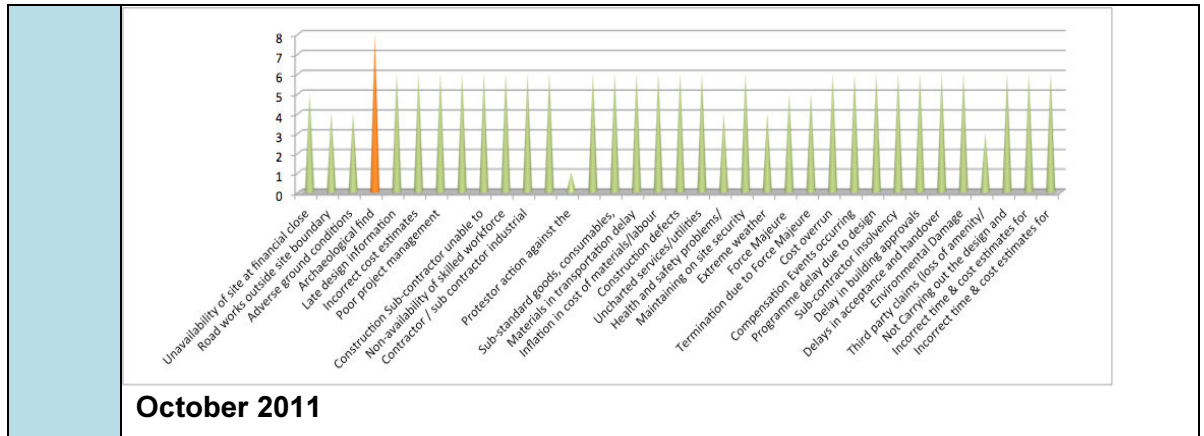


Construction risks: Identifiable risks in March totalled thirty-six (36), of which four are the responsibility of the public sector.

The risk profile between March and October has been reduced from 24:12 (amber: green) to 1:35. The remaining medium risk item relates to the possibility of archaeological finds disrupting construction. LIFTCo has confirmed that it has undertaken a number of detailed surveys with negative results; however, this risk can be no further mitigated until excavation is complete and therefore remains at medium.

Figure 28: Construction risks





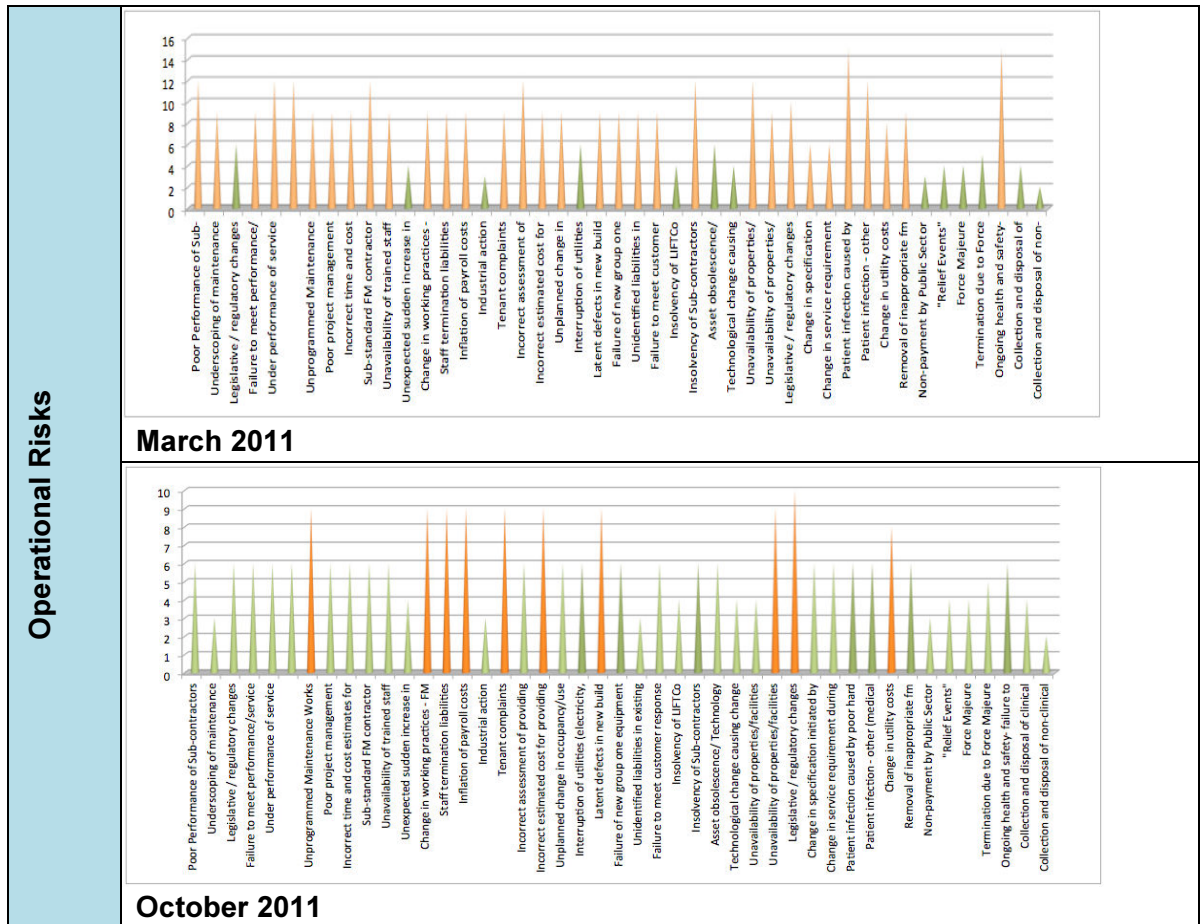
Construction-associated risks that remain the responsibility of the PCT include detailed design development approvals, commissioning and input into clearance of certain of the conditions on which planning approval has been granted, specifically those that are a pre-requisite to occupation of the new facility.

As part of the joint project management approach and in order to mitigate the potential for conflicts between the PCT and LIFTCo programmes the LPA will contain integrated schedules of activities for both design and construction that include commissioning activities. The post-financial close project structure also contains arrangements for managing out pre-operational planning requirements.



Operational risks:

Figure 29: Operational Risks



Of the 45 risks identified in March, five are shared and 12 are the responsibility of the PCT. The ratio of amber to green ratings was 30:15 and this ratio has now moved to 10:35, of which one of the PCT's risks remains amber.

This risk relates to 'Change in utility costs'; any increases in utility costs will be passed on to service providers.

The five shared risks are as follows:

- unexpected sudden increases in demand due to major incident
- interruption of utilities
- technological change /asset obsolescence
- force majeure
- termination due to force majeure

The risks associated with three of these issues have been addressed through the Lease Plus Agreement. The approach to risk mitigation for the other two items is illustrated below:



- **unexpected sudden increases in demand due to major incident:** the Disaster Plan (a Schedule to the LPA) will be prepared by the PCT and the FM Operator will be bound by its requirements
- **technological change /asset obsolescence:** this facility will essentially provide a low-tech environment and so the PCT has identified ICT as the major contributor to this risk. ICT requirements have been developed to future-proof the facility as far as is feasible by allowing for wired and wireless solutions to be adopted throughout the facility. Mobile imaging equipment will be the responsibility of clinical services providers to provide, operate, maintain and replace

All of the PCT-owned operational risks are now considered low risk and have been mitigated by a combination of testing of public health data, delivery of a robust brief / flexible design solution and introduction of operational management solutions.

For completeness the responses are included below:

- **unplanned change in occupancy /use /demand:** the PCT will enter into contractual arrangements with each provider of clinical services that will aim to minimise the risk of unplanned change and place the responsibility for managing such risks with the organisation most capable of managing it
- **incorrect assessment of providing clinical services:** the PCT has placed a high priority on ensuring the accuracy and appropriateness of its assessments of clinical services, as demonstrated in Section Three of this business case and considers the risk of inaccuracy to be small and suitable mitigated by the contractual arrangements agreed with each service provider
- **technological change causing change to DH standards:** the WCCCC will be an essentially low-tech environment. All technology will be mobile and will be the responsibility of each service provider
- **legislative /regulatory changes having capital cost consequences – NHS specific:** the design for the WCCCC has been briefed from a flexibility of use perspective; current legislation will be fully complied with and due consideration has been given to current guidance, especially in relation to patient-focused care initiatives. Any future changes in legislation /regulation will be considered by the PCT from a value for money perspective and where appropriate the cost of changes will be referred to the District Valuer for judgment on the appropriateness of passing those costs on to providers as part of the rental costs
- **change in specification initiated by the client:** it is acknowledged that over time the specification of services may well develop in response to the changing needs of the population. The PCT has made all appropriate, value for money judgments in specifying the requirements for the facility, including those related to flexibility of use. Any future changes in specification during the operational phase would arise from changes in services requirements and would be considered in line with the response below
- **change in service requirement during operating phase:** the PCT's service delivery intentions for the WCCCC are clearly set out in Section Three of this

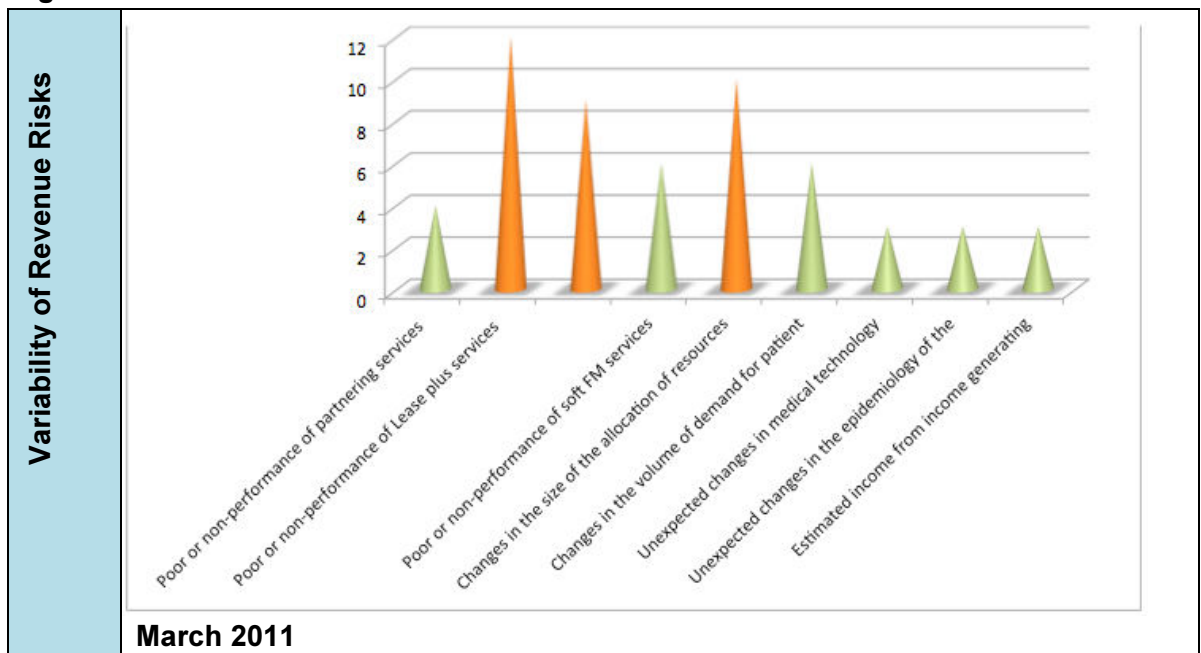


business case and the facility has been planned to be able to be flexible to change. Any other changes that might require significant change to the facility will be considered in the context of the full range of facilities available locally, to ensure that services continue to be provided from the most appropriate location

- **patient infection /other (medical negligence/unforeseen outbreak):** clinical responsibility for the management of patients with infections will remain with the provider of services, who will be expected to demonstrate membership of the relevant bodies including the national medical negligence contribution scheme. Unforeseen outbreaks will be managed as part of standard protocols that individual providers will be expected to comply with
- **change in utility costs:** utility costs will be passed on to individual services providers and will be the responsibility of those providers to pay
- **collection and disposal of waste:** the established approach to management of this service is not envisaged to change with the opening of the WCCCC

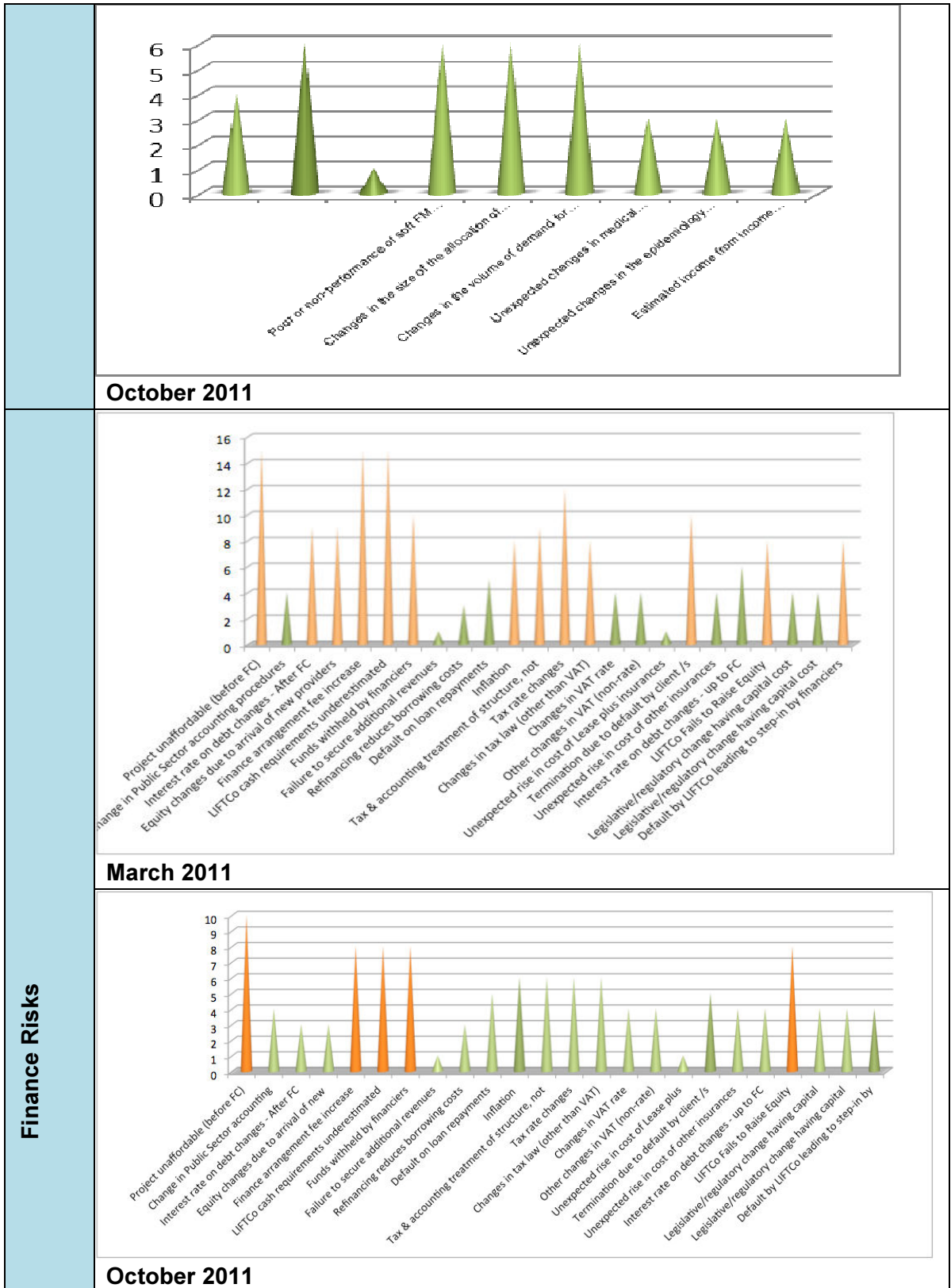
Financial and variability of revenue risks:

Figure 30: Financial risks



March 2011





There are 33 identified risks in these two categories.



Mitigation activities in the period March to October 2011 have improved the profile of risks from 16:17 (amber: green) to 5:28.

The 'variability of revenue risk' risk profile contains wholly low risk items and the following risks that will remain the PCT's responsibility:

- **poor or non-performance of soft FM services not provided by LIFTCo:** this scenario is no different to the position the PCT currently manages. There are robust escalation procedures in place to manage poor performance
- **changes in the size of the allocation of resources for the provision of health care:** reductions in resources have already been identified in the system. The project aims to minimise the impact of the cost of the new facility by selling vacated properties to assist in capital cost implications
- **changes in the volume of demand for patient services due, for example, to the provision of a new alternative health care provider, leading to a reduction in demand:** the facility has been designed for flexibility of use; any reductions in volume of demand for one service is considered to be likely to offer the opportunity for other service provision
- **unexpected changes in medical technology leading to a need to re-scale or reconfigure the provision of services:** this will be a low-tech environment treating non-acute patients; it is not anticipated that any changes in technology will result in requirements for change to the building fabric
- **unexpected changes in the epidemiology of the people in the catchment area leading to a reconfiguration or re-scaling of the provision of services:** the PCT and the Council have prepared their projections on the basis of strong multi-agency data. The risk of unexpected changes is considered to be very low and would be an unprecedented event that would require multi-agency review
- **estimated income from income-generating schemes is incorrect:** there is no built-in expectation of third party income

In terms of financial risks, LIFTCo owns the majority of these risks; financial risks can be categorised as:

- those associated with the financial model and the Lease Plus charge that apply either pre or post financial close
- those risks that are outside the control of the project and that relate to Government / banking policy

Pre-financial close risks associated with the financial model have been closely monitored in the lead up to the business case submission, resulting in a reduction of risk profiles through a combination of negotiation and agreement between the parties and the appointment of the Funder.

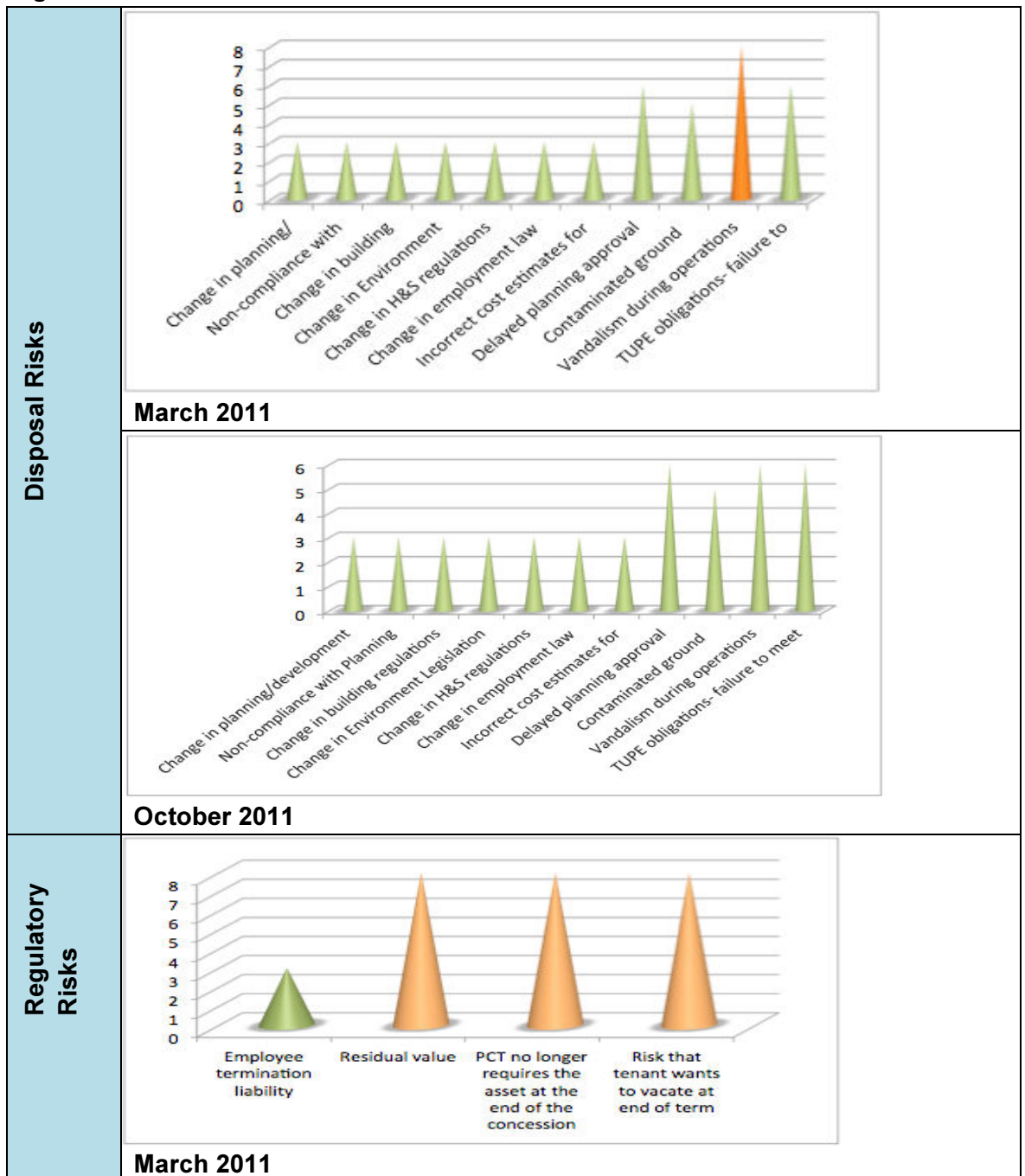
In summary, the PCT is confident that the financial risks for which it is responsible are manageable within the parameters it has set out above.

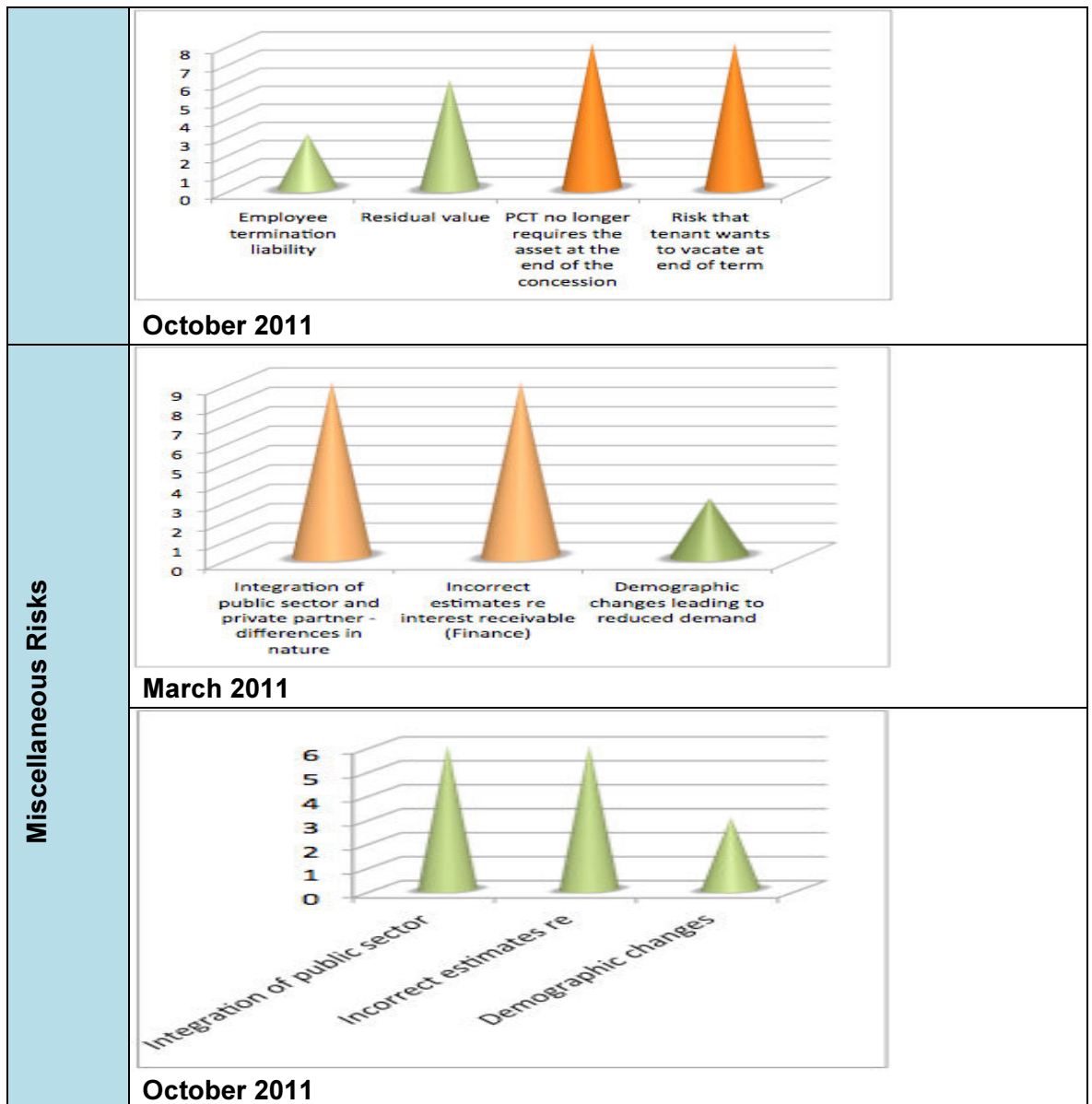


Other risks:

The remaining risks relate to disposal, regulatory and cultural issues. The graphics below illustrate the profile of these risks over the period March to October 2011. Of the 15 risks listed, only two remain as medium, both of which are the responsibility of LIFTCo and both of which relate to disposals and the risk that any tenant wishes to vacate the building after 25 years.

Figure 31: Other risks





9.6. Gateway Review

The PCT and Council requested a Health Gateway Review 3 in August 2011. There are two teams that undertake reviews using the same framework; Local Partnerships provides one at cost to Local Authorities and the Department of Health offers one free of charge to healthcare organisations. Both public sector organisations were concerned to ensure that only one Gateway Team undertook the review due to the duplication of effort and time constraints; it was agreed, following a teleconference with both review team leads that the Department of Health team would be requested to undertake the exercise.

This was agreed for three reasons:

- two-thirds of the space will be occupied by the health sector



- the Council Business Case is submitted to the Department of Health for approval of PFI credits
- the Department of Health review is non-chargeable

The primary purpose of a Health Gateway Review 3: "Investment decision", is to confirm the business case and benefits plan now that the delivery process has been confirmed and check that all the necessary statutory and procedural requirements were followed throughout the process.

The Gateway Team will complete its review in November 2011 and a summary of its findings will be issued as an appendix to the Business Case.

9.7. Benefits Realisation

Design: The vision and high-level objectives for the WCCCC were translated into design Key Performance Indicators (KPIs), each of which was linked with specific elements of the Tenants' Requirements. The benefits realisation plan for the capital investment is intimately aligned with post-project evaluation arrangements and utilises not only the KPIs but also the agreed LPA clauses and schedules in the identification of elements subject to monitoring.

A full benefits plan can be found at Appendix 24.

Clinical services delivery intentions: the intentions of the delivery strategy are clearly identified in Sections Three and Four of this Business Case. The PCT's approach to monitoring the delivery of benefits has been based on the expectations described in Sections Three and Four and defines three high level benefits that the changes aim to deliver.

These are continuing improvement in:

- the **effectiveness** of the health services provided across primary and secondary prevention, acute services, and the management of long term conditions
- the **efficiency** and unit cost (cost-effectiveness) of services in order to maintain affordability in the face of rising need and new treatments
- the **satisfaction** with health services on the part of both individual patients and the wider health economy

Performance against all three of these benefits will be tracked as the programme is developed, implemented, and operated. The metrics will be appropriate to the stage of development and follow the sequence of:

- **structure** e.g. are commissioning arrangements in place to implement the new health services and associated care pathways?
- **process:** e.g. are the new services operating, and are the intended activity levels being achieved?



- **outcomes** e.g. do the services, overall, deliver the expected: 1) quality of care, 2) financial impacts, and 3) service satisfaction?

The measurement of performance at the three stages falls broadly into three types:

- **structure (now up to 2014):** progress against the Commissioning Plan to define, design, and commission services and care pathways from providers up to the opening of WCCCC in 2014, and the subsequent development plan as the community's health and social care requirements and the use of WCCCC evolve
- **process (from 2014 and continuing annually):** comparison of health and social care services activity and financial performance against expected levels, for both services commissioned at the WCCCC and the intended 'decommissioning' of services in other settings e.g. that services are transferred and not unintentionally duplicated
- **outcomes (from year 2 and continuing on 1 to 3 year cycles):** clinical audit of services and overall outcomes, the cost-effectiveness of services and the sustained overall financial impact across the PCT and Council, plus studies and surveys of patient, user and other stakeholder satisfaction

Wherever possible, the performance metrics will be based on routine activities that form part of standing operations e.g. activity and financial reporting, and the clinical audit of services. Particular developments may however be required to conduct satisfaction surveys in the early days until routine methods become established.

Appendix 24 presents the specific performance indicators against the intended benefits. It is in three sections divided by the three phases of realisation: structure, process, and outcomes. This means there is an approximate time sequence from top to bottom. Within each section the performance indicators are generally grouped by the main areas of benefit, being effectiveness; efficiency, and satisfaction. The exception is for measures of Structure in which the measures are against progress to implementation and hence start of delivery of benefits.

Social care delivery intentions: The WCCCC brings together social care assessment and care management staff, general practices, and NHS community staff, to serve a particularly deprived part of the borough. More widely, the Council and the local NHS are developing new ways of working together for the benefit of people in the borough. This will happen, for example, by adopting a single assessment process, rather than the separate multiple assessment processes that currently operate. GPs will take full responsibility for the community rehabilitation phase of a patient's recovery, leading to a lower usage of residential care homes. Much more effective, rapid responses will be developed in the community to prevent unplanned admissions to acute hospitals.

The WCCCC will enable the local development of these approaches in this particular part of the borough, and will have a particular impact because the relevant staff will be co-located.



The WCCCC also forms part of the wider plans to regenerate the White City Estate, which is a deprived area of many measures. The Council uses a wide range of indicators, economic and social, to monitor the ‘well-being’ of each part of the borough, and the impact of regeneration initiatives.

9.8. Programmes

The key milestones for the project are now scheduled as follows:

Table 34: Key milestones

Milestone	Current Planned Dates	Anticipated Dates
Planning meeting	11/10/11	11/10/11
SPB Stage 1 approval	20/09/11	20/09/11
NHS INWL Board Stage 1 approval	29/09/11	29/09/11
Business case submission	11/11/11	11/11/11
Judicial review ends	13/02/12	13/02/12
NHS London Business case approval	19/01/12	19/01/12
DH approval (PFI credits)	16/12/11	16/12/11
Treasury approval (PFI credits)	10/02/12	10/02/12
Financial close	Mid February 2012	Mid February 2012
Start on site	Early April 2012	Early April 2012
Handover	February 2014	Early December 2013
Operational date	April 2014	January 2014

The PCT, Council and LIFTCo are working together as follows:

- Business Case submission to Financial Close: technical, financial, legal, insurance, valuation, model audit due diligence exercises
- Design Programme (LIFTCo Proposals)
- Financial Close to Operational Date: integrated construction, decanting, decommissioning, equipment and commissioning programme

A Services Delivery Programme is being separately developed by the PCT and the Council and will need to be reviewed under the post financial close project management arrangements to ensure integration with the Continuity of Care Programme. This will ensure the delivery of a fully occupied facility by the operational date.

9.9. Post Project Evaluation

The approach to delivering this project has been informed by the lessons learned on previous LIFT projects, as follows:

- project management arrangements to ensure that on opening, the facility is appropriately occupied



- Joint Tenants' Requirements developed to an appropriate level of detail
- the design KPI monitoring approach

Both public sector organisations have also tackled the challenge of delivering services in a rapidly changing environment and the perennial challenge of determining ICT requirements in a sustainable manner that will positively support the development of such proposals in all future projects.

Table 35: Summary of approach to PPE

Evaluation Stages	Approach
<p>Stage 1: plan and cost the scope of the PPE work at the project appraisal stage. This should be summarised in an Evaluation Plan.</p>	<p>Tenants' Requirements with relevant equipment, security and ICT strategies included, linked to design KPIs; clearly defined pathways of care for delivery by the opening date of the facility (formative issues).</p>
<p>Stage 2: monitor progress and evaluate the project outputs on completion of the facility.</p>	<p>Programmed for mid-2014</p>
<p>Stage 3: initial post-project evaluation of the service outcomes six to 12 months after the facility has been commissioned.</p>	<p>Programmed for mid-2015</p>
<p>Stage 4: follow-up post-project evaluation to assess the longer-term service outcomes two years after the facility has been commissioned</p>	<p>To be advised</p>

The post-project evaluation of the building will be based on the expectations set out in the Capital Investment Benefits Realisation Plans contained in this Business Case. Services Delivery expectations will be translated from the Services Delivery Benefits Realisation Plans into service level agreements and will be monitored as part of the normal performance-monitoring regime.

A proposal setting out the PCT's and Council's approach to post project evaluation will be developed post financial close.



Agenda Item 11

London Borough of Hammersmith & Fulham



Cabinet

5 DECEMBER 2011

**CABINET
MEMBER FOR
RESIDENTS
SERVICES**

*Councillor Greg
Smith*

**UPDATE ON IMPLEMENTATION OF LIBRARIES
STRATEGY: BARONS COURT COMMUNITY LIBRARY/
AVONMORE NEIGHBOURHOOD CENTRE**

**Wards:
Avonmore and
Brook Green**

This report provides a proposed way forward for the library service re-provision at the Barons Court site.

A separate report on the exempt Cabinet agenda relates to the restrictive covenant held on the building.

CONTRIBUTORS

AD Cleaner and
Greener RSD
ADLDS
AD Finance and
Resources RSD
EDFCG

Recommendations:

That, in order to deliver the MTFS savings for 2011/12 and develop the More Than a Library concept via a community run service, the following actions be approved:

- 1. To work with Hammersmith and Fulham Citizens Advice Bureau (CAB) to deliver a community library (the upper ground floor of Barons Court Library is leased to CAB to use half the space for its principal services and the other half a combined Self Service library and CAB waiting area, managed by CAB volunteers), the duration, rent and other terms of such lease to be as the Assistant Director Building Property Management and the Assistant Director (Legal and Democratic Services) consider appropriate.**
- 2. To note the financial risks if there continue to be costs associated with the lower ground floor, and issues related to the covenant, as outlined in the exempt report.**
- 3. That approval be given for an order to be placed under the Measured Term Contract for Non-Housing Projects 2011/2015. This procurement route is based on a framework agreement with three contractors.**

**HAS AN EIA
BEEN
COMPLETED?**

**HAS THE
REPORT
CONTENT
BEEN RISK
ASSESSED?
YES**

- 4. That the contract be awarded to Mulalley & Company Limited, at an estimated works cost of £308,000 (including a contingency of £40,000) to which fees of £47,000 will be added, making a total cost of £355,000. The funding for this project will be met from the Corporate Planned Maintenance Programme 2011/2012 as approved by Cabinet on 7 February 2011 and the agreed protocol for variation as delegated to the Executive Director of Finance and Corporate Governance and the Assistant Director Building and Property Management.**
- 5. That the site be closed in January 2012 for a period of up to ten weeks (although this will be kept to a minimum), to allow refurbishment works to take place, with authority delegated to the Cabinet Member for Residents Services, in consultation with the Executive Director of Environment, Leisure and Residents Services, to vary those dates should occasion require.**
- 6. To continue to draw down from corporate contingencies the sum of £13k per month should the site remain open beyond January 2012.**

1. BACKGROUND

- 1.1 The 2009-2014 Libraries Strategy proposed a rationalisation of the library service from the provision of six libraries to four enhanced libraries.
- 1.2 Out of the six libraries in the borough, Barons Court Library, has the second lowest usage and the second highest net cost per issue; £1.43 more per issue than the lowest cost - at Hammersmith Library. As a result of this significant relative cost, on 10 January 2011, Cabinet agreed to end the Council-run facility at Barons Court Library from 31 March 2011, and enter into a suitable agreement with other organisations to:
- transfer the library provision to a volunteer-run service
 - utilise any spare accommodation space to other voluntary sector groups
- 1.3 On 18 April 2011 Cabinet agreed to additional one-off funding to enable a continuous service to be maintained at Barons Court Library until June 2011, pending implementation of the new arrangements. In June 2011 Avonmore Primary School withdrew its interest in the library. As a result of this withdrawal additional funding was provided to continue the provision of Barons Court Library until 31st December 2011. Beyond this date there is no allocated funding for the traditional service. £30K per year, for 2012/13 and 2013/14, has been set aside from the 3rd Sector Investment Fund (3SIF) for the development of a community library.
- 1.4 Through discussions with a range of 3rd sector organisations officers have developed a proposal for a community library and neighbourhood centre to be provided from the Barons Court site, in line with the Council's *More Than A Library* brand. The centre, Avonmore Library and Neighbourhood Centre, would be run by the community and will deliver a library service with an improved offer of services than was previously provided.

2. NEW SERVICE TO BE PROVIDED FROM THE SITE

2.1 Overview of service

- 2.1.1 A self service library will be provided and run by CAB volunteers. CAB, which is funded by H&F through the 3rd Sector Investment Fund, would provide its legal advice and information services from this building. The Urban Partnership Group (UPG) would deliver children's activities and the lower floor could be used by a complementary organisation.
- 2.1.2 Half of the first floor will be used by CAB to provide its principal advice and information services, the other half of the upper ground floor will be a library as well as CAB waiting area. CAB volunteers would oversee the daily operations of the library element which would be a Self Serve design with one Self Serve terminal, a range of stock for all ages (but with a particular focus on children) and internet access. The opening hours of the library are

intended to continue to be Monday – Friday, 9am – 5pm. This proposal provides residents with an improved, more varied service to that currently provided from the site.

- 2.1.3 UPG would provide two parent-child reading and play sessions per week in the library space, a contribution for which may be expected from ChS if no other funding is forthcoming. The lower ground floor could be used by another complementary organisation to contribute to the running costs of the library and the range of services provided from the site. This organisation would facilities manage the lower ground floor and would be responsible for its internal maintenance. The Council would be responsible for the external maintenance of the building which would be funded by the current tenant rent on the upper floor. If the lower ground floor is not leased there would be a financial risk relating to the ongoing costs, totalling approximately £8,000. This consists of the Self Service licensing and maintenance costs and the provision of newspapers and magazines.

2.2 Specific library service options

In the preferred option, the library would remain part of the Council's wider network, with stock at Barons Court continuing to be included in the Council's catalogue. New stock would be purchased and whilst the stock quantity will be lower than previously, it will be of a much higher quality and range, with provision for children and adults, but with a particular focus on children. Users will be able to return books from other libraries to Barons Court as well as check books out via Self Serve. There will remain space for users to read the books at the site. Public access internet will continue to be available in its current format for CAB and library users. Current stock, furniture, shelving and children's furniture will be left to CAB, however H&F would fund and install the Self Serve infrastructure and CAB volunteers will be trained in the use of this by H&F libraries staff. There will also be H&F public access PCs and internet access, as well as continuing the free provision of newspapers and magazines for users to read at the library.

3. TUPE

- 3.1 Management are of the view that TUPE does not apply in view of the following:

Library staff are deployed to work across any one of H&F Libraries and are not attached to any particular site. Staff currently rostered to work at Barons Court Library will be rostered to work at alternative sites once the Library has closed. It is therefore unlikely that a service provision change type TUPE situation arises from the facts.

- 3.2 However, where the business to be transferred looks the same or similar after the transfer, there is a low risk of TUPE applying. Although the new library service will be managed via CAB volunteers in a different way to the existing provision, the situation will be kept under review and managed as part of the implementation of the new service model.

4. FINANCIALS

4.1 Capital costs

4.1.1 The total capital costs are £385k. This consists of £355k for refurbishment works which will be funded through the CPMP 2011/12 and £30k for Self Service equipment and IT cabling which will be funded through a portion of the ring fenced 3SIF funding for 2012/13 and 2013/14.

4.2 Ongoing service costs

4.2.1 There are ongoing costs relating to internal building costs including utilities, licensing and maintenance of the Self Service equipment, and external maintenance costs. There will also be rental income.

4.2.2 CAB would be expected to contribute to the £25k p.a. running costs of the upper ground floor and would hold the lease to the upper ground floor, the precise details of which are yet to be confirmed. It is not anticipated that the lease would be longer than 7 years. There would be no financial gain to the Council in removing the current IT infrastructure and public access PCs since CAB would require additional funding from the Council to replace them. This would be at a greater cost to the council than continuing with its current IT contract with HFBP. The ongoing running costs for the lower ground floor (£10k p.a.) are expected to be fully recovered through the tenant in this space. The rental charge for this floor is estimated at £10k p.a which would also be covered by the tenant.

4.2.3 External maintenance costs, including grounds maintenance, will continue to be the responsibility of the Council and will be funded using the current rental income from the tenant in the first floor (£7.7k p.a.). Internal maintenance costs would be funded by CAB and the organisation leasing the lower ground floor and are included in the estimated running costs detailed in the following points.

4.2.4 Ongoing costs for preferred option

The Self Service library will be integrated into the LBHF network with public access PCs and internet access. Magazines and newspapers will be provided free for resident use. This will be financially sustainable provided the estimated £10k rental income from the lower ground floor achieved. The costs of this option are detailed in table 1, below.

Table 1: revenue costs and income at Barons Court from 2012/13

Description	Value
Costs	
Upper ground floor running costs, including building and utility costs, newspapers and magazines and ongoing Self Service maintenance and licensing	37,000
External maintenance	7,700
Total	44,700

Income	
CAB contribution to upper ground floor	25,000
Lower ground floor rent	10,000
First floor tenant rent	7,700
Other contribution (for rental for spoke service)	2,000
Total	44,700

4.3 Service costs beyond 31 December 2011

4.3.1 A draw down from corporate contingencies of £97,000 has previously been agreed to fund the library service, running costs and preparatory building work (i.e. surveys, not refurbishment costs) until 31 December 2011. There is no funding to keep the site open beyond this point. The additional cost of keeping the site open beyond 31 December 2011 would be £13k per month, as detailed below. If it is agreed that the site will close from January 2012 until March 2012 to allow for refurbishment and relocation of CAB then there will be no additional cost to the Council. If the site is to remain open beyond January 2012 then this £13k per month will need to be funded.

Subjective	Barons Court (£000)
Staffing	11
Premises	3
Supplies & Services	1
Total Expenditure	15
Income	(2)
Net Expenditure per Month	13

5. TIMESCALES

5.1 As set out in 4.3, funding has been allocated to keep the site open and operating as a library until 31st December 2011. The intention is to close the library for a maximum of ten weeks (although this will be kept to a minimum) in January 2012 to allow for refurbishment works, installation of the Self Service library and relocation of organisations. The new service is planned to be provided from April 2012.

6. EQUALITIES ASSESSMENT

6.1 An Equalities Impact Assessment (EIA) has been carried out regarding the cessation of a Council-run library service at Barons Court and is summarised in the Cabinet report of 10th January.

6.2 Since there will continue to be a library service delivered from the site the impacts will be minimal. There may be reduced stock, the quality of the overall offer will be much improved and there will be online access. The range of services delivered from the site through CAB and UPG will provide added benefits to residents through free advice services and children's spoke activities.

6.3 The EIA does identify that a greater number of females than males use the library therefore female customers will be more affected.

7. COMMENTS OF ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)

7.1 The Council's obligations to provide an efficient and effective library service and to have due regard to the public sector equalities duties have been set out fully in the previous report. These continue to be relevant duties and considerations to which officers and members must have due regard in the development and implementation of these proposals.

7.2 The Council has a statutory duty under Section 7 of the Public Libraries and Museums Act 1964 to provide a "comprehensive and efficient library service". It would not appear that this duty can be delegated as such, though it could no doubt be discharged by commissioning agents or contractors to provide the service on the Council's behalf. Where such agents or contractors are charitable bodies (such as CAB), providing such services would need to be within their charitable objects.

7.3 The Council has power under Section 123 Local Government Act 1972 to grant leases of its premises. Where the lease exceeds 7 years, it must be granted at the best consideration that can reasonably be obtained or else consent obtained from the Secretary of State at DCLG. In fact, the Secretary of State has issued the General Disposals Consent 2003, which already gives consent for disposals (including leases) at an aggregate undervalue of up to £2m on any one occasion, provided the Council is satisfied that the disposal will promote the economic, social or environmental well-being of the borough or any person in the borough. Whilst this should not be too difficult to justify in the case of library and children's services, it is important that a genuine assessment is made and considered by Cabinet (if the lease to be granted here will exceed 7 years but not reserve a full market rent). Where the proposed rent is less than the market rent, in applying the £2m limit, the annual shortfall needs to be multiplied by the number of years the lease will run.

8. COMMENTS OF THE EXECUTIVE DIRECTOR OF FINANCE & CORPORATE GOVERNANCE

8.1 Should Barons Court Library continue to be provided as a Council run library beyond 31 December 2011 there will be a £13k budget pressure per month that transfer is delayed. The recommendation that any delay beyond this date is funded by a further draw down from corporate contingencies is supported.

8.2 It is expected that the £30k per year (for 2012/13 and 2013/14) set aside from the 3rd Sector Investment Fund will be sufficient to fund the one off implementation costs of self service and associated revenue costs for the first 2 years. Beyond that permanent revenue funding will need to be identified, although it is expected that this will be funded either through ongoing rental income from the tenants or future grant applications. Section 4.2.4 sets out

how these additional works are expected to be funded at zero cost to the Council for at least the first 2 years of the new delivery model.

- 8.4 It is recommended that £355k is earmarked within the Council's 2011/12 Corporate Planned Maintenance Programme to fund the cost of refurbishment works at the site.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS

	Description of Background Papers	Name/Ext. of Holder of File/Copy	Department/ Location
	Library Strategy 2009-14 Update	Sue Harris, Assistant Director RSD Cleaner Greener / x4295	Residents Services 77 Glenthorne Road
	Cabinet Report 10 th January 2011	Sue Harris, Assistant Director RSD Cleaner Greener / x4295	Residents Services 77 Glenthorne Road
	Cabinet Report 18 th April 2011	Sue Harris, Assistant Director RSD Cleaner Greener / x4295	Residents Services 77 Glenthorne Road
	Annex 1 – Exempt report on covenant	Sue Harris, Assistant Director RSD Cleaner Greener / x4295	Residents Services 77 Glenthorne Road
CONTACT OFFICER:		Sue Harris ext. 4295	

Agenda Item 12



London Borough of Hammersmith & Fulham

Cabinet

5 DECEMBER 2011

**CABINET MEMBER
FOR RESIDENTS
SERVICES**

Councillor Greg Smith

**GLA OLYMPIC GRANT FUNDING – UPDATED
OPERATIONAL PLAN**

**Wards:
All**

In March 2011 the Council secured £100k grant funding from the Greater London Authority (GLA) as a contribution towards the cost of services which are additional to usual service operations and which are critical to operating a safe and effective Olympic and Paralympic Games in 2012.

An initial operational plan was submitted to the GLA in June 2011 outlining key areas of expenditure. In order to fulfil the funding agreement, and release the next payment, an updated operational plan has to be submitted by 31 December 2011.

Under the terms of the GLA finance agreement spending is restricted to 3 key areas: Waste & Street Cleansing; Regulatory Services and; Command, Control and Communications.

Recommendation:

That approval be given to incur the expenditure outlined in the updated operational plan at a total cost of £100k (provided by GLA grant) as set out in appendix A of the report.

CONTRIBUTORS

EDELRS
ADSND
ADFCG
ADLDS
EDFCG

**HAS A EIA BEEN
COMPLETED?
YES**

**HAS THE REPORT
CONTENT BEEN
RISK ASSESSED?
YES**

1. BACKGROUND

- 1.1. Since the summer the GLA, together with DCMS and CLG, have been in discussion with London boroughs and London Councils about the potential extra costs that may fall on boroughs where Olympic and Paralympic events are being staged to provide additional services or for other reasons related to the operational arrangements for staging the Games.
- 1.2. On 29 November 2010 the Mayor of London agreed the distribution of £21M of grant funding to 11 London local authorities (Mayoral Decision 720). A fixed maximum grant allocation for each authority was also agreed.
- 1.3. In recognition of "...some limited additional 2012 Games impact in Hammersmith and Fulham given its proximity to the Earls Court venue" LBHF has been allocated grant funding up to a maximum of £100k. LBHF has been awarded the smallest share of the £21M available; the largest share of £6.5M was allocated to LB Newham.
- 1.4. Under the terms of the finance agreement spending is restricted to 3 key areas: Waste & Street Cleansing; Regulatory Services and; Command, Control and Communications (C3).

2. OLYMPIC ACTIVITIES

- 2.1. In Summer 2012 London will play host to the Olympic and Paralympic Games. Close to the borough border with Kensington & Chelsea, Earls Court Exhibition Centre will be transformed in to a world class sporting arena hosting a 16 day volleyball tournament from Saturday 28 July until Sunday 12 August. The arena at Earls Court will seat up to 12 000 spectators with 3 sessions of game play scheduled each day. Significant traffic management arrangements will be put in place to create a one way pedestrian route from the Earls Court Road exit of the Earls Court Underground Station to the entrance to Earls Court 2 at West Brompton. Seagrave Road is also expected to be closed to allow queuing of coaches.
- 2.2. On Saturday 28 and Sunday 29, the Olympic Cycle Road Races will travel from Central London, entering the borough from the East along Fulham Road and exiting the borough across Putney Bridge. The cyclists will make their way south to Box Hill in Surrey and then return along the same route. The length of the cycle route in the borough will be barriered with designated pedestrian crossing points. A trial road race took place on 14 August 2011 that provided no reason to revisit the initial cost estimates.
- 2.3. In the run up to and during the Olympic Games the A4 and A40 will be used as part of the Olympic Road Network (ORN) as they pass through the borough. Some turning restrictions will be put in place and Olympic Lanes will be created for the use of competitors and officials travelling to and between venues.
- 2.4. During the Paralympic Games the A4 will be used as part of the Paralympic Road Network (PRN) as it passes through the borough. The same restrictions will be in force as for the ORN.

3. OLYMPIC IMPACT

- 3.1. In the run up to and during games time it is anticipated that there will be an increased number of visitors travelling into and around the borough. All modes of transport are expected to experience much higher demand than normal and road travel will be slower.
- 3.2. Due to the increased number of visitors there is likely to be a boost for local business with higher than normal passing trade during the day, local accommodation providers operating at capacity and a lively night time economy. Local business is expected to respond to this increased demand while also experiencing transport difficulties that will affect staff travel and deliveries.
- 3.3. The London Organising Committee of the Olympic & Paralympic Games (LOCOG) is working with local businesses who employ more than 500 staff to help them understand and plan for the impact. In addition to this, the Council is engaging with local business leaders through the Economic Development Office to target employers with fewer than 500 staff.
- 3.4. In addition to the impact of transport difficulties described above, the knock on effects for the Council will be an increased draw on street cleansing and regulatory services. Due to the high profile of Olympic events in London there is also a reporting requirement to provide assurance to Central Government through C3 structures.

3. INITIAL AND UPDATED OPERATIONAL PLANS

- 3.1. In June 2011 the borough submitted an initial operational plan (IOP) to the GLA detailing broad areas of spend, releasing the first grant instalment. This formed the basis for discussions with the GLA on how the borough will support Olympic activity. Table 1 below, shows the costs submitted in IOP, how they differ from those in the estimated financial implications of the Olympics and an explanation of how costs have been revised.

Area of Spend	IOP estimate
Regulatory Services	£10k
Street Scene Enforcement	£4k
Street Cleansing	£28k
Waste Disposal	£35k
CCTV & C3	£23k
TOTAL ESTIMATED SPEND	£100k

- 3.2. It is expected that any additional spend from service areas not covered by the funding agreement will need to be met by corporate contingencies or absorbed by existing revenue budgets.
- 3.3. In order to fulfil the funding agreement and release further instalments the borough is required to submit an updated operational plan (UOP) to the GLA by 31 December 2011, Appendix A.

4. RISK MANAGEMENT

- 4.1. The impact of the Olympics on LBHF operations features as a sub-risk of Business Resilience on the Corporate Risk Register.
- 4.2 An Olympic Risk Register providing more detail on individual risks to the council is managed and maintained by the LBHF 2012 Operations Group, led by Residents' Services.

5. EQUALITY IMPLICATIONS

- 5.1 An EIA has been completed (available electronically).

6. COMMENTS OF THE EXECUTIVE DIRECTOR OF FINANCE AND CORPORATE GOVERNANCE

- 6.1 Although the Council has been awarded the lowest share of funding by the GLA (£100k), it is expected that this funding will be sufficient to cover all anticipated costs as set out in the Updated Operational Plan. The project team will need to closely and regularly monitor all expenditure to ensure that it is contained within the available funding and meets the eligibility requirements as set out in the grant agreement.
- 6.2 No additional funding has so far been identified for this project. If additional funding is required, it is expected that this will be met by corporate contingencies or by diverting resource away from existing council services.
- 6.3 It is expected that the resurfacing of the Cycle Road Race route will be funded by the London Organising Committee of the Olympic and Paralympic Games (LOCOG).

7. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)

- 7.1. In accepting the grant, which is paid in instalments on the achievement of certain specified milestones, the Council undertakes to apply it solely for the purposes of meeting certain authorised types of expenditure on the defined "Project Objectives".
- 7.2. The grant can be clawed back, reduced or withheld by the GLA on the occurrence of such circumstances as breach by the Council or financial irregularity.
- 7.3. The Council must indemnify the GLA if the GLA suffers any loss, damage or third party claims as a result of the Councils breach or negligence.
- 7.4. The Council must liaise regularly with the GLA on the progress of the Project Objectives and must account for the use of the grant monies in accordance with proper accounting practices, including production of a detailed financial report on the completion of the Project Objectives.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	MD720 - GRANTS TO BOROUGHES FOR CITY OPERATIONS AND OLYMPIC RELATED ACTIVITIES	Graeme Findlay x2276	Residents' Services Department / Safer Neighbourhoods
2.	Olympic Risk & Assurance Register	Graeme Findlay x2276	Residents' Services Department / Safer Neighbourhoods
CONTACT OFFICER:		NAME: Graeme Findlay EXT.2276	

Appendix A

LBHF Borough Operational Plan – 2012 Games

Release 1.1

Borough	London Borough of Hammersmith & Fulham
Version Number	2
Version Date	14 October 2011

Completed by	Graeme Findlay, LBHF
Cleared with Chief Exec by	Lyn Carpenter, Director Residents' Services
Signed off by	5 December 2011 Cabinet (pending)

1. OVERVIEW

This statement provides an overview of the London Borough of Hammersmith & Fulham's (LBHF) operational and spending plans for 2012 Games.

The table below summarizes those areas to be discussed during this statement, and the spend allocated to each area of work. Further detail of actual spend can be found later in this statement:

Area & Topic #	Anticipated Costs				Total allocation
	2011/12	2012/13			
	Qtr4	Qtr1	Qtr2	Qtr3	
2. Governance	£0	£0	£0	£0	£0
3. Street Cleansing	£0	£0	£28,000	£0	£28,000
4. Waste	£0	£0	£35,000	£0	£35,000
5. Regulatory	£0	£0	£14,500	£0	£14,500
6. Borough C3	£0	£0	£22,500	£0	£22,500
7. BGSU C3	£0	£0	£0	£0	£0
Total	£0	£0	£100,000	£0	£100,000

A week by week break down of forecast expenditure from week ending 27 May until week ending 9 September can be found at Appendix 8.1

As 30% of grant allocation will not be provided until the end of Q3 2012/13 £30k contingency will be made available from the Safer Neighbourhoods budget.

Appendix A

LBHF Borough Operational Plan – 2012 Games

2. GOVERNANCE

- 2.1 Borough Service Planning: The borough's London 2012 Operations Group provides oversight and governance of all 2012 activity in London Borough of Hammersmith & Fulham. The group is led by the Assistant Director Safer Neighborhoods Division who is the council's strategic 2012 lead officer.
- 2.1.1 The group has met every 2 months since February 2011 and anticipates meeting monthly from January 2012 or more regularly as required.
- 2.1.2 The Terms of Reference for the group can be found at Appendix 8.2. The borough also uses it's existing Service Resilience Group to ensure services are considering and planning for the impact of the Olympic and Paralympic Games on normal service delivery.
- 2.2 Borough Service Planning - LOCOG, Transport, Security and City Operations arrangements: The borough London 2012 Operations Group will, as and when required, invite partners to form the borough ASAG immediately following scheduled meetings.
- 2.3 The borough has representation on the Earls Court Venue ASAG, London SAG for the Cycle Road Race, the Olympic Route Network SAG, the Torch Relay ASAG and the Central Zone Licensing, Operations and Safety Planning Group (LOSPG).
- 2.4 ***Total estimated allocation for Governance Operations: Nil***

3. STREET CLEANSING

Street Cleansing requirements during the 2012 games are as follows:

- 3.1 Transport Hubs
Additional Street Cleansing at the transport hubs in the three town centres of Shepherd's Bush, Hammersmith Broadway and Fulham Broadway for a 3 week period from 19 July until 12 August 2012. Serco will provide one (1) additional sweeper in each of the three (3) Town Centres. Estimated cost: £3,000.00
- 3.2 Olympic Torch Relay
Additional Street Cleansing of the route prior to and following the torch relay. Serco will provide one (1) additional cleansing operative, one (1)

Appendix A

LBHF Borough Operational Plan – 2012 Games

additional vehicle & driver and one (1) additional supervisor to co-ordinate activity for the duration of the event. Estimated cost: £1,000.00

- 3.3 Cycle Road Race (Fulham Rd & Putney Bridge)
Additional Street Cleansing of the route prior to the race(s) and in the area surrounding Fulham Road & Putney Bridge. Serco will provide one (1) additional cleansing operative, one (1) additional vehicle & driver and an one (1) additional supervisor to co-ordinate activity. Estimated cost: £10,000.00.
- 3.4 Volleyball (Earls Court)
Additional Street Cleansing in the area surrounding the Volleyball event venue. Serco will provide one (1) additional cleansing operative, one (1) additional vehicle & driver and one (1) additional supervisor to co-ordinate activity for a duration of 16 days. Estimated cost: £14,000.00
- 3.5 **Total estimated allocation for Street Cleansing Operations: £28,000.00.**

4. WASTE MANAGEMENT

Waste Management requirements during the 2012 games are as follows:

- 4.1 Additional Waste Disposal requirements are anticipated for a three (3) week period from 19 July until 12 August 2012. The borough appointed waste contractor will transport waste from its collection site, to the Western Riverside Waste Authority disposal site.
- 4.2 Costs arising directly from the additional street cleansing activity detailed in Section 3 are:
- Transport Hubs: Estimated cost: £7,000.00
 - Torch Relay Event: Estimated cost: £7,000.00
 - Cycle Road Race: Estimated cost: £7,000.00
 - Earls Court Events: Estimated cost: £7,000.00
- 4.3 It is also anticipated that the volume of waste collected through normal service in the three (3) town centres will increase during the three week period mentioned above. Costs arising for waste collection subsequent to street cleansing activity in the three (3) town centres of Shepherd's Bush, Hammersmith & Fulham are:
- Town Centres: Estimated cost: £7,000.00
- 4.4 **Total estimated allocation for Waste Management Operations: £35,000.00.**

Appendix A

LBHF Borough Operational Plan – 2012 Games

5. REGULATORY SERVICES

Regulatory Services requirements during the 2012 games are as follows:

- 5.1 Additional Officer resource to undertake enforcement by local Licensing Team against illegal structures on Cycle Road Race Route over a **4 day period**; Two (2) x Teams (undertaking 2.5 hours overtime per day, at £55p/h). *Estimated Cost: £1,200.00*
- 5.2 Additional resources to undertake premises management visits by local Licensing Officers within the Earl's Court and three Town Centre areas, as detailed in Section 3, over an **8 week period**; Two (2) x Teams (undertaking 10 hours overtime a weekend, at £55p/h). *Estimated cost: £8,800.00*
- 5.3 Additional resources to undertake environmental management by Street Scene Enforcement Officers across the three Town Centre areas over a 25 day period; three (3) x Officers (undertaking 3 hours overtime per day, at £19p/h). *Estimated cost £4,500.00*
- 5.4 ***Total estimated allocation for Regulatory Services Operations: £14,500.00.***

6. BOROUGH C3

Borough C3 requirements during the 2012 games are as follows:

- 6.1 Participation in Olympic Command, Control & Co-ordination (C3) structures for steady state reporting and increased monitoring of CCTV in the three (3) town centres.
- 6.2 From 17 May until 12 September 2012 the borough is required to participate in and contribute to Olympic C3 structures, see Fig 1 below.

Appendix A

LBHF Borough Operational Plan – 2012 Games

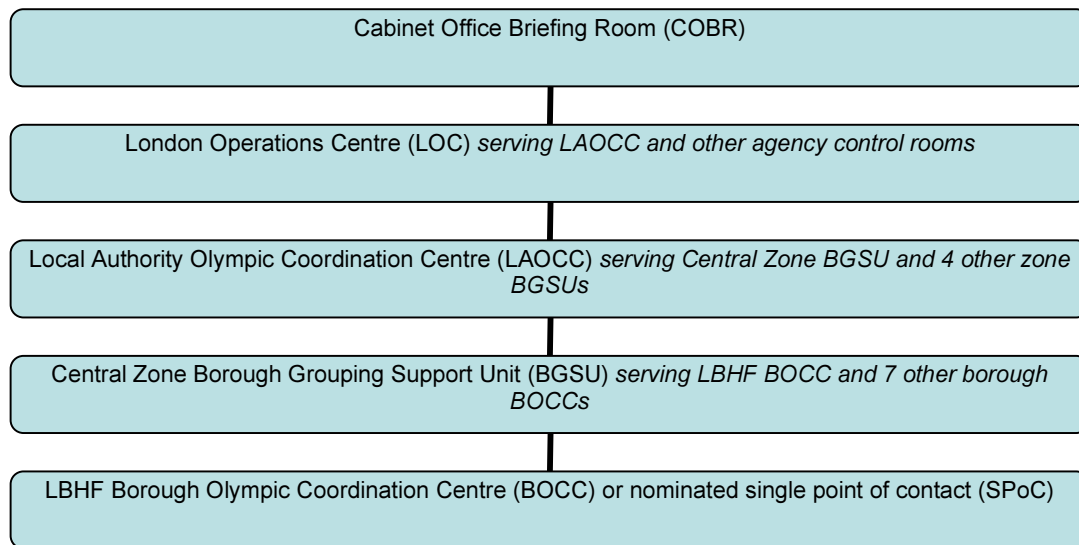


Fig. 1

- 6.3 The LBHF SPoC role will be undertaken in three ways based on the level of readiness required at that time.
- Emergency Services Section undertake role as part of normal operations
 - On call Olympic silver officer trained specifically for the role
 - 24/7 BOCC staffed by one (1) Olympic silver officer and one (1) Olympic liaison officer trained specifically for the role
- 6.4 The level of readiness required is based on the operational times of the LAOCC. Please see appendix 8.3, LBHF C3 Operational Requirements for the dates and times of operation.
- 6.5 The on-call Olympic Silver role will be fulfilled by a trained LBHF officer on a fixed daily rate for responding to incidents outside normal hours. Cost of one (1) on-call Olympic Silver is £43.83 per day, additional Silver required for 23 days: Estimated cost £1,000.00
- 6.6 The BOCC will be staffed by one (1) Olympic silver officer and one (1) Olympic liaison officer. Staff will be trained specifically for the roles. When the BOCC is operational Monday – Friday, officers will work in a shift pattern providing 24hr cover, these cost will be met within normal operational budgets. When the BOCC is operational at weekends officers will be paid overtime at the agreed rate for their grade, these costs will be met through the grant. Cost of One (1) Olympic Silver average overtime including employer NI costs is £35.25 p/h and One (1) BOCC operator average overtime including employer NI costs is £23.21 p/h. Total requirement for 24hrs per day per weekend over 4 weekends: Estimated cost £12,000.00

Appendix A

LBHF Borough Operational Plan – 2012 Games

6.7 The additional CCTV operator will be provided through our existing contract, currently Polyguard Security Services Ltd. Cost of one (1) CCTV Op is £18.03 p/h, additional operator required 16 hrs Mon-Fri, 24hrs at weekend. One (1) Operator for 128hrs p/w for 4 weeks; Estimated cost £9,500.00

6.8 **Total estimated allocation for Borough C3 Operations: £22,500.00.**

7. Borough Grouping Support Unit (BGSU) C3

Borough Grouping Support Unit C3 requirements during the 2012 games are as follows:

7.1 Support to the BGSU

7.2 The Central Zone BGSU covers the following London boroughs:

- Hammersmith & Fulham
- Kensington & Chelsea
- Westminster
- Lambeth
- Southwark
- Camden
- Islington
- City of London Corporation.

7.3 The BGSU operation times will mirror those of the LAOCC.

7.4 The BGSU will be staffed by City of Westminster.

7.5 **Total estimated allocation for BGSU C3 Operations: Nil**

8. APPENDICES

8.1 Projected Spend by duration

8.2 Terms of reference of borough planning structures.

8.3 LBHF C3 Operational Requirements

LONDON BOROUGH OF Hammersmith & Fulham - 2012 COSTS - SERVICE ANALYSIS BY DURATION

LBHF SPEND	27-May-12	03-Jun-12	10-Jun-12	17-Jun-12	24-Jun-12	01-Jul-12	08-Jul-12	15-Jul-12	22-Jul-12	29-Jul-12	05-Aug-12	12-Aug-12	19-Aug-12	26-Aug-12	02-Sep-12	09-Sep-12	Total
Street Cleansing	£0	£0	£0	£0	£0	£0	£0	£0	£0	£13,750	£7,125	£7,125	£0	£0	£0	£0	£28,000
Waste Management	£0	£0	£0	£0	£0	£0	£0	£0	£0	£19,542	£7,729	£7,729	£0	£0	£0	£0	£35,000
Regulatory Services	£0	£0	£0	£0	£0	£0	£0	£0	£1,820	£3,560	£2,360	£2,360	£1,100	£1,100	£1,100	£1,100	£14,500
Borough C3	£0	£0	£0	£0	£0	£140	£0	£180	£5,515	£5,375	£5,375	£5,375	£0	£0	£230	£310	£22,500
TOTAL LBHF SPEND	£0	£0	£0	£0	£0	£140	£0	£180	£7,335	£42,227	£22,589	£22,589	£1,100	£1,100	£1,330	£1,410	£100,000
ACCURUED LBHF SPEND	£0	£0	£0	£0	£0	£140	£140	£320	£7,655	£49,882	£72,471	£95,060	£96,160	£97,260	£98,590	£100,000	

Completed by: Graeme Findlay

LBHF Lead Officer: David Page

LONDON BOROUGH OF Hammersmith & Fulham - 2012 COSTS - SERVICE ANALYSIS BY DURATION

STREET CLEANSING	27-May-12	03-Jun-12	10-Jun-12	17-Jun-12	24-Jun-12	01-Jul-12	08-Jul-12	15-Jul-12	22-Jul-12	29-Jul-12	05-Aug-12	12-Aug-12	19-Aug-12	26-Aug-12	02-Sep-12	09-Sep-12	Total
Town Centres																	
Officers (FTE)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0
Employee Costs	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£0
Other Costs	£y	£y	£y	£y	£y	£y	£y	£y	£y	£1,000	£1,000	£1,000	£y	£y	£y	£y	£3,000
Sub-total Town Centres	Note 1	£0	£0	£0	£0	£0	£0	£0	£0	£1,000	£1,000	£1,000	£0	£0	£0	£0	£3,000
Eafls Court																	
Officers (FTE)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0
Employee Costs	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£0
Other Costs	£y	£y	£y	£y	£y	£y	£y	£y	£y	£1,750	£6,125	£6,125	£y	£y	£y	£y	£14,000
Sub-total Eafls Court	Note 2	£0	£0	£0	£0	£0	£0	£0	£0	£1,750	£6,125	£6,125	£0	£0	£0	£0	£14,000
Road Race (Fulham Rd & Putney Bridge)																	
Officers (FTE)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0
Employee Costs	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£0
Other Costs	£y	£y	£y	£y	£y	£y	£y	£y	£y	£10,000	£y	£y	£y	£y	£y	£y	£10,000
Sub-total Road Race (Fulham Rd & Putney Bridge)	Note 3	£0	£0	£0	£0	£0	£0	£0	£0	£10,000	£0	£0	£0	£0	£0	£0	£10,000
Torch Relay																	
Officers (FTE)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0
Employee Costs	£0	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£0
Other Costs	£y	£y	£y	£y	£y	£y	£y	£y	£y	£1,000	£y	£y	£y	£y	£y	£y	£1,000
Sub-total Torch Relay	Note 4	£0	£0	£0	£0	£0	£0	£0	£0	£1,000	£0	£0	£0	£0	£0	£0	£1,000
TOTAL STREET CLEANSING		£0	£0	£0	£0	£0	£0	£0	£0	£13,750	£7,125	£7,125	£0	£0	£0	£0	£28,000

Completed by: Graeme Findlay

Service Lead Officer: Donna Pentelov

LONDON BOROUGH OF HAMMERSMITH & FULHAM - 2012 COSTS - SERVICE ANALYSIS BY DURATION

WASTE MANAGEMENT	27-May-12	03-Jun-12	10-Jun-12	17-Jun-12	24-Jun-12	01-Jul-12	08-Jul-12	15-Jul-12	22-Jul-12	29-Jul-12	05-Aug-12	12-Aug-12	19-Aug-12	26-Aug-12	02-Sep-12	09-Sep-12	Total
Town Centres Officers (FTE)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0
Employee Costs	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£0
Other Costs	£y	£y	£y	£y	£y	£y	£y	£y	£y	£2,333	£2,333	£2,333	£y	£y	£y	£y	£7,000
Sub-total Town Centres	£0	£0	£0	£0	£0	£0	£0	£0	£0	£2,333	£2,333	£2,333	£0	£0	£0	£0	£7,000
Earls Court Officers (FTE)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0
Employee Costs	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£0
Other Costs	£y	£y	£y	£y	£y	£y	£y	£875	£y	£875	£3,063	£3,063	£y	£y	£y	£y	£7,000
Sub-total Earls Court	£0	£0	£0	£0	£0	£0	£0	£875	£0	£875	£3,063	£3,063	£0	£0	£0	£0	£7,000
Road Race (Fulham Rd & Putney Bridge) Officers (FTE)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0
Employee Costs	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£0
Other Costs	£y	£y	£y	£y	£y	£y	£y	£7,000	£y	£7,000	£y	£y	£y	£y	£y	£y	£7,000
Sub-total Road Race (Fulham Rd & Putney Bridge)	£0	£0	£0	£0	£0	£0	£0	£7,000	£0	£7,000	£0	£0	£0	£0	£0	£0	£7,000
Church Relay Officers (FTE)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0
Employee Costs	£0	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£0
Other Costs	£y	£y	£y	£y	£y	£y	£y	£7,000	£y	£7,000	£y	£y	£y	£y	£y	£y	£7,000
Sub-total Torch Relay	£0	£0	£0	£0	£0	£0	£0	£7,000	£0	£7,000	£0	£0	£0	£0	£0	£0	£7,000
Town Centre Transport Hubs Officers (FTE)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0
Employee Costs	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£0
Other Costs	£y	£y	£y	£y	£y	£y	£y	£2,333	£y	£2,333	£2,333	£2,333	£y	£y	£y	£y	£7,000
Sub-total Town Centre Transport Hubs	£0	£0	£0	£0	£0	£0	£0	£2,333	£0	£2,333	£2,333	£2,333	£0	£0	£0	£0	£7,000
TOTAL WASTE MANAGEMENT	£0	£0	£0	£0	£0	£0	£0	£19,542	£0	£19,542	£7,729	£7,729	£0	£0	£0	£0	£35,000

Completed by: Graeme Findlay

Service Lead Officer: Donna Pentelov

LONDON BOROUGH OF Hammersmith & Fulham - 2012 COSTS - SERVICE ANALYSIS BY DURATION

REGULATORY SERVICES	27-May-12	03-Jun-12	10-Jun-12	17-Jun-12	24-Jun-12	01-Jul-12	08-Jul-12	15-Jul-12	22-Jul-12	29-Jul-12	05-Aug-12	12-Aug-12	19-Aug-12	26-Aug-12	02-Sep-12	09-Sep-12	Total
Illegal Structures (Road Race Route)																	
Officers (FTE)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0
Employee Costs	£y	£y	£y	£y	£y	£y	£y	£y	£y	£1,200	£y	£y	£y	£y	£y	£y	£1,200
Other Costs	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£0
Sub-total Illegal Structures (Road Race Route)	£0	£0	£0	£0	£0	£0	£0	£0	£0	£1,200	£0	£0	£0	£0	£0	£0	£1,200
Note 1																	
Premises Management																	
Officers (FTE)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0
Employee Costs	£y	£y	£y	£y	£y	£y	£y	£y	£1,100	£1,100	£1,100	£1,100	£1,100	£1,100	£1,100	£1,100	£8,800
Other Costs	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£0
Sub-total Premises Management	£0	£0	£0	£0	£0	£0	£0	£0	£1,100	£1,100	£1,100	£1,100	£1,100	£1,100	£1,100	£1,100	£8,800
Note 2																	
Street Scene Enforcement																	
Officers (FTE)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0
Employee Costs	£y	£y	£y	£y	£y	£y	£y	£y	£720	£1,260	£1,260	£1,260	£y	£y	£y	£y	£4,500
Other Costs	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£0
Sub-total Street Scene Enforcement	£0	£0	£0	£0	£0	£0	£0	£0	£720	£1,260	£1,260	£1,260	£0	£0	£0	£0	£4,500
Note 3																	
TOTAL REGULATORY SERVICES	£0	£0	£0	£0	£0	£0	£0	£0	£1,820	£3,560	£2,360	£2,360	£1,100	£1,100	£1,100	£1,100	£14,500

Completed by: Graeme Findlay

Service Lead Officer: Nick Austin

LONDON BOROUGH OF Hammersmith & Fulham - 2012 COSTS - SERVICE ANALYSIS BY DURATION

BOROUGH C3	27-May-12	03-Jun-12	10-Jun-12	17-Jun-12	24-Jun-12	01-Jul-12	08-Jul-12	15-Jul-12	22-Jul-12	29-Jul-12	05-Aug-12	12-Aug-12	19-Aug-12	26-Aug-12	02-Sep-12	09-Sep-12	Total
On-call Olympic Silver																	
Officers (FTE)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0
Employee Costs	£y	£y	£y	£y	£y	£140	£y	£180	£140	£y	£y	£y	£y	£y	£230	£310	£1,000
Other Costs	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£0
Sub-total On-call Olympic Silver	Note 1	£0	£0	£0	£0	£140	£0	£180	£140	£0	£0	£0	£0	£0	£230	£310	£1,000
24/7 BOCC																	
Officers (FTE)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0
Employee Costs	£y	£y	£y	£y	£y	£y	£y	£y	£3,000	£3,000	£3,000	£3,000	£y	£y	£y	£y	£12,000
Other Costs	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£0
Sub-total 24/7 BOCC	Note 2	£0	£0	£0	£0	£0	£0	£0	£3,000	£3,000	£3,000	£3,000	£0	£0	£0	£0	£12,000
CCTV																	
Officers (FTE)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0
Employee Costs	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£y	£0
Other Costs	£y	£y	£y	£y	£y	£y	£y	£y	£2,375	£2,375	£2,375	£2,375	£y	£y	£y	£y	£9,500
Sub-total CCTV	Note 3	£0	£0	£0	£0	£0	£0	£0	£2,375	£2,375	£2,375	£2,375	£0	£0	£0	£0	£9,500
TOTAL BOROUGH C3		£0	£0	£0	£0	£140	£0	£180	£5,515	£5,375	£5,375	£5,375	£0	£0	£230	£310	£22,500

Completed by: Graeme Findlay
 Service Lead Officer: Adrian Price

LBHF 2012 Operations Group

Terms of Reference

Purpose of the Group

1. Overall: To ensure resilience of the authority's services for the duration of the London 2012 Games period between June and September 2012.
2. To be the conduit for operational management and business continuity planning information between the managers of essential and Games-related services.
3. To facilitate the development of integrated operational service management structures and procedures within Games-related Council service areas, using standard terminology and mapping systems wherever appropriate and possible.
4. To deliver an integrated command, coordination and communication (C3) structure for all essential and Games-related Council services between June and September 2012.
5. To ensure that the Council's operational command systems are compatible with the requirements of the IOC (International Olympic Committee, LOCOG (London Organising Committee of the Olympic Games) , LOC (London Operations Centre), the LAOCC (Local Authorities Olympics Coordination Centre) and other parts of the overall Olympics C3 apparatus.

Method

1. The Group will be chaired by the AD Safer Communities.
2. All Council services identified by the Group as being essential services and/or having an operational role during the period of the London 2012 Games will be represented at a managerial level at all meetings of the Group. (See Core Membership list on page 2.)
3. All members of the Group may bring issues to meetings.
4. The Group will meet at least quarterly, with specific Games-related issues tabled for each meeting and external partners attending where relevant and appropriate.
5. Any relevant Games-related documentation received or produced by the Group will be stored in a dedicated secure area.

Appendix 8.2

6. Commonality/standardisation of information mapping will be through GIS. Core Membership

The suggested membership for the group is detailed below, which will be subject to change in March, following various restructures and redundancies.

Name	Service Area	Directorate
Dave Page (Chair)	AD Safer Communities	RSD
Adrian Price	Head of Emergency Services	RSD
Jonathan Wiesgard	Communications	FCS
Gill Sewell	AD Children, Youth & Communities	ChSD
Les Rhodes	Operations Manager	CSD
Nick Austin	AD Public Protection & Safety	ENV
Graeme Souster	Public Protection & Safety	ENV
Roy Instrall	Head of Street Scene Enforcement	RSD
Marie Snelling	AD Customer Transformation	RSD
Ian Hawthorn	Network Management	ENV
David Taylor	Parking	ENV
Chris Bunting	Head of Libraries, Leisure & Fleet Transport	RSD
Donna Pentelow	Waste Management	RSD
Antonia Hollingsworth	Principal Business Investment Officer	HRD

Appendix 8.3 - LBHF C3 Operational Requirements (17th May to 12th September 2012)

LAOCC	17 th May – 22 nd June 0900 – 1700 (Mon to Friday) No formal shift pattern Demand met through LLACC Duty Manager and LLACC on call team member (from EP) involvement as necessary	25 th to 27 th June 0600 – 0000 Dep LAOD Manager Supervisor 4 x Liaison Officer	28 th June – 11 July 0800 – 1800 (Mon to Friday) Dep LAOD Manager Supervisor 2 x Liaison Officer	12 th July – 18 th July 24/7 Dep LAOD Manager Supervisor 4 x Liaison Officer	19 th July – 12 th Aug 24/7 LAOD Dep LAOD Manager Supervisor 4 x Liaison Officer	13 th Aug – 27 th Aug 0600 – 2000 LAOD Dep LAOD Manager Supervisor 4 x Liaison Officer	28 th Aug – 9 th Sept 24/7 LAOD Dep LAOD Manager Supervisor 4 x Liaison Officer	10 th – 12 th Sept 0800 – 1600 LOAD Dep LAOD Manager Supervisor 2 x Liaison Officer
BOCC	Managed by Emergency Services Section as part of normal operations	Duty Olympic Silver Rota	Managed by Emergency Services Section as part of normal operations	Duty Olympic Silver Rota	BOCC operational Olympic Silver Olympic Liaison	Managed by Emergency Services Section as part of normal operations	Duty Olympic Silver Rota	Managed by Emergency Services Section as part of normal operations
CCTV	Normal operations	Normal operations	Normal operations	Additional CCTV operator outside 1000-1800hrs M-F	Additional CCTV operator outside 1000-1800hrs M-F	Normal operations	Normal operations	Normal operations



London Borough of Hammersmith & Fulham

Cabinet

5 DECEMBER 2011

LEADER

Councillor Stephen Greenhalgh

DEPUTY LEADER (+ ENVIRONMENT AND ASSET MANAGEMENT)

Councillor Nicholas Botterill

CABINET MEMBER FOR RESIDENTS SERVICES

Councillor Greg Smith

SHEPHERDS BUSH COMMON IMPROVEMENT PROJECT

The improvement works need to be completed before the Olympic Route Network embargo comes into effect on 1 July 2012. It is necessary to ensure works contractors are selected and approved by 12 December. Contractors are required to start on site at the end of January 2012 in order to complete the works by the end of June.

A separate report on the exempt Cabinet agenda provides further information on the procurement process.

Ward:

Shepherds Bush Green

CONTRIBUTORS

EDELRS
Parks & Waste
EDFCG
Procurement
ADLDS

Recommendation:

That the report be noted.

**HAS A EIA BEEN COMPLETED?
YES**

**HAS THE REPORT CONTENT BEEN RISK ASSESSED?
YES**

1. BACKGROUND

- 1.1. On 16 July 2007, Cabinet approved the allocation of £450,000 from a range of S106 agreements to cover the anticipated costs of appointing a landscape architect and a quantity surveyor to design and cost proposals to restore the Common. Consultants were appointed for a combined cost of £429,500 following tendering exercises.
- 1.2. Consultants developed a design in conjunction with a Stakeholder Advisory Group, made up of representatives from a wide range of local amenity groups and local residents associations and feedback received from two major public consultation exercises in January and June 2008. The design was finalised in August 2008 and a planning application prepared for those aspects of the design requiring consent. The application was submitted in April 2009.
- 1.3. After a number of objections to the design were received from local residents a meeting for objectors, led by the Cabinet Members for Environment and Residents Services, was held in June 2009. In response to issues raised during the meeting several amendments were made to the design. The Planning Application was subsequently amended and resubmitted and planning permission for the revised scheme was granted in November 2009.
- 1.4. On 2 February 2009 Cabinet further authorised the allocation of £4,332,000 plus interest from Westfield and a range of other S106 agreements to cover the anticipated costs of appointing works contractors to deliver the scheme.
- 1.5. The scheme also required consent from the Secretary of State for the Environment to construct works on common land and an application was submitted to the Planning Inspectorate (PINS) in September 2010. Local residents again objected to elements of the scheme and PINS called for a public inquiry which was held in May 2011. Consent for the works was granted by PINS in June 2011 subject to the removal of the proposed building, housing the café, toilets and relocated EDF electricity sub-station, the landscaped mound in the south-west corner of the Common and the introduction of an archaeological watching brief while works were in progress.

2. PROCUREMENT PROCESS

Expressions of Interest

- 2.1. On 3 August 2011 contractors who specialised in landscape construction and had experience of dealing with large landscape projects were invited, via the London Tenders Portal (LTP), to apply for inclusion on a select list to be invited to tender for improvement works and two years maintenance of works at Shepherds Bush Common. An advertisement was also placed on the Council's website. Interested contractors were to complete a pre-qualification questionnaire (PQQ) available through the LTP. The closing date for PQQs was 26 August 2011 at 3:00am.

- 2.2 The estimated value of the improvement works and maintenance contracts was £3.1m
- 2.3 20 submissions were received. Of these, two were received after the closing deadline and were rejected. The financial standing of the remaining 18 submissions was assessed by Corporate Finance and 16 demonstrated they had sufficient financial capacity to deliver the project, the remaining two were disqualified.
- 2.4 Those contractors who passed the financial assessment were then assessed in relation to their technical capacity and ability to carry out the works. Their submissions were scored against the criteria set out in the PQQ. A shortlist of the five highest scoring contractors was approved by the Tender Appraisal Panel on 7 September 2011.
- 2.5 Further information about expressions of interest is in the separate exempt report.

Invitation to Tender

- 2.6 Tender documentation was prepared and reviewed by the TAP. The price/quality ratio for tenders was set at 70 % price 30% quality. The TAP approved the final draft of the documents at a meeting on 6 October 2011. Invitation to Tender documents were issued via the London Tenders Portal (LTP) on 7 October 2011. Four tenders were received by the closing date of 5 November 2011.
- 2.7 Tenders were invited based on the JCLI Landscape Works Contract (2008) and the JCLI Maintenance Works Contract (2008). The Form of Tender requested separate prices for the landscape works, 24 months maintenance of the works and a total of the two combined. The weighted total price was the price that contributed to the final scores.
- 2.8 As set out in the Invitation to Tender (ITT) tenderers were invited to a meeting on-site with client representatives and the lead landscape consultant to clarify any queries they had. Questions raised at these meetings were responded to in a single document and submitted to all tenderers via the LTP. Questions were received and responded to via the LTP throughout the process with responses to questions made available to all tenderers.
- 2.9 Further information about the invitation to tender stage and the conclusions of the TAP are in the separate exempt report.

3. RISK MANAGEMENT

- 3.1 The project is included on the Residents' Services Department Project Register and the Corporate Project Management Office Register these are updated monthly.
- 3.2 A project risk log prepared by the Project Manager and approved by the Project Board identifies and categorises risks associated with the project and

proposes actions to mitigate. Identified risks are managed by the Project Manager in accordance with agreed actions and reported to the Project Board monthly.

- 3.3 The timing of the project is tight with works required to be completed by 1 July 2012. Proactive, effective project management is essential to help mitigate the risk of slippage.

4. EQUALITY IMPLICATIONS

- 4.1 There will be limited access to the site while works are in progress. A pedestrian/cycle route through the Common to safe crossing points on the surrounding roads will be available at all times while works are in progress.
- 4.2 Once completed the Common will be accessible to all with legible, accessible routes through the Common for pedestrians, cyclists and disabled users. Play facilities will cater for children from 0-15 years, the improved open green spaces will provide space for relaxation, dog walking and selected events and the prominence of the restored war memorial will be improved; its appointment and surrounds better able to facilitate the annual memorial service and disabled visitors.

5. COMMENTS OF THE EXECUTIVE DIRECTOR OF FINANCE AND CORPORATE GOVERNANCE

- 5.1 These are in the exempt report.

6. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)

- 6.1 The Assistant Director (Legal and Democratic Services) supports the recommendation in this report.

7. COMMENTS OF THE ASSISTANT DIRECTOR PROCUREMENT

- 7.1. The Corporate Procurement Team has supported the procurement process and is satisfied that it has been carried out in accordance with the Council's Contracts Standing Orders

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	Tender Documentation	Marlene Pope x 2447	Residents Services, Glenthorne Road
2.	Tender Assessments	Marlene Pope x 2447	Residents Services, Glenthorne Road
3.	TAP Briefing Note - 7 September 2011	Marlene Pope x 2447	Residents Services, Glenthorne Road
4.	TAP Briefing Note - 15 November 2011	Marlene Pope x 2447	Residents Services, Glenthorne Road
5.	TAP Meeting Minutes - 7 September 2011	Marlene Pope x 2447	Residents Services, Glenthorne Road
6.	TAP Meeting Minutes - 15 November 2011	Marlene Pope x 2447	Residents Services, Glenthorne Road
CONTACT OFFICER: Marlene Pope		EXT. 2447	

Agenda Item 14



London Borough of Hammersmith & Fulham

Cabinet

5 DECEMBER 2011

CABINET MEMBER FOR HOUSING

Councillor Andrew Johnson

HOUSING CAPITAL PROGRAMME 2012/13

All Wards

This report sets out the proposed 2012/13 Housing Capital Programme of £35.733 million and seeks authority to proceed with the various schemes identified

CONTRIBUTORS

HRD
EDFCG
ADLDS

HAS A EIA BEEN COMPLETED?
YES

HAS THE REPORT CONTENT BEEN RISK ASSESSED?
YES

Recommendations:

1. That the projects and schemes identified in this report that form the 2012/13 Housing Capital Programme to the value of £35.733 million be approved, subject to appropriate consultation, equalities assessment and contract approval for individual projects.
2. To note and approve the level of resource forecast (See Table 1) and to approve a contribution of £8.820 million from the decent neighbourhoods pot to support the Housing Capital programme in addition to the normal resources.
3. That authority be delegated to the Cabinet Member for Housing, in conjunction with the Executive Director of Housing and Regeneration, to approve future amendments to the programme for operational reasons and where such amendments can be contained within the overall approved budget and available resources.
4. That authority be delegated to the Cabinet Member for Housing, in conjunction with the Executive Director of Housing and Regeneration, to approve contracts for individual projects where such expenditure can be contained within the overall approved budget and available resources

1. BACKGROUND

- 1.1 The proposed 2012/13 housing capital programme seeks to meet the ongoing investment needs of the Council's owned and managed housing stock which comprises of nearly 13,000 rented homes and nearly 4,400 leasehold homes. The programme seeks to build on the achievements of the decent homes programme, maintaining the standard whilst addressing the residual backlog of works that were not covered by that programme. It does not cover the wider estate improvements that are covered by the Housing Estate Investment Plan and the Regeneration programme or new development.
- 1.1 Details of the proposed projects are given below. The projects and works identified have been the subject of a rigorous prioritisation exercise and represent broadly the minimum level of investment required to fulfil statutory obligations, to protect the health, safety and wellbeing of residents and to preserve the integrity of the housing stock. Appendix 1 presents a summary of the programme with further detail provided in Appendix 2. The budgets have been cash flowed to provide a reasonably smooth expenditure profile and to give flexibility depending on the realisation of resources.
- 1.2 The programme excludes any spending plans for 2013/14 onwards other than commitments expected to be entered into during 2012/13 which will be the first call on future resources.

2. DETAILS OF PROPOSED PROJECTS

- 2.1 The programme has been broadly divided into four categories as follows:
- Priority 1: Contractual commitments
 - Priority 2: Statutory requirements, health and safety works, salaries capitalisation and capital works identified as part of the revenue maintenance programme (e.g on voids)
 - Priority 3: Mechanical and electrical works; building structure
 - Priority 4: Internal amenities, estate and block / property environment
- 2.2 Priority 1: Contractual Commitments
- 2.2.1 Committed Expenditure (£14,946k): This category includes contracts previously approved where outstanding commitments remain either because works are continuing on site or because final accounts have yet to be settled. The category also includes projects commenced as part of the programme approved in April 2011 where specific contract approval is anticipated before the end of March 2012.
- 2.3 Priority 2: Statutory requirements; health and safety works; capitalisation
- 2.3.1 Fire Safety Improvements (£750k): A management plan has been developed for the delivery of large-scale improvements to the borough's housing stock

to comply with current regulations and best practice under The Regulatory Reform (Fire Safety) Order 2005 (the Order). Specific works are dependent on the recommendations of detailed fire risk assessments and guidance from The London Fire Brigade. Works within the plan may include the replacement of communal or flat entrance doors, compartmentalisation of roof voids, improvements to means of escape and the like.

- 2.3.2 Water Tank Replacements (£600k): A rolling programme replacing communal water tanks where the potential spread of legionella is identified as a risk during statutory biennial surveys. Works will also in some instances include the upgrade of loft spaces to ensure secure access and a safe working environment for operatives.
- 2.3.3 Disabled Adaptations (£800k): A programme delivering adaptations to the homes of disabled tenants in order to meet their needs and statutory entitlements. The programme is important in restoring or enabling independent living, privacy, confidence, and dignity for individuals and their families. The Government Office for Disability Issues has published research showing that the provision of housing adaptations and equipment for disabled people produces savings to health and social care budgets by reducing the need for admission to, or facilitating the earlier discharge from, residential care; by reducing the need for home care; and by prevention of accidents within the home. The proposed budget is set to meet current demand.
- 2.3.4 Water Pressure Boosters (£200k): Thames Water have been implementing a programme of pressure management which has affected water pressure to many flats above 3-storeys. The worst affected blocks have been prioritised and the proposed works in 2012/13 represent Phase 4 of an ongoing programme. Works will comprise the installation of new mains water booster pumps, new pipe-work and connections to the existing boosted & non-boosted mains water systems.
- 2.3.5 Landlord's Electrical Installations (£190k): This is an annual budget provision to ensure the safety and reliability of landlord's electrical installations and distribution systems. The 2012/13 allocation will be specifically targeted at Lancaster Court and the replacement of life-expired risers and distribution boards.
- 2.3.6 Capitalisation Works (£5,150k): The day-to-day running of the housing service will sometimes require works of a capital nature to be undertaken because circumstances mean they cannot be reasonably deferred to future planned programmes. Such work may include remedial works to address potential hazards, or to prevent deterioration of elements that would otherwise have a knock-on effect. The category also includes the refurbishment of void dwellings to ensure they remain in a lettable condition; the ad hoc replacement of defective central heating boilers; major asbestos removal or containment works; and essential works to estate roads and play equipment.
- 2.3.7 Capitalisation Salaries/IT (£1,750k): The delivery of the programme requires project managers and support staff which can be legitimately charged to

capital. Investment is also required in existing and new information technology systems to improve services and increase efficiency.

2.4 Priority 3: Mechanical and electrical works, building structure.

2.4.1 Communal Boiler replacements (£634k): Over 1,700 homes are connected to district heating systems. Many of the communal boilers supporting these systems are approaching or have exceeded the end of their economic lives and a phased programme of replacement is required to ensure residents continue to receive efficient and effective heating. The new boilers will be high-efficiency condensing models leading to cheaper fuel bills for residents and reduced levels of CO2 emissions.

2.4.2 Individual Boiler replacements (£750k) : A separate planned programme of individual boiler replacement is proposed which will target the least energy-efficient appliances. The boilers replaced are generally older models that are more costly to repair and difficult to source parts for.

2.4.3 Boiler Monitoring Systems (£40k): The installation of these systems will allow remote monitoring of district heating plant and enable the early detection of defects. A phased programme of installations is proposed.

2.4.4 Lift modernisation (£687k): The council's housing assets include over 200 passenger lifts generally serving blocks of six or more storeys. Many of these lifts have exceeded or are approaching the end of their useful life and are increasingly difficult to maintain due to obsolete parts. Lifts were not included within the decent homes standard and therefore their modernisation did not attract any additional funding. A ten-year programme of modernisation has been prioritised and individual sites identified for 2011/12 onwards. Due to the long lead-in time for the design and manufacture of lifts the 2012/13 schemes will not start on site until the latter part of the 2012/13 financial year.

2.4.5 Planned Maintenance (£4,914k): This programme will cover external and internal communal redecoration, and repairs relating to the building elements being redecorated on a number of properties as shown in Appendix 2. Works may vary considerably between properties and the stock involved will be surveyed to ensure that works are only carried out where necessary, the scope includes:

- Repair, overhaul or replacement of windows
- Repair, overhaul or replacement of external doors
- Repairs or replacement of fascias and soffits
- Repair, overhaul or replacement of rainwater goods
- Repairs or renewal of private and communal balconies, including balustrades
- Repair or renewal of wall and ceiling finishes
- Repair or renewal of stairwell coverings
- Redecoration of all previously painted surfaces

The wholesale replacement of major elements such as windows and roofs are provided for elsewhere in the capital programme. However isolated renewals are anticipated as part of this programme, and an officer monitoring group will be established to agree how best to deal with these as they are identified. Such renewals will be in low-maintenance materials, subject to planning constraints, to reduce future repair and pre-paint repair bills.

Consideration will be given to avoiding unnecessary expenditure on properties where all or most dwellings are leaseholder owned where possible, for example through sale of freeholds.

2.4.6 Window/roof renewal and fabric repair (£2,592k): The decent homes programme effectively tackled those blocks where windows and roofs exceeded recommended life-cycles and were in poor condition prior to 2010. The relatively small programme of window replacement and associated works proposed is primarily to sheltered blocks constructed in the early-mid 1980's, to prevent properties falling into non-decency as major building elements age and their condition deteriorates. Stock will be surveyed to ensure works are only carried out where necessary.

2.4.7 Controlled Access (£500k): A ten-year programme to replace ageing systems has been prioritised and individual sites have been identified for 2012/13. In addition, those blocks which do not currently benefit from controlled access will be considered for installation where it is technically feasible, cost-effective, and supported by residents. Creighton Close will be considered for inclusion in 2012/13.

2.4.8 Miscellaneous Plant & Equipment Renewal (£25k): This budget allocation is proposed to fund the unplanned replacement of mechanical and electrical plant such as communal laundries and communal extract fans.

2.5 Priority 4: Internal amenity, environmental works, miscellaneous

2.5.1 Minor Estate Improvement Programme (£270k) and Groundwork Environmental Programme (£200k): The Minor Estate Improvement Programme is an annual budget historically prioritised in conjunction with registered Tenant and Resident Associations and earmarked for improvements to the estate environment or tenant facilities. Schemes are considered and funding endorsed by each Local Area Housing Forum. The Groundwork Environmental Programme is an annual budget allocation prioritised by a tenant representative panel in partnership with Groundwork West London. The panel considers and endorses environmental improvement schemes submitted by TRAs which can include, for example, soft and hard landscaping of open spaces or provision of new play areas. The proposed comprehensive review of resident involvement is expected to incorporate consultation on both the MEI and Groundwork programmes and this budget is to provide for any replacement programmes.

2.5.2 Estates CCTV (£250k): The CCTV Steering Group have identified an annual budget requirement to continue the extension and upgrade of CCTV on

housing estates, a programme started in 2009. The estimated cost of works to the priority estates not yet completed is just over £2m.

- 2.5.3 Commercial units (£100k): A programme of fabric repair and essential health and safety works is required to ensure the remaining HRA shops portfolio is maintained to a good standard, thereby facilitating future lettings or potential disposals, as appropriate. As part of the review of the HRA commercial portfolio two properties were indentified for disposal to produce income to be reinvested in the retained portfolio to improve income. This will be the subject of a separate business case and is not included here.
- 2.5.4 Tenant and Community Halls (£100k): Tenant halls, also held within the HRA, require a programme of planned maintenance to ensure they are fit-for-purpose. The proposed budget provision is notional prior to a full financial appraisal of this portfolio.
- 2.5.5 Brought forward unforeseen works (£500k): This budget is proposed for unforeseen or emergency works that may arise during the year and where project substitution is not practicable, it will be allocated to specific projects in consultation with the Cabinet Member for Housing.
- 2.5.6 Energy Database (£50k): The existing asset management database has an option to include an energy efficiency module which will be invaluable for the production of various data for Government returns, supporting future bids for external grant funding, and informing future energy programmes. A detailed business case will be drafted before commissioning this work.

3. RESOURCES

- 3.1 The table 1 sets out the proposed funding for the programme:

Table 1

	2012/13	2013/14	2014/15	2015/16	2016/17
Resources	£'000	£'000	£'000	£'000	£'000
Major Repairs Allowance	16,020	16,565	17,126	17,703	18,146
Capital Receipts, Edward Woods new-build	5,103				
Capital Receipts, proposed expensive voids contribution	8,820	3,781	895	0	
Revenue Contributions		4,400	7,300	9,376	9,146
Leasehold Contributions	5,790	5,443	3,537	2,500	2,500
Other	0	0	0	0	0
Total Resources	35,733	30,189	28,858	29,579	29,792

- 3.2 The following points should be noted:

- The realisation of leasehold income is not straight-forward and there is a risk that income targets will not be met. Given this risk Finance and Corporate Services are liaising with Housing and Regeneration Department to regularly audit and monitor the level of leasehold contributions generated. Commitments will only be made against this resource as it becomes certain.
- Receipts from the sale of the twelve penthouse flats at Edward Woods should be considered high risk and therefore funds will not be committed against this resource until these receipts are certain. The flats will be marketed off-plan to maximise the certainty of sales receipts, however in the present property market this approach potentially reduces the price achieved depending on the type of buyer attracted. The marketing strategy and all aspects of the sale process will be closely monitored by the project board. Updates will be presented to members via the Corporate Capital Monitor and should an alternative approach be required a further report will be brought to Cabinet.
- Funding of £8.820m from the decent neighbourhoods fund is required for 2012/13, this has reduced from £14.867m in 2011/12. Again careful monitoring will take place to ensure commitments are only made against this resource as the funds received into the decent neighbourhoods fund become certain. This will include monitoring both the sales programme and capital allowances to ensure that 75% of these receipts do not have to be returned to central government. The capital programme resources are expected to be full derived from revenue by 2015/16.

4. RISK MANAGEMENT

- 4.1. Various risks associated with the delivery of the housing capital programme are included on the corporate risk register. Appropriate risk strategies will be developed for the programme overall and for specific projects.
- 4.2 Individual projects will be subject to separate, appropriate tender approval reports by Members or delegated officers. Recommendations for contract awards will include an assessment of the financial standing of successful contractors.

5. EQUALITY IMPLICATIONS

- 5.1 An Equalities Impact Assessment has been completed and is available on request.

6. COMMENTS OF THE EXECUTIVE DIRECTOR OF FINANCE AND CORPORATE GOVERNANCE

- 6.1. The funding of the Housing Capital programme is set out in section 3 of this report. In line with setting a balanced budget for the Housing Capital Programme funding of £8,820m from the decent neighbourhoods fund is required for 2012/13, this has reduced from £14.867m in 2011/12. Housing Capital programme resources are expected to be fully derived from revenue by 2015/16.
- 6.2 There are a number of risks attached to the available resources and expenditure should not be committed against these until there is certainty that they will be received, further detail on these are set out in section 3 of this report. The amounts that will require careful monitoring are:
- Leaseholder income as the realisation of this is not straightforward,
 - £5,103k of resources from the sale of the Edward Woods penthouse flats
 - Funding of £8,820k from the decent neighbourhoods pot including monitoring capital allowances to ensure the sales receipts funding this are not caught by pooling regulations.
- 6.3 Progress on expenditure and resources for the programme will be reported to members as part of the regular monthly capital monitoring report and action will be taken where necessary to ensure that expenditure is adequately covered by available recourses

7. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)

- 7.1. Legal Services have had the opportunity to contribute to this report and some comments have been incorporated elsewhere.
- 7.2. Where the Council has the power to pass on part of costs to leaseholders of flats and commercial units, the Council's fiduciary duty to council tax payers and others requires that this should be done unless there are sound objective reasons to justify not doing so. In the case of residential leaseholders, this will generally entail ensuring that advance notice is given in due time under Section 20 of the Landlord and Tenant Act 1985 so as not to prejudice the ability to recover, as well as considering possible application of statutory powers to waive or defer payment in cases meeting permitted criteria.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	Housing Capital Programme Documents; Investment Planning Documents	Vince Conway x1915	Housing & Regeneration Department, 3 rd Floor, Town Hall Extension
2.	Housing Estates Investment Plan	Vince Conway x1915	Housing & Regeneration Department, 3 rd Floor, Town Hall Extension
CONTACT OFFICER:		NAME: Vince Conway EXT. 1915	

		2012/13	2013/14	2014/15	2015/16
Resources					
Supported or prudential borrowing		0	0	0	0
Major Repairs Allowance		16,020	16,565	17,126	17,703
Capital Receipts, Edward Woods new-build		5,103			
Capital Receipts, proposed expensive voids contribution		8,820	3,781	895	0
Revenue Contributions			4,400	7,300	9,376
Leasehold Contributions		5,790	5,443	3,537	2,500
Other		0	0	0	0
Total Resources		35,733	30,189	28,858	29,579
Committed Expenditure	Priority Group				
Decent Homes partnering framework	1	2,172	0	0	0
Regeneration: Edward Woods Estate	1	722			
Rephasing 2011/12	1	1,917			
Heating Schemes	1	485	0	0	0
Lift programme	1	1,741	0	0	0
Controlled Access Programme	1	32	0	0	0
Water tanks	1	345	0	0	0
Water Pressure Boosters	1	6	174	0	0
Other	1	1,458	0	0	0
Planned Maintenance	1	6,068	2,093	0	0
Sub-total: Priority 1, committed expenditure		14,946	2,267	0	0
Sub-total: available after Priority 1 funded		20,787	27,922	28,858	29,579
Expenditure: Statutory requirements, health & safety priorities, capitalisation	Priority Group	2012/13	2013/14	2014/15	2015/16
Fire Safety Improvements	2	750	750	750	750
Water Tank replacements	2	600	600	600	600
Disabled adaptations	2	800	800	800	800
Water pressure boosters	2	200	200	150	150
Landlord's electrical installations	2	190	260	250	250
Capitalisation - Works	2	5,150	5,150	5,150	5,150
Capitalisation - Salaries/IT	2	1,750	1,750	1,750	1,750
Sub-total: Priority 2, statutory requirements, H&S, capitalisation		9,440	9,510	9,450	9,450
Sub-total: available after Priority 1-2 funded		11,347	18,412	19,408	20,129
Expenditure : Mechanical & Electrical, Building fabric	Priority Group				
Heating Schemes, communal and individual boiler replacements & boiler monitoring systems	3	1,424	1,421	1,390	2,120
Lift programme	3	687	1,859	2,131	1,970
Planned Maintenance	3	4,914	9,474	8,340	9,958
Window/roof renewal, fabric repair	3	2,592	2,240	3,760	2,139
Controlled Access Programme	3	500	500	500	500
Misc Plant & Equipment Renewal	3	25	25	25	25
Sub-total Priority 3: M&E, Building fabric		10,142	15,519	16,146	16,712
Sub-total: available after Priority 1-3 funded		1,205	2,893	3,262	3,417
Expenditure : Internal amenity, estate/plot works, miscellaneous	Priority Group				
Kitchen modernisation	4	0	1,473	1,973	2,092
Minor Estate Improvement Programme	4	270	270	270	270
Groundwork Environmental Programme	4	200	200	200	200
Estates CCTV	4	250	250	250	250
Commercial units, tenant halls	4	200	200	200	200
Brought forward unforeseen works	4	500	500	500	500
Energy database	4	50			
Sub-total: Priority 4, internal amenity, estate/plot works, miscellaneous		1,470	2,893	3,393	3,512
Sub-total: Rephasing/reprofiling required		(265)	0	(131)	(95)
Total Uncommitted Expenditure		20,787	27,922	28,858	29,579
Total Programme Size		35,733	30,189	28,858	29,579
Surplus / (Deficit) against current resources		0	0	0	0

No.	Address/Programme	Programme element	Project Description	Justification	2012/13
1	Browning Court	Heating Schemes	Replacement of communal boilers	Boilers have reached the end of their economic life and replacement is required to ensure continued supply of efficient and phased programme to replace ageing boilers	In year programme at approval stage
2	Bayonne Road Estate	Heating Schemes	Replacement of communal boilers	Boilers have reached the end of their economic life and replacement is required to ensure continued supply of efficient and phased programme to replace ageing boilers	In year programme at approval stage
3	Sheltered Housing Schemes	Heating Schemes	Replacement of communal boilers	Boilers have reached the end of their economic life and replacement is required to ensure continued supply of efficient and phased programme to replace ageing boilers	#REF!
4	Planned boiler replacements	Heating Schemes	Replacement of individual boilers	Boilers have reached the end of their economic life and replacement is required to ensure continued supply of efficient and phased programme to replace ageing boilers	Phased ongoing programme
5	Boiler Monitoring Systems	Heating Schemes	Phased installation of boiler monitoring systems	Monitoring of district heating systems and provide early notification of faults	Phased ongoing programme
6	Frithville Gardens Estate	Windows/roofs, fabric repair	Window Replacement & associated works	Whilst windows meet decent homes standard, replacement is desirable to improve energy efficiency and sound	Phased ongoing programme
7	Beacroft House	Windows/roofs, fabric repair	Window Replacement & associated works	Whilst windows meet decent homes standard, replacement is desirable to improve energy efficiency and sound	In year programme at approval stage
8	Sheltered Housing Schemes	Windows/roofs, fabric repair	Window Replacement & associated works	Whilst windows meet decent homes standard, replacement is desirable to improve energy efficiency and sound	In year programme at approval stage
9	Controlled Access upgrades	Controlled Access	Controlled access upgrades/new installations	Systems past recommended life; parts obsolete, increasingly difficult to maintain. New systems to blocks without facility	Phased ongoing programme
10	Becklow Gardens	Planned Maintenance	External & communal repairs & redecoration	Works required to maintain external fabric and common parts of blocks and estates; 12/13 programme includes blocks which were not included in decent homes programme and where external works are overdue.	In year programme at approval stage
11	Sheltered Housing	Planned Maintenance	External & communal repairs & redecoration	Works required to maintain external fabric and common parts of blocks and estates; 12/13 programme includes blocks which were not included in decent homes programme and where external works are overdue.	Phased 2 year programme
12	Campbell House, Denham House, Mitchell House, White City Est	Planned Maintenance	External & communal repairs & redecoration	Works required to maintain external fabric and common parts of blocks and estates; 12/13 programme includes blocks which were not included in decent homes programme and where external works are overdue.	Phased 2 year programme
13	White City Est	Planned Maintenance	External & communal repairs & redecoration	Works required to maintain external fabric and common parts of blocks and estates; 12/13 programme includes blocks which were not included in decent homes programme and where external works are overdue.	Phased 2 year programme
14	Riverside Gardens Estate (Blocks S,T,U,A,B,C,D,E)	Planned Maintenance	External & communal repairs & redecoration	Works required to maintain external fabric and common parts of blocks and estates; 12/13 programme includes blocks which were not included in decent homes programme and where external works are overdue.	Phased 2 year programme
15	Baird House, Durban House, White City Est	Planned Maintenance	External & communal repairs & redecoration	Works required to maintain external fabric and common parts of blocks and estates; 12/13 programme includes blocks which were not included in decent homes programme and where external works are overdue.	Phased 2 year programme
16	Ellenborough House, Lawrence Close, Mackenzie Close, White City Est	Planned Maintenance	External & communal repairs & redecoration	Works required to maintain external fabric and common parts of blocks and estates; 12/13 programme includes blocks which were not included in decent homes programme and where external works are overdue.	Phased 2 year programme
17	Paddenswick Court	Planned Maintenance	External & communal repairs & redecoration	Works required to maintain external fabric and common parts of blocks and estates; 12/13 programme includes blocks which were not included in decent homes programme and where external works are overdue.	In year programme at approval stage
18	College Court	Planned Maintenance	External & communal repairs & redecoration	Works required to maintain external fabric and common parts of blocks and estates; 12/13 programme includes blocks which were not included in decent homes programme and where external works are overdue.	Design Fees for 13/14, works subject to approval of 13/14 capital program
19	Street Properties PPM (top-up to currently approved)	Planned Maintenance	External & communal repairs & redecoration	Works to maintain external fabric and common parts. Specifically circa 2,800 street properties not included in decent homes programme. A detailed 3-year programme is being formed	Phased 3 year programme
20	Water tanks	Water Tanks	Water tank replacement	Statutory requirement to prevent the spread of legionella within water storage systems	Phased ongoing programme
21	Booster Pumps	Water Pressure Boosters	Installation of water pressure boosters	Risk of inadequate water supply due to reduced mains water pressure	Phased ongoing programme
22	Lancaster Court	Landlord's electrical	Replacement risers and distribution boards	Installations exceed recommended life	In year programme at approval stage
23	Elevator Monitoring Unit installations	Lifts	Phased installation of lift monitoring systems	Will allow remote monitoring of lifts and provide early notification of faults	Phased ongoing programme
24	CCTV	CCTV	Second phase of estate CCTV extension/upgrade	Required to address security and asb issues on prioritised estates	Phased ongoing programme
25	Disabled Adaptations	Disabled adaptations	Disabled adaptations	Element of statutory requirement	Phased ongoing programme
26	Fire Safety improvements	Fire Safety	Fire safety improvements	Continuation of programme to address recommendations of risk assessments	Phased ongoing programme
27	Capitalisation - major voids	Capitalisation - works	Major refurbishment of voids	Works required to maintain voids at decent standard	Phased ongoing programme
28	Capitalisation - major repairs	Capitalisation - works	Responsive/planned capital works	Major responsive works that cannot be reasonably deferred to planned programmes	Phased ongoing programme
29	Capitalisation - asbestos works	Capitalisation - works	Major asbestos works	Major responsive works that cannot be reasonably deferred to planned programmes	Phased ongoing programme
30	Capitalisation - M&E	Capitalisation - works	Major works to m&e plant/equipment	Major responsive works that cannot be reasonably deferred to planned programmes	Phased ongoing programme
31	Capitalisation - ad hoc boiler replacements, Gas Unit	Capitalisation - works	Responsive boiler replacements	Major responsive works that cannot be reasonably deferred to planned programmes	Phased ongoing programme
32	Capitalisation - estate roads	Capitalisation - works	Resurfacing/major repair of estate roads	Essential health and safety works	Phased ongoing programme
33	Capitalisation - play equipment	Capitalisation - works	Renewal of play facilities	Essential health and safety works	Phased ongoing programme
34	Capitalisation - salaries	Capitalisation - salaries/IT	Project management costs	Required to ensure programme delivery	Phased ongoing programme
35	Capitalisation - IT projects	Capitalisation - salaries/IT	IT system development	Investment required to improve service	Phased ongoing programme
36	Minor Estate improvements	Minor Estate improvements	Estate works/improvements to tenant facilities	Resident-led programme	Phased ongoing programme
37	Groundwork estate improvement scheme	Groundwork	Environmental works	Resident-led programme	Phased ongoing programme
38	Misc Plant & equipment	Misc plant & equipment	Replacement communal laundry appliances etc	Required to ensure appliances remain serviceable	Phased ongoing programme

No.	Address/Programme	Programme element	Project Description	Justification	2012/13
39	Commercial properties	Commercial properties	Fabric repair and essential H&S works to shops	No previous programme; potential disrepair	Phased ongoing programme
40	Resident Halls	Resident Halls	Fabric repair and essential H&S works to resident halls	No previous programme; potential disrepair	Phased ongoing programme
41	Brought forward emergency works	Brought forward emergency	Unforeseen works	Emergency works or essential improvements	Phased ongoing programme
42	Energy Database	Energy database	Development of energy module for Strategic Asset Management system	Increased data requirement from Government; potential payback via access to energy grants	In year programme at approval stage
43	Communal boiler programme	Heating Schemes	Replacement of communal boilers	Continuing programme to replace life-expired boilers	Phased ongoing programme
44	Sheltered Housing	Windows/roofs, fabric repair	Window Replacement & associated works	Continuing programme to replace life-expired windows with new double-glazed units, offering energy efficient, improved	Design Fees for 13/14, works subject to approval of 13/14 capital programme
45	Banim Street SH	Windows/roofs, fabric repair	Window Replacement & associated works	Provision of lift previously planned under	Design Fees for 13/14, works subject to approval of 13/14 capital programme
46	Richard Knight House	Windows/roofs, fabric repair	Window Replacement & associated works	Provision of lift previously planned under	Design Fees for 13/14, works subject to approval of 13/14 capital programme
47	Alice Gillatt block P	Lifts	New lift	Maystar regeneration scheme	Design Fees for 13/14, works subject to approval of 13/14 capital programme
48	Barclay Close A,B,C,D	Lifts	Lift modernisation	Continuing programme to modernise life-expired and ageing lifts and increase reliability	Phased ongoing 2 year programme
49	Campbell, Denham, Mitchell Houses, White City Estate	Lifts	Lift modernisation	Continuing programme to modernise life-expired and ageing lifts and increase reliability	Design Fees for 13/14, works subject to approval of 13/14 capital programme
50	Eileen Wilkinson House, Clem Alltee Estate	Lifts	Lift modernisation	Continuing programme to modernise life-expired and ageing lifts and increase reliability	Design Fees for 13/14, works subject to approval of 13/14 capital programme
51	Ethel Rankin Court	Lifts	Lift modernisation	Continuing programme to modernise life-expired and ageing lifts and increase reliability	Design Fees for 13/14, works subject to approval of 13/14 capital programme
52	Rainville Court	Lifts	Lift modernisation	Continuing programme to modernise life-expired and ageing lifts and increase reliability	Design Fees for 13/14, works subject to approval of 13/14 capital programme
53	Barclay Close	Planned Maintenance	External & communal repairs & redecoration	Works required to maintain external fabric and common parts	Design Fees for 13/14, works subject to approval of 13/14 capital programme
54	Creighton Close	Planned Maintenance	External & communal repairs & redecoration	Works required to maintain external fabric and common parts	Design Fees for 13/14, works subject to approval of 13/14 capital programme
55	Lancaster Court	Planned Maintenance	External & communal repairs & redecoration	Works required to maintain external fabric and common parts	Design Fees for 13/14, works subject to approval of 13/14 capital programme

Agenda Item 15



London Borough of Hammersmith & Fulham

Cabinet

5 DECEMBER 2011

CABINET MEMBER FOR HOUSING

*Councillor Andrew
Johnson*

BOROUGH INVESTMENT PLAN

The purpose of this report is to obtain Cabinet's approval for the Council's Borough Investment Plan (BIP) and submit the document to the Greater London Authority / Homes and Communities Agency (GLA/HCA) Housing Investment Group and HCA London Housing Board, chaired by the Mayor of London. The BIP identifies the Council's housing and regeneration priorities over the Core Strategy 20 year timeframe.

**Wards:
All**

CONTRIBUTORS

EDFCG
ADLDS

**HAS A EIA BEEN
COMPLETED?
YES**

**HAS THE REPORT
CONTENT BEEN
RISK ASSESSED?
YES**

Recommendations:

- 1. That the Borough Investment Plan be approved and submitted to the GLA/HCA Housing Investment Group and HCA London Housing Board, chaired by the Mayor of London**
- 2. That authority be delegated to the Cabinet Member for Housing, in conjunction with the Executive Director of Housing and Regeneration, to make any changes necessary following submission to the GLA/HCA.**

1. BACKGROUND

- 1.1. The requirement for a Borough Investment Plan resulted from the decision to create the Homes and Communities Agency, effectively a 'merger' of the Housing Corporation and English Partnerships. Local authorities were requested to enter into a 'single conversation' with the new agency to agree future housing and regeneration investment priorities. The intention of this was to lead to a more strategic investment approach which would yield place-making outcomes in addition to new housing and 'more for less' from the HCA's financial investment. The HCA's intention was that these priorities would be crystallised in the Borough Investment Plan (BIP). Whilst these documents are not mandatory, they are considered to be 'anchor' documents by statutory and non-statutory agencies, setting out the 'direction of travel' for the Council's future housing and regeneration investment priorities.
- 1.2 The Mayor of London's most recent document *A Revised London Housing Strategy – Initial Proposals* (Aug 2011) states that the Mayor proposes to 'ensure that delivery partners have full regard to the priorities set out in the Borough Investment Plans when delivering the affordable housing programme'. The *Initial Proposals* document also makes positive references towards ensuring that boroughs are at the forefront of local decision making over housing delivery; aligning housing delivery with the Mayor's wider social and economic objectives and other major infrastructure investment opportunities, such as Crossrail; ensuring that new housing developments contain an appropriate mix of market and affordable homes and are developed in locations where they can help to reduce concentrations of particular tenures. It is therefore considered a prerequisite for the borough to have an agreed BIP in place before being able to take full advantage of the Mayor's proposed strategic housing approach.
- 1.3 It should be noted that the GLA, HCA and LDA housing and regeneration responsibilities are to be merged into a single GLA Housing and Regeneration Directorate, which is to 'go live' in April 2012. Taking account of the Mayor's statutory planning role; his continuing responsibility for Transport for London; and the recent publication of the London Plan, it is necessary that the borough's strategic position on its housing and regeneration investment priorities are clearly identified. The adoption of a Borough Investment Plan is key to delivering that outcome.
- 1.4 The Borough Investment Plan has been discussed with the Homes and Communities Agency and the Council has sought to incorporate their comments.

2. KEY THEMES OF THE BOROUGH INVESTMENT PLAN

- 2.1 The key themes as set out in the executive summary of the document are as below:
- 2.2 This Borough Investment Plan sets out the rationale for the Homes and Communities Agency (HCA) and the London Mayor for housing and regeneration investment in Hammersmith and Fulham. The key points in this document are as follows:
 - 2.2.1 Over the 2012/32 years, there is identified capacity for 14,400 additional homes, the large majority of which is in the five regeneration opportunity areas detailed in this document. Over the same period, there is potential for over 25,000 new jobs
 - 2.2.2 Over the first ten years of this programme, the Council expects to deliver between 2,460 and 2,880 affordable homes, the majority of which will be located in the five identified regeneration opportunity areas. The timing and tenure profile of housing delivery will be significantly affected by the long lead in times associated with large strategic sites and will be subject to scheme viability and site constraints
 - 2.2.3 Ensuring working age residents in the borough, particularly affordable housing residents, access to new jobs created is an Investment Plan priority
 - 2.2.4 The housing market in Hammersmith and Fulham remains strong and it is expected that market interest in new development will continue as will the need for new and more innovative intermediate housing products to create opportunities for working residents to get onto the housing ladder
 - 2.2.5 The Council's affordable housing target will be 40% of total delivery which will comprise intermediate and/or affordable rent housing. The proportions of intermediate and/or Affordable Rent will be decided on a site by site basis taking account of the local area's characteristics and housing market. The Council will also seek new social rented housing necessary to enable proposals for the regeneration of council or housing association estates, or the replacement of unsatisfactory accommodation. Our intention is to tackle overcrowding in all households by increasing the supply of larger homes with incentives in place to encourage greater mobility for working households.

- 2.2.6 A Local Housing Company has been established by the Council to deliver new market and affordable housing. This vehicle may require future Homes and Communities Agency funding to fully realize its potential. The Council intends to work with the HCA to progress and grow that ambition
 - 2.2.7 The Council will seek to deliver its Housing Estates Investment Plan designed to improve housing and wider socio economic outcomes for our residents
 - 2.2.8 Investment will be required to support key enabling infrastructure to allow people in deprived communities to benefit from opportunities that are being created
- 2.3 By setting out the rationale for investment in Hammersmith and Fulham to the Homes and Communities Agency and the London Mayor, the borough looks forward to working with the HCA and the successor GLA Housing and Regeneration Directorate to achieving the objectives that we have set out in this Borough Investment Plan.

3. RISK MANAGEMENT

- 3.1. As this is predominately a Housing & Regeneration Strategic project document it in itself is self explanatory about the risks in the paper. This brings to Members' attention the arrangements to ensure the successful delivery of its objectives. Risks at a project level are required to be managed through the Council's mandatory project management toolkit and overall compliance with this is a management responsibility. The Corporate Risk Register notes this requirement and as such is recorded as an individual entry, risk number 2. The report also highlights a number of co-dependent factors such as links to work with the private and voluntary sectors, the communities, planners and the Local Housing Company. Such collaboration is to be noted on the Corporate Risk Register under risk number 6, Successful partnerships & Major Contracts, to reflect the paper's strategic objectives. A new entry will be added to the Opportunities side of the Corporate Risk Register to illustrate the innovative approach which the strategy illustrates.

4. EQUALITY IMPLICATIONS

- 5.1 The initial screening assesses the Borough Investment Plan as being broadly positive to most protected characteristics. However, it should be noted that there will be no direct impacts arising from the approval by Cabinet of the Borough Investment Plan, but does give a greater likelihood of attracting affordable housing and wider regeneration

funding in the future which will have the potential to deliver direct positive impacts for Hammersmith & Fulham's residents.

5. COMMENTS OF THE EXECUTIVE DIRECTOR OF FINANCE AND CORPORATE GOVERNANCE

- 5.1. The Borough Investment Plan is intended to set out to the HCA and GLA where the Council expects housing and regeneration investment over the short, medium and long term, confirming current corporate priorities. It is essentially a 'direction of travel' document with financial, resource and human resource implications arising from scheme-level decisions following the adoption of this Borough Investment Plan.
- 5.2 There are no additional comments from Corporate Finance regarding this report.

6. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)

- 6.1 There are no direct legal implications at this stage but in delivering the plan appropriate legal advice will be required

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	LBHF Core Strategy 2011	Aaron Cahill x 1909	HRD / Housing Options
2.	Mayor of London - A Revised London Housing Strategy – Initial Proposals	Aaron Cahill x 1909	HRD / Housing Options
3.	Local Investment Planning – A Good Practice Guide (Undated)	Aaron Cahill x 1909	HRD / Housing Options
CONTACT OFFICER: Temporary Project Officer (Policy)		NAME: Aaron Cahill EXT. 1909	

London Borough of Hammersmith & Fulham

Borough Investment Plan

London Borough of Hammersmith - A Vision for Regeneration



Contents Page

Foreword

Executive Summary

PART ONE – LOCAL AMBITION: CAPACITY, GROWTH AND OPPORTUNITY

1. About Hammersmith & Fulham
2. Vision
3. Strategic Context
4. Growth, Capacity and Regeneration Objectives
5. Regeneration Opportunities

PART TWO – CURRENT INVESTMENT AND DELIVERY

6. Challenges to Securing Investment
7. Investment and Delivery – The Mayor of London and the HCA
8. Investment and Delivery – The Local Authority
9. Investment and Delivery – Private and the Third Sectors
10. Gap Analysis
11. Investment Plan Business Case

Annex A Evidence Base

Annex B Infrastructure Investment Tables

Annex C Glossary

Annex D Key Reference Documents

Annex E Key Borough Contacts

Foreword

This Borough Investment Plan sets out Hammersmith & Fulham's housing investment priorities for the next 10-20 years. There is a clear regeneration focus to our approach with the large majority of new housing capacity located in five regeneration areas which we believe can deliver over 13,200 additional homes and 25,000 new jobs over the 2012/32 period. Of the total new homes, we aim to deliver 40% affordable housing which will be intermediate housing such as discounted market sale, shared ownership, sub-market rent and/or affordable rent, subject to viability and other constraints. This housing investment will provide the catalyst for a wider range of socio economic outcomes over and above new market and affordable housing. Housing investment from the Homes and Communities Agency and the private sector will be key to achieving those outcomes.

One of the recurring themes of this Borough Investment Plan is 'investing in success'. Hammersmith & Fulham hosts a strong housing market with some of the highest house prices in London. However, this has the detrimental effect of limiting the ability of first time buyers to access home ownership. Consequently, the Council places a high priority on marketing intermediate housing products for working people on low to medium incomes and on incentives for existing tenants in social housing to access the property ladder.

Whilst the borough is well served by transport infrastructure, a priority for the Council is promoting the Park Royal Opportunity Area, a major rail interchange between the proposed High Speed 2 Line, Crossrail, the Great Western line and West and North London lines. Realising this objective will be the catalyst needed to regenerate the north of the borough which hosts higher levels of deprivation than elsewhere and deliver the homes that we have identified capacity for.

Finally, we need to ensure that the new jobs created in the regeneration areas are accessed by current and future Hammersmith & Fulham residents. To afford to work, they will need affordable housing. For the future, we may need to change the way we allocate new and existing affordable housing and understand better and act on the related dynamics of the housing and jobs markets. Our forthcoming Housing Strategy will develop our approach in more detail.

Cllr Andrew Johnson
Cabinet Member for Housing

Executive Summary

This Borough Investment Plan sets out the rationale for the Homes and Communities Agency (HCA) and the Mayor of London for housing and regeneration investment in Hammersmith & Fulham. The key points in this document are as follows:

- Over the 2012/32 years, there is identified capacity for 14,400 additional homes, the large majority of which is in the five regeneration opportunity areas detailed in this document. Over the same period, there is potential for over 25,000 new jobs.
- Over the first ten years of this programme, the Council expects to deliver between 2,460 and 2,880 affordable homes, the majority of which will be located in the five identified regeneration opportunity areas. The timing and tenure profile of housing delivery will be significantly affected by the long lead in times associated with large strategic sites and will be subject to scheme viability and site constraints
- Ensuring working age residents in the borough, particularly affordable housing residents, access to new jobs created is an Investment Plan priority
- The housing market in Hammersmith & Fulham remains strong and it is expected that market interest in new development will continue as will the need for new and more innovative intermediate housing products to create opportunities for working residents to get onto the housing ladder
- The Council's affordable housing target will be 40% of total delivery which will comprise intermediate and affordable rent housing. The proportions of intermediate and Affordable Rent will be decided on a site by site basis taking account of the local area's characteristics and housing market. The Council will also seek new social rented housing necessary to enable proposals for the regeneration of council or housing association estates, or the replacement of unsatisfactory accommodation. Our intention is to tackle overcrowding in all households by increasing the supply of larger homes with incentives in place to encourage greater mobility for working households.
- A Local Housing Company has been established by the Council to deliver new market and affordable housing. This vehicle may require future Homes and Communities Agency funding to fully realize its potential. The Council intends to work with the HCA to progress and grow that ambition
- The Council will seek to deliver its Housing Estates Investment Plan designed to improve housing and wider socio economic outcomes for our residents
- Investment will be required to support key enabling infrastructure to allow people in deprived communities to benefit from opportunities that are being created

By setting out the rationale for investment in Hammersmith & Fulham to the Homes and Communities Agency and the Mayor of London, the Council looks forward to working with the HCA and the successor GLA Housing and Regeneration Directorate to achieving the objectives that we have set out in this Borough Investment Plan.

Section 1 – About Hammersmith & Fulham

Summary

In this section we briefly describe the area, the residents and the economy that makes up Hammersmith & Fulham.

- 1.1 The Hammersmith & Fulham **area** is an Inner London borough in a strategic location on the transport routes between the City and Heathrow. The borough is oriented north-south with most major transport links, both road and rail carrying traffic east-west across the borough. Some of the busiest road junctions in London are located in the borough at Hammersmith Broadway, Shepherds Bush and at Savoy Circus and the borough suffers disproportionately from the effects of through traffic.
- 1.2 The borough benefits from a long frontage along the River Thames (7km) and from a section of the Grand Union Canal in the north of the borough. These waterways enhance the environment and character of the borough and provide the potential for further benefit to the borough.
- 1.3 The area is one of contrasts of wealth and poverty, and of attractive environments, many of which are protected by conservations designations and other areas that are less attractive and that need improvement. It has at least four distinct areas, each with their own character – Fulham, Hammersmith, Shepherds Bush and the area to the north of Wormwood Scrubs – the College Park/Hythe Road area.
- 1.4 Hammersmith & Fulham **residents** are relatively young and ethnically diverse. Totalling approximately 81,000 homes and accommodating c 170,000 people, it is also a highly mobile population with about half of all households having moved in the previous five years. Nearly half of the population (43%) is between the ages of 19 and 40 years old which is significantly higher than in London (35%) and the rest of the country (27%) (1). The borough has a high proportion of single people, the second highest population (57.4%) of any local authority in England and Wales. Four in ten (40.3%) of all households consist of one person (2).
- 1.5 The Greater London Authority projects that taking account of the borough's housing target of an additional 615 dwellings p.a. that the population will increase from c 175,000 in 2006 to 189,800 in 2031 (a 14,000 (8%) increase) and that households will increase by 14,600 from 79,880 households in 2006 to 94,400 in 2031 (an 18% increase) (3). This is a slower rate of growth than most other London boroughs. The main growth in number of households will be in 'one person' households (32% up to 2026) while the number of 'couple' households will decrease by nearly 8%. There is expected to be a growth in the 50 to 64 age group of 9,500 between 2009 and 2026, equivalent to 46%. The population aged

20-49 is expected to grow by 16% during the same period and the population aged 65 to 79 to grow by 14%, and 80+ by 23% (4).

- 1.7 The Hammersmith & Fulham **economy** is part of the wider West London economic area. The borough occupies a favourable location in west London and is attractive to a variety of businesses. It has enjoyed significant growth in employment and economic activity over the last three decades with the central Hammersmith area becoming an important sub-regional location for offices. In 2006, 115,000 people worked within the borough boundaries which is an increase from the 111,500 employed in 2004 (5). Just over a quarter of people working in the borough also lived in the borough. The largest employer – the BBC - is based in Wood Lane and has expanded its complex there in recent years to 14,000 employees. The number will decrease with the move of some of the BBC's staff to Salford and central London.
- 1.8 The recent development of the Westfield Shopping Centre has also seen an increase in the retail sector's importance. Other key employers include education and health providers, the latter having expanded its research facilities in recent years. In recent decades, there has been a substantial change in the composition of businesses with a significant decline in traditional manufacturing, whilst the publishing, printing and recorded media sector has grown. Smaller firms have become much more important, with 76% of business having fewer than five employees. Despite the Borough's relative prosperity, there is a high degree of economic polarization in the borough with the 12th lowest employment rate in London with only 64.6% of the working age population aged 16-64 in employment. The borough also has the 16th highest Job Seekers Allowance claimant rate in London.
- 1.9 More detailed information and statistics on the demography, population, poverty indicators, socio-economic activity and housing can be found in Annex A which forms part of the evidence base for this borough investment plan.
- 1.10 In **conclusion**, Hammersmith & Fulham is a vibrant, cosmopolitan, successful borough of opportunity. We are also a borough of contrasts in terms of disparities in local people's income and wealth. Our Community Strategy is geared towards bridging the gaps that we know exist and we see our future strategic approach to housing being key to delivering the outcomes needed.

1. 2009 Mid-Year Estimates ONS June 2010
2. 2001 Census.
3. 2009 Round of GLA Demographic Projections Updated Jan 2010).
4. 2008 GLA Population projections.
5. 2004 Annual Business Inquiry.

Section 2 – Vision

Summary

In this section, we set out Hammersmith & Fulham's vision for housing within the setting of the Borough Partnership's Community Strategy 2007/14. The Strategy is the key document for defining the Council's and its key partners' vision for improving economic, social and environmental well-being of its people and places.

- 2.1 Published in September 2007, the over-arching vision of the Community Strategy is *creating a borough of opportunity for all*, enabling all local people to have a real stake in the area and share in its growing prosperity.
- 2.2 The Partnership's vision for Hammersmith & Fulham is to create a borough of opportunity for all, in which children receive a better education, neighbourhoods are safer, healthier and stronger, the local environment is protected and improving, there is more opportunity for home ownership and local people receive higher quality, public services that deliver real value for money.
- 2.3 As partners in delivering local services our aim is to combine opportunity with social responsibility and social justice to assist the vast majority of people in the borough to help themselves while supporting the most vulnerable in the community. To further his aim, a set of priorities was agreed that reflected the Partnership's commitment to delivering a better quality of life for residents:
 - **A top quality education for all** – we aim to improve school standards, promote school autonomy and deliver greater choice and diversity for parents
 - **Tackling crime and antisocial behavior** – our objective is to tackle crime and antisocial behaviour and improve the quality of life by reducing the environment for crime and the fear of crime
 - **Creating a cleaner, greener borough** – we aim to markedly improve the local environment, delivering cleaner streets all year round and improving parks so everyone can enjoy the green open spaces the borough has to offer. There will be strict enforcement of littering graffiti and fly tipping
 - **Promoting home ownership** – our aim is to make home ownership more affordable for a greater number of residents and, in so doing, increase home ownership in the borough. This will help address the current tenure imbalances and ensure that more local people stay in the borough and have a stake in its future. In particular, we will provide more home ownership opportunities for key workers, first time buyers and those on low to middle incomes.

- **Setting the framework for a healthy borough** – promoting healthier lifestyles and a healthier environment, reducing the use of more acute services and helping vulnerable residents to live more independent lives through the provision of high quality, responsive health and social care services
- **Delivering high quality, value for money public services** – we will seek to deliver the highest quality services at the lowest possible cost to the taxpayer.
- **Regenerating the most deprived parts of the borough** – by supporting local economic development and regeneration, raising educational standards and providing the opportunity for people to develop the right skills for the future.

2.4 The two housing and regeneration objectives identified above are those that are most relevant to the Borough Investment Plan.

2.5 On **promoting home ownership**, this is part of a wider ambition to promote housing opportunities for Hammersmith & Fulham’s residents. The vision for new housing that is developed is that will deliver sustainable, mixed and safe communities; provide a housing ladder of opportunity that gives households greater choice and more housing options; increase levels of homeownership; and, increase tenant and leaseholder satisfaction.

2.6 On **regenerating the most deprived parts of the borough**, the Council has identified five Opportunity Areas (see Section 5) where the housing vision can be implemented. Over 13,000 homes can be delivered in the five areas which are in great need of investment and provide the opportunity to deliver the wider range of objectives set out in section 4.3. Historically, housing-led regeneration has been the catalyst for delivering such objectives and we expect that appetite for development in the borough to continue.

2.7 More up to date and detailed information on the Council’s vision for housing is set out in the Local Development Framework Core Strategy and the Development Management Policies which are summarized in Section 4 of this document.

Section 3– Strategic Context

Summary

In this section, we briefly describe the strategic context in which we alongside other local authorities and interested parties operate. The key national and regional documents referenced are the Coalition Government's *Draft National Policy Framework*; *the Mayor's London Plan* and the *Housing Strategy*. In addition, two documents – *A Fairer Future for Social Housing* and the *Localism Bill* – are expected to strongly influence the type of affordable housing that is delivered in future and who will be allocated it. Overlaying this is an expectation that future affordable housing should play a more defined role in meeting the housing requirements of households on low to medium incomes.

- 3.1 After an economic cycle of relative prosperity, there is a general consensus that the current state of the national, and indeed the global, economy is very challenging. The Coalition Government in its 2010 Spending Review put in place plans for significant reductions in public expenditure in order to facilitate a reduction in the national deficit. Such reductions have impacted on planned expenditure on the delivery of new affordable housing and associated socio-economic infrastructure. Similarly, the impact of the credit crisis has been keenly felt by the housing market with developers and their funders displaying a more cautious attitude to development, particularly speculative schemes which are perceived as a significant risk, as are mortgage providers displaying towards would-be home purchasers. Therefore the need for enabling and community infrastructure funding to give greater certainty to future development has become a greater priority.
- 3.2 Whilst the impact of the continuing economic uncertainty on the national housing market has been clearly evidenced over the past three years, it is also clear that London has resisted the worst impacts. The Hammersmith & Fulham area is considered to be particularly resilient to such impacts as evidenced by house price inflation over the past five years, despite the dip in prices in 2008/9. More information on house prices and affordability can be found in Sections 6.2 and 6.3 of the Evidence Base in Annex A.

Table 1 – House Price Growth in Hammersmith & Fulham

Q1 2007	Q1 2008	Q1 2009	Q1 2010	Q1 2011	Q2 2011
£494,855	£584,706	£564,941	£603,354	£637,801	£668,802

Source: CLG Housing Statistics Table 581 Housing Market Mean Housing Prices

- 3.3 The Hammersmith & Fulham area has some of the most attractive and expensive housing in the country, complemented by excellent transport infrastructure; retail facilities; conservation areas; and a Thames river frontage. Whilst this is clearly an advantage to the borough in reputational terms and for those who have a

secure home, it also presents major difficulties to realizing the aspirations of local first time buyers who wish to remain in the borough. The average price of housing in Hammersmith & Fulham in Q1 2011 was £637,801 with a 5% increase by Quarter 2 to £668,802. With mean incomes averaging £41,045 and median income averaging £34,821 (1), without a significant deposit and a high income, access to such housing is simply impossible. More information on residents' income can be found in Section 5 of the Evidence Base in Annex A. The Council's strategic response in recent years has been to require from developers a range of low cost home ownership products, in particular the provision of Discounted Market Sale (DMS) housing that has enabled households on low to medium incomes to access home ownership opportunities.

- 3.4 The Council is confident that the Hammersmith & Fulham 'micro-market' (notwithstanding the different markets in the locality) will remain strong, but the Council needs to be mindful of the proposed changes in national policy as set out in the Government's **Draft National Planning Policy Framework** (July 2011). The Draft Framework identifies its key housing objective as the delivery of new homes:

Everyone should have the opportunity to live in high quality, well designed homes which they can afford, in a community where they want to live. This means:

- *Increasing the supply of housing*
- *Delivering a wide choice of high quality homes that people want and need*
- *Widening opportunities for home ownership; and*
- *Creating sustainable, inclusive and mixed opportunities, including the regeneration and renewal of areas of poor housing*

- 3.5 Hammersmith & Fulham supports the vision set out in the Draft Framework and expects that the *presumption in favour of sustainable development* (2) will lead in the medium to long term to more housing developed nationally. More development on non-urban, non-brownfield sites in the future may require the borough to be more competitive in its approach, as developer interest may move to sites that are considered easier to develop. The availability of local transport, and wider socio-economic infrastructure in Hammersmith & Fulham as outlined in section 3.3 is a major selling point which few other places can match. However, developers need to continue to see Hammersmith & Fulham as a place that they can do business with and therefore needs to remain competitive in its approach.

- 3.6 The recent publication of the final **Mayor's London Plan** (July 2011) has given the boroughs and development partners a clear statement of the Mayor's spatial development priorities. The Plan sets out an ambitious vision for housing London's population, against a backdrop of a rising population and increasingly less affordable housing. The Mayor's housing vision for London has three strands:

- A City that meets the challenges of economic and population growth
 - A City of diverse, strong, secure and accessible neighbourhoods
 - A City that delights the senses
- 3.7 Specifically on new housing in the capital, a 2011/21 ten year target of 322,100 additional homes is identified, which annualized comprises 32,210 additional homes. Over the same ten year period, the London Mayor identifies a target of 132,000 additional affordable homes, which annualized totals 13,200 additional homes of which 60% is planned for social rent purposes (low cost rents let on long-term tenancies, largely to households nominated by local authorities) with the remaining 40% for intermediate housing (priced to meet the needs of working households not eligible for social housing and unable to afford to access market housing). It should be noted that the London Plan policy was examined before the introduction of the Affordable Rent model (rents up to 80% of market rents with flexibility for local authorities to nominate appropriately) and will be subject to an early alteration.
- 3.8 The Hammersmith & Fulham element of this ten year target is 6,150 additional homes which would comprise 615 additional homes annually, excluding the increment to provision in the Earl's Court Opportunity Area identified by the EIP Panel in their report to the Mayor (3).
- 3.9 The Mayor's most recent housing strategy publication **A Revised London Housing Strategy – Initial Proposals** (August 2011) anticipates the bringing together of housing and regeneration roles and responsibilities of the Homes and Communities Agency (HCA), London Development Agency (LDA) and the Greater London Authority (GLA). This can be considered as a precursor to a more integrated and broader approach to new housing delivery and housing investment from City Hall. As well as having planning and funding responsibility for new supply of affordable housing and direct control of the LDA's landholdings, the Mayor will have control of Decent Homes investment (with sanctions where there is under-performance) and an interest in how additional resources yielded from the Housing Revenue Account (HRA) reforms are applied.
- 3.10 On new affordable housing supply, achievement of the 50,000 affordable housing target will not be known until April/May 2012 at the earliest. However, this has not precluded the Mayor in his Initial Proposals document setting a new target of nearly 55,000 affordable homes over the 2011/15 financial years. This represents a significant proportion – 32% - of the national (England only) target of 170,000 homes.
- 3.11 On the basis of the Hammersmith & Fulham's own 40% affordable housing target (discussed in more detail in the next section), the Borough's own contribution over the 2011/15 timeframe would be just under 1,000 affordable homes. Whilst this is a relatively modest proportion of the 55,000 capital target, it is nonetheless an

important contribution to the regional and national targets that are now in the public domain. Boroughs that have historically delivered significant proportions of affordable housing – Tower Hamlets, Hackney and Newham as examples – may not necessarily be able to deliver on the scale previously experienced, due to the continuing economic uncertainty. Therefore, affordable housing delivery, whether intermediate or social/affordable rent, in areas such as Hammersmith & Fulham is likely to become increasingly significant in future years.

- 3.12 The housing agenda is experiencing a number of policy initiatives which can be identified in the Coalition Government's *A Fairer Future for Social Housing* consultation paper and subsequently in the *Localism Bill* which are welcomed by this authority.
- 3.13 The Spending Review announcement in October 2010, and subsequent publication of the HCA's 2011-15 Affordable Homes Programme Framework document saw a significant change in the creation of the Affordable Rent model which will give scope to Registered Providers to charge up to 80% of market rents, as the main affordable housing type funded in the 2011-15 period. Providers of Affordable Rent homes can offer fixed term tenancies, rather than 'tenancies for life' (this flexibility is being extended to all social housing providers, in relation to newly granted tenancies through the Localism Bill). The scope and scale of the reforms, taken with the combined impact of housing benefit 'caps' on affordable and private landlords' rents; proposed household benefit limits; and the Universal Credit proposals, could present a financial challenges to larger families on low and medium incomes being able to live in newly developed (or re-let) homes if charged at 80% of market rents.
- 3.14 Councils will also have a statutory duty to develop a strategic tenancy policy. *This will set out the broad objectives to take into consideration by individual social landlords in the area regarding their own policies on the grant and re-issue of tenancies* (4). This will give scope to local authorities, if they wish, to facilitate the creation of more mixed, balanced communities. Hammersmith & Fulham expect to take full advantage of the freedom and flexibilities that are envisaged in the Localism Bill and will set out its response more fully in its forthcoming Draft Housing Strategy and Draft Tenancy Strategy in 2012.
- 3.15 In conclusion, the environment in which Hammersmith & Fulham is currently operating is dynamic and challenging, but one that offers major opportunities for a place that wishes to deliver its objectives. The next two sections of the Borough Investment Plan focus on what those objectives are and where in the borough they can be delivered.

(1) Table 6 Annex A Evidence Base

(2) Page 4 CLG Draft National Planning Policy Framework

(3) London Plan Table 3.1 Annual average housing provision monitoring targets 2011-2021).

(4) A Fairer Future for Social Housing Section 2.17 .(2010)

Section 4 - Growth, Capacity and Regeneration Objectives

Summary

In this section, we give some more detail on our approach to growth, capacity regeneration starting with the objectives that guide them. The Community Strategy sets the vision, giving our Core Strategy the direction to deliver the component objectives. This section is drawn substantially from the most recent iteration of the Core Strategy, highlighting the over-arching objectives of the strategy with the housing specific policies that underpin them.

- 4.1 The Core Strategy objectives set out below outline how we encourage the delivery of the Community Strategy vision set out in section 2 of this document for the future of the borough, which give direction to the spatial strategy policies. The objectives are:
- 4.1.1 In particular, encourage regeneration of the most deprived parts of the borough, especially in the White City area, North Fulham area and Hammersmith town centre area.
 - 4.1.2 Increase the supply and choice of high quality housing and ensure that the new housing meets local needs and aspirations, particularly the need for affordable home ownership and for homes for families.
 - 4.1.3 Encourage regeneration of key council housing estates.
 - 4.1.4 Reduce polarisation and worklessness to create more stable, mixed and balanced communities.
 - 4.1.5 Support the local economy and inward investment to ensure that existing and new businesses can compete and flourish.
 - 4.1.6 Support businesses so that they maximise job opportunities and recruit and maintain local people in employment.
 - 4.1.7 Build on the borough's attractions for arts and creative industries.
 - 4.1.8 Regenerate Hammersmith & Fulham's town centres to improve their viability and vitality and sustain a network of supporting key local centres providing local services.
 - 4.1.9 Ensure that both existing and future residents, and visitors to the borough, have access to a range of high quality facilities and services, including retail, leisure, recreation, arts, entertainment, health, education and training and other community infrastructure such as policing facilities and places of worship.

- 4.1.10 Ensure that the schools in the borough meet the needs and aspirations of local parents and their children.
 - 4.1.11 Encourage and promote healthier lifestyles and reduce health inequalities.
 - 4.1.12 Promote the health, safety and security of those who live, work and visit Hammersmith & Fulham.
 - 4.1.13 Improve and protect the amenity and quality of life of residents and visitors by ensuring a safe, accessible and pleasant local environment, where there is a strong sense of place.
 - 4.1.14 Preserve and enhance the quality, character and identity of the borough's natural and built environment (including its heritage assets) through respect for local context, good quality, inclusive and sustainable design.
 - 4.1.15 Protect and enhance the borough's open green spaces and create new parks and open spaces where there is major regeneration, promote biodiversity and protect private gardens.
 - 4.1.16 Increase public access and use of Hammersmith & Fulham's waterways as well as enhance their environment, quality and character.
 - 4.1.17 Reduce and mitigate the local causes of climate change, mitigate flood risk and other impacts and support the move to a low-carbon future.
 - 4.1.18 Ensure there is a high quality transport infrastructure, including a Crossrail station and a High Speed 2 rail hub to support development in the north of the borough and improve transport accessibility and reduce traffic congestion and the need to travel.
 - 4.1.19 Ensure that regeneration meets the diverse needs of not only the Hammersmith & Fulham of today, but also all its future residents and visitors.
- 4.2 The remainder of this section focuses on the Core Strategy *Meeting Housing Needs and Aspirations* policies that guide the Council's approach to housing.
- 4.3 **Policy H1: Housing supply** states that the council will work with partner organisations and landowners to exceed the proposed London Plan target of 615 additional dwellings a year up to 2021 and to continue to seek at least 615 additional dwellings a year in the period up to 2032. The new homes will be achieved by:
1. the development of strategic sites identified within the Core Strategy;
 2. the development of sites identified in the council's Strategic Housing Land Availability Assessment

3. the development of windfall sites and the change of use of buildings where land and premises are shown to be surplus to the requirements of other land uses;
 4. the provision of new homes through conversions; and
 5. the retention of existing residential accommodation.
- 4.4 The justification for the council's proposed housing target in the replacement London Plan is 615 additional homes a year in the period up to 2021. This figure was developed through collaborative working with the GLA on the London Housing Capacity Study 2009 and through further work on the council's Strategic Housing Land Availability Assessment. Table 2 in Section 5 of this document indicates that the Council would expect housing provision to exceed the London Plan target for additional homes.
- 4.5 The Park Royal (Old Oak Common and Hythe Road) area has been included in potential housing supply but the proposed High Speed rail hub in this area is unlikely to be completed until 2020. Any significant additional housing as a result of the regeneration of this area is unlikely to be available until the mid 2020s. The potential capacity for additional housing in this area will form part of the review of this Core Strategy and the future preparation of a planning framework.
- 4.6 The figures for the two opportunity areas in White City and Earl's Court & West Kensington are as included in the revised London Plan. However, these targets are being reviewed as part of the preparation of planning frameworks for the area and could be exceeded, depending on the eventual land-use mix, urban design considerations and the extent of estate regeneration in the areas. The White City Opportunity Area Framework and Earl's Court and West Kensington Supplementary Planning Document will provide more guidance on factors that will determine capacity.
- 4.7 The eventual capacity for new housing in all areas will depend on detailed assessment, site setting, urban design of housing areas, appropriate housing mix, transport capacity and other factors as set out in policies in the Core Strategy, Generic Development Management DPD and other guidance.
- 4.8 For the purpose of infrastructure planning, the Council has considered the extent to which the figures set out above could possibly be exceeded as shown in the table. The upper figures do not represent a target but indicate the range within which the actual total would be expected to lie.
- 4.9 **Policy H2: Affordability** states that Housing development should help achieve more mixed and balanced communities and reduce social and economic polarisation by improving the mix of affordable housing in the borough for those that cannot afford market housing.

4.10 On sites with the capacity for 10 or more self-contained dwellings affordable housing should be provided having regard to the following:

The proposed adoption policy for sites with the capacity for 10 or more self-contained dwellings affordable housing should be provided having regard to the following:

a) A borough wide target that at least 40% of all additional dwellings built between 2012-22 should be affordable.

b) The Council would prefer all additional affordable housing to be intermediate and affordable rented housing unless a small proportion of new social rented housing is necessary in order to enable proposals for the regeneration of council or housing association estates, or the replacement of unsatisfactory accommodation, particularly in accordance with policies for the regeneration areas set out in this plan.

c) The Council will encourage the provision of affordable rented and social rented housing in ways that enable tenants to be offered an equity stake or the opportunity to join a savings incentive scheme.

d) In negotiating for affordable housing and for an appropriate mix of intermediate, affordable rented and social rented housing in a proposed development, the council will take into account:

- site size and site constraints;
- financial viability, having regard to the individual circumstances of the site, the availability of public subsidy and the need to encourage rather than restrain residential development; and
- the affordability and profile of local housing; the scope for achieving a more mixed and balanced community in the borough, or in an area where there are existing concentrations of social rented housing.

4.11 The justification for this approach is to support the Core Strategy key aim to reduce social and economic polarisation in the borough and to encourage social mobility. The strategy aims to create a more socially and economically mixed borough and in particular, to enable young families to be able to afford to live and stay in the borough. It will significantly increase the amount of housing that is affordable to middle income earners, key workers and all those households who are neither very wealthy nor very poor. The strategy aims to reduce the concentrations of deprivation associated with the large mono tenure housing estates, mostly council owned and to significantly improve the fabric of these outdated estates.

4.12 In order to achieve this strategy Hammersmith & Fulham will seek to increase the amount of affordable housing in the borough by setting an affordable housing

target of 40% of additional dwellings to be built between 2012/13 and 2021/22. All the net gain in affordable housing should be intermediate housing and/or affordable rent available to households who cannot afford to buy and/or rent market accommodation in the borough (Hammersmith & Fulham Housing Market Assessment) except that the Council will seek a small proportion of additional social rented housing in order to enable proposals for the regeneration of council or housing association estates, or the replacement of unsatisfactory accommodation, particularly in accordance with policies for the regeneration areas set out in the Core Strategy (see below). In order to meet the target for affordable housing, the council will negotiate for affordable housing to be provided on all larger sites in accordance with the London Plan threshold target of sites with the capacity for 10 or more additional self-contained dwellings.

- 4.13 On **Income and the cost of housing**, as outlined previously, some parts of Hammersmith & Fulham are very deprived and other areas have some of the most prosperous neighbourhoods in London. There are 7 Super Output Areas (1) within the 10% most deprived nationally; and, 30 Super Output Areas, or 27% of the borough, amongst the 20% most deprived nationally. Department of Works and Pensions Households Below Average Income (HBAI) results show that Hammersmith & Fulham has more individuals on low incomes (27.1%) than Inner London (20.4%), London (18.2%) or England (16.8%). The most deprived neighbourhoods are also those with the highest levels of social rented housing.
- 4.14 House prices and private sector rents are well above the London and the West London average. Hammersmith & Fulham has the 4th highest house prices in the country. The average property price in January 2010 was £472,000 which is 29% above the London average and 185% above the national average. Also house prices are increasing faster than elsewhere in the country (2009 Land Registry data).
- 4.15 Rents in the private sector are also high compared to the rest of London. The lowest quartile rent for a two bedroom property was £269 per week and for a three bedroom property was £315 per week⁽²⁾ : the very high cost of market housing both for owner occupation and for rent impacts on who can afford to live in the borough. The household income required to rent a 2 bedroom property (lowest quartile rent) in the borough is £56,100 and to purchase (lowest quartile market purchase) is £91,400 ⁽³⁾. It is estimated that 58% of younger working households (age 20 to 39 years) in Hammersmith & Fulham cannot afford to buy a 2/3 bedroom dwelling and private sector rents to earned income ratios are over 30% ⁽⁴⁾.
- 4.16 Although private sector rents are high in comparison to incomes they are significantly more affordable than owner occupation. It is estimated that private rented housing has risen from about 17,500 (23% of the stock) in 2001 to nearly 28,000 (35% of the stock) in 2009 ⁽⁵⁾. Most of this increase will have been through

a reduction in owner occupied dwellings which would result in less than a third of the housing stock being owner occupied, compared to 44% in 2001.

- 4.17 Although the stock of intermediate affordable housing has increased in the last 10 years it still makes up only about 1,850 dwellings or just over 2% of the housing stock. This compares to over 3,000 households registered for low cost homeownership on the Hammersmith & Fulham Homebuy Register.
- 4.18 Social rented housing is estimated to account for approximately 25,900 dwellings, 33% of the total stock, with over 1250 dwellings having been built in the last 9 years. In some parts of the borough, in particular the north of the borough the proportion is over 50% – College Park and Old Oak and Wormholt and White City wards.
- 4.19 On the issue of **Housing tenure mix of additional housing**, in considering the mix of tenure that is appropriate for additional dwellings to be built in the borough the Council needs to have regard to its assessment of the housing market, including housing need, and how this can be met.
- 4.20 The analysis of income and housing costs above highlights a severe lack of affordable market housing in Hammersmith & Fulham coupled with a probable reduction in owner occupation. This demonstrates a need to increase the supply of intermediate affordable housing. Even if all the 40% affordable housing target (2,500-2,800 homes by 2021/22) is intermediate housing, this will still only increase the intermediate housing stock to between 4,350 and 4,650 homes or c 5% of the total dwelling stock.
- 4.21 As house prices and market rents are so high in Hammersmith & Fulham, intermediate housing needs to be affordable to a broad range of incomes. The council will encourage the provision of a variety of intermediate housing products that will assist people who cannot afford market housing to buy or rent (e.g. shared ownership, equity share, discounted market sale or rent). The provision and affordability of such housing will be taken into account in considering the appropriate proportion of affordable housing on individual sites.
- 4.22 An increase in the supply of intermediate housing and the introduction of social “homebuy” and similar schemes will assist in releasing more of the existing stock of social rented housing for households in need of that type of affordable housing. The council also wants some affordable rented and social rented housing to be provided in ways that enable tenants to be offered some form of equity stake or savings incentive scheme so that they have the opportunity to move into home ownership if their income increases.
- 4.23 The Council will seek new social rented housing where this will enable the regeneration of existing estates and the provision of better accommodation (e.g. quality, dwelling size and conditions) for social rented tenants; and where it is possible to achieve a better mix of tenure and a more mixed and balanced

community in the area. The policies for regeneration areas set out details where applicable.

- 4.24 The Council considers that it should be possible to meet newly arising urgent need without increasing the overall amount of social rented housing in the borough (Hammersmith & Fulham Housing Market Assessment). In view of this, the overall net increase in affordable housing in the borough should be intermediate housing and affordable rent housing. However, the Council will monitor affordable rented and social rented housing supply options – new supply and re-lets - and seek to ensure there is sufficient provision to meet urgent need and will seek additional affordable rented/social rented housing where necessary.
- 4.25 Where new social rented is provided the Council will require a mix of dwelling sizes that helps to achieve a better match to household needs. Currently there are over 2,300 overcrowded households in the borough and there are also households that are under occupying their housing; just over 120 households are registered with the council wanting to move into smaller accommodation. There are likely to be other households who have not registered with the council but who may like to move from larger dwellings, if there is alternative housing that would meet their needs.
- 4.26 On **Negotiating for Affordable Housing**, in implementing this affordable housing policy, the council recognises that the location of sites and their characteristics will affect the amount and type of affordable housing that is appropriate. Where there are concentrations of social rented housing it will be particularly important to increase the choice of housing in order to achieve more mixed and balanced communities.
- 4.27 The amount and type of affordable housing that might be appropriate in a proposed development will be influenced by the potential for estate regeneration on council or housing association estates, especially where the proposed development is in, or close to the regeneration areas by providing new and better homes for local social rented tenants.
- 4.28 The council recognises that the amount and mix of affordable housing that can be achieved in any scheme will depend on the financial viability and individual site circumstances of that scheme and will therefore take account of evidence of financial viability.
- 4.29 **Policy H.3: Housing quality and density** states that the council will expect all housing development to respect the local setting and context, provide a high quality residential environment, be well designed and energy efficient in line with the requirements of the Code for Sustainable Homes, meet satisfactory internal and external space standards, and (subject to the size of scheme) provide a good range of housing types and sizes. The Council supports the requirements set out in the Mayor of London's Housing Design Guide.

- 4.30 Acceptable housing density will be dependent primarily on an assessment of these factors, taking account of London Plan policies and subject to public transport and highway impact and capacity.
- 4.31 In existing residential areas, and in substantial parts of regeneration areas, new housing will be expected to be predominantly low to medium rise consisting of small scale developments of houses, maisonettes and flats, and modern forms of the traditional mansion block, with gardens and shared amenity space in street based layouts.
- 4.32 Some high density housing with limited car parking may be appropriate in locations with high levels of public transport accessibility (PTAL 4-6) provided it is satisfactory in all other respects.
- 4.33 On the **justification** to this approach, the London Plan provides broad guidance on densities, but the upper ranges are often inappropriate in the local context. The council generally regards the borough as being in the "urban" category of the London Plan density matrix and wishes to ensure that all housing development is provided to a satisfactory quality, has an appropriate mix of types and sizes (with a particular emphasis on family accommodation), and is well related to its surroundings (and neighbouring residential properties in particular). Much of the new housing, particularly the family sized housing, should consist of low and medium rise street properties, with access to private gardens or shared amenity space. The council will prepare an SPD that will provide further detail on design standards.
- 4.34 Higher density development must have particularly good design quality and positively enhance the locality (its appearance and amenities). Mixed tenure housing developments should be tenure blind, meaning that it should be difficult to spot the difference in the architectural quality of market and affordable properties.
- 4.35 Small development sites can often be problematic and the Council will especially resist attempts to overdevelop which often leads to adverse effects on neighbours and the locality. In large schemes, such as in regeneration areas, there is more scope to achieve higher density housing and as long as there is still a good mix of housing types overall, some high rise non-family residential may be acceptable. Such large schemes will need to be supported by appropriate social infrastructure.
- 4.36 **Policy H4: Meeting Housing needs** states that the council will work with house builders to increase the supply and choice of high quality residential accommodation that meets the local residents' needs and aspirations. In order to deliver this:
- There should be a mix of housing types and sizes in development schemes, especially increasing the proportion of family accommodation. The precise mix in

any development will be subject to the suitability of the site for family housing in terms of site characteristics, the local environment and access to services.

- All new build dwellings should be built to “Lifetime Homes” standards with 10% to be wheelchair accessible, or easily adaptable for residents who are wheelchair users.
- Applications for HMOs and hostels will be considered in the light of their contribution to the range of housing in the borough and their impact on the locality and its character; and
- Housing for people who need care and support must be protected, and, subject to continuing need, applications for new developments

4.37 On the **justification** to this approach, in recent years high proportions of 1 and 2 bedroom homes have been permitted in Hammersmith & Fulham (6). There has been an under provision of family housing and there is a need for this to be addressed. This strategy also aims to provide a better mix of housing; a higher proportion of family sized housing and housing that is well designed – energy efficient, accessible and safe. The council will prepare an SPD on housing mix, which will be regularly updated to reflect housing need.

4.38 Approximately 10% of Hammersmith & Fulham’s households have one or more people with a physical disability and in addition young families and the elderly also benefit from accessible housing. There needs to be an increase in the amount of housing built to Lifetime Homes standards and that is wheelchair accessible in order to meet this need.

4.39 Houses in multiple occupation and hostels can provide flexible and cheaper accommodation for people on low incomes but they can often have an impact upon the amenity of neighbouring residents. A flexible approach will be taken to the conversion of self contained accommodation to HMOs that takes account of local circumstances.

4.40 There is likely to be a continuing need for housing for people who need care and support, particularly as the population ages. The loss of existing accommodation and the provision of new accommodation will be considered in relation to the impact on the local area and on the provision of community facilities and services.

4.41 **Policy H5: Gypsies and Traveller Accommodation** states that the council will work closely with RBKC to protect and improve the existing gypsy and traveller site at Westway which is located in Kensington & Chelsea. Any additional site to accommodate the specific needs of Gypsies and Travellers in this borough should:

- meet local need
- take account of suitable vehicular access and satisfactory parking, turning and servicing

- be within close proximity of local facilities and services such as a primary school, local shops and a GP, and
- be designed in such a way that it is compatible with existing and planned uses, fit for the occupants and at the same time does not impact on residential amenity

- 4.42 On the **Justification** for this approach, Circular 1/2006 and London Plan Policy 3A.14 require that this Core Strategy should have a specific policy to protect existing authorised sites and set out the criteria for the determination of any application for additional sites. Such sites should promote the development of socially inclusive local communities in accordance with PPS 3.
- 4.43 The council and the Royal Borough of Kensington and Chelsea (RBKC) jointly provide a site for 19 travellers' pitches on land in RBKC to the east of the White City regeneration area. Work is ongoing to improve the existing site. Although the bid for government funding to provide two additional pitches on the site as well as other improvements in terms of landscaping, safety and security, parking and access was unsuccessful, there is a commitment from both boroughs to improve the physical environment at a cost of £250,000. Work will commence in 2011/12.
- 4.44 The requirements for a gypsy and traveller's site are more demanding than for residential development. Gypsy and traveller sites often contain a number of ancillary employment activities for which space is necessary. These activities can in turn, cause a disturbance to the amenity of neighbouring residents. Site selection must therefore find a balance between finding a suitably sized accessible location near to local facilities and services and a location where the amenity of the borough's existing residents remains unaffected.
- 4.45 **Policy H6: Student Accommodation** The council recognises the London-wide need for student accommodation, and to assist in meeting this need it will support applications for student accommodation as part of mixed use development schemes within both the White City and Earl's Court and West Kensington Opportunity Areas. Applications for student accommodation outside of these areas will be assessed on a site by site basis, but the council will resist proposals which are likely to have adverse local impacts.
- 4.46 The **justification** for this policy is as follows: the borough is home to a number of university and higher education institutions, principally Imperial College, which has teaching facilities at Hammersmith Hospital and Charing Cross Hospital and proposals for development in the White City Opportunity Area, London Academy of Music and Dramatic Art (LAMDA) and London College of Fashion. A number of these higher educational institutions have expressed a need to increase their capacity, as have many other higher educational institutions across London, buoyed by London's international status and reputation as a global centre for higher education. This has put pressure on conventional housing to accommodate students and there is a need to increase the capacity of student

accommodation in London in order to ensure that there is a suitable choice of available purpose built accommodation.

- 4.47 The Council considers that the borough's two largest and most deliverable regeneration areas offer an opportunity to help deliver a significant quantum towards addressing this student accommodation shortage for local institutions. It considers that student housing in these areas will be best provided within major new developments as part of mixed use schemes. However all applications will need to demonstrate satisfactorily that the proposals will have a positive impact on the overall strategies for the Opportunity Areas and will not adversely impact on residential neighbours or town and local centres. Applications will need to be accompanied by a management plan, setting out how the impact upon neighbours and the amenity of the borough's existing residents will be managed. In order to ensure that students are able to adequately get to and from their area of study, it will be important that developments are located within areas of good public transport accessibility within the Opportunity Areas.
- 4.48 Outside of the Opportunity Areas, applications for student accommodation will be assessed on a site by site basis. It is acknowledged that students can create benefits for an area, for example by adding vibrancy and vitality to the local economy. However concentrations of students can also have a negative impact. In particular, the council is concerned about the direct impact of noise and comings and goings on neighbouring properties, and the indirect impact of the growth in facilities such as bars and takeaways that can themselves cause a nuisance, especially late at night. The council will consider all applications on their own merits, but the primary consideration will be the amenity of the borough's existing residents and the strategy to direct student accommodation schemes to the two identified Opportunity Areas.

1. A Super Output Area (SOA) is a geographical area designed for the collection and publication of small area statistics. There are 111 SOAs in Hammersmith & Fulham each comprising about 700 households
2. West London Strategic Housing Market Assessment 2010
3. West London Strategic Housing Market Assessment 2010
4. Can't Buy: Can't Rent . The affordability of private housing in Great Britain
5. Fig 51 West London Strategic Housing Market Assessment 2010
6. DMAG London Borough Stat Pack 2009 (GLA)

Section 5 – Regeneration Opportunities

Summary

In this section, we identify five regeneration areas which represent opportunities for significant new sustainable place making and housing investment and will provide the focus for new development in the borough. We expect that the sites can provide over 13,200 additional homes and over 25,000 jobs over the next twenty years (2012/32). This section demonstrates that the five regeneration areas, which include three London Plan Opportunity areas, are central to achieving the capital's growth objectives. These schemes also represent opportunities in a number of instances to replace existing social housing with better quality social housing in more mixed tenure, mixed use sustainable environments.

- 5.1 The council will focus and encourage major regeneration and growth in the five key regeneration areas identified in Table 2 below and detailed further in this section.
- 5.2 The regeneration areas could provide at least 13,200 additional dwellings and 25,000 jobs during the period 2012-2032 as indicated in the table below. The extent to which these figures can be met or could be exceeded will depend on acceptable development proposals coming forward. In each case, the acceptability of any development will be dependent on a number of factors including:
- the appropriate response to the urban setting;
 - the creation of places that provide acceptable living environments with a suitable mix of housing types, sizes and affordability;
 - there being satisfactory public transport and highway accessibility and capacity, and measures to produce acceptable trip generation;
 - environmental impact assessment; and
 - the provision of services, facilities and infrastructure to support new development.
- 5.3 The figures in the tables below are indicative additional homes and new jobs. The extent to which they can be met or exceeded will depend on detailed planning in the light of the policies of the LDF and more detailed guidance (such as in Opportunity Area Frameworks or Supplementary Planning Documents) as well as the strategic policies of the London Plan. In this context, the actual capacity of development sites will depend on testing that has regard to, inter alia, urban design considerations, land use mix, provision of supporting facilities and social infrastructure, transport capacity and environmental impact. Although the Core

Strategy identifies the potential for estate regeneration in some cases, it does not include any site specific proposals for development within estates. Therefore, the figures do not include any estimates for additional housing as a result of estate regeneration.

Table 2 – Regeneration Areas and Indicative Homes and Jobs

Area	Indicative additional homes	Indicative new jobs	Comment
White City Opportunity Area	5,000	10,000	The indicative figure for additional homes in White City East is 4,500 excluding student accommodation, in accordance with the proposed Opportunity Area Planning Framework.
Fulham Regeneration Area (including Earl's Court and West Kensington Opportunity Area)	3,400 (* 2,900 indicative in Opportunity Area)	5,000 – 6,000	The Earl's court West Kensington Opportunity Area* is partly within the Regeneration Area and partly within the Royal Borough of Kensington and Chelsea. The indicative additional homes figure in this table only applies to land in Hammersmith & Fulham and does not as yet include the West Kensington and Gibbs Green Estates. A Supplementary Planning Document is in preparation for the opportunity area.
Hammersmith Town Centre & Riverside	1,000	5,000 – 6,000	
South Fulham Riverside	2,200	300-500	Supplementary Planning Document in preparation.
Park Royal Opportunity Area	1,600	5,000	The potential regeneration of this area is largely dependent on the proposed provision of a Crossrail station and/or a station for the proposed National High Speed 2 rail link.
Total	13,200	25,300 – 27,500	

5.3 cont/...

Table 3 provides a further breakdown of over what timeframe the new homes will be developed including a line for additional homes that will be delivered elsewhere in the borough.

Table 3 – Indicative Housing Targets

Area	2012/17	2017/22	Total 10 Years	2022/27	2027/32	Total 20 Years
White City OA	1,200	1,400	2,600	1,300	1,100	5,000
Hammersmith Town Centre and Riverside	500	500	1,000	0	0	1,000
Fulham Regeneration Area	700	700	1,400	1,200	800	3,400
South Fulham Riverside	800	800	1,600	400	200	2,200
Park Royal Opportunity Area	0	0	0	400	1,200	1,600
Rest of the Borough	1,000	200	1,200	0*	0*	1,200
Total	4,200	3,600	7,800	3,300	3,300	14,400
Average/Year	840	720	780	660	660	720
Maximum for infrastructure planning purposes			9,000			20,000

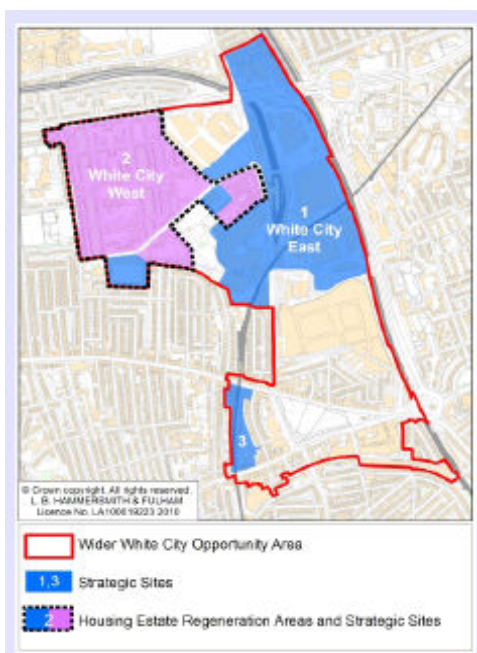
* The estimates are based on identified sites. Due to the smaller nature of the sites outside of the Regeneration Areas, there are no known sites that are expected to come forward outside of Regeneration Areas in the longer term.

** The figures for the White City Opportunity Area and the Fulham Regeneration Area are consistent with the London Plan. In the London Plan, the Earl's Court Opportunity Area has a minimum target of 4,000 dwellings. In the figures above, 2,900 dwellings have been allocated to the part of the Opportunity Area that also lies within the Fulham Regeneration Area (excluding for the time being, West Kensington and Gibbs Green housing estates). The Royal Borough of Kensington and Chelsea has allocated a minimum of 500 in the part of the Opportunity Area within that borough. The remaining dwellings within Fulham are indicative allocations for other sites.

Note: The executive summary states that in the first ten years of this Investment Plan, Hammersmith & Fulham could deliver between 2,460 and 2,880 affordable homes, mainly located in the five identified regeneration opportunity areas. The 2,460 figure is based on 40% of the London Plan target of 615 homes with the 2,880 figure based on 40% of the Council's 720 target. Table 3 above indicates that 7,800 homes could be delivered, which based on 40% affordable housing would comprise 3,120 affordable homes over the 2012/22 period. Given the challenges associated with bringing forward large sites forward delivery, delivery of between 2,460 and 2,880 affordable homes is considered more realistic.

5.4 The following sections are drawn from the Council's Core Strategy.

5.5 The **White City Opportunity Area (Strategic Policy WCOA)** is included in the London Plan. The site has some 18 hectares of potential development land lying east of Wood Lane in the hands of five landowners. The Council and GLA are preparing an Opportunity Area Framework to provide guidance for the more detailed planning of the whole area, including any regeneration of the Council estates and Shepherds Bush town centre.



White City Opportunity Area	
Indicative Additional Homes	Indicative New Jobs
5,000	10,000

5.6 The Council will work with the GLA, other strategic partners and landowners to secure the comprehensive regeneration of the White City Opportunity Area (WCOA); and, to create a vibrant and creative place with a stimulating and high quality environment where people will want to live, work, shop and spend their leisure time. The existing estates community must be able to benefit from regeneration of the area through access to jobs, better local facilities, better and more suitable housing, and improved environmental conditions.

- 5.7 The regeneration of the WCOA will be focused on the development of White City East, partial development of the BBC TV Centre and encouraging the regeneration of the White City and adjacent estates. It will also involve improvements to, and developments within, the historic Shepherds Bush town centre, including a regenerated Market area that provides an enhanced focus and destination in the western part of the town centre. Major leisure activities and major retail that cannot be located within the town centre may be appropriate north of Westfield on the edge of the existing town centre boundary; and there is potential to consider a northwards extension of the town centre.
- 5.8 The new homes built in the area will be expected to provide a local ladder of affordable housing opportunity. Regeneration schemes will need to provide an appropriate level of supporting leisure, green space, schools, community and other facilities, possibly funded through a tariff-based scheme.
- 5.9 In the area consisting of White City West and East 40% of the new housing should be affordable housing. There should be no loss in the overall quantity of social rented housing but there should be a better overall mix of unit sizes that, in particular, helps to alleviate overcrowding in existing accommodation with incentives in place to encourage greater mobility for working households. Development of land in White City East should provide a sufficient mix and quantity of social rented housing (approximately 25%) to enable a proportion of existing estate residents to rehouse in better accommodation. As a result, there should be a more mixed and sustainable community across the area within which the existing community can thrive.
- 5.10 The development of privately owned land in White City East and West will not be acceptable unless it contributes directly to regeneration of the whole of the north of the opportunity area (that also includes the Council and Registered Provider housing estates); and, in particular, to achieving a mixed and balanced community across the whole of that area. This should happen through measures that include:
- provision or refurbishment of affordable and other housing in ways that:
 - enable estate residents to obtain better accommodation or move into home ownership; and
 - enables estate regeneration through provision of rehousing opportunities; and
 - directly contribute to refurbishment or replacement of residential accommodation on the estates; and
 - achieve a mixed and balanced housing tenure and dwelling size mix across the whole area.
 - provision of, or contributions, to programmes that enable local people to access new job opportunities through training, local apprenticeships or targeted recruitment;

- environmental improvement and measures to enhance environmental sustainability, such as decentralised energy and heat networks;
- provision of land, buildings and funding for new or improved publically available social infrastructure that benefits the area as a whole;
- provision of, or contributions to, transport infrastructure or improvements that are necessary to secure the regeneration of the whole area.

5.11 All development must incorporate high levels of environmental performance by the use of low and zero carbon technologies, including combined heat and power, the establishment of a decentralised energy network and the installation of renewable energy systems.

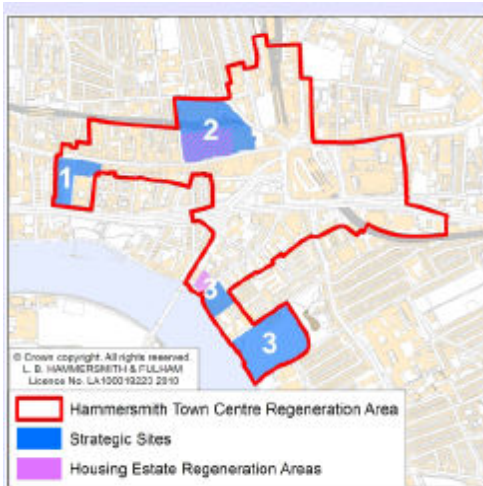
5.12 All developments must have regard to, and will be considered against, the White City Opportunity Area Planning Framework.

5.13 Specifically on **housing, mixed and sustainable communities and decent neighbourhoods** in the White City Opportunity Area, the development of White City East will include a substantial amount of new housing, and affordable housing, in particular. This will provide significant opportunities for estate residents to access better accommodation and for parts of the estates themselves to then be renewed:

- New social rented housing of the right sizes and types would provide more opportunities for transfers to alleviate overcrowding or to obtain housing more suited to a tenant's needs.
- Intermediate housing (e.g. shared ownership) at the right price levels would enable existing tenants who can afford to move into home ownership to do so while remaining in the same area. The opportunity to move into intermediate housing would be realised for many by the availability of many local jobs to help alleviate unemployment and low income levels.
- There would be opportunities for people who consider themselves to be living in less than ideal circumstances to seek to move to a home in the new development. For instance, it is generally acknowledged that living alongside a major dual-carriageway road is not ideal because of air and noise pollution, and people living alongside the A40 may feel they would prefer to move. If this were the case, then it may be possible for blocks such as these, to be replaced
- Similar benefits would exist for leaseholders living on the estates who could have opportunities to move if they consider that new homes are more suitable homes
- The layout of estates could be improved with better linkages to the surrounding area and to the land east of Wood Lane and the facilities it will provide in the future
- The new housing provided in White City East should be better quality and more energy efficient. Existing residents would need to be engaged in discussions about the provision of new housing to ensure it was agreed to be a better option, especially for families

- 5.14 The priority for social rented housing is to enable better accommodation for existing residents and enable estate regeneration, and the overall quantity of social rented housing in the WCOA will not reduce. However, as new housing is provided and the stock is regenerated there will be a better mix of housing sizes to alleviate any current overcrowding, especially affecting families, by providing more appropriate dwellings. There will be a substantial increase in intermediate housing in different forms. Existing estate residents should have the opportunity to be able to continue to live within the Opportunity Area or its vicinity.
- 5.15 All new housing should be provided to a high standard with a good mix of sizes and types, and available amenities. Low and medium rise housing providing a satisfactory proportion of family housing should predominate but higher rise blocks intended largely for non-family flats would also be appropriate in suitable locations.
- 5.16 Part of White City East is appropriate for student homes. The indicative housing figure includes any student provision that might be made.
- 5.17 Local facilities (e.g. shopping, leisure, entertainment, recreation, schools and health) should be provided in a phased way that meets the needs of the increasing population.
- 5.18 **Hammersmith Town Centre and Riverside (Strategic Policy HTC)** is an important centre for shopping, employment, arts and leisure activities, but has seen relatively little private investment over the last 10-15 years. It has high levels of public transport accessibility and there are planned improvements to the Underground. The town centre and riverside have a number of vacant sites and sites with development potential (totaling some 5.5 ha) which could accommodate a variety of uses. The development of these sites will directly contribute to meeting a number of our strategic objectives, such as helping sustain the town centre as a major centre within London's town centre hierarchy and improving linkages with the river. There are two housing estates within the area, namely Ashcroft Square and Queen Caroline Estate that are in close proximity to development sites, and where there could be opportunities for residents as outlined above.

Hammersmith Town Centre and Riverside	
Indicative Additional Homes	Indicative New Jobs
1,000	5,000

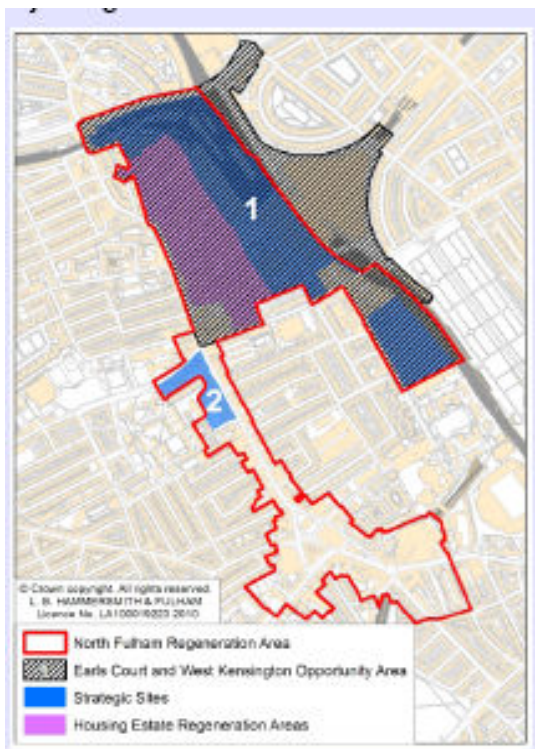


5.19 To encourage the regeneration of the town centre and riverside, the Council will continue to build on the centre's major locational advantages for office development and secure more modern accommodation. Opportunities will be taken to continually improve the environment and public realm, and to improve access between the town centre and the Thames.

This policy particularly promotes:

- the continuation of Hammersmith Town Centre as a major town centre and a strategic office location with high quality public realm that provides a wide range of major retail, employment, local government services, leisure, arts, entertainment and community facilities
 - the redevelopment of parts of Hammersmith Town Centre by actively encouraging the improvement of the Kings Mall Shopping Centre and major stores in this area of the town centre
 - the regeneration of the western part of the town centre around the Town Hall
 - improvement in the range and quality of independent and specialist shops and services, as well as leisure services; and
 - high quality development of prominent riverside sites.
- 5.20 Specifically on **housing** in the main town centre, the priority should be for shopping, leisure and offices but new residential development is also important. A very accessible location is a good place for higher density flatted accommodation, especially for small households without the need of a car. In addition, this helps bring evening activity and vitality into the town centre. Therefore, we will encourage the provision of housing. All new housing developments will be expected to contribute to a more mixed and balanced community and to provide more choice for people on low to middle incomes.

- 5.21 The **Fulham Regeneration Area** includes Fulham Town Centre and the Earl's Court West Kensington Opportunity Area. The latter is described in the London Plan (2011). There are 9.5 ha of land owned by Transport for London and Earl's Court & Olympia which is likely to become available for development from 2012, with the expected closure of the Earl's Court exhibition complex, together with the Earl's Court car park in Seagrave Road (2.5ha). The Council, GLA and Royal Borough of Kensington & Chelsea are preparing a Supplementary Planning Document to provide planning guidance for the whole area, including the estates and other land.
- 5.22 Both areas have relatively high levels of public transport accessibility which will be enhanced by planned improvements to the Underground and West London Line services. Indeed, we think the West London Line is capable of running services to a much higher level to help unlock regeneration potential and underpin much of the proposed growth. However, highway capacity is likely to be a constraint on development potential. In large scale mixed use development areas the Council considers there is considerable scope to encourage people to live and work in the same area to reduce trips on the public transport and highway networks.



North Fulham Regeneration Area	
Indicative Additional Homes	Indicative New Jobs
3,400 (excluding any increase on estate lands)	5,000-6,000

- 5.23 The Opportunity Area is a significant part of the Fulham Regeneration Area which includes Fulham Town Centre. A part of the Opportunity is within RB Kensington & Chelsea. There is a substantial opportunity for major regeneration based on a comprehensive approach to the Opportunity Area comprising the Earl's Court exhibition complex (with its car park in Seagrave Road), the TfL Lillie Bridge depot and adjacent housing estates. As a residential led mixed use

scheme, this area has the potential to become a major new neighbourhood for the borough and West London providing significant new housing and employment opportunities. The original Earl's Court building is located in the Royal Borough of Kensington & Chelsea and that borough broadly shares our aspirations in its emerging LDF Core Strategy. The Revised London Plan identifies Earl's Court and West Kensington as an Opportunity Area that 'presents a significant opportunity for regeneration comprising estate renewal and housing and employment growth'.

- 5.24 The impact of development of this area will be to bring tremendous regenerative benefits to the rest of the regeneration area and surrounding area, which will greatly enhance the economic health of North End Road. Within the town centre, this will particularly help stimulate regeneration of the area between Lillie Road and St John's Church. There is a particular opportunity to consider regeneration of part of the North End Road and Lillie Road shopping frontages.
- 5.25 Whilst the street market is an important part of North End Road's commercial offer, it limits footway width and pedestrian movement, and restricts traffic. In order to overcome these problems relocation to an off-street location should be sought but a dialogue should take place with street traders to ensure a logical solution that contributes to the wider regeneration of the area as a whole. The potential regeneration of the Opportunity Area may present new opportunities for relocating the market in the long term.
- 5.26 Any new development will have to be supported by commensurate increases in public transport capacity and highway improvements.
- 5.27 Specifically on **housing and decent neighbourhoods**, the Opportunity Area and its surrounding area is dominated by a number of large council housing estates which exhibit high levels of social, economic and physical deprivation with high levels of social rented housing. The council will seek phased regeneration over 20 years on West Kensington, Gibbs Green and Clem Attlee estates to establish mixed and balance communities and to help to support the economic regeneration which will, in turn, benefit residents through improving employment opportunities and local shops and services. This process will only go forward following a programme of engagement with estate residents, and the provision of opportunities for them to stay in the area.
- 5.28 The main opportunities for a substantial increase in new housing are in the Earl's Court/TfL Depot area and on the Seagrave Road car park site (subject to flood risk assessment) and through increasing density as part of the estate regeneration. The aim should be to provide a mix of dwelling sizes, types and tenure that will enable there to be a more mixed community across the area. If estate regeneration takes place, the Seagrave Road site provides the potential to enable the first phases of housing estate regeneration by providing modern quality homes for many existing estate residents. Across the regeneration area

the quantity of social rented housing should not be reduced, but the social rented dwelling size mix should be improved commensurate with need.

- 5.29 The high level of accessibility close to the Underground and West London Line stations will allow higher density development in those locations but in general density should be such as to allow mainly low and medium rise housing.
- 5.30 In the **South Fulham Riverside Regeneration Area**, there are a number of sites and considerable potential for new housing in particular, but transport accessibility is currently relatively poor and the Thames-side location needs to be treated very carefully. Regeneration scenarios are also subject to the future of wharf safeguarding which currently applies to three wharves in the area. The Mayor of London has announced his intention to review safeguarding throughout London by 2012, and the council will be promoting the withdrawal of safeguarding in this borough, where wharves are vacant, so as to optimise regeneration potential in the South Fulham Riverside area. The amount of land that is clearly available for development (including a vacant protected wharf) is 21.4 hectares and is suitable for largely residential development.



South Fulham Riverside	
Indicative Additional Homes	Indicative New Jobs
2,200	300-500

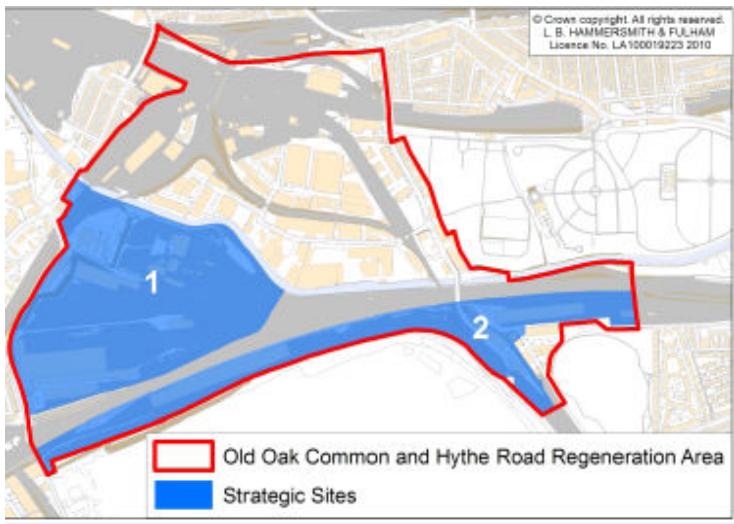
5.31 The Council will work with landowners and other partners to secure the regeneration of the South Fulham Riverside Area. Development in the area will be expected to take place on the following basis:

- Most development sites should be developed for predominantly residential purposes and contribute to the South Fulham Riverside target of 2,200 additional dwellings by 2032
- 40% of new housing should be affordable with an emphasis on forms of intermediate housing

- Employment based uses that are compatible with residential use will be required in the most accessible parts of the area, particularly in the vicinity of Imperial Wharf Station
- River related uses will be encouraged where they are compatible with the objectives of the policy
- The riverside should be opened up to public use with continuation of the Thames Path National trail (riverside walk) and provision of open spaces and leisure uses that create interest and activity, and opportunities taken for educational and leisure use of the river, and
- Improvements to existing major retail stores in the area and their surface level car parks will be encouraged to secure visual improvements and better permeability through to the River Thames, where this would form part of a comprehensive mixed-use regeneration. No new additional major stores should be constructed but new shopping for day to day needs and other uses to create activity can be provided.

- 5.32 On the riverside, especially, a very high standard of urban design will be necessary, together with linkages to the river and riverside walk. In some locations higher buildings may be considered, if it can be demonstrated that a taller building would be a key design element in a masterplan for regeneration and that it would have a positive relationship to the riverside. All new development should create a high quality urban environment and accord with the urban design principles of the Borough Wide Strategic Policy on the Built Environment – BE1.
- 5.33 All developments must be acceptable in terms of their transport impact and will be expected to contribute to any necessary improvements to public transport accessibility and highway capacity in the area. The extension of the river bus service will be encouraged if feasible. The Council will provide more detailed guidance within a Supplementary Planning Document.
- 5.34 The Council continues to be opposed to the development of the Thames Tideway Tunnel and is concerned about its potential impact on the regeneration of the South Fulham Riverside area
- 5.35 Specifically on **housing** in the South Fulham Riverside area, given the constraints on development in this regeneration area, it is considered that the potential for additional homes and jobs in this area is likely to be significantly more limited than in the other regeneration areas. The total capacity of all of the sites identified in the Strategic Housing Land Availability Assessment (SHLAA) is nearly 4,000 additional homes, although the SHLAA estimated that approximately 2,200 additional homes may be completed in the plan period, up to 2031. Housing capacity and the provision of 300-500 additional jobs will be subject to detailed assessment, especially of the transport capacity, housing types and sizes and building massing on the riverside.

5.36 In **Park Royal**, the opportunities for growth are longer term and will be unlocked by major improvements to the transport infrastructure. A Crossrail station at Old Oak, interchanging with the West London Line, would enhance regeneration potential in the borough as well as supporting major development in that area. In addition, a High Speed Rail Line (High Speed 2) from London to West Midlands, with a hub station at Old Oak would provide a substantial boost to the aspirations for regeneration in the north of the borough. It would act as a major catalyst to regenerate these large tracts of railway land, with Old Oak becoming one of the capital's busiest interchanges, with train links to Heathrow and Bristol to the west, Birmingham to the north, Clapham Junction and Gatwick to the south. The benefits would be widespread in the borough, Park Royal and West London. In view of the lengthy planning period for the HS2 line, it would be premature to set out detailed policies for the surrounding area. When the HS2 proposal is confirmed by Government, the Council will consult on the regeneration potential of the area with a view to bringing forward site policies and detailed guidance.



Park Royal	
Indicative Additional Homes	Indicative New Jobs
1,600	5,000

5.37 The Council will promote Old Oak Common Sidings and the former North Pole Eurostar depot as a location for a major rail interchange between the proposed High Speed 2 line, Crossrail, the Great Western line and West and North London lines. Subject to the Government confirming that there should be such an

interchange, the Council will bring forward and consult on a revised policy and planning framework for major mixed use regeneration of the whole area,

5.38 Until such a decision is made by the Government and pending a revised policy for the whole area:

1. The whole area is designated as an employment zone/Strategic Industrial Location for a range of purposes (especially industrial, distribution, office based, research and development, recycling and the management of waste).

2. Old Oak Common Sidings is safeguarded for Crossrail purposes including a new depot and is within the designated SIL. In the longer term the Council is promoting the Old Oak Common Sidings for mixed use development, including significant residential development and support for passenger rail services as part of a potential HS2 rail interchange and/or Crossrail station. The council recognises the need to deliver the programmed Crossrail works as secured by the Crossrail Safeguarding directions, including the construction of a train depot on the site. The council will continue to press for a Crossrail interchange station in the area, irrespective of whether HS2 proceeds or not.

3. North Pole Depot in Hammersmith & Fulham should be retained for strategic rail uses, in particular to support enhanced rail passenger services

4. The EMR and Powerday sites are designated and safeguarded for waste and recycling purposes, and the Council will encourage use of the canal and greater use of rail for waste purposes.

5. The Council will encourage the location of bio-tech industries related to the biomedical research centre at Hammersmith Hospital.

6. Development should protect and enhance the heritage assets and the canalside and could include mixed employment/residential or residential if housing would not compromise the priority for employment uses.

5.39 Hammersmith & Fulham Council has commissioned Farrells to explore the wider potential of the proposed Crossrail and High Speed 2 stations at Old Oak Common and look at the economic benefits that could ensue from their co-location. The vision and potential for the area – **Park Royal City International** - is still evolving, however the number of homes and jobs that could be realized are exponentially higher than those set out in this section. By taking the wider cross-borough view of the area and envisioning Park Royal as a project that can deliver outcomes well beyond the West London area, it presents the opportunity to regenerate some 500 hectares of land. The Farrells' study indicates that up to 115,000 new jobs and 10,500 new homes could be provided, but if the transport proposals were to go ahead, the whole area would be subject to consultation on a revised planning policy and planning framework. This project will be the catalyst for the regeneration of the north of the borough and a major opportunity to create

jobs and homes on a long term basis. The Council intends to continue playing its part in delivering the significant regeneration potential that this area presents.

- 5.40 In the **Rest of the Borough**, development will continue to take place on vacant and underused sites, but the priority in these other areas will be to maintain the quality, scale and character of the local area, especially in conservation areas. Outside the regeneration areas, it will not be necessary for development to achieve high densities in order to help meet strategic housing targets. The main aim will be to preserve and enhance the townscape character of the local areas, and respect the local townscape context. Throughout the borough, housing development and conversions will be expected to adhere strictly to quality standards, such as garden size, overlooking and internal and external space. Development will be expected to address any local impacts arising from a scheme directly or by contributing to improvement of the local transport network, infrastructure and local facilities.
- 5.41 The total number of homes that has been estimated in this category is 1,200 with the large majority delivered in the 2012/17 timeframe. The Council will work with private sector and Registered Providers partners to bring forward sites in this category. A proportion of this delivery is likely to be supported by HCA funding through the 2011-15 Affordable Homes Programme. Once the HCA announces allocations, and indicative capacity, by provider the Council will seek to proactively engage with these providers to encourage them to invest in Hammersmith & Fulham. The Council has also created a Local Housing Company (See Section 8 for more detail) which will play a key role in developing infill sites on council-owned estates and the Council anticipates approaching the Homes and Communities Agency for resources/technical expertise/advice in the future to support its work.

Section 6 – Challenges to Securing Investment

Summary

In this section, we briefly describe the challenges to securing future investment to realize our housing and wider regeneration objectives.

- 6.1 Hammersmith & Fulham is a successful borough that continues to secure new investment. In the previous sections, we clearly identify our vision for the five regeneration areas where we wish to see future investment being channeled. In simple terms, we expect the appetite to invest in our borough to remain strong, despite the current economic downturn. The presence and ambition of our private sector partners in Earl's Court and White City are testament to that appetite. The Council enjoys a unique position of having major regeneration investment opportunities in an urban, high value location. Realizing these development values will be dependent on major infrastructure and enabling investment, particularly transport, 'accompanying' community infrastructure investment and site preparation works in order to facilitate the creation of successful and thriving places to live and work. Public investment to support these necessary works, could significantly improve scheme viability and outcomes for the borough as a whole. As an example, initial discussions with development partners for the White City Opportunity Area is indicating that the amount of affordable housing that can be achieved without public subsidy from the project is potentially limited. It may be the case that the Council will need to approach the HCA for future support to deliver the emerging vision for the White City Opportunity Area Planning Framework.
- 6.2 Drawn from the Core Strategy, the Infrastructure Investment Tables in Annex B set out the borough-wide requirements, not all of which relate to the regeneration areas but are necessary to deliver our wider Core Strategy vision. Chief amongst the requirements is the need for a new Crossrail station at Old Oak Common interchanging with HS2 the West London Line and other rail lines. The creation of this transport hub will trigger an exponential increase in residential and employment capacity in the area, the potential for which is reflected in the Core Strategy.
- 6.3 The housing and regeneration delivery trajectory for these five projects is medium to long term, with some schemes planned to deliver homes and jobs during the 2012/17 timeframe. The council will need to play a key 'enabling role' to ensure that these schemes gain the necessary momentum to ensure that the risks associated with the development process are reduced where possible. We will seek support from funding agencies such as the HCA where required. The

Council will expect development partners to take some risks in the normal way to ensure that respective projects outcomes are achieved.

- 6.4 With the introduction of the Community Infrastructure Levy (CIL) the standard S106 negotiation approach to planning obligations will change. Whilst affordable housing provision will sit outside the CIL process and be negotiated in the standard way, provision for future community infrastructure will be met from the levy charged to the developer. This has the advantage of clarity and ensures that the Council receives resources to fund the infrastructure required. The 2010 Comprehensive Spending Review saw a radical reduction in central government funding for new community infrastructure. It is unlikely that the private sector will be able to fully fund any community infrastructure previously earmarked for public funding and may present scheme viability issues.
- 6.5 One of the key challenges for the borough relates to the availability of subsidy for affordable housing. There are two aspects to this challenge. Firstly, the Affordable Rent model is unlikely to be an attractive option to those tenants who need to be decanted from their existing homes to make way for new developments. Therefore resources (and sites) will need to be identified to ensure that new accommodation for households to be relocated is available and appropriate to their needs.
- 6.6 Secondly, the development and implementation of the Affordable Rent model also presents a challenge. The HCA has announced allocations by its administrative operating areas (in London c. £628m to deliver c. 22,000 affordable homes on top of existing commitments), and expects to shortly publish information of providers indicative forward capacity by area. Despite the significantly reduced levels of subsidy available it is anticipated that the new model, combined with existing commitments, will enable increased delivery of affordable housing in London compared to recent levels. This new model of rented housing will enable Registered Providers to charge up to 80% of market rents for new housing. The Council has set out an early policy position on the rents that it will accept being charged for these homes (detailed in Section 9 of this document) which will need to be formalized in the Council's forthcoming Tenancy Strategy. The maximum rents that have been identified are within the Government's housing benefit caps and therefore will be affordable to benefit dependent households, although larger households are likely to be impacted by the aggregate benefit cap (expected to be £26k p.a.) that can be received by individual households. This issue will need to be analysed further with findings reflected in the Council's Tenancy Strategy. Clearly, where larger accommodation is proposed to be developed which cannot be afforded by the expected occupying client group, then a 'bespoke' approach may be required. This is likely to involve reducing the Affordable Rent to a level which sits within the relevant Housing Benefit cap. Conversely higher, but still under 80% of market, rents could still suit a non-benefit dependent household occupying an Affordable Rent property who will experience the advantage of a

discounted rent which will position them well to enter (or remain) in sustainable employment.

- 6.7 The challenges that have been set out in this section are not considered to be insurmountable as Hammersmith & Fulham continues to be a strong investment proposition and our regeneration proposals robust.

Section 7 - Investment and Delivery – The Mayor of London and the HCA

Summary

In this section we briefly describe how we envisage working with the Greater London Authority and the Homes and Communities Agency (and succession arrangements) in order to ensure that both the Mayor of London's and Hammersmith & Fulham's strategic housing and wider regeneration priorities are met.

- 7.1 The opportunities for investment and delivery in Hammersmith & Fulham are clearly set out in Section 5. The Council already works closely with the Mayor's strategic planners towards developing area frameworks for a number of the opportunities that have been identified and we expect this close working relationship to continue and grow.
- 7.2 The London Plan (July 2011) clearly sets out the Mayor's strategic planning priorities. The recently published *A Revised London Housing Strategy – Initial Proposals* (Aug 2011) sets out in more detail the Mayor's future housing approach and priorities. We particularly welcome the Mayor's proposals to:
- Work with boroughs to ensure that they are at the forefront of local decision-making over housing delivery
 - Align housing delivery with the Mayor's wider social and economic objectives and other major infrastructure investment opportunities, such as Crossrail and the Olympics
 - Work with boroughs that wish to develop their own new Affordable Rent homes
 - Promote new forms of funding for housing delivery, such as long term institutional investment and equity funding
 - Ensure that new housing development contain an appropriate mix of market and affordable homes and are developed in locations where they can help reduce concentrations of particular tenures
- 7.3 The Council also welcomes the proposed formation of the Housing and Regeneration Directorate at the GLA, bringing together the housing and regeneration roles and responsibilities of the HCA, LDA and GLA. Whilst accepting the strategic planning role will be separate from the new directorate's work, there is nonetheless an opportunity to ensure that the investment and strategic planning decision-making process on key issues and projects can be more closely aligned and streamlined.
- 7.4 The Council recognizes that the housing development in the Opportunity/Regeneration areas identified in Table 2 in Section 5 may have a significant 'lead in' time before homes are completed and available for

occupation. Therefore, it is important that some attention is given to smaller/other site delivery outside these areas – 1000 homes in 2012/17 and 200 homes in 2017/22 – is facilitated and that the Council's target of 40% affordable housing is secured. The Council's Strategic Housing Land Availability Assessment (SHLAA) will be an important reference point for this work.

- 7.5 The Homes and Communities Agency has advised Hammersmith & Fulham that there is strong appetite amongst Registered Providers to build new affordable homes in the borough. At the time of writing, the HCA expected to make a funding announcement for the North West London area (in which Hammersmith & Fulham is located) which will clarify the available resources for new affordable housing. The Council intends to work closely with the HCA (and the successor GLA Housing and Regeneration Directorate) to develop and implement a new programme of affordable housing, reflecting the requirements set out in the investment plan and other policies and strategies of the council. The Council will proactively engage with Registered Providers who have allocations in order to encourage them to invest in the area.
- 7.6 The Council will also work with the HCA and the successor GLA Directorate to identify schemes that can deliver new affordable housing through the Council's Local Housing Company (See Section 8). More detail on the Council's approach to Affordable Rents is set out in Section 9.
- 7.7 For the future, the Council will be working with the Homes and Communities Agency (and successor agency), drawing on their knowledge and expertise of affordable housing funding and wider regeneration delivery.

Section 8 - Investment and Delivery – The Local Authority

Summary

In this section, we set out how the local authority is playing the leadership role necessary to bring forward the housing supply and regeneration necessary to deliver Core Strategy objectives.

- 8.1 Hammersmith & Fulham is playing a leadership role in delivering new Core Strategy objectives, over and above the traditional ‘strategic enabling’ role. The significant opportunities for investment are set out in Section 5 of this document and are beyond the ability or capacity of the private or third sectors to deliver without Council leadership and intervention.
- 8.2 The Council’s leadership role for its regeneration areas has been key to identifying the **regeneration opportunities** set out in this document. These areas have the potential to yield over 13,000 additional homes and 25,000 new jobs. The opportunities that these project represent we believe are unique to an inner London area and are very attractive business propositions for investors.
- 8.3 The Council has worked closely with the GLA Planners to develop Opportunity Area Planning Frameworks (OAPFs) for three of the five regeneration areas identified in Section 5 of this document is part of that leadership role that the Council has demonstrated. We will need to continue playing a leadership role throughout the regeneration processes, particularly to ensure that the local employment opportunities presented by individual schemes are maximized to their full potential. On housing, that leadership role is being demonstrated through its approach to White City. The Council is seeking to achieve, through the planning process, 25 per cent new social housing and 15 per cent intermediate on the brownfield sites to the east of Wood Lane. The Council intends to ring-fence these new homes exclusively for existing residents of the White City estates who will be able to access one if they choose to and meet the allocations criteria which will be set out in a Local Lettings Plan. This will provide an opportunity to tackle high levels of overcrowding currently on the White City estates and better meet existing residents housing needs. In turn, this will help present new housing and regeneration opportunities for the current estates’ area.
- 8.4 The Council has established a **Local Housing Company** (LHC) to deliver an element of its new housing supply objectives. The Council has been concerned about the approach to disposing of land to developers, be they Registered Providers or private sector developers. The approach fails to maximize its

financial return; gives the Council limited control over what is built on the site; and, takes away control of the amount and timing of housing delivery.

- 8.5 Under the current legislation, the Council is unable to undertake commercial operations such as development of housing directly. Therefore, in order to be able to build homes directly it is necessary for the Council to establish subsidiary vehicles to overcome the potential *vires* issues. This would also ensure that commercial, legal and financial risks are not all contained within the Council. The objectives of the Local Housing Company are to ensure that any sale/development of land/properties will:
- a. Enable the Council to maximise its financial return.
 - b. Enable the Council to retain any affordable housing that is developed in such schemes within its portfolio.
 - c. Give the Council greater control over the design of the scheme and ensure it delivers what the Council and local community want in the built environment.
- 8.6 One of the key advantages to establishing the LHC is being able to transfer Council land into the development company. This will always be leasehold so that the Council continues to own and control the freehold interests. The length of the leases will vary according to the type of scheme. If the scheme includes units for market or intermediate sale a period of up to 125 years will need to be granted. Land can be transferred at nil value, discounted value or full value according to the viability of the particular scheme or programme. In most instances the land transfer will require the Secretary of State's consent which is normally provided within 14 days of application.
- 8.7 On delivery, we are initiating the first phase of conversion/infill sites which will be funded exclusively from our Decent Neighbourhoods Fund. Future phases could be funded from combination of disposal receipts, profits from new homes built for private sale/Discounted Market Sale, and some borrowing. In addition, we are aiming to establish a Joint Venture vehicle to take forward delivery of larger development sites which would be initiated using equity/borrowing brought in by the Joint Venture partner and development profits generated from private for sale/discounted market sale units. We plan to discuss with the Homes and Communities Agency possible future funding of projects that we wish to take forward.
- 8.8 In conclusion, the establishment of the local housing company vehicle has created a major opportunity for the Council to deliver housing and regeneration outcomes using its own land, under its own leadership. We see this as an

opportunity for the Council and the HCA to work closely to deliver outcomes in a relatively short period of time.

8.9 **Housing Revenue Account (HRA) Reform** – The Council will shortly be presenting a report to Cabinet on its approach to the reform of the HRA system. Without pre-empting the recommendations of that report, the Council considers the financial implications of the changes likely to be advantageous to the borough, creating potential borrowing headroom to undertake regeneration, remodeling and re-provision of social housing. There are clearly risks associated with the freedoms associated with managing the debt strategies for the Council's housing. There will be ongoing requirements to invest in the housing stock in line with the Council's asset management approach. However we are concerned that the opportunity to maximise the use of councils' assets, particularly where there are both high value assets and significant socio-economic deprivation, is being un-necessarily limited. The Council intends to maximise the use of freedoms and flexibilities proposed under the Localism Bill provisions and will use and/or seek if necessary greater freedoms on asset management; rent setting; use of capital receipts in order to deliver outcomes such as those set out in our housing estate investment plan approach below. We will explore what vehicles and/or mechanisms are available and needed in order to deliver these outcomes. The Council welcomes the Government's announcement to increase right to buy discounts for tenants. We would expect individual local authorities to have powers over the amount of discount that is granted and the use of resultant capital receipts, accepting the need to pay down the associated property debt.

8.10 The Council is currently consulting on an **Housing Estate Investment Plan** designed to improve the quality of life for residents living on the Council-owned and managed estates. The plan has the following components:

- Physical and Environmental improvements
- Local Lettings Plans
- Improving tenure diversity
- Coordinated Housing Management Services and Collaborative Neighbourhood Focused Services
- Employment and training
- Resident involvement

8.11 We see our estate investment plan approach as key to delivering locally focused regeneration outcomes and see a role for our newly established local housing company to deliver new market and affordable homes. Where it is appropriate and viable, comprehensive regeneration approaches involving demolition and new build will be adopted to achieve desired outcomes. However, this approach

will not be suitable in most instances, and lower level interventions are likely to be required. In housing development terms, this is likely to include 'infill' developments which may include selective clearance/demolition of spaces/buildings for development purposes. The Council will draw on information available from its housing condition survey to support this work.

- 8.12 On the **Asset Management** of its stock, Hammersmith & Fulham Council is the largest social landlord in the borough managing 18,000 homes, comprising 13,000 social rented homes and 5,000 leasehold homes. The Council is therefore a key service provider to a large number of residents, many of whom are on low incomes and disadvantaged. Following the substantial completion of the decent homes works programme, the Council in April 2011 brought back in-house the management service from its arms length management organisation. In addition to developing and implementing the Housing Estate Investment Plan proposals, the Council will asset manage its stock in a strategic, targeted and efficient fashion. The Council will need to ensure the overall performance of the stock portfolio is maximised and the asset management strategy fully funded. The Council already operates a void disposals programme to support its housing and regeneration activities. To this end, the approach will include considering options to maintain; refurbish; dispose; or redevelop homes that the Council manages to ensure business plan objectives are met and residents have a decent home to live in. We also intend to facilitate greater mobility for overcrowded households, with incentives in place to encourage greater mobility for working households.
- 8.13 The Council is proposing to undertake a review of its sheltered housing stock which is likely to feature in our forthcoming housing strategy. We will also review on an ongoing basis additional investment required to deliver housing for supported living purposes.
- 8.14 Our ambitious regeneration approach requires the Council to continue **working with our communities**. Our Housing Estate Investment Plan proposals identified above are currently the subject of consultation and will require a locally-focused approach when identifying priorities and implementing projects. The Localism Bill (when enacted) will place a range of requirements on the Council to work with communities in a different way. We have commissioned a review of our resident engagement process to improve the way the Council engages with its tenants and leaseholders, and expect to implement the review's recommendations in 2012. Our approach to this will be set out in our forthcoming housing strategy.
- 8.15 The Council remains committed to the principles of the '**slivers of equity**' approach, enabling tenants to acquire small tranches of their property. As part of

our Housing Strategy and response to the proposals set out in the Localism Bill, we will review and act on the opportunities available to develop the 'slivers of equity' approach, whilst continuing to promote affordable home ownership to our residents.

- 8.16 Finally, regarding the supply of new affordable housing, the Council's preference is for 40% of total delivery which will comprise intermediate housing such as discounted market sale, shared ownership, sub-market rent and/or Affordable Rent housing. The Council will also seek a proportion of new social rented housing necessary to enable proposals for the regeneration of council or housing association estates, or the replacement of unsatisfactory accommodation. In addition, the Council will seek the delivery of some new social housing at target rent, particularly family accommodation, where it presents additional choices for tenants with 'decant' status; reduces overcrowding; and/or reduces homelessness. Our intention is to tackle overcrowding in all households by increasing the supply of larger homes with incentives in place to encourage greater mobility for working households.

Section 9 - Investment and Delivery – the Private and the Third Sectors

Summary

In this section, we set out briefly how we intend to work with the private and third sector agencies who wish to deliver new housing and wider regeneration objectives in the borough.

- 9.1 Land and property values in Hammersmith & Fulham are amongst the highest in the country. The rationale for the private sector to invest and deliver in the borough from a purely commercial perspective is very strong. The third sector in this instance, principally Registered Providers (e.g., housing associations), play a significant role in accommodating a large proportion of the borough's population.
- 9.2 On the **private** sector, the Council enjoys effective and close working relationships. On two of our five regeneration/opportunity areas – White City and Fulham – working relationships are well developed. We expect the private sector to play a key role in bringing forward the other identified opportunities in the borough as the housing market in the borough remains strong.
- 9.3 On the **third sector**, the key agencies here are Registered Providers (previously known as normally known as Registered Social Landlords/housing associations). In 2009, of the c 81,000 homes in the borough, Registered Providers totaled 16% of the total housing stock, with an equivalent amount provided by the local authority with the remaining 68% provided by the market sector (i.e., owner occupation and the private rented sector). Therefore, Registered Providers have a 'default' position as key social housing providers in the borough.
- 9.4 The council is supportive of the new Affordable Rent and tenure regime given the flexibility it provides in the allocation and management of social housing. The potential additional funding that can be used for further affordable housing development at a time of restricted public funding is also welcome. Therefore, we do anticipate working closely with the HCA and Registered Providers with a view to bringing forward new developments that feature this new tenure.
- 9.5 The Council is aware that Registered Providers have bid for 83 new affordable homes on specific sites in the borough from the 2011-2015 Affordable Housing Programme and that the success of these and larger indicative allocations will be published by the HCA in the near future. We expect to proactively engage with Registered Providers who have secured resources for new homes but have yet to secure sites and associated consents. In tandem with the new supply of Affordable Rent homes, it is expected that the Affordable Rent regime will be

applied to a proportion of re-lets in order to further maximize rental streams for new build purposes.

9.6 A well documented issue relates to both housing benefit caps and the implementation of the Government's Universal Credit in 2013. The maximum Affordable Rent that the Council at present expects Registered Providers to charge for new and from the 50% re-let homes are as follows:

1 bed rent of no more than £250

2 bed rent of no more than £290

3 bed rent of no more than £340

4 bed rent of no more than £400

9.7 These rental costs are to include service charges and these costs will be reviewed on an annual basis. The Council wishes to see nomination rights for potential tenants to the new tenure to be promoted to working households. The rental costs identified above dovetail with the Government's own housing benefit caps and will be a tenure that can be afforded by both those households dependent on benefits and also those who are in work.

9.8 Regarding the expected additional revenue generated from the Affordable Rent, the Government's intention was that this money should fuel the development of further Affordable Rent housing. The Council supports this approach and would see this principle extended to its own Local Housing Company. However it is not clear at this early stage of the process what quantum of additional revenue is likely to be generated; what mechanism can be adopted to record how much surplus is being generated. The Council would like to proactively encourage Registered Providers to invest capacity generated from conversions into new supply within the Borough boundaries.

9.9 Guidance on the issues identified in the above two sections and others (e.g., fixed term tenancies) will be consolidated in the Council's Draft Tenancy Strategy with the rental issue reviewed annually. The Council does expect new affordable rent housing to make a significant contribution to the Council's 'borough of opportunity' vision.

Section 10 - Gap Analysis

Summary

In this section is set out where the gaps in our approach which we need to address in order to deliver our housing and wider regeneration objectives.

- 10.1 In this Borough Investment Plan we have set out a strong case for housing investment in Hammersmith & Fulham. Through our Core Strategy, we clearly identify the opportunities where we expect investment to be directed in the next twenty years. We expect to deliver a minimum of 13,200 homes and 25,300 jobs. Of the housing delivered, we wish to see 40% affordable housing which will comprise intermediate and affordable rent housing. The proportions of intermediate and Affordable Rent housing will be decided on a site by site basis taking account of the area's characteristics and local housing market. In terms of jobs and housing, we see a clear correlation between future affordable housing and new jobs created, ensuring that new households in affordable housing are able to enter the 'world of work'.
- 10.2 Our gap analysis identifies the following issues:
- 10.2.1 The large proportion of future housing delivery will be located in the regeneration areas identified in this document and the Core Strategy. Inevitably there is a relatively long lead-in time for such projects and therefore there needs to be some urgency in the programme and project planning phases of the individual schemes to ensure that housing delivery is achieved, specifically the 3,200 additional homes in 2012/17 (Section 5, Table 3)
- 10.2.2 In connection with above, capacity has also been identified for 1,000 additional homes in the rest of the borough to be delivered in 2012/17 timeline, with a further 200 in 2017/22. The borough will need to work with private and affordable developers to ensure that this element of delivery is achieved with the current and planned pipeline development programme actively monitored
- 10.2.3 The five Opportunity/Regeneration Areas estimate a minimum of 23,000 jobs to be created: the Council needs to develop a 'smart' approach to ensuring that these new jobs advantage Hammersmith & Fulham residents, specifically tenants in social housing who are able to work. A more community-focused approach is needed to understand what the barriers to employment are amongst specific client groups represented in social housing and how future job opportunities can be communicated to

people of working age in a timely and organized fashion. The Council will need to work closely with Registered Providers (i.e., housing associations) where the Council would want to achieve similar outcomes.

- 10.2.4 The Council has established a Local Housing Company (LHC) to deliver new market and affordable housing. The aim is to ensure that 'value' that is created through the development of new homes is ploughed back into the vehicle with a view to supporting the development of further new housing. An element of the new delivery is to be achieved through the 'hidden homes' initiative using surplus sites on council estates through our proposed Housing Estates Improvement Plan. The Council expects to be delivering outputs from this initiative from 2012 onwards and will need to demonstrate to a track record of success in a relatively short period of time.
- 10.2.5 The delivery of affordable family housing will need to feature as a greater priority in the delivery programme in order to ensure that households with children have options to stay in the borough if they wish to. Given that the borough is geographically the fourth smallest in London, the opportunities to develop family houses with gardens is limited and therefore there should be some recognition that such resident aspirations may have to be met outside the borough.
- 10.2.6 Adjusting to the development and delivery of the new *Affordable Rent* model. Whilst the Council welcomes the flexibility that the new model offers both providers and recipients, there are issues about how family accommodation will be affordable if such homes are charged at 80% of market rent and similarly kept within the benefit caps set by central Government.
- 10.2.7 Infrastructure costs for the schemes identified for the regeneration areas will need to be fully developed and regularly reviewed to ensure that schemes remain viable and affordable housing and wider regeneration outcomes are delivered. The balance to be struck between ensuring the required community infrastructure and other major infrastructure can be provided and the provision of affordable housing is often challenging. The requirement for community infrastructure is often directly linked to the quantum of affordable housing sought. The Council is currently commissioning development and infrastructure funding studies (DIFs) to identify the infrastructure requirements for future development in White City and South Fulham Riverside. In addition, the Council is developing a borough-wide draft charging schedule for a Community Infrastructure Levy. As part of this work the Council has developed a schedule of the infrastructure that will be required to support the proposed development in Hammersmith & Fulham

10.3 In conclusion, the Council considers itself to have a strong understanding of where the gaps in its current service exist; how it can bridge those gaps; and ensure that the Borough Investment Plan priorities are delivered.

Section 11 - Investment Plan Business Case

Summary

In this section we briefly set out the rationale for Homes and Communities Agency and private sector investment in Hammersmith & Fulham.

- 11.1 In this borough investment plan, we believe we have set out a robust case for housing and regeneration investment in the borough. The majority of the investment required will by default come from private sector sources. With the continuing need for intermediate and/or affordable rent housing, the Council does expect to approach the HCA and the successor GLA Housing and Regeneration Directorate for housing investment resources. Specifically, we anticipate resources being required to support the work of our newly established Local Housing Company.
- 11.2 Our ambition for a Crossrail Station in the north of the borough which we wish to see complemented by a High Speed Rail 2 station will require both leadership and resources from national agencies, over and above what is available locally. The advantage of investing in such projects is that the Council is a willing partner in wishing to progress its ambition to realize the opportunities that it has identified.
- 11.3 **Strategic Case** – Hammersmith & Fulham is a strategically important borough for the capital. Situated in the west of London in close proximity to the capital's centre and a gateway to western England and Heathrow Airport, we continue to be a strategically important area for the capital's economic success. We host three London Plan Opportunity Areas and a further two areas identified for regeneration purposes.
- 11.4 **Economic Case** – As referenced in the evidence base (Annex A, sections 3.1.3 and 3.1.4) in 2010, Hammersmith & Fulham came out as the 65th most resilient authority in the country, and 8th most resilient in London using the Experian model. Similarly, the Huggins Competitiveness Index (2010) shows that the borough is the 5th most economically competitive in the country. The local economy is very stable, and has remained in the top 6 most competitive since the beginning of the index. In summary, by investing in Hammersmith & Fulham, the HCA is investing in a place that is already successful and that investment and development value will be realized.
- 11.5 **Commercial Case** - the Hammersmith & Fulham housing market remains robust, despite the current economic downturn. House prices continue to rise which is beneficial for current homeowners and those who are able to afford new market homes. Conversely, this presents increasing financial barriers to those on low to medium incomes who wish to start on the lowest rung of the housing ladder, hence our recent emphasis on intermediate affordable housing options.

- 11.6 **Financial Case** – The case for financial investment by the Homes and Communities Agency in individual projects will be made on a project by project basis. Therefore there is no assumption that resources will be forthcoming for schemes that the Council and its partners propose. However, we are keen to ensure that the option for funding the Local Housing Company is actively pursued as this has the opportunity to realize outcomes for the Council and the HCA in a relatively short timescale.
- 11.7 **Management Case** – The Council has strong political and management leadership to bring forward the priorities that it has identified. The opportunities identified in the Core Strategy and reflected in the ‘Regeneration Opportunities’ section of this document sets out where the regeneration areas are in Hammersmith & Fulham are, and how they will be brought forward.
- 11.8 With the expected creation of the Housing and Regeneration Directorate in the Greater London Authority, bringing together the responsibilities of the HCA, LDA and GLA in London, we expect this to lead to a sharper focus on the delivery of London Plan and London Housing Strategy requirements. Given the importance of transport infrastructure to our strategic objectives, we will need to continue working closely with Transport for London, Crossrail and High Speed 2. Therefore the way we work with these agencies in seeking to create value and sustainable outcomes will be crucial to our future success.
- 11.9 Finally, we have set out a strong **Regeneration Case** to the Homes and Communities Agency and the Mayor of London for future housing and wider regeneration investment in Hammersmith & Fulham. Our core aim is to ensure that people from deprived communities benefit from the economic activity generated from our identified regeneration priorities. This will help us reduce worklessness and enable people to access ladders of opportunity. We are seeking Investment from public, private and third sector sources from national, regional and local sources to deliver major changes where needed. Despite the continuing economic uncertainty, we have a borough investment plan that is clear in its objectives, deliverable which can make local, regional and national regeneration objectives a reality.

November 2011

London Borough of Hammersmith & Fulham

Borough Investment Plan

Annexes

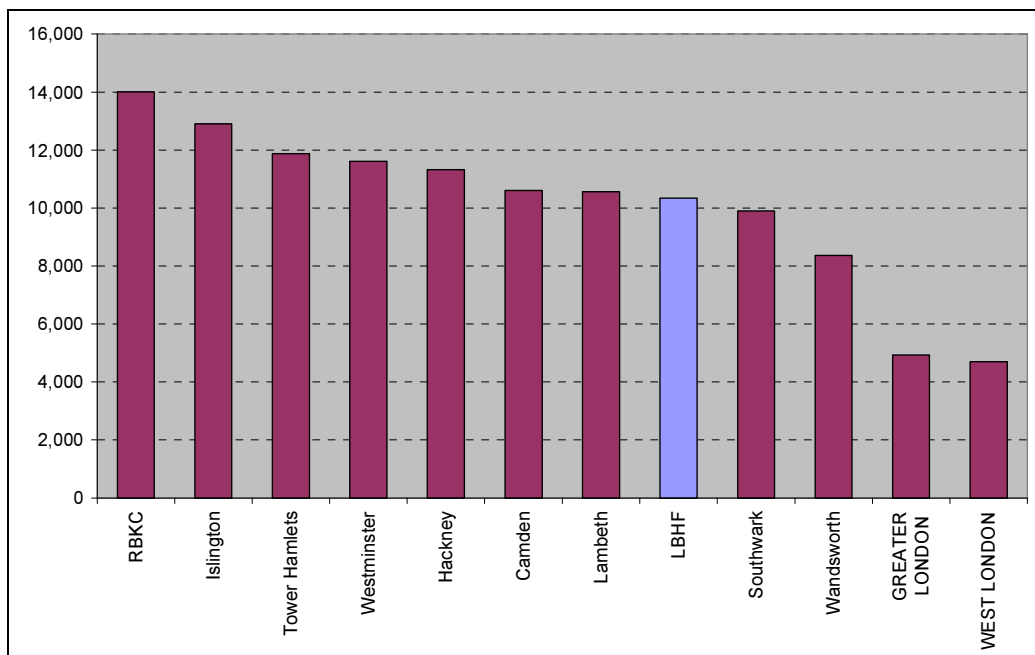
- Annex A Evidence Base**
- Annex B Infrastructure Investment Tables**
- Annex C Glossary**
- Annex D Key Reference Documents**
- Annex E Key Borough Contacts**

Annex A - Evidence Base

1 Demographic Context

1.0.1 Hammersmith & Fulham is the country's eighth most densely populated area, with density of 10,349 people per square kilometre. It is more than twice as densely populated as both West London and London.

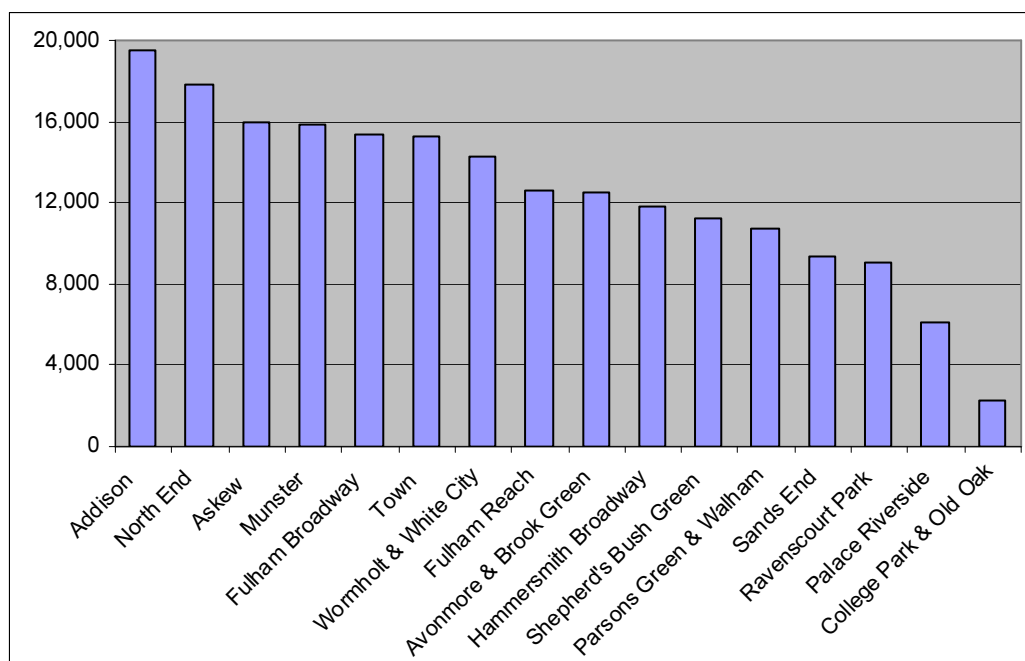
Chart 1 – Population Density of London Boroughs



Source : 2009 ONS Mid Year Estimates

1.0.2 In general, the borough's central sub area is more densely populated than the north and south sub areas, but densities vary greatly between individual wards and neighbourhoods. The most densely populated wards are Addison and North End, with density of 19,512 people per km² and 17,790 people per km² respectively.

Chart 2 – Population Density by ward



Source : GLA Ward level projections 2009

2.1 2009 Mid Year Population Estimates

2.1.1 The 2009 figure, based on the ONS mid-year population estimates for Hammersmith & Fulham shows a total population of 169,729 people, compared with 169,374 for mid 2001. This represents a very small increase of 0.2% or 355 people, a lower rate of increase than those for both West London (3.4%) and London as a whole (5.9%).

Table 1: Population trends comparison, 2001-09

	2001	2005	2009	2001-2009 % change
LBHF	169,374	169,066	169,729	0.2%
West London	1,417,906	1,426,041	1,466,724	3.4%
London	7,322,403	7,484,931	7,753,555	5.9%

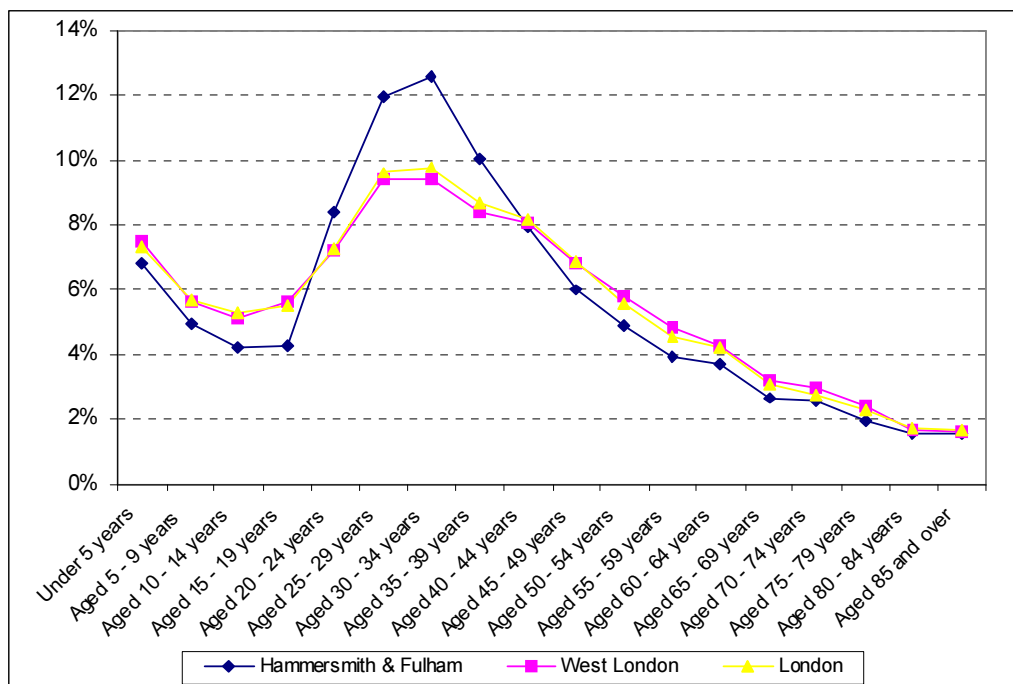
Source: ONS mid-year population estimates

2.1.2 The total population of the Borough is projected to continue rising in future years, though projections will be revised in the light of the recent adjustments to the population estimates. The currently projected increase in 2009-2018 is 2%, and the further projected increase between 2018 and 2033 is 5%.

2.1.3 There are slightly more males (50.2%) than females (48.2%) in Hammersmith & Fulham

2.1.4 The age profile in the borough is typical of an affluent urban population. There are fewer people near the retirement age and a corresponding lower level of younger children. The proportion of children and predominantly dependent young population in the 0-15 age group (16.8%) is lower than both West London (19.3%) and London (19.3%). 120,450 (71.0%) people are of working age (16 to 64 age group). This compares to 66.5% in West London and 66.9% in London. 10.2% of H&F residents are aged 65 and over, lower than the average for West London (11.9%) and lower than the average for London as a whole (11.5%).

Chart 3 – Age profile of Hammersmith and Fulham



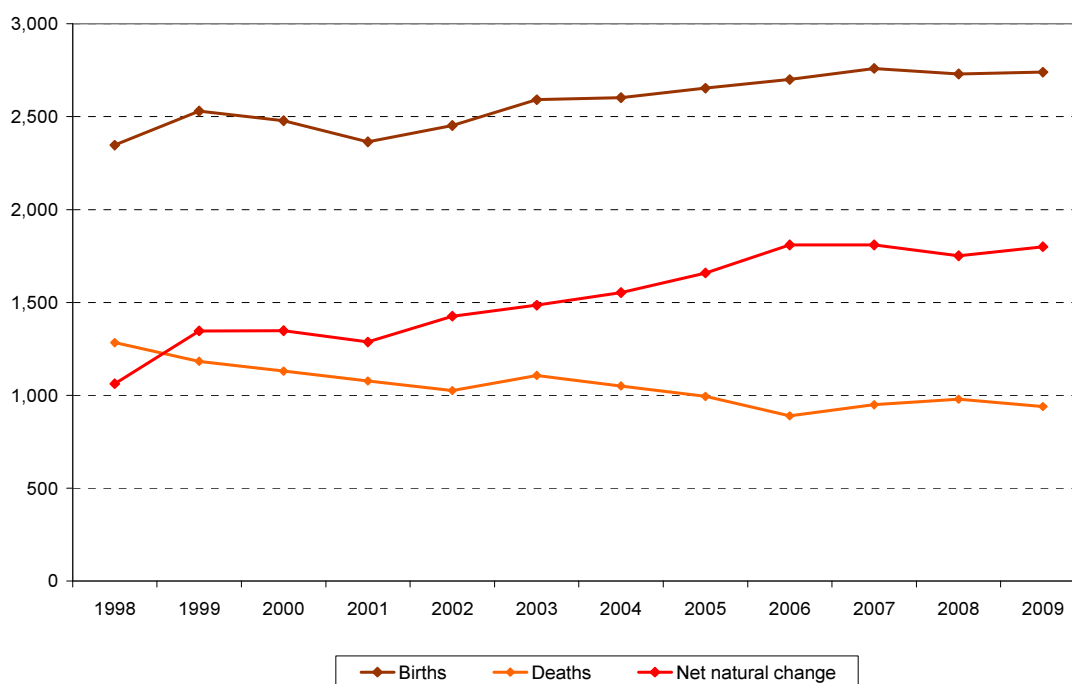
Source : 2009 Mid Year Estimates, ONS

2.2 Components of Change

2.2.1 The reason for a net population increase has been the process of natural change (the excess of births over deaths) whereby Hammersmith & Fulham gained 1,800 people. The number of births in the Borough is at a higher level now than the average for the 1990s, and the number of deaths is at a lower level.

2.2.2 There were estimated to be a net loss of 700 people through migration from the Borough in the year 2008-09.

Chart 4: Natural change, 1998-2009



Source: Office for National Statistics (MYE)

2.2.3 The Census shows that in year 2001, one in five residents in the Borough moved address. This mobility rate was the sixth highest of any local authority in England and Wales. Of 32,000 residents who had moved into the Borough during this time, over 22,000 (13.4%) had arrived from the UK and 5,600 (3.4%) had arrived from outside the UK.

2.2.4 The borough's Central Sub Area (Hammersmith) has seen the highest level of migrants (15,000). Two thirds of those had moved into the Borough from elsewhere inside the UK.

2.2.5 Increase in migration in Hammersmith & Fulham between 2001 and 2006 was mainly due to a rise in the number of 'short-term migrants' coming from Australia and from ten accession countries that joined the EU in May 2004.

2.2.6 The latest (Sep 09) ONS report on short-term migration shows that H&F has the 7th largest estimates of short-term migration as a proportion of its population (some 15,200 in total or 9% of population).

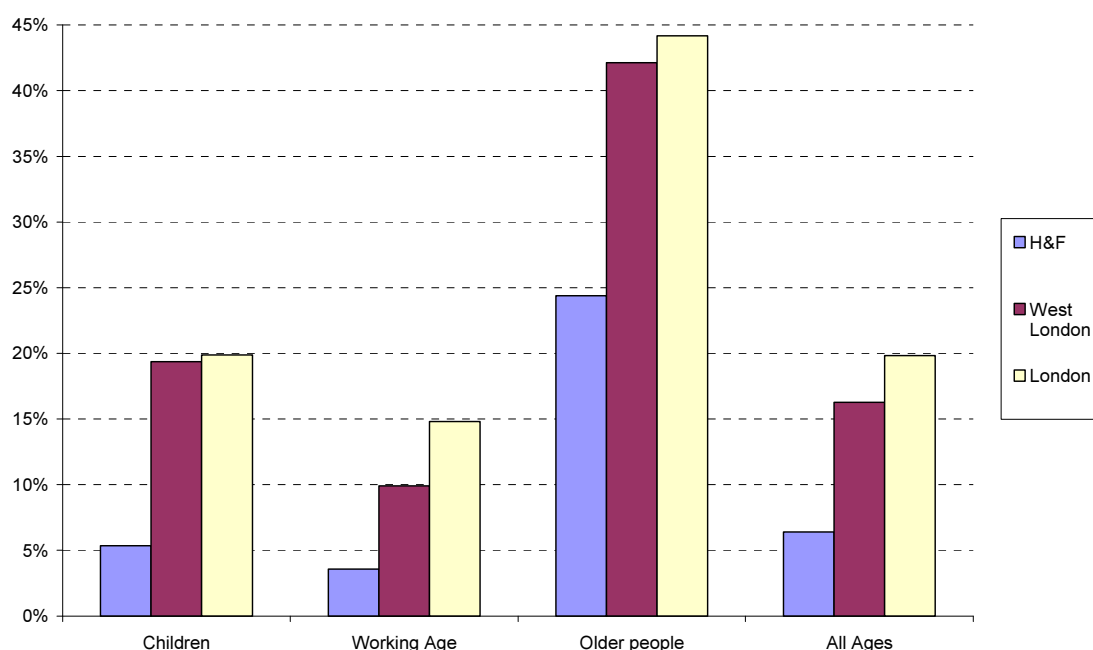
2.2.7 The 2009 mid-year estimates show nearly a quarter less international migrants coming into the Borough while around 15% more left the Borough than in previous years which means overall lower net gain in international migrants.

- 2.2.8 There were 6,800 non-UK nationals registered for National Insurance Number (NINo) in the borough in 2009/10. This is around a quarter less compared to the previous years. According to those figures, 2,230 (33%) are coming from the EU (excluding accession countries), while 1,540 (23%) of migrants are coming from Australia and New Zealand. In 2009/10, some 720 (11%) people from EU Accession countries were registering for NINo, reduction of 60% compared to 2005/06.
- 2.2.9 The data from the GP Patient Register Data Service (PRDS) about Flag 4 registrations shows that between 2001 and 2009 Hammersmith & Fulham had the fourth largest rate of people registering with GPs (whose previous address was abroad) per 1,000 population in Great Britain.
- 2.2.10 Since 2005, H&F had one of the largest increases in rate (19%) of any local authority in London of GP registration per 1,000 population which shows evidence of short term migration. Between mid-year 2008 to 2009, the borough's rate of GP registration was 45 per 1,000 population.

2.3 Population projections

- 2.3.1 The future population projections suggest that H&F's population will continue to grow, but at a slower pace than West London and London as a whole. The currently projected increase in population between 2009-2018 is 2%, with a further projected increase between 2018 and 2033 ranges of 5%. This is the third slowest population growth rate in London (Newham and Brent with the slowest rates).
- 2.3.2 While there is a growth in the Borough population in all age groups, the main growth occurs at ages between 65 and 74. The population of that age group is expected to increase by 2,200 by 2033, equivalent to 25%. The population aged 55 to 64 is expected to grow by 21% during the same period, and population aged 75+ to grow by 26%.
- 2.3.3 According to the GLA Ward population projections, four wards (Askew, Avonmore & Brook Green, Wormholt & White City, and North End) have the highest number of adults aged 18-64, while Palace Riverside and College Park & Old Oak wards have the lowest number.
- 2.3.4 The majority of population aged 65+ is concentrated in the Boroughs' Central sub area (Ravenscourt Park, Hammersmith Broadway and Fulham Reach ward), as well as in Wormholt & White City ward. The population aged 85+ also spread out across Palace Riverside, Avonmore & Brook Green, and Munster ward.

Chart 5: % Population growth by broad age groups, 2008-2033



Source: *Subnational population projections, ONS 2008*

2.4 General Health and Limiting long term illness (LLTI)

2.4.1 Residents in H&F have better general health compared to West London and London as a whole, as 73% of all people reported good health. Parsons Green & Walham and Town ward show the highest rate of good health, while College Park & Old Oak shows the lowest.

2.4.2 7.2% of population aged 16-64 in H&F reported not to have good health (West London 7.1% and London 7.5%). Over a quarter of older residents in the borough have reported the same; this compares to 23.1% in West London and 23.3% in London.

2.4.3 Limiting long term illness is often used as a proxy for disability. Limiting long term illness is defined as any long-term illness; health problem or disability that limits daily activities or work. The percentage of H&F residents suffering from limiting long-term illness (14.7%) was lower compared to London (15.5%) but higher compared to West London (15.0%). North and Central parts of the Borough have generally higher proportion of residents suffering from LLTI, with College Park & Old Oak ward 19.4% and Wormholt & White City 16.9%.

2.4.4 30.2% of all Irish residents in H&F reporting to suffer from LLTI, while 21.2% of residents from Black Caribbean ethnic group reported the same.

2.4.5 The proportion of H&F working age population suffering from limiting long-term illness (11.6%) was lower compared to West London (12.0%) and London

(12.4%). Conversely, a half of H&F older residents reported to suffer from LLTI; this compares to 48% in both West London and London as a whole.

Table 2 : Self reported health and limiting long term illness by ward

	Good Health (%)	Fairly Good Health (%)	Not Good Health (%)	People with LLTI (%)
Addison	73.0	18.7	8.3	14.0
Askew	72.5	18.9	8.6	14.7
Avonmore & Brook Green	73.6	18.9	7.5	14.0
College Park & Old Oak	64.5	24.9	10.6	19.4
Fulham Broadway	71.2	19.3	9.5	16.1
Fulham Reach	71.7	19.6	8.7	15.5
Hammersmith Broadway	70.5	20.3	9.3	16.5
Munster	76.4	17.1	6.5	12.2
North End	73.7	18.5	7.8	13.9
Palace Riverside	76.9	16.0	7.1	13.4
Parsons Green & Walham	78.4	15.3	6.3	11.4
Ravenscourt Park	74.5	17.6	7.8	14.6
Sands End	73.6	18.2	8.3	14.8
Shepherd's Bush Green	70.6	19.9	9.5	16.3
Town	77.5	16.5	6.0	11.4
Wormholt & White City	69.2	21.2	9.6	16.9
Hammersmith & Fulham	73.0	18.8	8.2	14.7
West London	71.3	20.8	8.0	15.0
London	70.8	20.9	8.3	15.5

Source: 2001 Census

2.5 Household composition

- 2.5.1 There are estimated 80,600¹ households in Hammersmith & Fulham, compared with 75,500 in 2001. Analysis of Census data by the GLA indicates that the number of households is expected to grow by 3,000 over the period to 2016. As household growth is projected to be in line with population growth, the average household size will fall from 2.21 in 2001 to only 2.10 by 2021.
- 2.5.2 40.3% of all households in the Borough are single person households (London 34.7% and England 30.1%). Single elderly accounts for 12.9% of all households in H&F (London 12.7% and England 14.4%). The highest proportion of single person households are in Shepherd's Bush Green, North End and Addison ward, while Palace Riverside and College Park & Old Oak wards have the highest proportion of single elderly residents.
- 2.5.3 The borough has the second highest proportion (54.7%) of any local authority in England and Wales of **single people** in the adult population. On the other hand, the borough has the third lowest proportion (26.0%) of adults who are married or re-married. Some 13.1% of adults in Hammersmith & Fulham are living as cohabiting couples.
- 2.5.4 Of all households in the borough, just over 30% are couple households and 10% are lone parent households. Only one fifth of all households in the borough are 'family' households consisting of one or more dependent children. Some 6% consist of family households with non-dependent children.
- 2.5.5 One in five households (20.1%) had a different address one year before the Census date, a **mobility rate** which is seventh highest rate of any local authority in England and Wales. Of those who have moved, 3.4% had arrived from outside the UK.
- 2.5.6 The most recent household projections released by the Government in 2006 indicate that the number of household in Hammersmith & Fulham will grow by 520 per annum up to 2026 (total increase of 14%).
- 2.5.7 A combination of smaller average household sizes and the growing population have seen the projected growth in household numbers accelerate. It is estimated that in H&F by 2026 the main growth will occur in 'one person' households (32%), while the number of 'couple' households will decrease by nearly 8%.

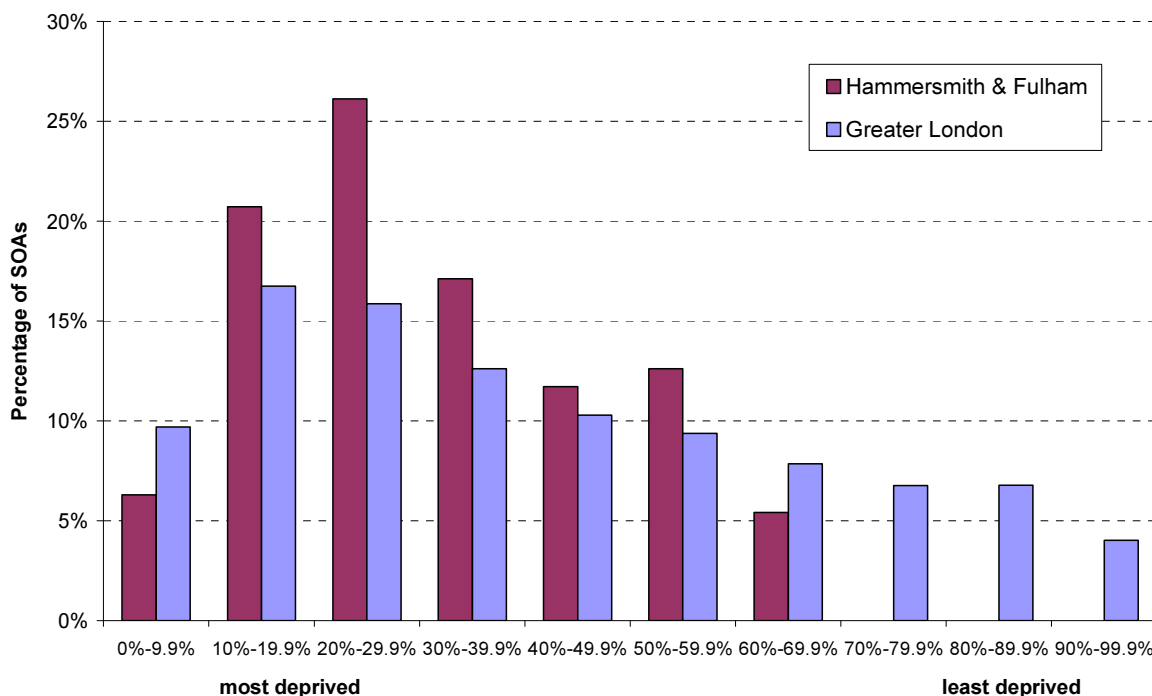
2.6 Deprivation

- 2.6.1 According to the index of Multiple Deprivation (IMD) 2007, Hammersmith & Fulham is within the top 50 most deprived in England (ranked 38th from 354 local authorities and 13th out of the 33 London boroughs).

¹ GLA Household Projections 2011

- 2.6.2 Seven (6%) of the borough's LSOAs are within the top 10% most deprived nationally compared to 10% of London's LSOAs. These LSOAs comprise major public sector estates: White City, Wormholt, Edward Woods, Charecroft and Clem Attlee. A further 21% of the borough's LSOAs are in the 10-20% worst nationally (London 18%). Most of these areas are in the north of the borough but also extend down into parts of Hammersmith and North Fulham.
- 2.6.3 A further 21% of the borough's SOAs are in the 10-20% worst nationally (London 17%). Most of these areas are in the north of the borough but also extend down into parts of Hammersmith and North Fulham.
- 2.6.4 Within the Index there are seven 'domains' and the highest scores for Hammersmith & Fulham are in the Living Environment, Crime, Income, Employment and Barriers to Housing and Services Domains, in that order.
- 2.6.5 Deprivation levels are also relatively high in a sub-domain of Income, Income Deprivation Affecting Children, where more than a quarter (27%) of the borough's SOAs fall within the worst 10% nationally.
- 2.6.6 Figure above shows that Hammersmith & Fulham has a greater proportion of SOAs on the left-hand side (most deprived) of the graph, showing that its deprivation is more spatially concentrated than London as whole.

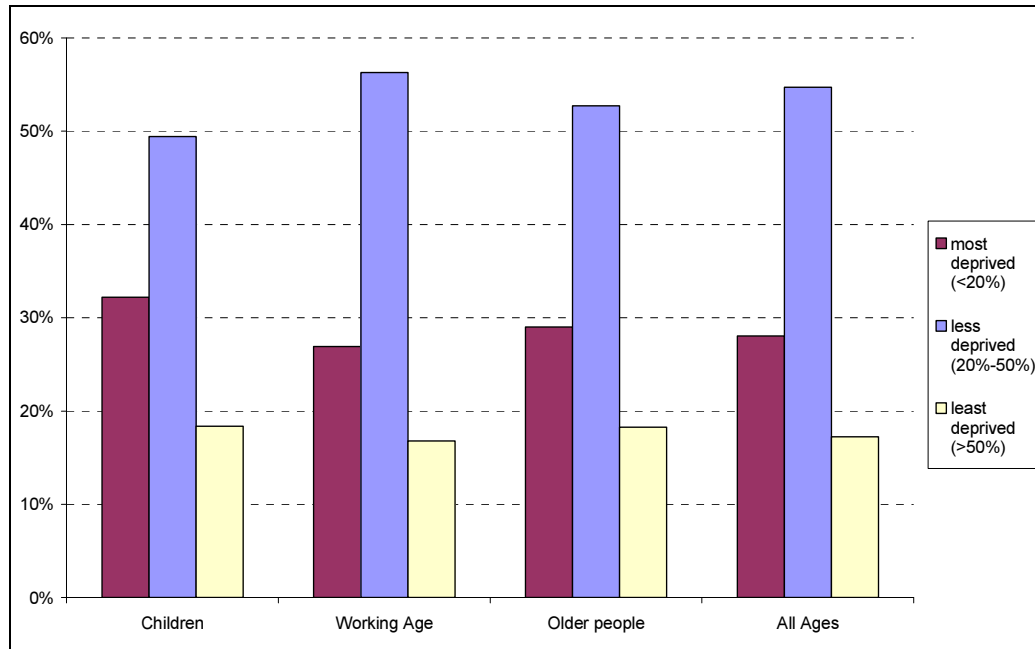
Chart 6 : Proportion of deprived SOAs by 10% National bands, IMD 2007



Source: *The Index of Multiple Deprivation, CLG 2007*

2.6.7 Some 47,277 (28%) of H&F residents live in the LSOAs that are classified as being in the 20% most deprived areas in England. This increases to 32% for children and 29% for older people.

Chart 7 - Proportion of population groups by deprivation in H&F



Source: *The Index of Multiple Deprivation 2007 CLG, Mid Year estimates 2008, ONS*

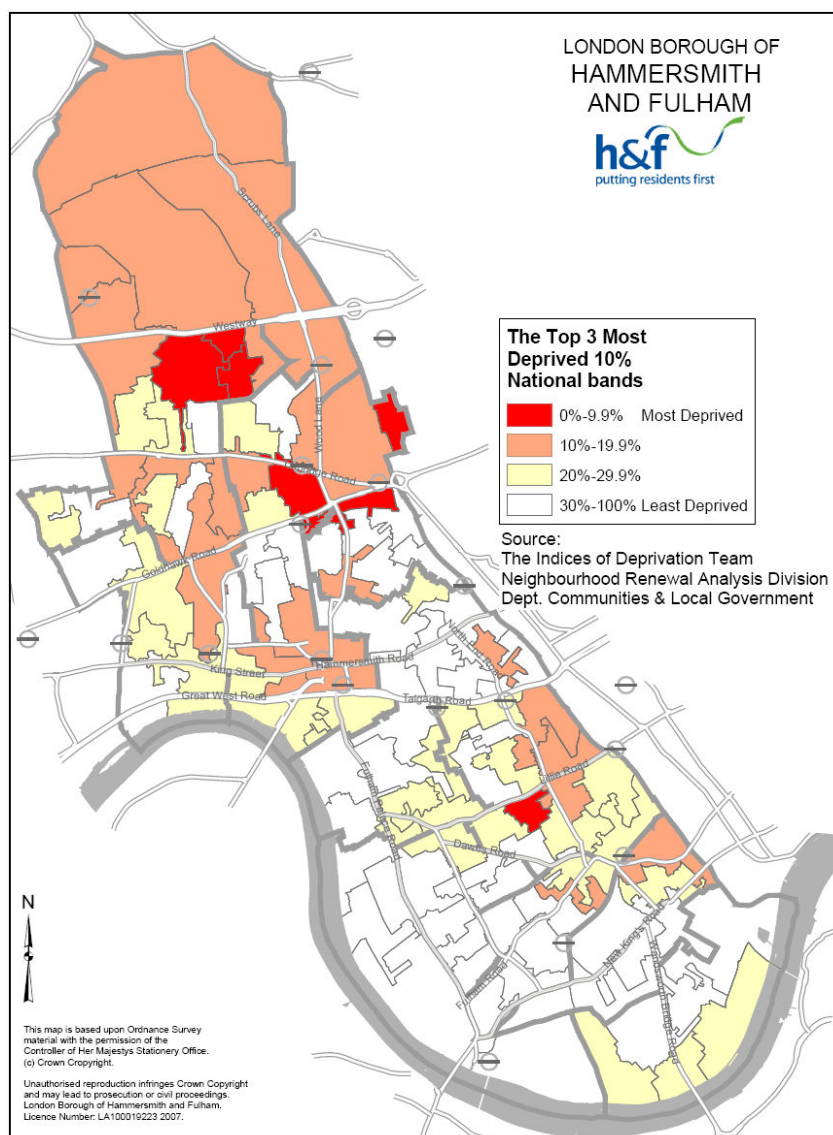
2.6.8 17% of residents live in the areas that are classified as being in the 50% least deprived in the country.

2.6.9 The Indices of Deprivation 2007 included a child poverty measure. This measures the proportion of children in LSOAs living in income deprived households.

2.6.10 Nearly a half of all H&F's children were living in the areas where child poverty levels were amongst the 20% most deprived nationally.

2.6.11 Within the Index there are seven 'domains' and the highest scores for Hammersmith & Fulham are in the Living Environment, Crime, Income, Employment and Barriers to Housing and Services Domains, in that order. Deprivation levels are also relatively high in a sub-domain of Income, Income Deprivation Affecting Children, where more than a quarter (27%) of the borough's LSOAs fall within the worst 10% nationally.

Map 3: IMD 2007, LSOAs falling in the 30% most deprived nationally



Source: The Index of Multiple Deprivation, CLG 2007

2.7 Child Poverty

2.7.1 Poverty has been defined as a family with an income less than 60% of the national average. According to 2001 Census data, some 9,303 or 32.1% of all children in the Borough were living in households in poverty.

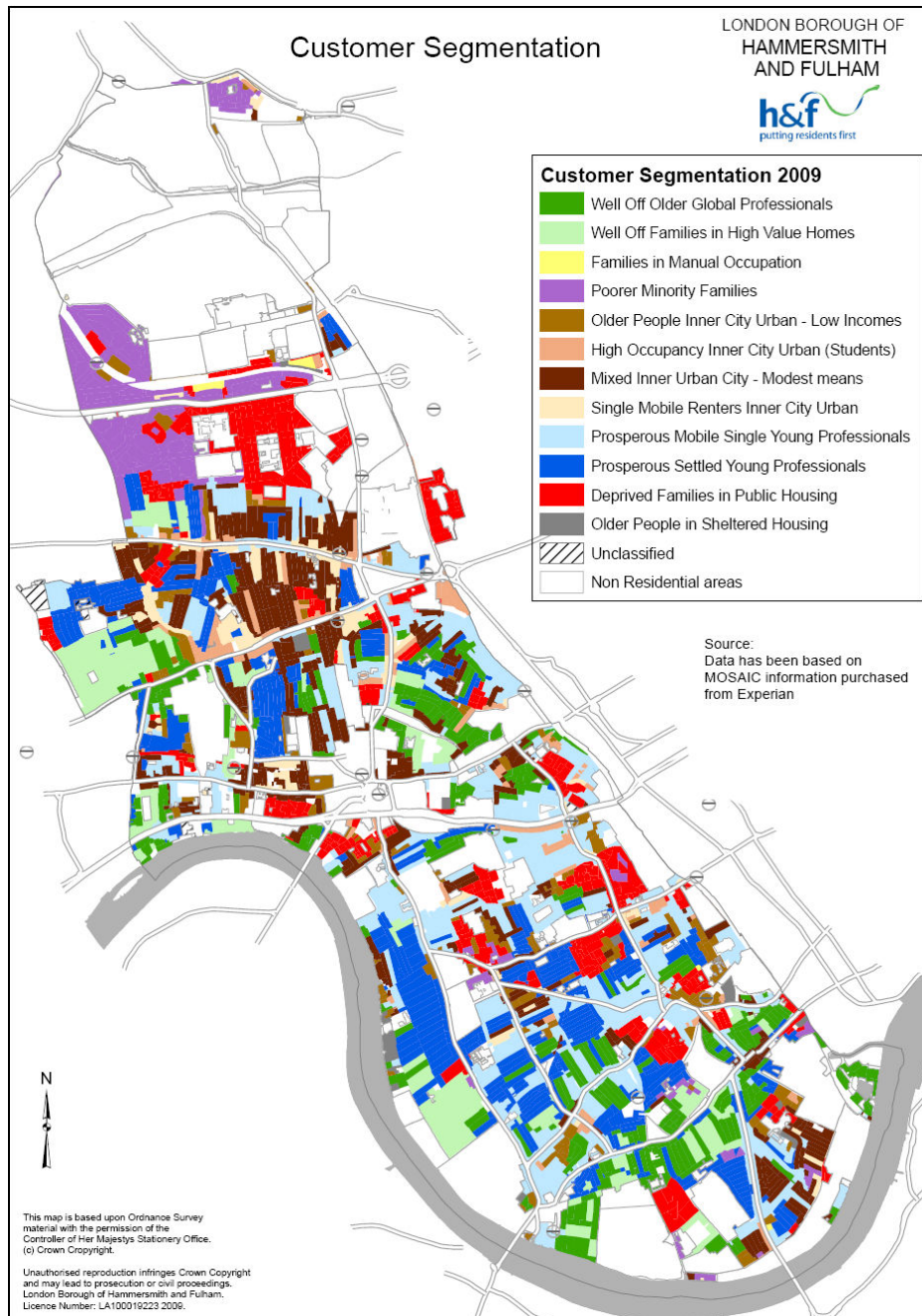
2.7.2 In 2010, the GLA has published “Children in Poverty” report which shows the proportion of children living in families in receipt of out of work benefits or of tax credits where their reported income is less than 60% of median income. According to that measure, 36% of children in the borough were in poverty in 2008; this is the 10th highest level within London.

2.7.3 The highest levels (50-60%) of child poverty are in those LSOAs that covers most of the council estates in the borough. The proportion of dependent children in poverty is slightly lower than the proportion of under 16s in poverty.

2.8 Mosaic segmentation

2.8.1 In 2005/06 the council undertook an exercise to help it to understand more fully the make up of the resident population of the borough, classifying them into one of 12 groups or segments. The classification into segments allows assumption to be drawn about the preferred behaviour of the segment groups and helps the council understand where to focus its service provision to meet the needs and preferences of its residents.

Map 4: Resident segmentation



Source: LBH&F Customer Segmentation, Experian 2009

2.8.2 The three predominant resident segmentations in the North Sub Area are Deprived Families in Public Housing, Mixed Inner City Urban – Modest means, and Poorer Minority Families. 30% of the residents in the Central Sub Area are classified as Prosperous Mobile Single Young Professionals and 17% as Deprived Families in Public Housing. The three predominant resident segmentations in the South Sub Area are Prosperous Mobile Single Young Professionals, Prosperous Settled Young Professionals, and Well off Older Global Professionals. Less than 14% of residents are classified as coming from Deprived Families in Public Housing, and Poorer Minority Families.

3 Economic Context

3.1 General Economic Strength

The local economy is a strong and resilient one, and has remained in the top 6 most competitive since the development of the local index. The level of JSA claimants has decreased and recovered well since entering and leaving recession.

3.1.1 There is little data on economic strength produced by the Government at a local authority level (for London boroughs). Hammersmith and Fulham is considered to be part of Inner London West² in terms of national economic figures.

3.1.2 This area has the highest level of Gross Value Added (GVA) out of all regions in the country and makes up almost 9% of the UK's total GVA. The major strength of this area is in business services and finance, with comparatively low levels of employment and activity in the public sector.

3.1.3 In 2010, the BBC commissioned Experian to develop a measure of local authorities' resilience to "economic shocks". Hammersmith and Fulham came out as the 65th most resilient authority in the country, and 8th most resilient in London.

3.1.4 Similarly, the Huggins Competitiveness Index (2010) shows that the borough is the 5th most economically competitive in the country. The local economy is very stable, and has remained in the top 6 most competitive since the beginning of the index.

² The Nomenclature of Units for Territorial Statistics (NUTS) considers Inner London West to comprise of Camden, City of London, Hammersmith and Fulham, Kensington and Chelsea, Wandsworth and Westminster.

3.2 Employment and Economic Activity

Employment rate

Despite the strength and resilience of the local economy, the borough has one of the lowest employment rates in the capital. Much of the strength of the local economy rests with the physical location of the borough and business strength and not necessarily with people who live in the borough.

4.2.1 This economic strength and resilience hides a large degree of economic polarisation in the borough.

4.2.2 Despite having one of the most resilient and stable economies in the country, the borough has one of the lowest rates of employment. The borough has the 12th lowest employment rate in the Capital with only 64.6% of the working age population aged 16-64 in employment.

4.2.3 The employment rate data also shows significant variances between the genders. The borough has the 4th lowest rate of employment for males in London, and the 14th lowest for females.

4.2.4 Furthermore, data from the Annual Population Survey shows that Hammersmith and Fulham has the lowest rate of people of working age from ethnic minorities that are in employment.

4.3 Job Seekers Allowance claimant count

The JSA claimant count has recovered well since recession, further evidence of a stable and competitive economy. Despite this there are marked variations in the borough between the genders, ethnicities and locations. The North of the borough has a claimant rate twice as high as the South of the borough.

4.3.1 The borough has the 16th highest Job Seekers Allowance claimant rate in London (at 3.9%) compared to a London rate of 4.0% and an England rate of 3.6%.

4.3.2 The number and rate of the working age population claiming Job Seekers Allowance is improving. Since the UK officially entered recession in December 2008, the claimant numbers have increased in the borough by 24% (to July 2010) which was one of the lowest increases in London.

4.3.3 Since officially leaving recession in December 2009, the claimant count has fallen by 9.6% within the borough, with only five Outer London boroughs having a larger decrease.

4.3.4 There has been an 11% decrease in the claimant count between July 2009 and July 2010.

4.3.5 Within these figures there are marked differences between the level of claiming JSA between genders (with males at twice the rate of females), by ethnicity (ranging from 1.3% for those from Chinese backgrounds, to 14% for those from Caribbean backgrounds); and by ward of residence (from 6.3% in Wormholt and White City to 1.4% in Palace Riverside).

4.3.6 The North of the Borough has a claimant rate of almost twice that of the South of the borough.

Table 3—JSA Claimants and rates by ward

Ward	July 2009 number	July 2009 rate	July 2010 number	July 2010 rate	Annual change (%)
Addison	346	4.2	275	3.3	-20.5
Askew	512	5.7	481	5.3	-6.1
Avonmore and Brook Green	333	3.8	279	3.2	-16.2
College Park and Old Oak	325	6.2	288	5.5	-11.4
Fulham Broadway	297	3.6	293	3.6	-1.3
Fulham Reach	277	3.3	247	3.0	-10.8
Hammersmith Broadway	437	4.8	371	4.1	-15.1
Munster	225	2.8	178	2.2	-20.9
North End	353	3.8	311	3.4	-11.9
Palace Riverside	97	2.0	71	1.4	-26.8
Parsons Green and Walham	172	2.3	172	2.3	0.0
RavenSCourt Park	343	4.6	289	3.9	-15.7
Sands End	380	5.0	309	4.1	-18.7
Shepherd's Bush Green	488	5.4	460	5.1	-5.7
Town	241	2.9	233	2.8	-3.3
Wormholt and White City	543	6.5	529	6.3	-2.6
Hammersmith and Fulham	5,411	4.4	4,823	3.9	-10.9
North	1,868	6.0	1,758	5.7	-5.9
Central	2,089	4.2	1,772	3.6	-15.2
South	1,412	3.3	1,256	2.9	-11.0

Source : NOMIS, July 2010 JSA Claimant data

4.4 Commuting data

The borough has a comparatively low percentage of the working age, residential population that live and work in the borough. Across West London, with the exception of Brent, the borough has the lowest percentage of the resident, working age population that live and work in the borough. The borough is in a similar position to Wandsworth, Sutton and Merton who have comparatively low percentages. LBHF's position (of 29%) is low compared to the average across all London boroughs of 33.7%.

4.4.1 Table 4 below shows the percentage of the working age resident population that live and work within the same borough.

4.4.2 Hammersmith and Fulham has one of the lowest percentages of residents that live and work within the borough. Croydon has the highest percentage with over 46% of residents living and working in the borough, with Newham having the lowest at just over 23%.

4.4.3 Conversely, Hammersmith and Fulham has a comparatively low proportion of workers in the borough that live in the borough. Almost 32% of workers in the borough live in the borough. City of London has the lowest percentage, with Sutton having the highest with almost three quarters of all workers also living in the same borough.

Table 4 – Commuting patterns of residents and workers by London Borough

London Borough	Percentage of residents who work in same borough Where do residents work ?				Percentage of workers who live in the same borough Where do workers live ?			
	2001	2008	2001 rank	2008 rank	2001	2008	2001 rank	2008 rank
London Borough								
Barking and Dagenham	33.5	31.4	15	15	40.9	42.3	13	14
Barnet	37.8	44.4	23	32	56.5	61.4	27	32
Bexley	38.7	37.5	25	23	61.4	57.9	30	27
Brent	31.4	28.4	11	7	41.9	42.4	14	15
Bromley	32.5	30.9	13	13	50.4	50.9	23	22
Camden	37.8	33.7	23	19	18.2	22.4	4	5
City of London	88.5	40.9	33	26	0.5	0.5	1	1
Croydon	50.4	46.3	31	33	62.4	58.2	31	28
Ealing	35.2	33.7	17	19	48.7	51.7	20	23
Enfield	46.1	43.1	29	30	57.2	58.9	28	29
Greenwich	32.9	35.7	14	22	52.6	50.2	24	21
Hackney	28.3	28.4	7	7	38.1	47.5	12	18
Hammersmith and Fulham	33.6	29.0	16	9	35.9	31.8	11	11
Haringey	27.5	26.2	5	4	43.4	49.1	16	19
Harrow	35.9	31.1	20	14	50.2	45.8	22	16
Havering	47.1	42.9	30	29	62.8	60.3	32	30
Hillingdon	50.4	43.2	31	31	35.7	31.2	10	10
Hounslow	36.4	31.5	21	17	29.8	29.8	8	8
Islington	29.2	29.5	9	11	22.8	30.0	6	9
Kensington and Chelsea	38.7	34.9	25	21	27.2	28.6	7	6
Kingston upon Thames	41.8	42.6	27	28	49.7	47.0	21	17
Lambeth	25.8	23.6	2	3	30.1	28.7	9	7
Lewisham	25.2	29.2	1	10	47.9	60.7	19	31
Merton	28.2	27.1	6	6	45.0	56.2	18	26
Newham	30.2	23.3	10	1	42.7	34.7	15	12
Redbridge	31.7	31.7	12	18	53.9	52.2	25	24
Richmond upon Thames	36.5	37.9	22	24	54.1	49.4	26	20
Southwark	35.7	39.8	19	25	18.2	12.0	4	3
Sutton	27.1	26.9	4	5	72.0	74.4	33	33
Tower Hamlets	28.3	30.7	7	12	15.3	15.3	3	4
Waltham Forest	35.3	31.4	18	15	60.4	52.6	29	25
Wandsworth	26.2	23.4	3	2	43.9	41.7	17	13
Westminster	44.5	41.0	28	27	9.4	10.3	2	2

Source : Annual Population Survey (Jan – Dec 2008)

4.5 Current Vacancies in the Labour Market

There are high vacancies in the borough compared to other London Boroughs, and there is a low ratio of JSA claimants to vacancies. Well over 50% of all current vacancies are in the lowest paid 6 occupational areas. This has been the case for the last three years. These areas tend to be in the health and social care sector, sales and customer service and in elementary administration and occupations. The borough has had consistently high vacancies in these areas and a reducing / stable employment rate – this does suggest that a proportion of the lower paid jobs in the borough are filled by people who do not live in Hammersmith and Fulham. With the exception of health and social care jobs, the vacancies do not remain unfilled for long.

Comparatively few people per vacancy are seeking work in the lower paid occupations. The lower paid occupations remain relatively unattractive to those living and seeking work in the borough. This includes some key workers in health and social care.

Table 5 – vacancies as a rate per thousand working age population and per thousand JSA claimants

London borough	Total vacancies	working age population	vacancies / 1000 working		Total JSA claimants	vacancies per thousand JSA claimants	
				rank			rank
Barking and Dagenham	869	112,200	7.75	11	5,932	146.49	22
Barnet	932	226,400	4.12	32	6,615	140.89	25
Bexley	652	144,500	4.51	28	4,404	148.05	21
Brent	1,455	171,500	8.48	9	9,168	158.70	17
Bromley	1,122	198,300	5.66	20	5,273	212.78	12
Camden	1,779	175,100	10.16	4	5,517	322.46	6
City of London	865	9,500	91.05	1	87	9942.53	1
Croydon	2,282	227,300	10.04	5	9,567	238.53	10
Ealing	1,345	221,000	6.09	18	8,705	154.51	19
Enfield	1,693	189,700	8.92	8	9,087	186.31	15
Greenwich	786	152,600	5.15	24	7,451	105.49	28
Hackney	650	151,000	4.30	30	9,791	66.39	32
Hammersmith and Fulham	1,220	123,800	9.85	7	4,857	251.18	7
Haringey	803	160,000	5.02	25	9,729	82.54	31
Harrow	812	152,700	5.32	22	4,134	196.42	14
Havering	1,038	149,000	6.97	14	4,920	210.98	13
Hillingdon	1,900	174,900	10.86	3	5,443	349.07	4
Hounslow	1,219	164,600	7.41	12	5,042	241.77	9
Islington	1,013	144,800	7.00	13	7,165	141.38	24
Kensington and Chelsea	490	118,900	4.12	31	3,350	146.27	23
Kingston upon Thames	743	117,300	6.33	17	2,029	366.19	3
Lambeth	1,027	211,400	4.86	26	11,030	93.11	30
Lewisham	610	187,200	3.26	33	9,414	64.80	33
Merton	860	144,800	5.94	19	3,665	234.65	11
Newham	1,608	161,400	9.96	6	10,144	158.52	18
Redbridge	784	177,100	4.43	29	6,806	115.19	27
Richmond upon Thames	700	128,200	5.46	21	2,088	335.25	5
Southwark	1,457	210,500	6.92	15	9,823	148.33	20
Sutton	808	127,400	6.34	16	3,293	245.37	8
Tower Hamlets	1,407	172,700	8.15	10	10,244	137.35	26
Waltham Forest	792	151,700	5.22	23	8,401	94.27	29
Wandsworth	1,028	213,400	4.82	27	6,123	167.89	16
Westminster	2,766	191,200	14.47	2	4,996	553.64	2
Greater London	37,515	5,362,100	7.00		214,293	175.06	

Source: vacancies and JSA claimants (Aug 2010). 2009 Mid Year Estimates

- 4.5.1 Table 5 above shows that LBHF has the 7th highest rate of vacancies per thousand residents of working age population across London. Likewise, the borough has the 7th highest rate of vacancies per thousand Job Seekers Allowance claimants.
- 4.5.2 As at August 2010, there were 1,220 vacancies advertised in local Job Centres. This is the highest number of vacancies in a single month since November 2008. With 4,857 people claiming JSA, this gives a rate of almost 4 people seeking work per vacancy available.
- 4.5.3 This is the 7th lowest in London, with only Camden, City of London and Westminster having a lower ratio in Inner London.
- 4.5.4 54% of the current vacancies as at August 2010 for Hammersmith and Fulham were in the lowest paid occupations (61,62,71,72,91 and 92). Over the last three years, on average, these low paid occupations have made up 52% of all vacancies in the borough.
- 4.5.5 The following graph shows (as at August 2010) the current number of vacancies by occupation and the number of Job Seekers Allowance claimants who are seeking work in that sector. There is an almost perfect negative correlation in that as the number of vacancies in a sector goes up the number of people seeking that work per vacancy goes down.
- 4.5.6 For example in the Elementary Administration and Service Occupations, there were 308 vacancies as at August 2010 and 645 claimants seeking that occupation (therefore 2.09 claimants per vacancy). At the other extreme, there were 4 vacancies in culture, media and sports occupations and 240 claimants seeking that occupation (60 people per vacancy).
- 4.5.7 54% of all claimants would seek jobs in the lowest paid occupations. This is contrasted to the data from the Annual Population Survey which shows that the borough has one of the lowest proportions of people working in these occupations.
- 4.5.8 This does suggest that whilst claimants would seek work in that occupational area, that often the vacancies are filled by a person from outside of Hammersmith and Fulham.
- 4.5.9 Vacancies in the borough do not appear to be left vacant for a long period of time, further developing the hypothesis that the low paid jobs based in Hammersmith and Fulham are filled by people who do not live in the borough.
- 4.5.10 The Housing Needs Survey (2002) identified that a large number of employers regarded housing as the main stumbling block in recruiting staff.
- 4.5.11 Local research identifies that the main priorities for key workers are stability of tenure, affordability of accommodation, and reasonable access to work.³

³ LBHF Key People, Key Homes

5 Income profile

Hammersmith and Fulham has a comparatively high average income compared to the rest of London. As with other data highlighted above, there is large scale economic polarisation with 21% having incomes less than 20k per annum, and 19% having incomes of £60k or more per annum. The wards in the North of the borough have the lowest incomes in the borough. 8 out of the 20 biggest estates have over 40% of their households earning less than 20k pa. 18 of the 20 estates have 10% or more households with an income of 40k or more per annum.

- 5.1 Income data comes from CACI paycheck for 2009. This data is used as it considers income at a household level, and includes savings and benefits.
- 5.2 The borough has a mean income of £41,045 pa, and a median income of £34,821, both ranked 12th highest in London.

Table 6 – Mean and Median Income of LBHF compared to London, Inner London and Outer London

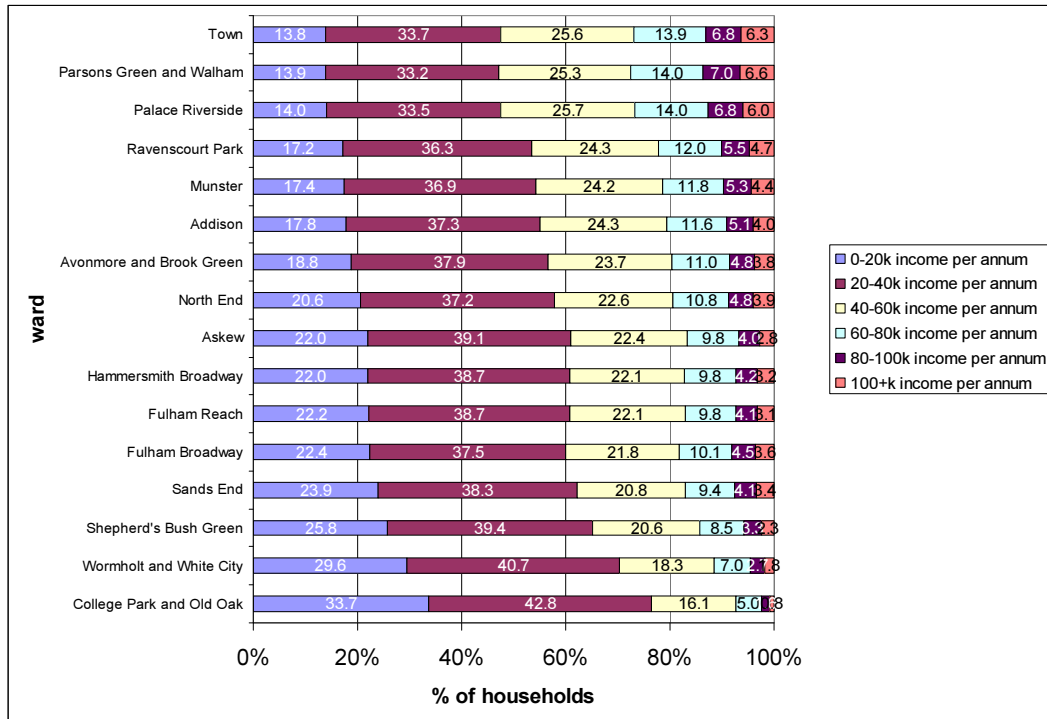
Area	Mean Income	Median Income
London	£39,384	£33,430
Inner London	£38,959	£32,825
Outer London	£39,686	£33,850
Hammersmith and Fulham	£41,045	£34,821

Source : CACI Paycheck data 2009

- 5.3 The borough shows a degree of polarisation in terms of income with 21% of all households having an income of less than £20k per annum, and 19% having an income of £60k per annum or more.
- 5.4 There are large variances between the wards, with the ward having the largest income being 60% higher than the ward with the lowest.
- 5.5 The pattern of income tends to follow deprivation, with the wards in the North tending to have lower incomes than the wards in the Central and South regions. Sand End ward in the South is the one exception and has the 4th highest percentage of households with an income of less than £20k per annum.

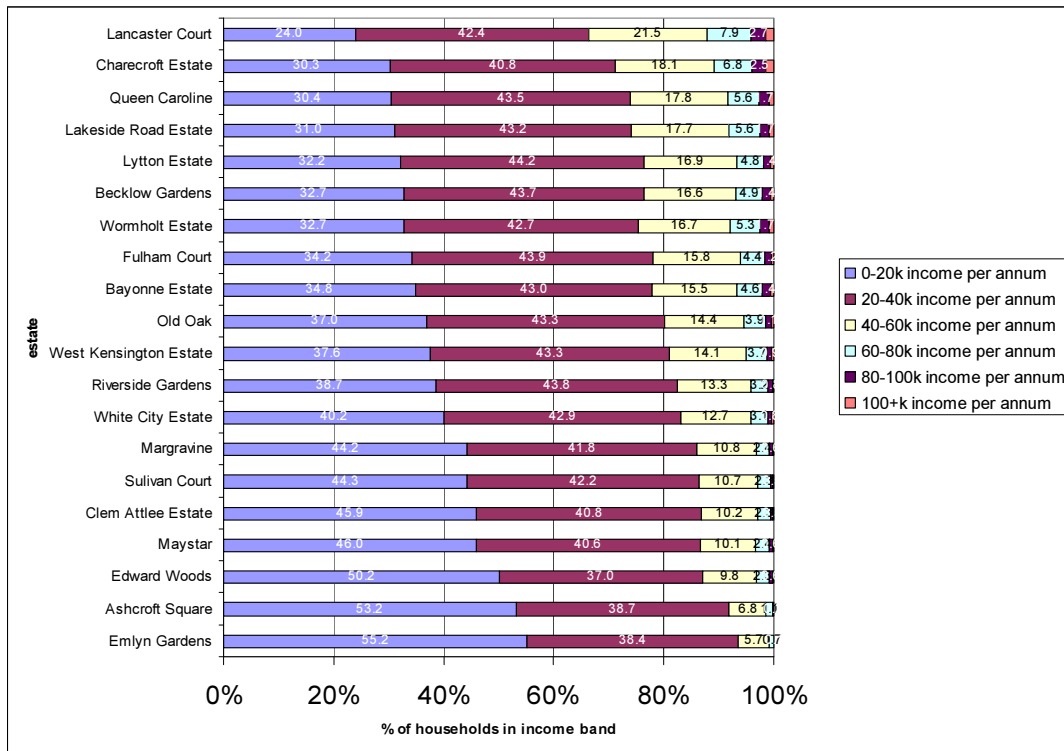
5.6 The graph below shows the mean income of the 20 largest estates in the borough (in terms of households). 8 estates have over 40% of households with an income of less than 20k per annum. Despite this, there are a number of estates where over 10% have an income over 40k per annum. This data does include leaseholders.

Chart 9 – income distribution by wards



Source : 2009 CACI Paycheck data

Chart 10 – Income distribution of households living in the largest 20 estates in the borough



Source : CACI 2009 Paycheck data

6 House Prices, Sales and Affordability

6.1 Estimates of current tenures and room sizes

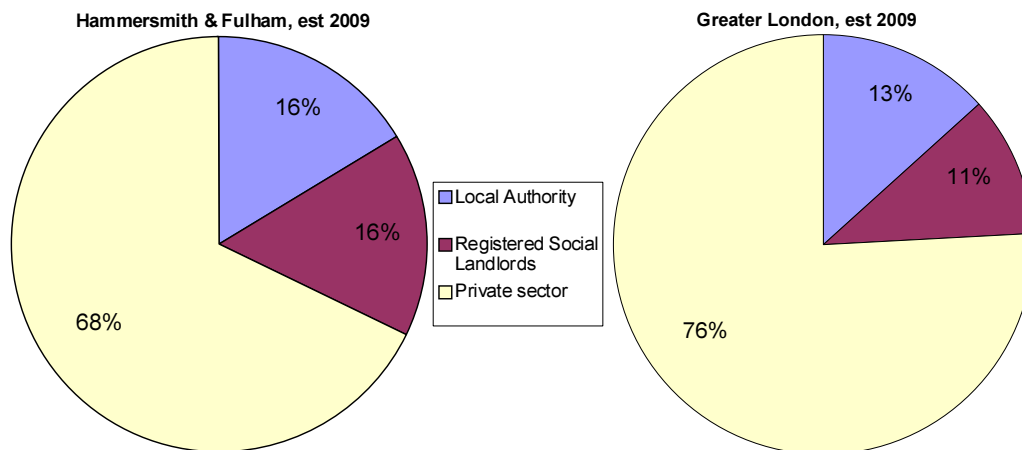
The borough continues to have a higher proportion of households in the social housing sector (either Local Authority or RSL) than Greater London as a whole (32% compared to 24%). Owner Occupation increases the further South you go in the borough with the South having over 13% more owner occupiers (by proportion). Nearly a third of all properties in the borough are one bedroom properties. The largest proportion of one-bed properties is in the Central sub area (38%), compared to 35% in the North, and 26% in the South sub area. Family sized dwellings tend to be in the South of the borough, with smaller dwellings in the North / Central areas.

6.1.1 According to 2001 Census, 44% of households in Hammersmith & Fulham were owner occupier, 33% rented their home from a social housing landlord and 23% of households were in private rented accommodations.

6.1.2 There were 81,566 dwellings in April 2010 in Hammersmith & Fulham, some 4,500 more than in April 2001. Just over two thirds of housing stock or 55,741 dwellings in the borough are in the private sector while less than a third or 26,224 dwellings are from the public/RSL stock. This compares to 76% and 24% in London.

6.1.3 There are 13,159 Local Authority dwellings in the borough; this represents 16.1% of all dwellings. RSL properties accounts for further 15.5% or total of 12,613 dwellings.

Chart 11 - Estimated tenure split

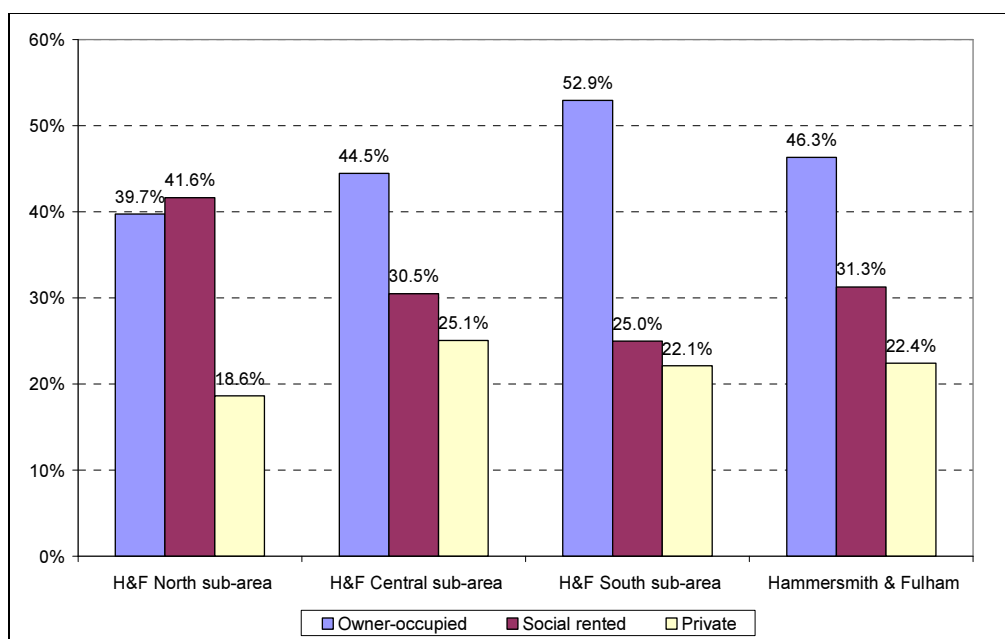


Source: CLG HIP Data, 2009

6.1.4 The 2009/10 tenure estimates for H&F's sub areas have been derived by applying the number of new build homes, conversions and demolitions, and sold properties to the 2001 Census tenure figures.

6.1.5 The highest concentration of social rented housing dwellings is estimated to be in the borough's North sub area where nearly 42% of all households rent from the LA or RSL. The highest proportions of owner-occupied dwellings are estimated to be in the South sub area (53%), although Sands End Ward also has concentrations of social rented housing.

Chart 12 - Current estimated tenure mix by sub-areas, 2009/10



Source: LBHF estimates based on newly built and sold properties, 2001 Census

6.1.6 Nearly a third of all properties in the borough are one bedroom properties. The largest proportion of one-bed properties is in the Central sub area (38%), compared to 35% in the North, and 26% in the South sub area. The highest proportions of smaller properties (studio, 1 bedroom) are in the social rented sector 47% (Council 40% and RSL 53%).

6.1.7 Overall, 44% of properties in the South sub area with three or more bedrooms, compared to 34% in the North sub area.

Table 7 - Current estimated bedsize by sub-areas, 2009/10

Sub areas	1-bed		2-bed		3-bed		4+ bed		Total	
	#	%	#	%	#	%	#	%	#	% of all
North	7,209	35.2	6,188	30.2	5,287	25.8	1,775	8.7	20,459	25.1
Central	12,032	37.8	9,658	30.3	4,894	15.4	5,284	16.6	31,868	39.1
South	7,530	25.8	8,988	30.7	6,901	23.6	5,820	19.9	29,239	35.8
LBHF	26,770	32.8	24,834	30.4	17,081	20.9	12,881	15.8	81,566	100.0

Source: LBHF estimates based on newly built and sold properties, H&F Housing Needs Survey 2004

Table 8 - Current estimated bedsize of Council owned properties, 2009/10

Council only

Sub areas	1-bed		2-bed		3-bed		4+ bed		Total	
	#	%	#	%	#	%	#	%	#	% of all
North	1,390	30.7	1,938	42.8	1,031	22.7	172	3.8	4,531	34.4
Central	1,989	44.7	1,440	32.3	912	20.5	112	2.5	4,452	33.8
South	1,332	31.9	1,607	38.5	1,074	25.7	162	3.9	4,176	31.7
Council All	4,711	35.8	4,984	37.9	3,017	22.9	447	3.4	13,159	100.0

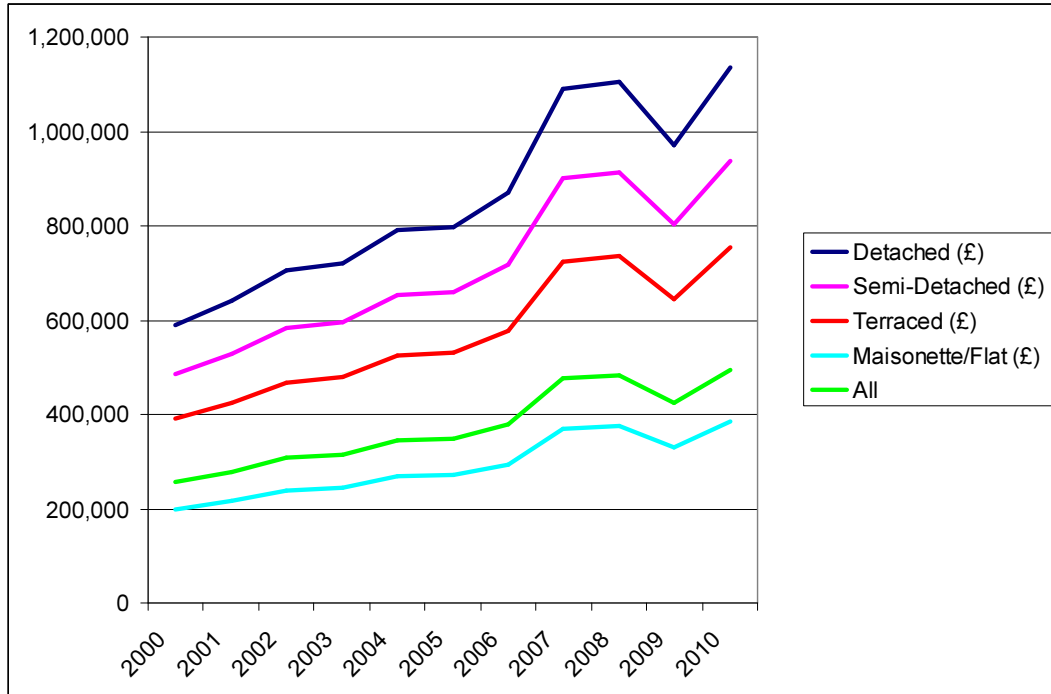
Source : Housing Needs Survey and local data of new build

6.2 House Prices and Sales

House prices have recovered well since the recession and are close to their peak (pre recession) in November 2007. The majority of properties sold in the borough are flats / maisonettes. House sales show a degree of stability when compared to London and have shown significant increases since entering and leaving recession. The property market in the borough remains dynamic.

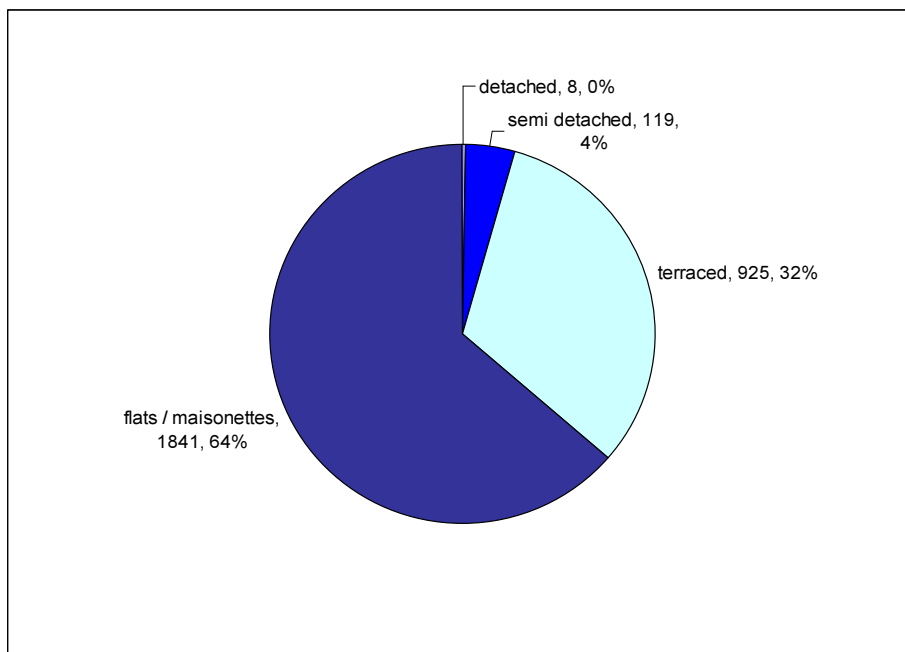
- 6.2.1 As at July 2010 the average house in the borough would cost £495k. This is the 4th highest in London.
- 6.2.2 The graph below shows the average house price as at every July since 2000. With the exception of July 2009 there have been continuous increases in average house prices for all types of accommodation.
- 6.2.3 The graph also shows the position as at July 2010 and highlights how quickly house prices have recovered since the recession.
- 6.2.4 Using data provided to LBHF from the Land Registry at postcode sector level, almost 65% of all sales are for flats / maisonettes, with the vast majority of the remainder being terraced houses.

Chart 13 – Average house prices by type of property – LBHF 2000-2010



Source : Land Registry

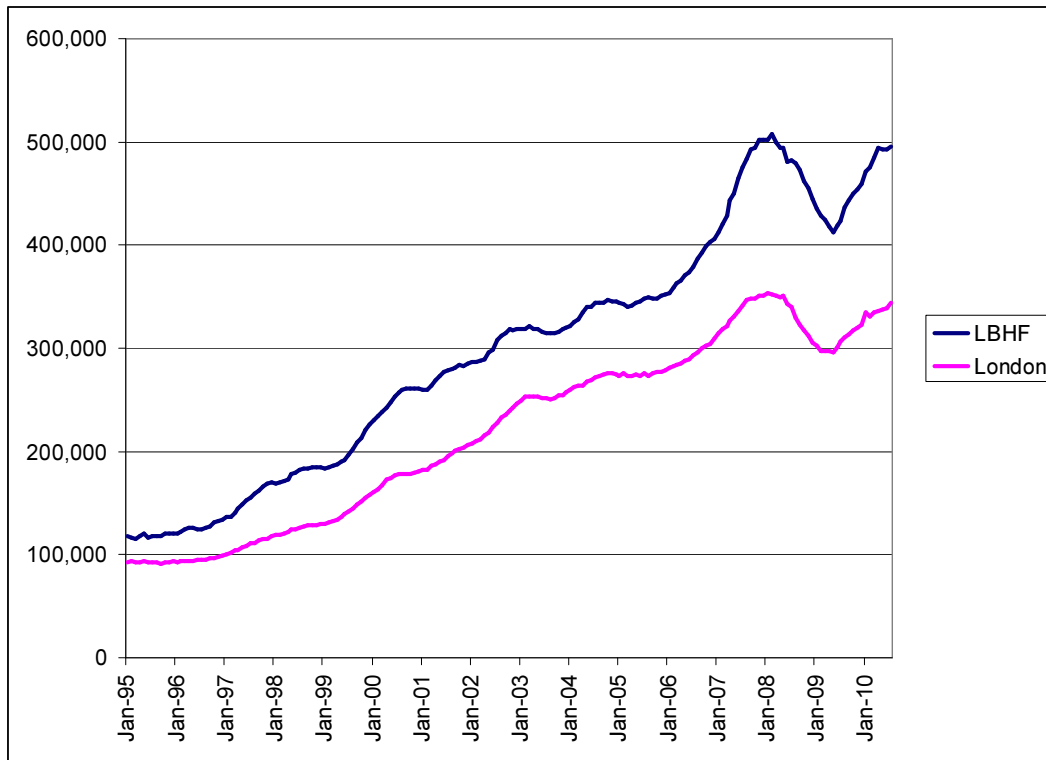
Chart 14 – house sales by type of property sold – LBHF 2009



Source : Land Registry data

6.2.5 The graph below shows the long term trend in average house prices compared to London as a whole. House Prices in the borough are now near to their peak in November 2007 (£495k compared to £502.5k)

Chart 15 – long term trend in house prices – LBHF against London



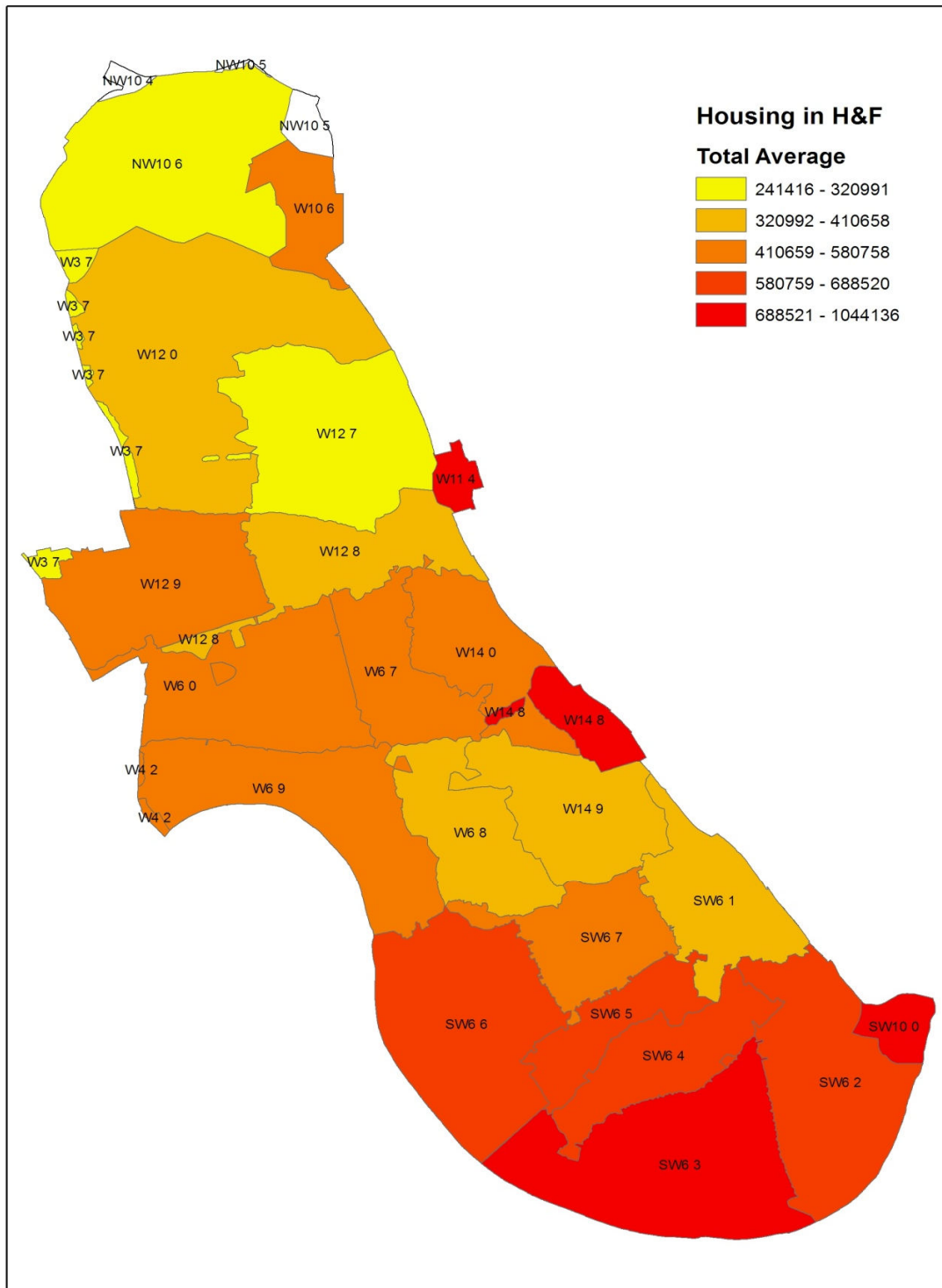
Source : Land Registry data

6.2.6 House sales have shown comparative stability compared to London as a whole. In May 2010 there were 187 sales, compared to 134 in May 2009 (an increase of 39%). Compared to May 2008 (pre-recession) there was the same 39% increase.

6.2.7 For London as a whole, there has been a smaller 29% increase in sales between May 2009 and May 2010; but a decrease in sales between May 2008 and May 2010 (of 15%)

6.2.8 The data provided by the Land Registry does shed light on some variances within the borough in terms of house prices and sales. The further north you go in the borough the cheaper properties tend to become. The areas in the South tend to be by far the most expensive properties in the borough. Sales tend to follow a similar level, with the most occurring in the postcodes in the south, and the least in the north.

Map 5 – Average 2009 house prices by postcode sector (Land Registry data)

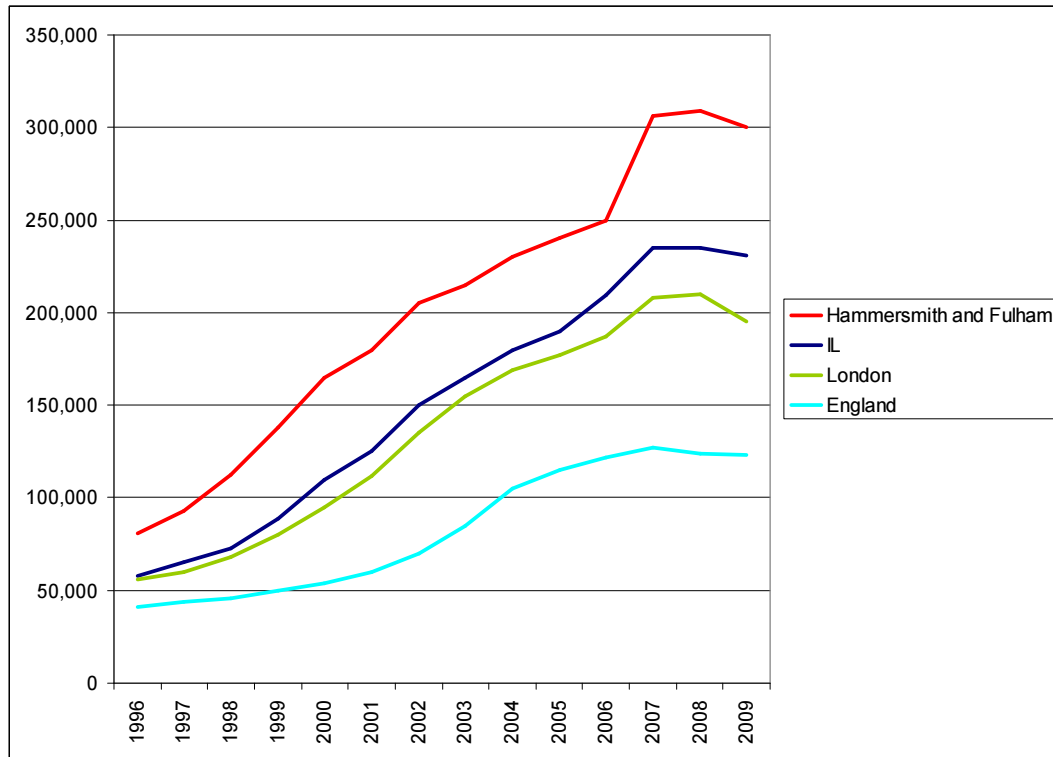


6.3 Affordability measures

Property in Hammersmith and Fulham is prohibitively expensive and the vast majority of people (93%) who live in the borough have incomes beneath the level required even for an “entry level” property. The borough has one of the highest lower quartile house prices and one of the highest lower quartile income / lower quartile house price ratios. The only properties that are sold beneath the current lower quartile house price are flats / maisonettes. Given the data in the vacancies section it is difficult to see how the borough can fill positions in the lower income occupations with its own residents given the high entry level house prices and the low average incomes of those occupations. At postcode sector level, there is only one area in the borough which has an average house price less than £300k – that is NW10 6, in College Park and Old Oak. Affordability worsens the further south you go in the borough.

- 6.3.1 Examining the data in sections 3 and 4 it is apparent that there are significant problems with the affordability of properties within the borough, especially given the economically polarised nature of the borough.
- 6.3.2 Taking the lower quartile house price to be “entry level” it is clear to see how difficult it is to afford a property within Hammersmith and Fulham. The graph below shows the trends in lower quartile prices for the borough, compared to Inner London, London as a whole, and England.
- 6.3.3 The lower quartile house price in the borough is now £300k. Only Kensington and Chelsea and Westminster have a high lower quartile house price (City of London has the same at £300k).
- 6.3.4 Over the last 5 years there has been a 25% increase in the lower quartile house price within the borough (from £240k to the current position of £300k). For the same time period Inner London has seen a 22% increase in lower quartile house prices, with London seeing a 10% increase and England a 7% increase.
- 6.3.5 Up until the point of recession, the lower quartile price in the borough was increasing at a sharper rate than the other areas considered. Given the element of recovery seen it is possible that the lower quartile position will begin to increase again making affordability even more problematic.
- 6.3.6 As a simple measure of affordability the ratio between lower quartile income and lower quartile house prices is used. Over the same time period used above, there is a similar pattern appearing, with Hammersmith and Fulham having a significantly higher ratio than Inner London, London and England as a whole.

Chart 16 – lower quartile house prices – LBHF against Inner London, London and England



Source : CLG Live tables

Table 9 – Trend in the ratio of lower quartile income against lower quartile house price

Area	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Hammersmith and Fulham	5.63	6.82	7.68	8.85	8.96	9.87	9.84	10.69	10.91	11.51	12.85	12.85	10.75
Inner London	-	-	-	-	-	-	-	-	-	8.55	9.50	9.60	8.67
London	3.99	4.34	4.93	5.58	6.30	7.31	7.73	8.26	8.51	8.71	9.09	9.32	8.04
England	3.65	3.65	3.84	3.98	4.22	4.72	5.23	6.28	6.82	7.15	7.25	6.97	6.28
Camden	5.72	6.34	7.70	9.03	8.94	10.01	9.72	9.92	10.56	10.66	12.15	12.16	10.57
City of London	5.44	6.30	6.40	6.75	7.27	7.60	9.15	8.91	8.08	8.34	10.17	10.31	8.24
Hackney	3.46	3.43	4.40	5.66	6.61	7.48	7.40	7.78	7.95	7.79	9.67	9.32	7.96
Haringey	4.54	5.16	5.47	6.12	7.00	8.38	8.47	8.90	9.48	9.53	10.44	10.64	9.62
Islington	4.82	5.47	6.51	7.20	7.43	7.71	7.58	8.43	8.80	9.08	10.49	11.03	9.44
Kensington and Chelsea	10.42	10.44	12.02	13.77	14.93	14.14	13.88	16.05	16.67	18.90	21.00	21.44	19.57
Lambeth	3.70	4.11	4.67	5.85	6.69	7.98	7.89	8.04	8.14	8.25	9.37	9.58	7.98
Lewisham	3.50	3.88	4.00	4.79	5.33	6.91	7.22	8.35	7.95	7.93	8.65	9.11	7.40
Newham	3.11	3.53	4.03	4.71	5.51	6.68	8.25	8.56	8.89	9.87	9.72	10.16	7.54
Southwark	3.54	4.17	4.57	5.57	5.71	6.13	6.22	7.79	8.45	7.82	8.45	9.41	8.75
Tower Hamlets	3.66	4.04	4.97	5.52	5.77	6.69	6.39	6.59	6.94	7.04	7.57	8.02	7.57
Wandsworth	5.25	5.63	6.80	8.10	9.36	10.22	10.16	10.67	10.75	11.30	12.52	13.04	12.30
Westminster	6.41	7.08	8.48	9.86	10.16	11.31	11.60	11.36	11.42	12.51	13.19	13.61	12.80

Source : CLG Live Tables

6.3.7 Using the 3.5x earnings as a measure of affordability and the current lower income house price for the borough (at £300k), a household would need an income of £86k per annum to purchase an “entry level” property in the borough.

Table 10 – affordability at different income bands - LBHF

	Percent of households priced out of market		
	3x income	3.5x income	4x income
FTB households - Flats	86.07%	79.20%	69.27%
FTB households - Terraced houses	100.00%	100.00%	100.00%
FTB households - Semi-detached houses	100.00%	95.86%	92.41%
FTB households - Detached houses	100.00%	100.00%	94.94%
Owner occupier - Flats	79.20%	69.27%	62.91%
Owner occupier - Terraced houses	100.00%	100.00%	94.94%
Owner occupier - Semi-detached houses	95.86%	92.41%	88.62%
Owner occupier - Detached houses	100.00%	94.94%	90.71%

6.3.8 The Land Registry data in Chart 13, shows that the only properties that are ever beneath £300k are flats or maisonettes.

6.3.9 The table above from HomeTrack confirms the difficulties in affordability in the borough. For first time buyers (FTB), only flats appear as a viable purchase, with almost all first time buyers priced out of the markets for terraced, semi detached and detached houses.

6.3.10 The percentage of households that are already owner occupiers priced out of the market is also high for terraced and detached houses. Some owner occupiers however are not priced out of the market due to their existing levels of capital with flats again being the most affordable type of property.

6.3.11 The table below shows calculated estimates of mean income to house price ratios at a local level within the borough. Ignoring W11 4 and W10 6 which both are being skewed by bordering Kensington and Chelsea, all the postcode areas which have the highest ratios are in SW6 and in the south of the borough.

Table 11 – affordability at postcode sector level in LBHF

postcode area	Total Averages	Total Sales	average income	ratio
W11 4	£959,648	65	26,130	36.7
W10 6	£546,520	91	22,054	24.8
W14 8	£864,829	126	39,104	22.1
SW6 3	£1,044,136	137	47,573	21.9
SW6 2	£637,069	190	39,362	16.2
SW10 0	£863,603	86	55,387	15.6
SW6 7	£555,718	153	38,724	14.4
SW6 5	£688,520	102	48,796	14.1
SW6 6	£629,427	154	45,707	13.8
W6 7	£569,145	67	43,112	13.2
SW6 4	£658,525	110	49,907	13.2
W12 9	£500,052	149	40,260	12.4
W6 9	£487,078	76	41,314	11.8
W14 0	£506,702	140	43,825	11.6
W6 0	£489,129	99	42,607	11.5
W4 2	£580,758	110	53,669	10.8
W6 8	£391,128	66	36,317	10.8
W12 7	£320,991	46	31,205	10.3
W12 0	£350,337	77	34,488	10.2
SW6 1	£410,658	74	42,132	9.7
W14 9	£409,213	141	41,992	9.7
W12 8	£370,338	75	39,943	9.3
W10 5	£429,910	52	47,398	9.1
W3 7	£310,528	172	37,291	8.3
NW10 6	£241,416	18	30,694	7.9

Source : Land Registry data, CACI 2009 Paycheck data

6.3.12 Table 12 below shows, for selected occupations, the percentage of income required to purchase an entry level property, and updates the Wilcox work for the Joseph Rowntree Foundation.⁴

6.3.13 Key workers such as social workers have 39.1% of the income required to purchase an entry level property in the borough. Those in teaching professions have 43.9% of the required income, and nurses have 35.7%.

6.3.14 For those in elementary occupations, this percentage is significantly lower, at 24.1% and 14% (for those in elementary administration positions).

Table 12 – Income of key occupations as % of income required to purchase an entry level property in LBHF

⁴ Can't Work, Can't Buy, Steve Wilcox, Joseph Rowntree Foundation, 2003

Occupation	Average Annual Income	Income as % of income required to purchase
Managers and senior officials	£51,099	59.4%
Professional occupations	£44,298	51.5%
Key workers	£34,751	40.4%
Nurses	£30,676	35.7%
Police officers	£46,213	53.7%
Social workers	£33,621	39.1%
Teaching Professionals	£37,764	43.9%
Prison service officers	£30,701	35.7%
Probation officers	£33,883	39.4%
Fire service officers	£33,087	38.5%
Town planners	£42,811	49.8%
Associate professional / technical occupations	£33,871	39.4%
Skilled trades occupations	£28,617	33.3%
Administrative and secretarial occupations	£20,954	24.4%
Personal service occupations	£16,062	18.7%
Customer service occupations	£17,578	20.4%
Sales occupations	£11,638	13.5%
Elementary occupations	£20,742	24.1%
Elementary administration	£12,068	14.0%

Source: Annual Survey of Hours and Earnings (ASHE) - 2009

Link

<http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=15313>

Note: Figures weighted to reflect the Inner London wages

7 Rental levels in Hammersmith and Fulham

- 7.1 Unlike house prices, private sector rents have risen since 1994 at the same rate as earnings growth and so are significantly lower than mortgage costs for an equivalent size local property (Can't Supply: Can't Buy: Hometrack 2008). Average rents in H&F are 65% of average monthly mortgage costs but they are still high compared to the rest of London. Other data sources indicate higher lower quartile local rents. Average rents are 37% of average household earnings; 49% of younger working households (under 40 age group) can afford private rents, compared to 30% that can afford owner occupation but still only 5% of families in the same age group can afford private rents.⁵
- 7.2 The unmet demand for homeownership has been displaced to the private rented sector which has expanded to meet this demand. The private rented sector also provides housing of relatively easy access (and exit) for young and mobile

⁵ Evaluating requirements for market and affordable housing NHPAU 2010

households, such as young professional singles, couples and students. Some households occupy private rented housing through choice for at least a period of their lives and there are other households who cannot afford owner occupation and are unable and/or unwilling to access social rented housing. Households who cannot afford private sector rents are supported by the payment of housing benefit or through private sector leasing. There are estimated to be over 5000 of these tenancies in H&F or 18% of the private rented sector.⁶

- 7.3 The private rented sector is characterised by high levels of mobility and the majority of tenants (over 50%) are in the 25-34 age band⁷ in 2001. This is the age group where many will be expecting to become first buyers. The tenants in the private rented sector are also very mobile with most tenancies for periods of 6 months. In 2001 only 58% of households living in the private rented sector nationally were living at the same address as one year earlier compared with over 86% of all households in all tenures. There are clearly some advantages in young people being able to move relatively easily, but there can also be some disadvantages for the local area where there are concentrations highly mobile residents. People do not establish links or a responsibility to the local community and the types of goods and services that they require are different from longer term residents.
- 7.4 It also impacts on the provision of a wide range of essential services because many of the younger people who live in rented accommodation are key workers and they move out of the borough and possibly out of London when they want to buy a house. The London Assembly Report Key Issues for Key Workers Feb 2001 highlighted the problems that lack of affordable housing for key workers raises.
- 7.5 A MORI survey conducted for the GLA showed that 87% of private renters wanted to own their own home.⁸
- 7.6 Table 13 below shows the entry level (or market rent thresholds) for properties to rent in the private rented sector.

Table 13 – Entry level market rents and required incomes LBHF and West London

⁶ West London Strategic Housing Market Assessment

⁷ The Modern Private Rented Sector, David Rhodes, Joseph Rowntree Foundation, University of York. 2006

⁸ Housing in London. The Evidence Base for the London Housing Strategy. Nov 2009

		Bedsit	1 bed	2 beds	3 beds	4+ beds
West London	Threshold price	£100.00	£185.00	£250.00	£292.50	£353.75
	Required income	£20,900.00	£38,600.00	£52,100.00	£61,000.00	£73,800.00
Hammersmith and Fulham	Threshold price	£107.55	£198.96	£268.87	£314.58	£380.45
	Required income	£22,400.00	£41,500.00	£56,100.00	£65,600.00	£79,400.00

Source : ORS data in West London SHMA

- 7.7 Lowest quartile rents are significantly higher in Hammersmith and Fulham than in much of West London. Kensington and Chelsea is the only area which has higher entry level rents.
- 7.8 To rent a bedsit in the private sector a minimum income of £22.4k per annum is required. This increases rapidly with the number of bedrooms required to a required income of £79.4k per annum for a 4 bed property in the private rented sector.
- 7.9 Of those on the housing register, it is estimated that 25.7% have an annual income of more than £19k per annum, and 7% have an annual income of £30k per annum or higher, and could seek alternative housing opportunities in the private rented sector.

Annex B Infrastructure Investment Tables

Scheme	Need for scheme	Requirements of scheme	Cost	Lead Delivery Agency	Indicative Delivery Phasing	Funding Arrangements	Area of Borough	Priority
Transport								
Improvements to northbound access from Fulham Palace Road to the Hammersmith Gyrotory	To improve the bus priority measure for Bus Route 220	Road improvements	£2.5m	TFL	Ongoing	Funded through TFL	Hammersmith Town Centre	Medium
Improvements to District Line	To increase capacity, comfort and reliability	New trains, new signalling, renewed track and a new centralised service control centre	Unknown	TFL	2010-2018	Funded through TFL	Hammersmith Town Centre and N Fulham Regeneration Area	High
Improvements to Piccadilly Line	To increase capacity, comfort and reliability	New trains, new signalling system and a new control centre	Unknown	TFL	to be finalised	Funded through TFL	Hammersmith Town Centre and N Fulham Regeneration Area	High
Improvements to the West London Line	To increase access to the line and increase the frequency of trains on the line	Increases to platform lengths, and possible new stations at Chelsea Football Club and North Pole Road	Unknown	TFL	Ongoing	Developer contributions	White City, N Fulham, S Fulham regeneration areas	High

Scheme	Need for scheme	Requirements of scheme	Cost	Lead Delivery Agency	Indicative Delivery Phasing	Funding Arrangements	Area of Borough	Priority
New Crossrail station	To support development at Old Oak and Hythe Road Area	Construction of new station on Crossrail Line	Unknown	Crossrail Ltd	2017 onwards	Crossrail Ltd, LBHF and developer contributions	Old Oak and White City Regeneration Areas	Medium
High Speed 2 Hub	To link with proposed new Crossrail station and provide link to Heathrow	Construct a station/terminus at Old Oak to link with Crossrail	Unknown	HS2 Ltd	2017 onwards	Central Government, National Rail and HS2 Ltd	Old Oak and White City Regeneration Areas	Medium
Chelsea-Hackney Line	To improve public transport access in the south of the borough	Improvements to the track between Parsons Green and Wimbledon and construction of new line between Parsons Green and Chelsea	Unknown	TFL	2017-2030	Likely to be funded by Central Government and TFL	N Fulham, S Fulham regeneration areas	Medium
Upgrade to existing Chelsea Harbour Pier	To improve transport accessibility in the South Fulham Riverside Area	To increase the capacity for water based traffic	Unknown	LBHF/TFL	2012-2020	S106 contributions	S Fulham regeneration area	Medium
Additional need from Regeneration Areas	To meet the needs of the increasing population in Regeneration Areas	Provide additional transport capacity in the form of new roads, buses, cycleways and other public transport	Unknown	TFL	Ongoing	TFL and S106	All regeneration areas	High

Scheme	Need for scheme	Requirements of scheme	Cost	Lead Delivery Agency	Indicative Delivery Phasing	Funding Arrangements	Area of Borough	Priority
Water and Drainage Infrastructure								
Upgrade of Counters Creek Sewer	To update ageing infrastructure and increase capacity	Replacement and enlargement of sewer	Unknown	Thames Water	2015-20	Funded by OFWAT.	Borough-wide	Medium
Thames Wall Improvements	To ensure that the Thames Wall is an effective barrier to flood risk	Regular upkeep of wall defences	Unknown	Environment Agency	Ongoing	Riparian landowner / Environment Agency	S Fulham N Fulham and Hammersmith Town Centre regeneration areas	Medium
Secondary Education								
Hammersmith Academy	To meet demand for secondary school places	Construction of new secondary school	Unknown	DCSF	2010-2012	DCSF and Mercers	Borough-wide	High
Sacred Heart High School	To meet demand for secondary school places	New build/ refurbishments	£7.5m	LBHF	2012-2015	LBHF/S106	Borough-wide	High
Lady Margaret School	To meet demand for secondary school places	New build/ refurbishments	£4.8m	LBHF	2012-2015	LBHF/S106	Borough-wide	High
Fulham Cross / Henry Compton	To facilitate operational requirements for federation	Refurbishments	£4m	LBHF	2012-2015	LBHF/S106	Borough-wide	High
William Morris	Expansion to meet	New build/	£2.5m	LBHF	2012-2015	LBHF/S106	Borough-wide	High

Scheme	Need for scheme	Requirements of scheme	Cost	Lead Delivery Agency	Indicative Delivery Phasing	Funding Arrangements	Area of Borough	Priority
	space requirements	refurbishments						
Additional need from Regeneration Areas	To meet the needs of the increasing population in Regeneration Areas	To provide additional secondary school capacity	Unknown	LBHF	2010 onwards	LBHF/S106/DCSF	All regeneration areas	Medium
Special Education								
Cambridge School	To deliver objectives of 2008 SEN Review	New build on Bryony Centre Site	£8.5m	LBHF	2011/2012	LBHF	Borough-wide	High
Bridge Academy	To deliver objectives of 2008 SEN Review	New build on Cambridge Site	£8.5m	LBHF	2012/2013	LBHF	Borough-wide	High
Queensmill	To deliver objectives of 2008 SEN Review	New build/refurbishments on Finlay Street Site	£9m	LBHF	2013/2014	LBHF	Borough-wide	High
Primary Education								
John Betts	Replacement of hatted classroom	Construction of solid structure classroom	£250,000	LBHF	2010-11	LBHF/PCP	Local area	High
Langford Primary School	Relocation of Gibbs Green School	Major new build	£1m	LBHF	2009-2010	LBHF/PCP	Local area	High
St Thomas of Canterbury	Expansion to meet space requirements	New build/refurbishments	£1.5m	LBHF	2010-2011	LBHF/PCP	Local area	High
Old Oak	Expansion to two form entries	New build/refurbishments	£1m	LBHF	2011/2012	LBHF/PCP	Local area	High

Scheme	Need for scheme	Requirements of scheme	Cost	Lead Delivery Agency	Indicative Delivery Phasing	Funding Arrangements	Area of Borough	Priority
Holy Cross	Expansion to two form entries	Major new build/ remodel	Unknown	LBHF	2012-2015	LBHF/PCP	Local area	High
St Peters	Improvements to teaching facilities	Amalgamation of school on single site with possible expansion	Unknown	LBHF	2012-2015	LBHF/PCP	Local area	High
Bentworth	Expansion to meet space requirements	New build/ refurbishments	Unknown	LBHF	2012-2015	LBHF/PCP	Local area	High
Additional need from Regeneration Areas	To meet the needs of the increasing population in Regeneration Areas	To provide additional primary school capacity within Regeneration Areas	Unknown	LBHF	2010 onwards	LBHF/S106	All regeneration areas	Medium
Early Years								
Additional need from Regeneration Areas	To meet the needs of the increasing population in Regeneration Areas	Creation of new daycare centres as part of any proposed new primary school	Unknown	LBHF	2010 onwards	LBHF/S106	All regeneration areas	Medium
Healthcare								
Expansion of Hammersmith Hospital	To accommodate new research facility	New build and consolidation of existing facilities	£100m	Imperial College Healthcare (ICH)	2009-2014	ICH/ Department of Health	White City Regeneration area and N of Borough	Medium
White City Collaborative	Creation of new health centre	New build in association with residential	£11.6m	HFPCT	2010-2013	HFPCT/LBHF	White City Regeneration area and N of	High

Scheme	Need for scheme	Requirements of scheme	Cost	Lead Delivery Agency	Indicative Delivery Phasing	Funding Arrangements	Area of Borough	Priority
Care Centre		development					Borough	
Fulham Centre for Health	Creation of new polyclinic	Works at Charing Cross Hospital to create a new polyclinic	£3.56m	HFPCT	2010-2012	HFPCT	Hammersmith Town Centre and S of borough	High
Consolidation of Wandsworth Bridge GPs	Consolidate facilities and increase capacity	Refurbishment and new build and closure of obsolete facilities	£750,000	HFPCT	2010-2013	HFPCT/LBHF	S Fulham RA	Medium
Cassidy Road	Create a 2 nd tier health centre	Expand existing facility	£350,000	HFPCT	2011-13	HFPCT	Local area	Medium
Richford Gate	Create a 2 nd tier health centre	Expand existing facility	£600,000	HFPCT	2011-13	HFPCT	Local area	Medium
Upgrading GP Premises	To increase GP capacity in the vicinity of the borough's hospitals	Creation of GPs at Hammersmith and Charing Cross Hospitals	£1.2m	HFPCT	2010 onwards	HFPCT/ICH	Borough-wide	Medium
Additional need from Regeneration Areas	To meet the needs of the increasing population in Regeneration Areas	To provide additional healthcare facilities within Regeneration Areas	Unknown	HFPCT	2010 onwards	HFPCT/S106	All regeneration areas	Medium
Police								
Expansion of Hammersmith Police Station	Current facilities are unsuitable	Expansion of existing facilities	Unknown	Metropolitan Police	2010 onwards	Metropolitan Police	N of borough	Low

Scheme	Need for scheme	Requirements of scheme	Cost	Lead Delivery Agency	Indicative Delivery Phasing	Funding Arrangements	Area of Borough	Priority
Expansion of Shepherd's Bush Police Station	Population increases around Shepherd's Bush	Expansion of existing facilities and creation of 24 hour custody suites	Unknown	Metropolitan Police	2010 onwards	Metropolitan Police	S of borough	Medium
Leisure and Sport								
Additional need from Regeneration Areas	To meet the needs of the increasing population in Regeneration Areas	To provide additional leisure and sports provision within Regeneration Areas	Unknown	LBHF	2010 onwards	LBHF/S106	All regeneration areas	Low
Meeting Halls and Spaces								
Additional need from Regeneration Areas	To meet the needs of the increasing population in Regeneration Areas	To provide additional meeting halls and spaces within Regeneration Areas	Unknown	LBHF	2010 onwards	LBHF/S106	All regeneration areas	Low
Libraries								
Hammersmith Library	Offer a better service to residents	Relocate the library in central Hammersmith	Unknown	LBHF	2010 onwards	LBHF	Borough-wide	Medium
Fulham Library	Offer a better service to residents	Improvements to the library including self service terminals, IT improvements and new furniture	£100,000	LBHF	2010-2013	LBHF	S of borough	Medium
Sands End Library	Offer a better service to residents	Relocate the facility	Unknown	LBHF	2010 onwards	LBHF	S of borough	Medium

Scheme	Need for scheme	Requirements of scheme	Cost	Lead Delivery Agency	Indicative Delivery Phasing	Funding Arrangements	Area of Borough	Priority
Voluntary Sector								
Creation of 3 rd sector hubs	To consolidate 3 rd sector facilities	Identification of suitable sites for third sector hubs and redevelopment	Unknown	LBHF	2010 onwards	LBHF	Borough-wide	Low
Open Space								
Shepherd's Bush Green	To improve the quality of the open space	Re-modelling of the open space	£4.6m	LBHF	2009-2011	LBHF/S106	White City Regeneration area and N of Borough	High
Bishop's Park	To improve the quality of the open space	Re-modelling of the open space	£7m	LBHF	2011-2015	LBHF/National Lottery	S of borough	Medium
Other park improvements	Improve the attractiveness of the borough's commons and key open spaces	Minor re-modelling and refurbishment works	£1.5m	LBHF	2009-2015	LBHF	Borough-wide	Medium
Additional need from Regeneration Areas	To meet the needs of the increasing population in Regeneration Areas	Create new open spaces (including new playspaces and biodiversity) to meet the needs of the expanding population and to address deficiencies	Unknown	LBHF	2010 onwards	LBHF/ National Lottery/ S106	All regeneration areas	Medium

Scheme	Need for scheme	Requirements of scheme	Cost	Lead Delivery Agency	Indicative Delivery Phasing	Funding Arrangements	Area of Borough	Priority
Thames Path								
Re-alignment of Thames Path	To create an attractive riverside walk	Where development occurs, require the provision of a publicly accessible walkway along the riverfront	Unknown	Developer	2010 onwards	S106	Hammersmith Town Centre, S Fulham and S of Borough	Medium
The Grand Union Canal and Towpath								
Wheelchair access at Scrubs Lane	To increase accessibility to the canal towpath	Redevelop the access ramp	£612,000	LBHF	2010-2012	TFL/PRP	Old Oak Common and White City regeneration area	Medium
Outdoor Sports Provision								
School Sports Zones	To allow educational facilities to have access to public outdoor sports pitches and courts	Minor alterations to upgrade outdoor sports facilities	Unknown but not likely to be large	LBHF	2010-2013	LBHF	Borough-wide	Medium
Hammersmith Academy sports pitch access	Provide accessible sports provision for Hammersmith Academy in Ravenscourt Park	Minor improvements to current pitches and courts	Unknown but rent will likely outweigh costs	LBHF	2010-2011	LBHF	Borough-wide	High
Playspaces								
Improvements	To upgrade the quality	Minor refurbishments	£1.1m	LBHF	2010-2015	DCSF	Borough-wide	High

Scheme	Need for scheme	Requirements of scheme	Cost	Lead Delivery Agency	Indicative Delivery Phasing	Funding Arrangements	Area of Borough	Priority
to playspaces	of existing playgrounds							
Trees								
Mayor's Street Tree Programme	To improve the attractiveness and ecology of areas identified as being deficient in street trees	Identification of suitable locations and planting of trees	Roughly £100,000	GLA	2009-2013	GLA	Borough-wide	Medium
Affordable Housing								
White City Opportunity Area	Meet affordable housing aspiration and need plus any social housing re-provision requirements	Intermediate housing and affordable rent housing plus social housing re-provision if required	NK	LBHF / Developer	2012-2032	Developer	White City Opportunity Area	High
Hammersmith Town Centre and Riverside	Meet affordable housing aspiration and need plus any social housing re-provision requirements	Intermediate housing and affordable rent housing plus social housing re-provision if required	NK	LBHF / Developer	2012-2022	Developer	Hammersmith Town Centre and Riverside	High
Fulham Regeneration Area	Meet affordable housing aspiration and need plus any social housing re-provision requirements	Intermediate housing and affordable rent housing plus social housing re-provision if required	NK	LBHF / Developer	2012-2032	Developer	Fulham Regeneration Area	High

Scheme	Need for scheme	Requirements of scheme	Cost	Lead Delivery Agency	Indicative Delivery Phasing	Funding Arrangements	Area of Borough	Priority
South Fulham Riverside	Meet affordable housing aspiration and need	Intermediate housing and affordable rent housing	NK	LBHF / Developer	2012-2032	Developer	South Fulham Riverside	High
Park Royal Opportunity Area	Meet affordable housing aspiration and need	Intermediate housing and affordable rent housing	NK	LBHF / Developer	2022-2032	Developer	Park Royal Opportunity Area	High
Rest of Borough	Meet affordable housing aspiration and need	Intermediate housing and affordable rent housing	NK	LBHF / Developer	2012/2022	Developer	Borough-wide	High

Annex C Glossary

Affordable Rent – “Rented housing provided by registered providers of social housing, that has the same characteristics as social rented housing except that it is outside the national rent regime, but is subject to other rent controls that require it to be offered to eligible households at a rent of up to 80% of local market rents.” Source: CLG. Planning Policy 3: Planning for Housing – Technical change to Annex B, Affordable Housing Definition. CLG, 2011

Greater London Authority (GLA) – The statutory strategic authority responsible for supporting the Mayor produce the London Plan and the London Housing Strategy

Homes and Communities Agency (HCA) – The national housing and regeneration agency responsible for administering funding for new housing and regeneration in England and overseeing the borough investment planning process. *Note: The HCA’s London (and London Development Agency’s) functions are planned to be merged into the Mayor’s new Housing and Regeneration Directorate by April 2011*

Intermediate Housing – Affordable housing for rent and/or ownership for working households on low to medium incomes who are ineligible for social housing and unable to afford market housing

Local Development Framework (LDF) – The is the suite of planning documents that comprises the local spatial development strategy for the borough, including the Core Strategy and Development Management Plan policies

Registered Providers – Organizations formerly known as Registered Social Landlords (and also housing associations) who provide affordable housing

Social Housing – Affordable housing let on secure or assured tenancies for households in necessitous need.

Strategic Housing Land Availability Assessment (SHLAA) – Assesses the availability and timing of housing site delivery in an area over a fifteen year timeframe and is intended to guide housing delivery ‘trajectories’ in the LDF

Strategic Housing Market Assessment (SHMA) – A research tool designed to help inform and provide housing market evidence for planning and housing strategies and policies

Tenant Services Authority – Responsible for regulating the work of Registered Providers

Transport for London (TfL) – The Mayor’s transport agency responsible for strategic investment and coordination of service delivery

Annex D Key Reference Documents

1. LBHF Local Development Framework – Core Strategy Post Submission Amendments arising during Examination (June 2011)
2. LBHF Local Development Framework – Development Management Plan Policies (Aug 2011 Version)
3. Hammersmith and Fulham Community Strategy 2007/14 (September 2007)
4. Mayor of London’s London Plan (July 2011)
5. Mayor of London’s Housing Strategy (Feb 2010)
6. LBHF Housing Strategy 2007/14 – A Housing Ladder of Opportunity for All
7. Mayor of London’s A Revised London Housing Strategy – Initial Proposals (Aug 2011)
8. CLG A Fairer Future for Social Housing
9. HCA Single Conversation: A better way to achieve positive outcomes for people and places (2009)
10. HCA Single Conversation: Further Information Local Investment Plan (Jan 2010)
11. LBHF Cabinet Briefing – Effect of the HRA Reform on LBHF and Proposed Response to CLG Consultation 1 July 2010
12. LBHF Cabinet Report – Housing Estates Investment Plan
13. LBHF LDF Strategic Housing Land Availability Assessment (Oct 2010)

14. LBHF LDF Background Paper: Affordable Housing (Oct 2010)

Annex E - Key Borough Contacts

Mel Barrett, Director of Housing and Regeneration – melbourne.barrett@bhf.gov.uk

Gerald Wild, Interim Assistant Director Housing Options gerald.wild@lbhf.gov.uk

Aaron Cahill, Temporary Project Officer (Policy) – aaron.cahill@lbhf.gov.uk *

* Contact for Borough Investment Plan detailed enquiries

5 DECEMBER 2011

SUMMARY OF OPEN DECISIONS TAKEN BY THE LEADER AND CABINET MEMBERS REPORTED TO CABINET FOR INFORMATION

**DEPUTY LEADER
(+ENVIRONMENT
AND ASSET
MANAGEMENT)**
*Councillor Nicholas
Botterill*

16.1 FESTIVE DECORATIONS ON THE PUBLIC HIGHWAY 2011

This report sets out proposal for festive decorations on the public highway during Christmas 2011.

Decision made by Cabinet Member(s) on: 12 October 2011

- 1. That approval is given for festive decorations on the public highway during Christmas 2011, at a total cost of £29,520.00 as set out in para. 3.1 and 3.2 of the report.**
- 2. To support Hammersmith London's bid for funding for festive decorations 2012 – 2014 as set out in para. 2.3 of the report.**

Ward: All

**DEPUTY LEADER
(+ENVIRONMENT
AND ASSET
MANAGEMENT)**
*Councillor Nicholas
Botterill*

16.2 PROPOSALS FOR THE PROCUREMENT OF FACILITIES MANAGEMENT SERVICES – TRI-BOROUGH AND OTHER PUBLIC BODIES WITHIN GREATER LONDON THAT MAY WISH TO CALL - OFF FROM THE ARRANGEMENT, 2013-2023

This is an interim report seeking authority to commence the procurement process in accordance with the OJEU Public Contracts Regulations. The procurement procedure to be used is Competitive Dialogue, due to the particularly complex nature of the contract and framework agreement. LBH&F are the procuring entity and therefore as required under Contract Standing Orders, Cabinet Member approval is required to progress with the initial stages of the procurement process.

The scope of the procurement involves the delivery of Facilities Management Services for the London Borough of Hammersmith & Fulham, The Royal Borough of Kensington & Chelsea and Westminster City Council. The contract will also provide the opportunity for other public bodies within Greater London to call-off from a framework arrangement.

A report for all three Cabinets will be sent out imminently seeking approval for the costs involved.

Decision taken by Cabinet Member on: 7 November 2011

1. That approval is given to commencing the procurement of a facilities management contract for the Tri-boroughs and a framework agreement for other public bodies within London using the Competitive Dialogue procedure.
2. That day-to-day decisions relating to the procurement exercise are delegated to the Project Board, chaired by the LBH&F's Director of Environment as the Senior Responsible Officer (SRO).
3. That a Cabinet Member Decision is sought at key stages through the procurement procedure these being
 - Invitation to contractors to Participate in the Competitive Dialogue.
 - Staged reductions in the contractors going forward to successive stages
 - Conclusion of the dialogue phase (prior to inviting final tenders).

The final appointment of the TFM contractor will be the subject of a separate report to Cabinet during December 2012.

Wards: All

**DEPUTY LEADER
(+ENVIRONMENT
AND ASSET
MANAGEMENT)**

*Councillor Nicholas
Botterill*

16.3 S.106 PLANNING INITIATIVES 2012-2014

This report seeks approval for the allocation of up to £99,999 from the "Pumping Station" S106 agreement to continue funding a series of local planning initiatives for 2012-14. These initiatives are designed to improve the planning process and its interaction with the public. This funding includes the staff cost of administrative organisation of these initiatives (Planning Relations officer and support).

Decision made by Cabinet Member on: 7 November 2011

That approval is given to the Environment Department to undertake a series of planning initiatives designed for process and service improvement at a cost of up to £99,999 for financial years 2012-14 as set out in the report.

Wards: All

**DEPUTY LEADER
(+ENVIRONMENT
AND ASSET
MANAGEMENT)**
*Councillor Nicholas
Botterill*

**CABINET MEMBER
FOR RESIDENTS
SERVICES**
*Councillor Greg
Smith*

16.4 H&S RISK: RECOMMENDED NEXT STEPS FOR THE GRAND HALL, FULHAM TOWN HALL

Due to lack of remedial works investment at the Grand Hall, Fulham Town Hall, the condition of the ceiling has progressively worsened. Following a routine annual inspection in August 2011, Smart FM and Corporate Safety Unit took a decision to close the Grand Hall with immediate effect. Closure of the Grand Hall has resulted in lost hall hire income of £71k for 2011/12 and £130k per annum from 2012/13 should the hall remain unavailable as a hall hire venue.

Decision taken by Cabinet Member on: 7 November 2011

- 1. That the Grand Hall is not repaired at the estimated cost of £448,000. It is noted that there will be no further hall hire bookings for this facility and every effort will be made to complete a sale on the building at the earliest opportunity**
- 2. That £71,000 of corporate contingency be released to fund the hall hire income pressure for 2011/12 and that a permanent budget transfer of £130,000 is approved to remove the annual hall hire income target from 2012/13.**

Ward: Parsons Green and Walham

**DEPUTY LEADER
(+ENVIRONMENT
AND ASSET
MANAGEMENT)**
*Councillor Nicholas
Botterill*

16.5 EARL'S COURT AND WEST KENSINGTON OPPORTUNITY AREA SUPPLEMENTARY PLANNING DOCUMENT (SPD) – APPROVAL TO CONSULT

The document has been produced by LBHF, RBKC and the GLA and provides planning guidance for the redevelopment of the Earl's Court and West Kensington Opportunity Area.

Decision made by Cabinet Member on: 8 November 2011

That approval be given to consult on the Earl's Court and West Kensington Revised Draft Joint Supplementary Planning Document, for a period of 6 weeks between 11 November 2011 and 23 December 2011.

Wards: North End and Fulham Broadway

LEADER
*Councillor Stephen
Greenhalgh*

**CABINET MEMBER
FOR HOUSING**
*Councillor Andrew
Johnson*

16.6 WEST KENSINGTON AND GIBBS GREEN ESTATES

In consultation with residents, the Council has been exploring the potential benefits that will arise from the inclusion of the West Kensington and Gibbs Green estates in a comprehensive redevelopment scheme with adjacent landowners.

In order to help inform further consultation and the Council's decision the Council has undertaken an Economic Options Appraisal which concludes that the inclusion of the estates within the wider

comprehensive redevelopment scheme delivers a compelling case for providing the optimum benefits for estate residents, the local area and the Borough as a whole.

Decision made by Cabinet Members on: 7 November 2011

- 1. To provisionally accept and endorse the conclusions contained within the Estates Regeneration Economic Options Appraisal relating to the West Kensington and Gibbs Green estates subject to the outcome of further consultation hereby authorised with local residents, tenants and leaseholders and any required consents from the Secretary of State.**
- 2. To note that the ability for the scheme to be delivered will be contingent on the completion of the Conditional Land Sale Agreement, including Tenant and Leaseholder/ Freeholder Guarantees, that results in best consideration, and progress reports in that regard will be submitted to Cabinet in the usual way.**

Ward: North End

**CABINET MEMBER
FOR CHILDREN'S
SERVICES**

*Councillor Helen
Binmore*

**16.7 APPOINTMENT OF LOCAL AUTHORITY SCHOOL
GOVERNORS- VARIOUS**

This report records the Cabinet Member's decision to appoint LA Governors, which falls within the scope of her executive portfolio.

Decision made by Cabinet Member on: 1 November 2011

- 1. To appoint Councillor Robert Iggulden to the Federation of Phoenix High School and Canberra Primary School for a four-year term from 28 October 2011, and;**
- 2. To appoint Councillor Joe Carlebach to Avonmore Primary School for a four-year term from 28 October 2011.**

Wards: Wormholt and White City; Avonmore and Brook Green

**CABINET MEMBER
FOR CHILDREN'S
SERVICES**

*Councillor Helen
Binmore*

**16.8 APPOINTMENT OF LOCAL AUTHORITY SCHOOL
GOVERNORS- OLD OAK PRIMARY SCHOOL**

This report records the Cabinet Member's decision to appoint a LA Governor, which falls within the scope of her executive portfolio.

Decision made by Cabinet Member on: 8 November 2011

To appoint Councillor Elaine Chumnerly to Old Oak Primary School for a four-year term from date of signature

Wards: College Park and Old Oak

**CABINET MEMBER
FOR CHILDREN'S
SERVICES**

*Councillor Helen
Binmore*

**16.9 APPOINTMENT OF LOCAL AUTHORITY SCHOOL
GOVERNORS- LADY MARGARET SECONDARY SCHOOL**

This report records the Cabinet Member's decision to appoint a LA Governor, which falls within the scope of her executive portfolio.

Decision made by Cabinet Member on: 18 October 2011

- 1. To appoint Jane Reed to Lady Margaret Secondary School for a four-year term from date of signature, and;**
- 2. To reappoint Councillor Michael Cartwright to Larmenier And Sacred Heart Primary School for a four-year term from 10th December 2011, and;**
- 3. To appoint Laura Hutchings to Queensmill School for a four-year term from date of signature, and;**
- 4. To reappoint Councillor Michael Cartwright to Sacred Heart Secondary School for a four-year term from 13th February 2011, and;**
- 5. To appoint Sue Combe to St. Mary's Primary School for a four term from date of signature.**

Wards: Parsons Green and Walham; Avonmore and Brook Green; Hammersmith Broadway; Addison

**CABINET MEMBER
FOR CHILDREN'S
SERVICES**

*Councillor Helen
Binmore*

**16.10 APPOINTMENT OF LOCAL AUTHORITY SCHOOL
GOVERNORS- WENDELL PARK PRIMARY SCHOOL**

This report records the Cabinet Member's decision to appoint a LA Governor, which falls within the scope of her executive portfolio.

Decision made by Cabinet Member on: 24 October 2011

To reappoint David Millar to Wendell Park Primary School for a four-year term from 19 September 2011.

Ward: Askew

**DEPUTY LEADER
(+ENVIRONMENT
AND ASSET
MANAGEMENT)**
*Councillor Nicholas
Botterill*

**16.11 APPOINTMENT OF COUNCIL REPRESENTATIVE TO
OUTSIDE ORGANISATION – GROUNDWORK LONODN**

This report records the Cabinet Member's decision to appoint Council representatives to the Local Authority Strategic Input Board of Groundwork London which fall within the scope of his executive portfolio.

Decision made by Cabinet Member on: 3 November 2011

That Councillor Peter Graham be appointed to the Local Authority Strategic Input Board of Groundwork London from 1st November 2011 for three year term.

Wards: All

**CABINET MEMBER
FOR HOUSING**
*Councillor Andrew
Johnson*

**16.12 APPOINTMENT OF COUNCIL REPRESENTATIVE TO
OUTSIDE ORGANISATION – SIR WILLIAM POWELL
ALMSHOUSES**

This report records the Cabinet Member's decision to appoint Council representatives to the board of Sir William Powell Almshouses which fall within the scope of his executive portfolio.

Decision made by Cabinet Member on: 18 October 2011

- 1. To reappoint Councillor Adronie Alford, Susan Dixon and Esmond Jackson for a four year term from 23rd September 2011, and**
- 2. To appoint Simon Clarke for a four year term with effect from 23rd September 2011.**

Wards: All

**CABINET MEMBER
FOR CHILDREN'S
SERVICES**
*Councillor Helen
Binmore*

16.13 FAMILY DRUGS AND ALCOHOL COURT

The Family Drug and Alcohol Court (FDAC) is a new approach to care proceedings, in cases where parental substance misuse is a key element in a Local Authority's decision to initiate care proceedings. FDAC is a pilot project which began in January 2008 and runs until March 2012. It is subject to a research study being completed by Brunel University and funded by the Nuffield Foundation and Coram. Hammersmith and Fulham have been offered the opportunity to have six families subject to a full FDAC multi-disciplinary assessment, at a total cost of £24,000.

Decision made by Cabinet Members) on: 8 November 2011

1. That approval is given to the Council agreeing to the Family Drugs and Alcohol contract .
2. That delegated authority is given to the Cabinet Member for Children's services, in conjunction with the Director of Children's Services to sign off the contract on behalf of the Council.

Wards: All

**DEPUTY LEADER
(+ENVIRONMENT
AND ASSET
MANAGEMENT)
Councillor Nicholas
Botterill**

16.14 BARCLAYS CYCLE SUPERHIGHWAY ROUTE 9 (BSC9)

BSC9 runs between Hounslow and Hyde Park, through both LBHF and RBKC and, as other routes will be a continuous, safe, direct and comfortable route from outer London towards central London and back in order to encourage people to cycle as well as tackle traffic congestion on London's roads.

This would be the first route to be on the majority of borough roads (rather than TfL roads) and as such it is proposed that the design (and eventual construction) would be more efficiently and effectively carried out by borough officers. As such a design services agreement has been drafted alongside funding secured specifically for this project from TfL and should full funding not be forthcoming the detailed design will not be carried out.

Decision made by Cabinet Member on: 21 November 2011

That approval be given to enter into a design services agreement with TfL to provide the detailed design for BCS9 in LBHF and RBKC at a total cost of £92,000 in 2011/12 as set out in paras 3, 5 and 6 of the report. The full cost of this project will be met by TfL.

Wards: Ravenscourt Park; Hammersmith Broadway; Avonmore and Brook Green



FORWARD PLAN OF KEY DECISIONS

Proposed to be made in the period December 2011 to March 2012

The following is a list of Key Decisions, as far as is known at this stage, which the Authority proposes to take in the period from December 2011 to March 2012.

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

- Any expenditure or savings which are significant, regarding the Council's budget for the service function to which the decision relates in excess of £100,000;
- Anything affecting communities living or working in an area comprising of 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 Forward Plan will be updated and published on the Council's website on a monthly basis. (New entries are highlighted in yellow).

NB: Key Decisions will generally be taken by the Executive at the Cabinet. The items on this Forward Plan are listed according to the date of the relevant decision-making meeting.

*If you have any queries on this Forward Plan, please contact
Katia Richardson on 020 8753 2368 or by e-mail to katia.richardson@lbhf.gov.uk*

Consultation

Each report carries a brief summary explaining its purpose, shows when the decision is expected to be made, background documents used to prepare the report, and the member of the executive responsible. Every effort has been made to identify target groups for consultation in each case. Any person/organisation not listed who would like to be consulted, or who would like more information on the proposed decision, is encouraged to get in touch with the relevant Councillor and contact details are provided at the end of this document.

Reports

Reports will be available on the Council's website (www.lbhf.org.uk) a minimum of 5 working days before the relevant meeting.

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 Forward Plan by contacting the officer shown in column 6. 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) are on the front sheet of each Cabinet agenda.

LONDON BOROUGH OF HAMMERSMITH & FULHAM: CABINET 2010/11

Leader:	Councillor Stephen Greenhalgh
Deputy Leader (+Environment and Asset Management):	Councillor Nicholas Botterill
Cabinet Member for Children's Services:	Councillor Helen Binmore
Cabinet Member for Community Care:	Councillor Joe Carlebach
Cabinet Member for Community Engagement:	Councillor Harry Phibbs
Cabinet Member for Housing:	Councillor Andrew Johnson
Cabinet Member for Residents Services:	Councillor Greg Smith
Cabinet Member for Strategy:	Councillor Mark Loveday

Forward Plan No 115 (published 15 November 2011)

LIST OF KEY DECISIONS PROPOSED DECEMBER 2011 TO MARCH 2012

Where the title bears the suffix (Exempt), the report for this proposed decision is likely to be exempt and full details cannot be published.

New entries are highlighted in yellow.

* 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.

Decision to be Made by: (ie Council or Cabinet)	Date of Decision-Making Meeting and Reason	Proposed Key Decision	Lead Executive Councillor(s) and Wards Affected
December			
Cabinet	5 Dec 2011	Shepherds Bush Common Improvement Project	Cabinet Member for Residents Services
	Reason: Expenditure more than £100,000	Approval to appoint works contractors to undertake restoration works on Shepherds Bush Common.	Ward(s): Shepherds Bush Green
Cabinet	5 Dec 2011	Corporate Network Strategy	Leader of the Council
	Reason: Expenditure more than £100,000	Significant parts of the existing corporate data network have been in service for over nine years and critical components have reached the end of their life. From June 2013, a number of products become unserviceable and will need to be replaced. Other elements of the corporate network need work to make them suitable for tri-borough working or to provide business continuity.	Ward(s): All Wards
Cabinet	5 Dec 2011	Update on implementation of Libraries Strategy: Barons Court Community Library, Avonmore Neighbourhood Centre	Cabinet Member for Residents Services
	Reason: Significant in 1 ward	On 10th January 2011 Cabinet agreed to end the Council-run service at Barons Court Library from 31st March 2011 and to transfer the library provision to a community-run service. Due to timing issues, on 18th April 2011 Cabinet agreed to additional one-off funding. This was to ensure a continuous provision of service from the site, pending	Ward(s): Avonmore and Brook Green

Decision to be Made by: (ie Council or Cabinet)	Date of Decision-Making Meeting and Reason	Proposed Key Decision	Lead Executive Councillor(s) and Wards Affected
		implementation of the new arrangements which are currently being progressed.	
Cabinet	5 Dec 2011	Housing Capital Programme 2012/13	Cabinet Member for Housing
	Reason: Affects more than 1 ward	The purpose of the report is to seek approval for the proposed 2012/13 housing capital programme	Ward(s): All Wards
Cabinet	5 Dec 2011	The General Fund Capital Programme, Housing Capital Programme and Revenue Monitoring 2011/12 Month 6	Leader of the Council
	Reason: Expenditure more than £100,000	The report seeks approval to changes to Capital Programme and Revenue Budgets.	Ward(s): All Wards
Cabinet	5 Dec 2011	Treasury Management update for the first six months of 2011/12	Leader of the Council
Full Council	25 Jan 2012		
	Reason: Expenditure more than £100,000	This report covers Quarter 1 and 2 for 2011/12 and provides information on the Council's debt, borrowing and investment activity up to the 30 September 2011.	Ward(s): All Wards
Cabinet	5 Dec 2011	S153 Equality Act 2010	Leader of the Council
	Reason: Affects more than 1 ward	Publication of Information and setting of Equality Objectives	Ward(s): All Wards
Cabinet	5 Dec 2011	White City Collaborative Care Centre	Cabinet Member for Community Care
	Reason: Expenditure more than £100,000	Approval of final business case and authorisation to reach financial close	Ward(s): Wormholt and White City

Decision to be Made by: (ie Council or Cabinet)	Date of Decision-Making Meeting and Reason	Proposed Key Decision	Lead Executive Councillor(s) and Wards Affected
Cabinet	5 Dec 2011	European Social Fund - Supporting Residents to Secure Employment	Leader of the Council
	Reason: Expenditure more than £100,000	<p>Officers have successfully bided for £1,000,000 GLA European Social Fund (ESF) finance to deliver services which help unemployed residents secure employment.</p> <p>ESF funding must be matched equally with an complementary £1,000,000 from LBHF.</p> <p>This report seeks approval for £1,000,000 Council expenditure over two years as match funding from 1st Oct 2012 – 31st March 2014. This sum sits in the corporate Third Sector Investment Fund and is already allocated for employability support services until 30th September 2012.</p>	Ward(s): All Wards
Cabinet	5 Dec 2011	Borough Investment Plan	Cabinet Member for Housing
	Reason: Affects more than 1 ward	<p>Document setting out the Council's future affordable housing investment priorities to the Homes and Communities Agency and the Mayor of London.</p>	Ward(s): All Wards
Cabinet	5 Dec 2011	Disposal of the Council's Property Interest in the Novotel, 1 Shortlands, London, W6, Basement Car Parking, and Metro Building, 1 Butterwick, London, W6	Deputy Leader (+Environment and Asset Management)
	Reason: Expenditure more than £100,000	<p>The report will set out the prices agreed for the disposal of the Council's freehold and leasehold interests in the properties set out in the title of this report.</p>	Ward(s): Hammersmith Broadway

Decision to be Made by: (ie Council or Cabinet)	Date of Decision-Making Meeting and Reason	Proposed Key Decision	Lead Executive Councillor(s) and Wards Affected
Cabinet	5 Dec 2011	Tri-Borough mandates Mandates for Adult Services, Libraries and Children's Services.	Leader of the Council
	Reason: Affects more than 1 ward		Ward(s): All Wards
Cabinet	5 Dec 2011	Housing Development Company - First Phase Sites Approval for the first phase of sites to develop new affordable housing.	Cabinet Member for Housing
	Reason: Affects more than 1 ward		Ward(s): All Wards
Cabinet	5 Dec 2011	GLA Olympic Grant Funding - updated operational plan Approval of the spending plan for a £100k GLA grant allocation.	Cabinet Member for Residents Services
	Reason: Expenditure more than £100,000		Ward(s): All Wards
9 January			
Cabinet	9 Jan 2012	The Archives Service Review This report will outline the current position and recommend options for the future delivery of the Council's archives service.	Cabinet Member for Residents Services
	Reason: Affects more than 1 ward		Ward(s): All Wards
Cabinet	9 Jan 2012	Highways Planned Maintenance Programme 2012/13 The purpose of the report is to seek approval for the projects listed within the Carriageway and Footway Planned Maintenance programme and to establish a degree of flexibility in the management of the budgets and programme during the year.	Deputy Leader (+Environment and Asset Management)
	Reason: Expenditure more than £100,000		Ward(s): All Wards

Decision to be Made by: (ie Council or Cabinet)	Date of Decision-Making Meeting and Reason	Proposed Key Decision	Lead Executive Councillor(s) and Wards Affected
Cabinet	9 Jan 2012	Serco Contract Review Following a review of the financial and service performance of the Serco Waste and Cleansing contract, a clearer performance regime is proposed that provides greater value for money, improves service quality and is based on the principles of risk and reward.	Cabinet Member for Residents Services
	Reason: Expenditure more than £100,000		Ward(s): All Wards
Cabinet	9 Jan 2012	Travel Assistance Policies Travel Assistance Policy – Special education needs (SEN)	Cabinet Member for Children's Services
	Reason: Affects more than 1 ward		Ward(s): All Wards
Cabinet	9 Jan 2012	SmartWorking Stage D: Paperlight Office Funding drawdown for corporate rollout of SmartWorking: update on SmartWorking, presents a business case and requests funds for the next stage (Stage D).	Leader of the Council
	Reason: Affects more than 1 ward		Ward(s): All Wards
Cabinet	9 Jan 2012	Advertising and sponsorship opportunities To market test for external expertise, on payment by reward basis, to help realise advertising and sponsorship opportunities across H&F.	Cabinet Member for Residents Services
	Reason: Affects more than 1 ward		Ward(s): All Wards
Cabinet	9 Jan 2012	Workplace replacement Proposal to upgrade Microsoft Office to support collaborative tri borough working while also renewing the workplace IT device (PC) offer and the core desktop infrastructure to replace end-of-life hardware and software, increasing flexibility of deployment.	Leader of the Council
	Reason: Expenditure more than £100,000		Ward(s): All Wards

Decision to be Made by: (ie Council or Cabinet)	Date of Decision-Making Meeting and Reason	Proposed Key Decision	Lead Executive Councillor(s) and Wards Affected
Cabinet	9 Jan 2012	Cost reduction programme Procurement of a five year contract for support on a gain share basis through two initiatives; savings from the renewal and renegotiation of contracts; enhanced revenues collection through improved debt management.	Leader of the Council
	Reason: Expenditure more than £100,000		Ward(s): All Wards
Cabinet	9 Jan 2012	The General Fund Capital Programme, Housing Capital Programme and Revenue Monitoring 2011/12 Month 7 Report seeks approval to changes to the Capital Programme and Revenue Budgets.	Leader of the Council
	Reason: Expenditure more than £100,000		Ward(s): All Wards
Cabinet	9 Jan 2012	Earl's Court Redevelopment Project The Council has been exploring the benefits of including the West Kensington and Gibbs Green estates within the proposed comprehensive redevelopment of Earl's Court and Lillie Bridge depot.	Leader of the Council
	Reason: Expenditure more than £100,000		Ward(s): North End
Cabinet	9 Jan 2012	Hammersmith Town Hall - Smart Accommodation Programme - Phase 1 Tender acceptance report to appoint contractor to carry out remodelling works on 1st and 2nd floor offices at Hammersmith Town Hall to provide smart working, open plan accommodation to maximise occupancy.	Deputy Leader (+Environment and Asset Management)
	Reason: Expenditure more than £100,000		Ward(s): Hammersmith Broadway
Cabinet	9 Jan 2012	Economic Gains - S106 codes for approval Economic Gains - S106 codes for approval. Three codes: Employment and Training Code, Procurement Code and Business Investment Code	Leader of the Council
	Reason: Affects more than 1 ward		Ward(s): All Wards

Decision to be Made by: (ie Council or Cabinet)	Date of Decision-Making Meeting and Reason	Proposed Key Decision	Lead Executive Councillor(s) and Wards Affected
		have been drafted to ensure economic gains are negotiated with developers through the S106 process.	
Cabinet	9 Jan 2012	Tri-Borough Total Management Facilities (TFM) Project Expenditure To gain approval for the funding provision to progress the Tri-Borough Total Facilities Management (TFM) Project Procurement based upon the business case embedded within the report.	Deputy Leader (+Environment and Asset Management)
	Reason: Expenditure more than £100,000		Ward(s): All Wards
Cabinet Full Council	9 Jan 2012	Council Tax Base and Collection Rate 2012/2013 This report contains an estimate of the Council Tax collection rate and calculates the Council Tax base for 2012/13. The Council Tax base will be used in the calculation of the Band D Council Tax undertaken in the Revenue Budget Report for 2012/13.	Leader of the Council
	25 Jan 2012		Ward(s): All Wards
Cabinet	9 Jan 2012	Housing Development Company Delivering Affordable Homes The Council has established a local housing development company structure to undertake development and management of new affordable housing in the Borough. This report sets out the work programme to deliver new affordable homes.	Cabinet Member for Housing
	Reason: Affects more than 1 ward		Ward(s): All Wards
30 January			
Cabinet	30 Jan 2012	Award of Term Contract for Public Lighting and Ancillary Works 2012-2015 Decision to award the new Public Lighting and Ancillary Works contract to the most economically advantageous	Deputy Leader (+Environment and Asset Management)
	Reason: Expenditure more than £100,000		Ward(s): All Wards

Decision to be Made by: (ie Council or Cabinet)	Date of Decision-Making Meeting and Reason	Proposed Key Decision	Lead Executive Councillor(s) and Wards Affected
		tender.	
Cabinet	30 Jan 2012	Remodelling of Day Services	Cabinet Member for Community Care
	Reason: Affects more than 1 ward	Remodelling of day services, including proposals on relocation of some services and sharing building space with various care groups.	Ward(s): All Wards
Cabinet	30 Jan 2012	Measured Term Contract for Door Entry Systems – Boroughwide Housing Properties 2011 - 2015	Cabinet Member for Housing
	Reason: Expenditure more than £100,000	Tender Acceptance to appoint contractor to carry out day to day reactive breakdown callout repairs together with a small element of routine servicing to door entry systems and automatic doors and barriers to the Council's Housing Properties.	Ward(s): All Wards
Cabinet	30 Jan 2012	Measured Term Contract for Day-to-Day Breakdown Repair and Maintenance to Lift Plant and Associated Equipment to Non-Housing Buildings	Deputy Leader (+Environment and Asset Management)
	Reason: Expenditure more than £100,000	Tender Acceptance Report to appoint contractor to carry out Day-to-Day Breakdown Repair and Maintenance to Lift Plant and Association Equipment in Non-Housing Properties.	Ward(s): All Wards
Cabinet	30 Jan 2012	Measured Term Contract for Day-to-Day Breakdown Repair and Maintenance to Lift Plant and Associated Equipment to Housing Properties	Cabinet Member for Housing
	Reason: Expenditure more than £100,000	Tender Acceptance Report to appoint contractor to carry out day to day breakdown repair and maintenance to lift plant and associated equipment in Housing Properties.	Ward(s): All Wards

Decision to be Made by: (ie Council or Cabinet)	Date of Decision-Making Meeting and Reason	Proposed Key Decision	Lead Executive Councillor(s) and Wards Affected
Cabinet	30 Jan 2012	Measured Term Contract for Planned Preventative Mechanical Maintenance for Boroughwide Housing Properties 2011-2015 Tender Acceptance to appoint contractor to carry out servicing of mechanical plant, day-to-day repairs, inspection and planned maintenance repairs to Housing Properties.	Cabinet Member for Housing
	Reason: Expenditure more than £100,000		Ward(s): All Wards
Cabinet	30 Jan 2012	Hammersmith Town Hall - New CCTV Centre Tender acceptance report to appoint contractor to carry out refurbishment works in Room 313, Hammersmith Town Hall and relocation of parking services.	Deputy Leader (+Environment and Asset Management)
	Reason: Expenditure more than £100,000		Ward(s): Hammersmith Broadway
Cabinet	30 Jan 2012	Hammersmith Town Hall - Relocation of Registrars Service Tender acceptance report to appoint contractor to carry out refurbishment works of ground floor offices, Mayor's Parlour and Ante-room 1 at Hammersmith Town Hall for use by the Registrars Service who are relocating from Fulham Town Hall.	Deputy Leader (+Environment and Asset Management)
	Reason: Expenditure more than £100,000		Ward(s): Hammersmith Broadway
Cabinet	30 Jan 2012	Recharges Policy for Property Services The adoption of a Recharges Policy for Property Services	Cabinet Member for Housing
	Reason: Affects more than 1 ward		Ward(s): All Wards
Cabinet	30 Jan 2012	Parking Services digital CCTV centre implementation Funding request to implement digital CCTV equipment for Parking Services and carry out associated works.	Deputy Leader (+Environment and Asset Management)
	Reason: Expenditure more than £100,000		Ward(s): All Wards

Decision to be Made by: (ie Council or Cabinet)	Date of Decision-Making Meeting and Reason	Proposed Key Decision	Lead Executive Councillor(s) and Wards Affected
Cabinet	30 Jan 2012	Barton House Modernisations to the existing passenger lifts A & B.	Cabinet Member for Housing
	Reason: Expenditure more than £100,000		Ward(s): Sands End
Cabinet Full Council	30 Jan 2012	Revenue Budget and Council Tax Levels 2012/13 This report sets out proposals in respect of the revenue budget for the Council for 2012/13 including Council Tax levels, and deals with the precept from the Greater London Authority (GLA), together with ancillary issues.	Leader of the Council
	29 Feb 2012		Ward(s): All Wards
Cabinet Full Council	30 Jan 2012	Capital Programme 2012/13 to 2016/17 This report sets out proposals in respect of the capital programme, together with ancillary issues.	Leader of the Council
	29 Feb 2012		Ward(s): All Wards
Cabinet	30 Jan 2012	Corporate Car Parking Funding for changes to enable the introduction of charges for use of staff car parking spaces at various civic buildings.	Deputy Leader (+Environment and Asset Management)
	Reason: Expenditure more than £100,000		Ward(s): All Wards
March			
Cabinet	5 Mar 2012	West London Housing Related Support Joint Framework Agreement Request for delegated authority to the Executive Director of Adult Social Care in consultation with the Cabinet Member for Community Care for the new framework agreement for housing related support services across eight West London boroughs. LBHF is the lead procurement borough for the new framework.	Cabinet Member for Community Care
	Reason: Affects more than 1 ward		Ward(s): All Wards

Decision to be Made by: (ie Council or Cabinet)	Date of Decision-Making Meeting and Reason	Proposed Key Decision	Lead Executive Councillor(s) and Wards Affected
Cabinet	5 Mar 2012	Corporate Planned Maintenance Programme 2012-2013	Deputy Leader (+Environment and Asset Management)
	Reason: Expenditure more than £100,000	Approval to commit to a programme of works	Ward(s): All Wards
Cabinet	5 Mar 2012	The General Fund Capital Programme, Housing Capital Programme and Revenue Monitoring 2011/12 month 8	Leader of the Council
	Reason: Expenditure more than £100,000	The report seeks approval for changes to the Capital Programme and Revenue Budgets.	Ward(s): All Wards
Cabinet	5 Mar 2012	Market Management Sponsorship	Cabinet Member for Residents Services
	Reason: Expenditure more than £100,000	Contract for Advertising and Sponsorship Services	Ward(s): All Wards
Cabinet	5 Mar 2012	Lyric Square Management	Cabinet Member for Residents Services
	Reason: Expenditure more than £100,000	Proposed partnership model for future management of Lyric Square Event diary Potential working with HammersmithLondon. Discussions on this proposal are/will include consultation with Lyric Square users, HammersmithLondon (BID); Local businesses and internal stakeholders such as Highways in Environment Services, RSD Events Team and senior management.	Ward(s): Hammersmith Broadway
Cabinet	5 Mar 2012	Network technology enabling multimedia use	Leader of the Council
	Reason: Expenditure more than £100,000	Work is required to implement network technology enabling multimedia use. This will enable (for example) access to e-meetings, streaming from websites such as news or	Ward(s): All Wards

Decision to be Made by: (ie Council or Cabinet)	Date of Decision-Making Meeting and Reason	Proposed Key Decision	Lead Executive Councillor(s) and Wards Affected
		webinars, training materials or staff briefings from the leader or chief executive. This will offer cost-effective just-in-time and personalised training courses, resulting in lower training costs and a higher-skilled workforce. There are also potential benefits from improved communication, e.g. videos of Leadership forum events.	
Cabinet	5 Mar 2012	Provision of Café Services - Ravenscourt Park, London W6 0HG	Cabinet Member for Residents Services
	Reason: Expenditure more than £100,000	Contract award for catering provisions for the Ravenscourt Park Café.	Ward(s): Ravenscourt Park
Cabinet	5 Mar 2012	Earls Court Olympic Volleyball LATMP	Deputy Leader (+Environment and Asset Management)
	Reason: Expenditure more than £100,000	Details of the Local Area Traffic Management Plan to facilitate the Olympic Volleyball competition to be held at Earls Court from 28 July to 12 August 2012	Ward(s): Fulham Broadway; North End
April			
Cabinet	16 Apr 2012	The General Fund Capital Programme, Housing Capital Programme and Revenue Monitoring 2011/12 month 9	Leader of the Council
	Reason: Expenditure more than £100,000	The report seeks approval to changes to the Capital Programme and Revenue budgets.	Ward(s): All Wards
Cabinet	16 Apr 2012	The General Fund Capital Programme, Housing Capital Programme and Revenue Monitoring 2011/12 month 10	Leader of the Council
	Reason: Expenditure more than £100,000	The report seeks approval to changes to the Capital Programme and Revenue Budgets.	Ward(s): All Wards