London Borough of Hammersmith & Fulham

Housing, Health And Adult Social Care Select Committee

Agenda

Tuesday 17 April 2012
7.00 pm
Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

Administration:	Opposition	Co-optees
Councillor Lucy Ivimy (Chairman) Councillor Michael Adam Councillor Oliver Craig Councillor Charlie Dewhirst Councillor Steve Hamilton Councillor Peter Tobias	Councillor Iain Coleman Councillor Stephen Cowan Councillor Rory Vaughan	Maria Brenton, HAFAD

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http://www.lbhf.gov.uk/Directory/Council_and_Democracy

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Date Issued: 04 April 2012

London Borough of Hammersmith & Fulham

Housing, Health And Adult Social Care Select Committee

Agenda

17 April 2012

Item		Pages
1.	**MINUTES AND ACTIONS**	1 - 13
	(a) To approve as an accurate record, and the Chairman to sign the minutes of the meeting of the Housing, Health & Adult Social Care Select Committee held on 22 February 2012. (b) To monitor the acceptance and implementation of recommendations as set out at Appendix 1. (c) To note the outstanding actions.	
2.	**APOLOGIES FOR ABSENCE**	
3.	**DECLARATIONS OF INTEREST** If a Councillor has any prejudicial or personal interest in a particular item they should declare the existence and nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent. At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a 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. 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.	
4.	**SHAPING A HEALTHIER FUTURE FOR NORTH WEST LONDON** The attached slide pack provides a programme update including a summary of the March engagement event and an overview of the programme timeline and where the proposed JHOSC fits into this. The Chairman will update the Committee on the first meeting of the shadow Joint Health Overview & Scrutiny Committee (JHOSC) held on 4 April 2012.	14 - 72
5.	**HOUSING PERFORMANCE INDICATORS** This report presents performance on key housing indicators.	73 - 78

6. RE-PROCUREMENT OF HRA REPAIRS AND MAINTENANCE SERVICES

79 - 127

As part of the Housing Revenue Account (HRA) Financial Strategy, approved by Cabinet on 30th January 2012, an HRA Medium Term Financial Strategy (MTFS) Transformation Programme is underway to both improve the quality of services received and to deliver efficiency savings.

As part of this Transformation Programme the Housing & Regeneration Department is seeking to re-procure its repairs and maintenance contracts and market test a range of services currently handled in-house in a manner that meets the dual aim of saving money and improving customer service.

7. WORK PROGRAMME AND FORWARD PLAN

128 - 138

The Committee's draft work programme for 2012/2013 is set out as Appendix A to this report. The list of items has been drawn up in consultation with the Chairman, having regard to relevant items within the Forward Plan and actions and suggestions arising from previous meetings of the Committee.

The Committee is requested to consider the items within the proposed work programme and suggest any amendments or additional topics to be included in the future. Members might also like to consider whether it would be appropriate to invite residents, service users, partners or other relevant stakeholders to give evidence to the Committee in respect of any of the proposed reports.

Attached as Appendix B to this report is a copy of the Forward Plan items showing the decisions to be taken by the Executive at the Cabinet, including Key Decisions within the portfolio areas of the Cabinet Member for Housing and the Cabinet Member for Community Care, which will be open to scrutiny by this Committee.

8. DATE OF NEXT MEETING

This is the last meeting of the municipal year. The calendar of meetings for 2012/13 will be approved at the Annual Meeting of Council on 30th May 2012.

London Borough of Hammersmith & Fulham

Housing, Health And Adult Social Care Select Committee

Minutes

Wednesday 22 February 2012

PRESENT

Committee members: Councillors Lucy Ivimy (Chairman), Stephen Cowan, Charlie Dewhirst, Steve Hamilton, Peter Tobias and Rory Vaughan

Co-opted members: Maria Brenton (HAFAD)

Other Councillors: Joe Carlebach, Andrew Johnson and Mark Loveday

Officers: Mel Barrett (Executive Director of Housing & Regeneration), Mike England (Assistant Director, Housing Options), David Evans (Senior Policy Officer, Adult Social Care), Sue Perrin (Committee Co-ordinator), Kay Reeve (Supporting Your Choice Programme Manager), Andrew Webster (Tri-borough Director of Adult Social Care)

HAFAD: Peter Gay (Independent Living Services Manager) and Kamran Mallick (Director)

H&F LINKs: Paula Murphy

NHS North West London: Dr Tim Spicer (Chair, H&F Clinical Commissioning Group) and Dr Mark Spencer (Medical Director)

47. MINUTES AND ACTIONS

RESOLVED THAT:

The minutes of the meeting held on 18 January 2012 be approved and signed as an accurate record of the proceedings.

48. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Michael Adam, Oliver Craig and Iain Coleman, and for lateness from Councillors Peter Tobias and Stephen Cowan.

49. DECLARATIONS OF INTEREST

There were no declarations of interest.

50. REMODEL OF DAY CARE SERVICES

Councillor Ivimy reported that she and Councillor Cowan had visited Ellerslie Road and that she considered the first floor facilities adequate for the number of service users who typically attended the drop-in centre, subject to some remodelling of the space. There were a considerable number of service users present during the visit, but there was normally significantly less attendees and a large part of the building was not used. Councillor Carlebach added that money had been made available to work with service users of both Nubian Life and the drop-in service to redesign the building. In addition, the facilities on the ground floor, such as the canteen, would remain available to users of the drop-in service.

Mr Webster responded to concerns which had been raised in respect of financial security. Nubian Life, as principal tenant, would be granted a lease to effectively manage the building. The Council was satisfied as to the financial security of Nubian Life, which was currently funded by the Council and PCT. However, should there be issues in future, the Council would take over provision of both services. Councillor Carlebach added that the Council would continue to listen and welcomed feedback from service users.

Members considered a number of issues raised by Councillor Cowan:

- The inclusion of potential savings from remodelling of day services in the annual budget, whilst consultation was ongoing. Councillor Carlebach stated that the potential savings had been included as part of the bottom line target. Amendments to individual lines would be made throughout the year. Councillor Cowan recommended that legal advise be sought in respect of this issue.

- The criteria and legislation on which the number of service users using the first floor space had been based.
  Mr Webster stated that health and safety legislation was relevant in the respect that Ellerslie Road was a Council building, but he was not aware of any other relevant guidelines. The space was required for service users to drop in, if they chose, and would be used flexibly, rather than specific criteria being placed around its use or the number of people who could fit into a room. The current average attendance which was believed to be 30 did not present any space utilisation issues.

- The redesign of the first floor.

Councillor Cowan considered the redesign would take time and a significant number of service users would be turned away. Mr Webster stated that the service was a drop-in facility and the Council would not turn away users.
Councillor Cowan queried how the Council would make the redesigned space work for users and the risk analysis and assessment of possible hurdles. Mr Webster responded that the Council would work with service users to design how the space would work. Key risks included: the Council not being able to safely deliver everything which people wanted to do; some activities not being possible because enough people were not interested; and conflict between users.

- Referrals stopped for a period.
  Mr Webster stated that referrals had been stopped in early 2010 because the model of social care service was not within the duties of the Council. In September 2010, people had been encouraged to refer to a different model, but very few had been accepted.
  Mr Webster added that the viability of the drop-in service was not dependent on referrals.

- Impact of cuts on services and activities.
  The Committee noted users' concerns that services and activities would be stopped and users would not have access to Ellerslie Road. Councillor Carlebach stated that before the Cabinet meeting on 5 March, he would meet with service users to discuss the proposals.

  The committee voted on the proposals to remodel day care services.

  In favour: 4

  Against: 2

  RESOLVED THAT:

  The Committee:

  1. Accepted the officers' report and approved the recommendations for alterations to the drop-in centre.

  2. Requested an update report in approximately nine months.

` **Action: Tri-borough Director of Adult Social Care**

The meeting was adjourned at 8.05pm and reconvened at 8.10pm

51. PERSONAL BUDGET/SELF DIRECTED SUPPORT

Kamran Mallick, Director HAFAD and Peter Gay, Independent Living Services Manager, HAFAD had been invited to attend the meeting as experts in the provision of support services to users of self directed support.

HAFAD that the system, which increased users' choice and control over their own lives, generally worked well, but had some concerns: reviews did not always happen as frequently as required; Council staff lacked knowledge about direct payments; there was no regular formal contact between the Council and HAFAD; and there was not a nominated Council officer with knowledge of direct payments support.

Ms Reeve agreed to provide data to HAFAD on the number of reviews undertaken.

Action: Supporting Your Choice Programme Manager

Councillor Carlebach welcomed HAFAD's role as a critical friend in highlighting areas where the Council could improve, and encouraged HAFAD to contact Mr Webster or himself, if necessary, outside the meeting. In respect to the specific points raised, Mr Webster would respond directly to HAFAD.

Mr Mallick stated that HAFAD had offered to provide training and mentoring to social workers but this had not been accepted.

Ms Reeve introduced the report, which provided information in respect of service users' and carers' experience of Self Directed Support. 1,636 questionnaires had been sent, representing the total number of service users receiving services, other than residential care or equipment. 285 (17%) responses had been received.

The survey had focused on clear questions, minimising the use of jargon. Overall, there was a positive level of satisfaction, but there was room for improvement, in for example workforce training skills and seeking information and engagement with the community. The Council valued its working relationship with HAFAD.

Members considered staff training in respect of direct payments and queried why HAFAD's offer of training had not been accepted. Mr Mallick confirmed that the offer was still available. Ms Reeve would discuss with colleagues and respond formally to HAFAD.

Action: Supporting Your Choice Programme Manager

Members considered the use of the survey in developing direct payments and communication between officers carrying out the assessments and service users. Ms Reeve stated that the survey demonstrated satisfaction levels in each area and that it would be possible to benchmark data, by repeating the survey and measuring if there was an overall improvement in satisfaction in key areas. Service users were treated with respect but there could be difficulties in engaging service users, who were often elderly, in the process.

RESOLVED THAT:

1. The committee recommended that HAFAD's offer to provide training be reconsidered.

2. The committee requested that an update report be provided to a future meeting.

52. LOCAL HEALTHWATCH: UPDATE

Mr Evans introduced the report, which summarised the current position in respect of the Health & Social Care Bill, which contained proposals for new statutory duties for local authorities to commission services for:

- public and patient involvement in the development and commissioning of NHS and social care services;
- information and advice about health and social care services; and
- an independent complaints and advocacy service.

The new model would replace the Local Involvement Network. Hammersmith & Fulham and Kensington & Chelsea had become a joint Local Healthwatch pathfinder.

Subject to changes in the Bill, which was expected to gain Royal Assent in May, it was envisaged that specification for the new service would be developed over the next six months.

Paula Murphy confirmed that the Council had been working with the LINK in respect of the new model, and with Kensington & Chelsea to explore how to develop an effective and efficient model and identify opportunities for collaboration. The proposals would give Healthwatch a statutory role and were to be welcomed.

In response to questions in respect of funding, Mr Evans confirmed that funding would not be ring fenced. Funding would continue through the formula grant. In addition, there would be funding for responsibilities currently carried out by the PCT Patient Advice and Liaison Service (PALS) and NHS Complaints Advocacy, which would be transferred to local authorities. The Government allocation to Hammersmith & Fulham was likely to be approximately £250,000. The Council would have a statutory duty to provide the services, but would have discretion in respect of the funding.

In response to a question in respect of the challenges and the issues upon which Healthwatch would need to focus, Ms Murphy stated that there had been some scoping of work with commissioners and the work plan included: North West London service re-configuration and the future of Imperial College Healthcare NHS Trust; the role of GPs in commissioning; impact of tri-borough merger; and hospital discharges.

RESOLVED THAT:

1. An update report be added to the work programme.

2. The report be noted.

53. SHAPING A HEALTHIER FUTURE

Dr Spencer and Dr Spicer presented 'Shaping a healthier future for North West London', a programme of service redesign, led by the eight clinical commissioning groups and other clinicians across NW London. A 'Case for Change' set out the inconsistencies and failings of the current system and the challenges facing the NHS in North West London, and also some key objectives.

From February to May 2012, NHS North West London would be working with patients, the public and other clinicians and NHS bodies to explain the 'Case for Change' and identify and develop specific options for changing health services to meet these objectives. The final decision would not be made until after a three month public consultation on the options, which was scheduled to start in June 2012.

The overarching principles were to localise health services where possible, centralise where necessary and where possible, to integrate care between primary and secondary care, with involvement from social care, to ensure seamless patient care.

Members raised concerns in respect of the proposals for more specialist hospitals on fewer sites and specifically in respect of Charing Cross and Hammersmith Hospitals. Dr Spencer responded that NW London had more Accident & Emergency departments per head of population than other parts of the country. Initial work had indicated that five acute surgical teams were required. There were currently nine sites offering 24/7 Accident & Emergency and co-dependent services. Whilst it was not anticipated that any hospital site would cease to offer services altogether, some might change significantly and for example, continue as diagnostic and out-patient facilities only.

Dr Spicer informed that Imperial College Healthcare NHS Trust (ICHT) faced a significant financial challenge in delivering a balance budget whilst trying to manage services over different sites. The major trauma unit was situated at St. Mary's Hospital and the possible re-location of the Hyper-acute Stroke Unit (HASU) would be included in the consultation.

Councillor Cowan queried how the NHS would achieve continuous improvement and whether sufficient resources had been allocated to manage the process. Dr Spicer responded that NHS London was developing clinical standards for acute care, which described what hospitals are expected to deliver in order to improve the quality of care and outcomes for patients. A reduced list of standards, core to specific pathways had been identified.

In addition, out-of hospital standards were being developed, to support and drive the changes required by all out of hospital providers. There was a

growing body of networks of primary care providers. There would be a multi-disciplinary approach and peer review between networks.

Information was key and an integrated IT system would facilitate the sharing of data between care providers.

A three year process would be necessary to bring about the required level of re-modelling. Resources would remain an issue.

Mr Zitron stated that the process of developing options would be discussed with the maximum amount of public. Numerous stakeholder events were planned to discuss the proposals and there was good involvement with Hammersmith & Fulham LINk. In addition, full information was available on the NHS NW London website.

Dr Spencer stated that a Joint Health Overview & Scrutiny Committee was required where any proposed health changes affected more than one local authority area. It was not intended to limit individual OSC input; much of the dialogue would be continued at this level.

Councillor Vaughan queried the lessons which had been learnt from the previous consultations and responsibility for finance. Dr Spencer responded that whilst the hospital models looked similar, the 'Darzi' review was fairly inflexible and the description of a local hospital was not safe. The NW London programme involved much larger broader clinical teams, particularly in primary care. Financial responsibility was GP led, but managerially supported. The management team would include a Chief Finance Officer.

RESOLVED THAT:

The Committee acknowledged the requirement to establish a JHOSC and looked forward to clarification of proposals and ongoing monitoring of how these improvements would be implemented.

54. HOUSING BENEFITS UPDATE

Mr Barrett and Mr England presented the report, which was an interim assessment of the potential impact of the Housing Benefit caps on households in the private rented sector in Hammersmith & Fulham.

Households included in the report fell into two categories:

Those residents where the Council has an agreed and/or pending statutory homeless obligation towards a household, who are in either temporary or private landlord accommodation and helped by the HB Assist team

There are 540 households above the caps. In 325 cases, landlords have reduced the rent to the caps. In 135 resolution has been achieved in some other way, for example, by making arrangements direct with the landlord,

thereby saving the management fee; or by re-location into either temporary or permanent social housing within the borough.

Residents in the private rented sector, no relationship with the Council (excluding those who live in social housing within the borough, who are generally not affected by the caps)

Of the potential 3187 households in the private rented sector, 540 (17%) were estimated to be impacted by the caps, across the different bedroom types, although only a small number of one bedroom type.

The potential impact of housing benefit caps in the private rented sector had been modelled, where an additional £20 was contributed by either the household or other party. The impact was a reduction in the total number of households to 338. There were 2023 child dependents in the 3187 sample, and the number potentially impacted by the caps reduced from 949 to 708, with the £20 contribution.

The actual impact of the benefit caps would vary significantly, with the gap between the caps and current housing benefits being greater for larger households.

Where the Council became aware that private landlords did not intend to renew accommodation arrangements with households where a statutory duty has been established, the Council would mirror actions similar to those currently provided by HB Assist which might involve:

- Discussing with the private landlord concerned the possibility of rent reduction to LHA levels:
- Reviewing whether discretionary support was available; and
- Ensuring that the household's relocation to alternative accommodation either in the borough or outside was effectively undertaken.

The Council's approach would be to target more vulnerable people, as it was unlikely to be able to mitigate all impact of the caps.

Mr England responded to questions that the Council was aware of four cases of households impacted by the caps. Whilst the Council was aware of the housing benefit caps and would therefore be watchful, it would not necessarily be aware of all cases, as households might resolve the issues themselves by for example, talking to landlords or moving out of the borough. The end dates for transitional arrangements were evenly spread throughout the year, with the earliest date being January 2012 and the latest being end December 2012.

An Equalities Impact Assessment on the composition of households living in larger properties had not been undertaken, but there was a general awareness, as this information was collected when households applied for Housing Benefits.

Action:

Mr England agreed to provide a written answer in respect of whether the impact on local schools had been cross referenced with the report previously produced by the Tri-borough Executive Director of Children's Services.

Action: Assistant Director, Housing Options

In respect of private sector leasing properties, an inter borough agreement in respect of how boroughs would respond when given the opportunity to acquire leased properties in other boroughs would include the provision that boroughs would not seek to outbid the host borough. Hammersmith & Fulham had procured housing in other boroughs, and this was not related to changes in Housing Benefits.

In accordance with paragraph 27 of the Overview and Scrutiny Procedure Rules, the Committee extended the meeting by 15 minutes.

Councillor Cowan paid tribute to the effective work done with the first cohort and recommended that all reasonable measures were taken to contact the 540 households to inform them of the services available and assist all vulnerable households as necessary.

RESOLVED THAT:

1. The Committee noted the forecast potential impact of the Government's housing benefit caps on household residing in the private rented sector.

2. An update report be added to the work programme.

55. HOUSING PERFORMANCE INDICATORS

Mr Barrett presented the performance report on key housing indicators, which showed a balanced picture with 8 of the seventeen targets being met or within tolerance and 9 failing to meet the target.

Whilst performance with repairs and maintenance was shown to be generally improving or fairly static, this did not appear to be consistent in terms of members' experience in their surgeries and feedback. Monthly performance meetings with current contractors had been put in place.

The performance in respect of income collected was disappointing. Structural changes had been implemented and an update on the transformation programme would be brought to a future meeting.

Sickness statistics had recently deteriorated due to some under reporting, which had been inherited. In addition, there were significant performance management issues.

Councillor Cowan queried the total of 39 low cost home ownership.

Action:

The actual cost of the homes and salary of owners to be provided.

Action: Executive Director of Housing & Regeneration

The Committee discussed the performance issues. Mr Barrett stated that there had been a lack of permanent leadership for some time. Short term targets had been achieved to the detriment of longer term objectives. There had been a lack of performance orientation, with no information available. Measures had been put in place to change this culture.

Some services would be market tested and improved bench marking put in place. Mr Barrett responded to a question that the named consultant was employed to work specifically on the Earls Court project until end March 2012 only.

RESOLVED THAT:

The report be noted.

56. WORK PROGRAMME AND FORWARD PLAN 2011-2012

RESOLVED THAT:

The committee approved the work programme and noted the forward plan.

57. DATE OF NEXT MEETING

17 April 2012

Meeting started: 7.00 pm
Meeting ended: 10.15 pm

Chairman .....

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APPENDIX 1

Recommendation and Action Tracking

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

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

Minute No.	**Item**	**Action/recommendation Lead Responsibility**	**Progress/Outcome**	**Status**
8.	Imperial College Healthcare NHS Trust: Vascular and Orthopaedic Surgery Consultation	The following to be circulated to members: (i) correspondence between the Leader of the Council and ICHT and the PCT Chief Executive and ICHT; (ii) the NCAT and OGC Gateway reviews; (iii) Major Trauma Caseload Review: and (iv) Information in respect of robotics. **Committee Co-ordinator**	Correspondence and information circulated July 2011.	Complete
10.	Milson Road Health Centre: A Consultation on Re-locating Clinical Services	The following to be circulated to members: (i) a list of buildings being sold; and (ii) the feedback from the consultation. **Interim Borough Director, NHS Hammersmith & Fulham**	Circulated August 2011 Circulated November 2011	Complete

11.	Imperial College Healthcare NHS Trust	**Recommended** that the Trust considered a new build cardio-vascular unit on the Hammersmith Hospital site.	The Trust's long term and overall site strategy will be part of the NHS North West London summer consultation on reconfiguration plans.	
19.	London Cancer Services: Implementing the Model of Care	The following to be circulated to members: (i) information in respect of monitoring the programme specification, and (ii) the link to the London Health Programmes website.	Circulated October 2011.	Complete
21.	Housing Benefit Caps	The following information to be circulated to members: (i) the number of letters sent by RSLs and large PSLs to tenants; (ii) the number of people for whom the Council does not have a statutory duty, who have been refused housing; and (iii) the number of people moved out of temporary accommodation because of the changes in housing benefits.	Circulated October 2011.	Complete
39.	Remodel of Adult Services Care Day Services	A visit to Ellerslie Road be arranged and that all members be invite.	Visit in February 2012.	Complete
40.	Revenue Budget and Council Tax 2012/2013	A schedule of Earmarked Reserves to be provided.		

51.	Personal Budget/Self Directed Support	(i) Information to be provided to HAFAD in respect of the number of reviews of personal budgets undertaken. (ii) HAFAD's offer of staff training in respect of direct payments to be reviewed and a formal response sent.	Information sent, February 2012.	Complete
52.	Housing Benefits Update	A written answer in respect of whether the impact on local schools had been cross referenced with the report previously produced by the Tri-borough Executive Director of Children's Services.		
53.	Housing Performance Indicators	The actual cost of the low cost homes and the salary of owners to be provided.		

London Borough of Hammersmith & Fulham

HOUSING HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

DATE	TITLE	Wards
17 April 2012	*Shaping a healthier future for North West London*	All

SYNOPSIS

The attached slide pack provides a programme update including a summary of the March engagement event and an overview of the programme timeline and where the proposed JHOSC fits into this.

The Chairman will update the Committee on the first meeting of the shadow Joint Health Overview & Scrutiny Committee (JHOSC) held on 4 April 2012.

CONTRIBUTORS

Andrew Pike 020 3350 4268
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RECOMMENDATION(S):

1. The Committee is invited to comment on Shaping a healthier future as part of the development of detailed proposals on how services could be organised differently in the future. These proposals will then form the basis of a full public consultation planned to start in June 2012.

2. The Committee is asked to consider the nomination of representatives to the JHOSC.

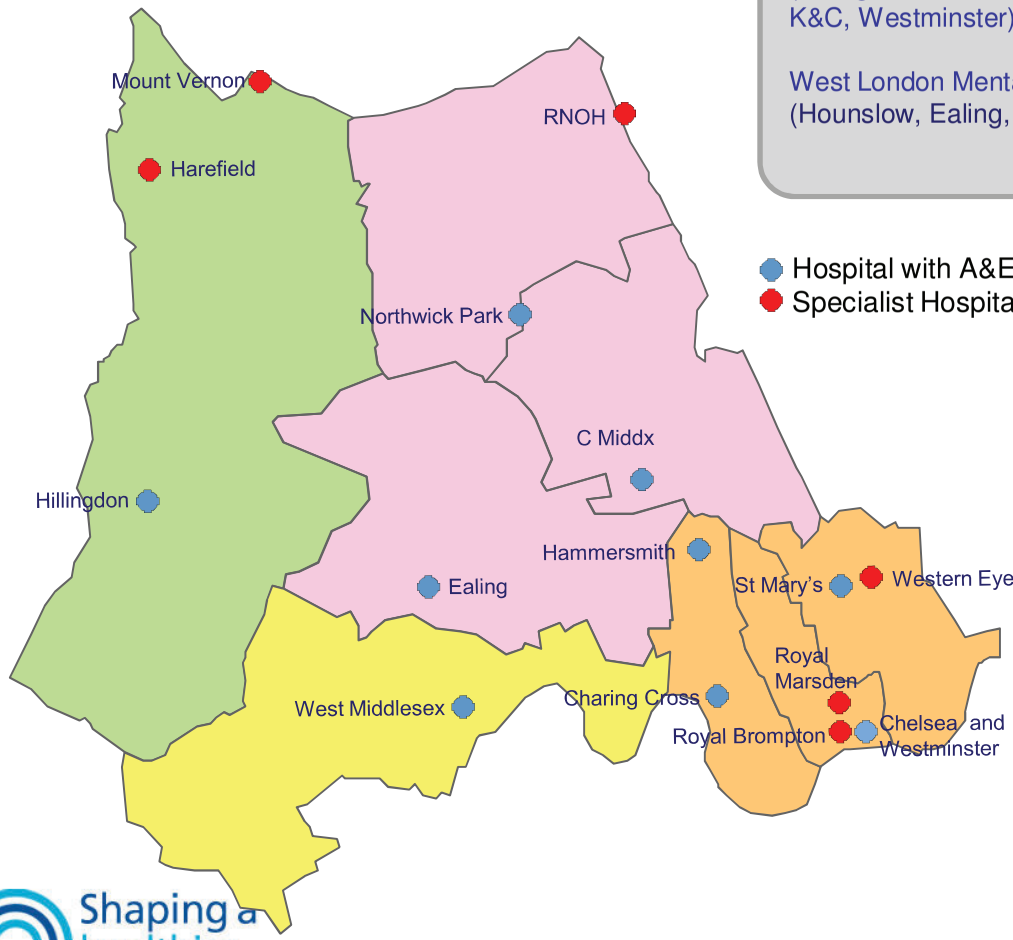
NHS

North West London

Improving healthcare for two million people in North West London

April 2012

Current services for two million people in NW London



Hospital with A&E
Specialist Hospitals without A&E

Mental Health Trusts

Central and North West London
(Hillingdon, Harrow, Brent, K&C, Westminster)

West London Mental Health
(Hounslow, Ealing, H&F)

Community Providers

Central London Community Healthcare

Hounslow & Richmond Community Healthcare

Central and NWL NHS FT

Ealing ICO

8 Clinical Commissioning Groups

Brent CCG
Ealing CCG
Hammersmith & Fulham CCG
Harrow CCG
Hillingdon CCG
Great West CCG (Hounslow)
Central London CCG
West London CCG

NWL is also the host commissioner for London Ambulance Service

Shaping a healthier future

The NHS in NW London is facing big challenges...

- A **growing** population – an extra 113,000 people in NW London over the next ten years
- An **ageing** population
- 31% of the population have **long term chronic conditions** such as heart disease, diabetes and dementia conditions which require longer term care and management
- The **cost** of care – drugs and technology – is increasing, while money for the NHS is limited
- **Workforce** shortages affect some hospital specialities
- The way our hospitals and primary care is currently **organised** will not meet the needs of the future

...resulting in variability in hospital care

- **More hospital space** in NWL than in other parts of the country and uses a greater proportion of the NHS budget on hospital care than average – not the best use of resources
- **Three quarters of hospitals require upgrading** to meet modern standards, at an estimated cost of £150m
- Hospitals in NW London have significant financial challenges even if they become as efficient as they can be
- Hospitals **vary in the quality** of care and the time it takes for them to see and treat patients
- Recent study showed patients treated at weekends and evening in London hospitals – when fewer senior staff are available – stand a higher chance of dying than if they are admitted during the week. We need to **ensure that senior doctors and teams are available more often**, seven days a week, 24 hours a day
- Changes in the last few years to London's heart attack, stroke and major trauma services have shown how we can save more lives. **Not every hospital can safely do everything**

…and differing health outcomes for patients

- Difference of up to 17 years in life expectancy between different boroughs in NW London
- Some ethnic groups have poorer health outcomes than others
- One in four patients in NW London dissatisfied with access to their GP
- Six of the eight boroughs in NW London are in the **bottom 10% nationally for patient satisfaction** with out-of-hours GP services.
- 20-30% of patients who are currently admitted to hospitals in NW London as emergencies **could be more effectively cared for in their own community**

Therefore the way we deliver healthcare services must change

Progress has been made...

- Initiatives to provide enhanced levels of care outside hospitals help **prevent hospital admissions**, leading to better care and more available resources:
- The **Integrated Care Pilot** and **STARRS** (Short Term Assessment, Rehabilitation and Reablement Service) will prevent 2,000 people being admitted to NW London hospitals in 2012-2013.
- If we rolled out these kinds of initiatives across the whole of NW London, up to 10,000 admissions to hospital could be avoided each year
- **Centralising** heart attack care, major arterial surgery and stroke care in hospitals has already **saved about 100 lives** over the last year in NW London

...but more needs to be done

The programme's leaders are committed to giving everyone:

1. The **support** needed to take better care of themselves
2. A better **understanding** of where, when and how they can be treated
3. The **tools** and support to better manage their own conditions
4. Easy 24/7 **access** to primary care clinicians like GPs – by phone, email or in person - when they have an urgent health need
5. Timely and **well-coordinated** access to specialists, community and social care providers, managed by your GP
6. Properly maintained and **up-to-date** hospital facilities with highly trained specialists available all the time

....And they have made the following pledge:

"We believe that increasing the amount of care delivered closer to patients' homes will enable better co-ordination of that care, ***ensure the patient has access to the right help in the right setting*** *and improve quality of care and value for money.*

We will take on that challenge. *Its scale should not be underestimated but neither should we underestimate the rewards of getting this right – better healthcare, more lives saved, more people supported and a more efficient system.*

We will ***listen to our patients and staff throughout*** *the process of change and make sure that we are always working to create a system that works, first and foremost, for them."*

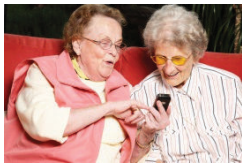
Our vision of care in the future

Three overarching principles underpin our vision for care

1. **Localising** routine medical services means better access closer to home and improved patient experience
2. **Centralising** most specialist services means better clinical outcomes and safer services for patients
3. Where possible, care should be integrated between primary and secondary care, with involvement from social care, to ensure **seamless** patient care

The vision for out-of-hospital care

Why do we need an out-of-hospital strategy?



The residents of North West London have **changing health needs**, as people live longer and live with more chronic and lifestyle diseases - putting pressure on social and community care

When my mother, who is elderly, needed care recently **she seemed to fall through the cracks**. I had to call multiple services to find who should be helping her at home.

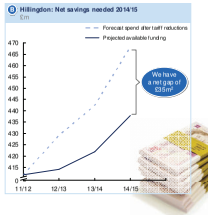
This was a stark contrast to my experience elsewhere in the UK, where they have **joined up services**, and **specialist plans** in place for patients with long term conditions.

My mother should have had a **single place to call**, from which her **care should have been owned and coordinated**.

Workshop participant, Hillingdon

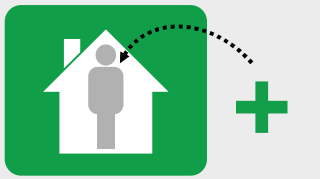
Our healthcare provision is **fragmented** and people have **very different experiences** in different locations; in other words, we sometimes fail our patients

Across the UK we know that care can be delivered out-of-hospital with better outcomes for the patient and at lower cost. We are highly reliant on **hospital care**

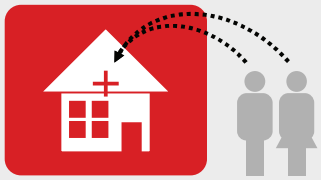


We will have to adhere to the national imperative to provide **high-quality care more affordably**

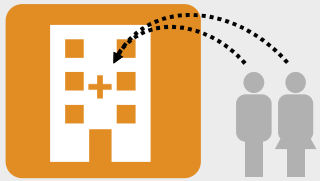
So our CCGs are currently developing out-of-hospital care strategies



At Home



At your GP Practice



In a community health centre

In a local hospital

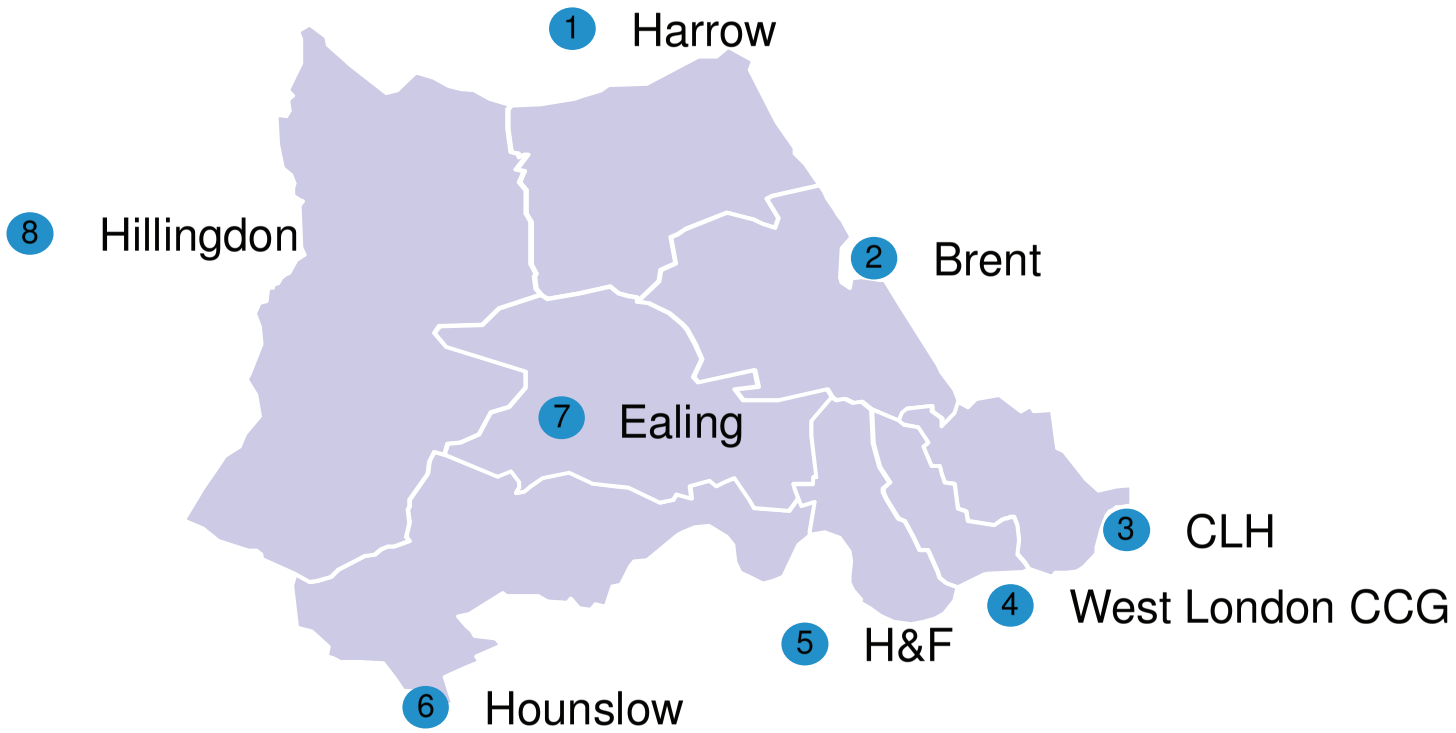
Out-of-hospital quality standards

The standards are crucial for ensuring consistently high quality care

Individual Empowerment & Self Care	Individuals will be provided with up-to-date, evidence-based and accessible information to support them in taking personal responsibility when making decisions about their own health, care and wellbeing
Access, Convenience & Responsiveness	Out-of-hospital care operates as a seven day a week service. Community health and care services will be accessible, understandable, effective and tailored to meet local needs. Service access arrangements will include face-to-face, telephone, email, SMS texting and video consultation.
Care Planning & Multi-Disciplinary Care Delivery	Individuals using community health and care will experience coordinated, seamless and integrated services using evidence-based care pathways, case management and personalised care planning. Effective care planning and preventative care will anticipate and avoid deterioration of conditions
Information & Communication	With an individual's consent, relevant parts of their health and social care record will be shared between care providers. Monitoring will identify any changing needs so that care plans can be reviewed and updated by agreement. By 2015, all patients will have online access to their health records

All 8 CCGs have been developing an out-of-hospital strategy

A real plan describing the care that is needed, who does it, and where it will take place



CCGs have been investing time to think strategically about what is needed over the next 3 years

Developing out-of-hospital strategies

A real plan describing the care that is needed, who does it and where it will take place

Vision beyond 12/13- Agreed goal, key themes, initiatives

15+ CCG Workshops - to develop and engage

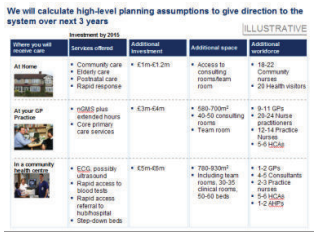
We have already started thinking about our vision for care closer to home....

We are committed to deliver care at the right time across integrated care pathways, which coordinate the health, social, community and voluntary sectors. We will put our patients at the *centre* and *develop a* system that delivers recovery-focused patient outcomes

New initiatives to get there – rapid response, MDTs, redesign of pathways, telehealth

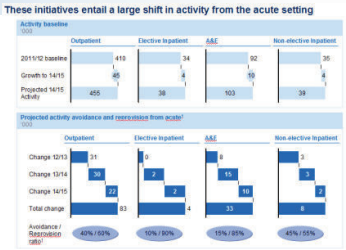
Engaging providers & stakeholders – Out-of-hospital working group

Organising care – how to coordinate care around the patient



Key enablers – Described the governance, IT, incentives needed to drive change

Quantifying investment – What workforce is needed, what estates



New ways of working – Smarter working not more of the same, new roles (Care co-ordinators, patient centred workers)

Set standards – Commitment to higher standards of care

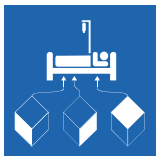
Shaping a healthier future

Key themes emerging from CCG out-of-hospital strategies

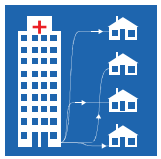
Easy access to **high quality, responsive care** to make out-of-hospital care first point of call for people

Clearly understood planned care pathways that ensure out-of-hospital care is not delivered in a hospital setting

Rapid response to urgent needs so fewer people need to access hospital emergency care



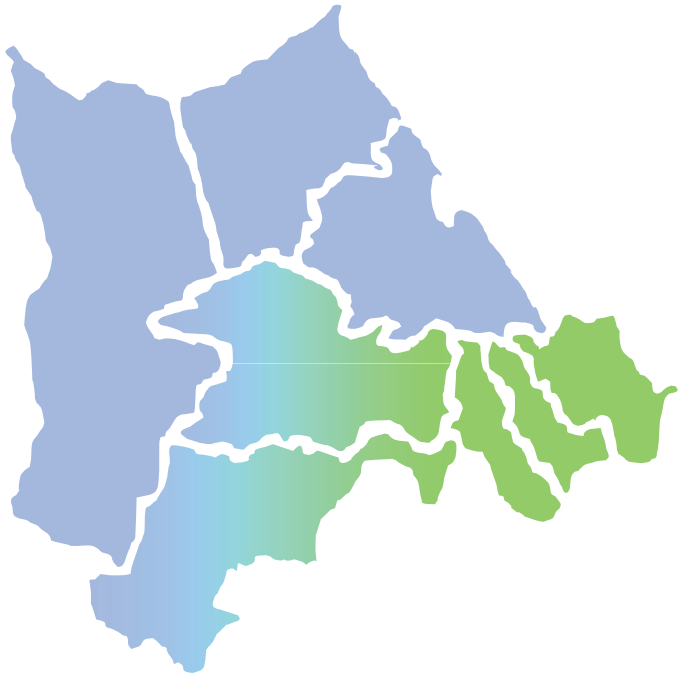
Providers working together, with the patient at the centre to proactively manage **LTCs, the elderly and end of life care** out-of-hospital



Appropriate time in hospital when admitted, with **early supported discharge** into well organised community care

Integrated Care Pilot

Providers working together, with the patient at the centre to proactively manage **LTCs, the elderly and end of life care** out-of-hospital



The ICP changes the way that healthcare is provided in an out-of-hospital setting

1. Patient registry
2. Risk stratification
3. Care pathways
4. Work planning
5. Care delivery
6. Case conference
7. Performance review

Key

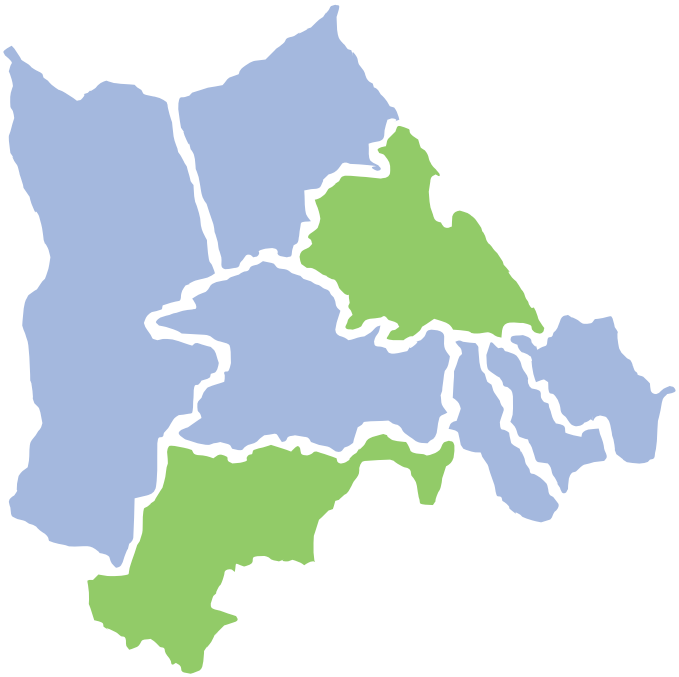
- Best practice in NWL
- implementation / roll out 2012 & 2013
- Plans under consideration

Shaping a healthier future

Rapid Response

Rapid response to urgent needs so fewer people need to access hospital emergency care

Appropriate time in hospital when admitted, with **early supported discharge** into well organised community care



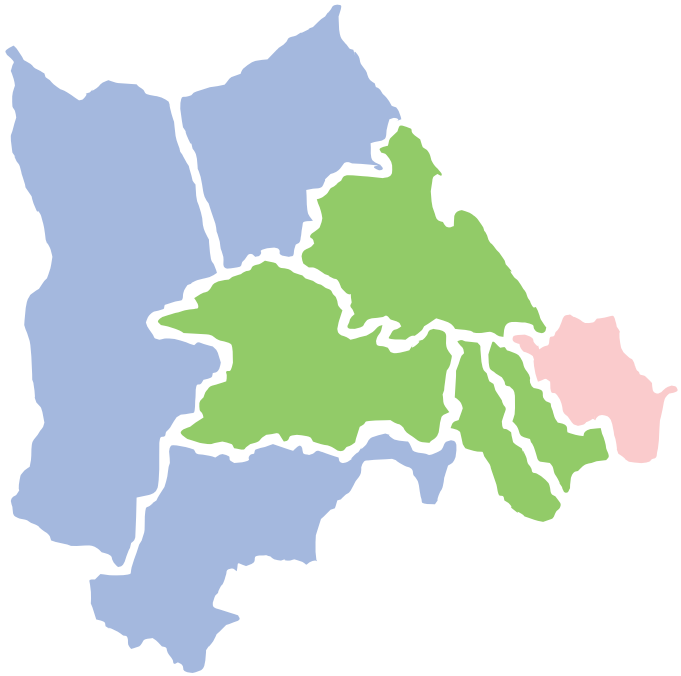
Best practice Rapid Response services have many of the following characteristics:

- Multi-disciplinary approach
- Operational links with social care
- Access to 'step up' community beds
- Close links with acute services, including the ability to offer an alternative to admission from A&E
- Reduces NEL admissions by circa 1000 per annum or more

Shaping a healthier future

Primary Care Urgent Care Centres

Easy access to **high quality, responsive care** to make out-of-hospital care first point of call for people

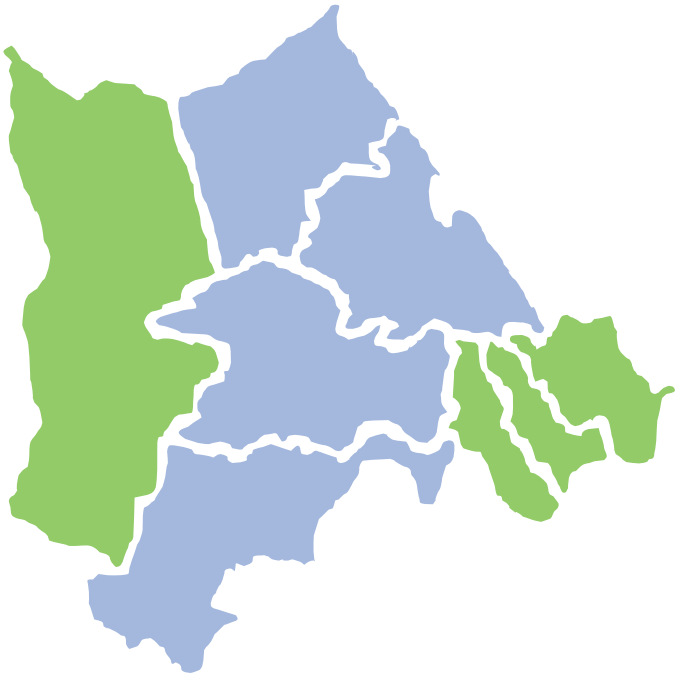


Key features of the most fully-developed UCCs in NWL include:

- Primary Care led
- 24/7 service model
- Ability to treat minor injuries (including minor fractures)
- Close links with primary care, including positive redirection

111 non-emergency number

Easy access to **high quality, responsive care** to make out-of-hospital care first point of call for people

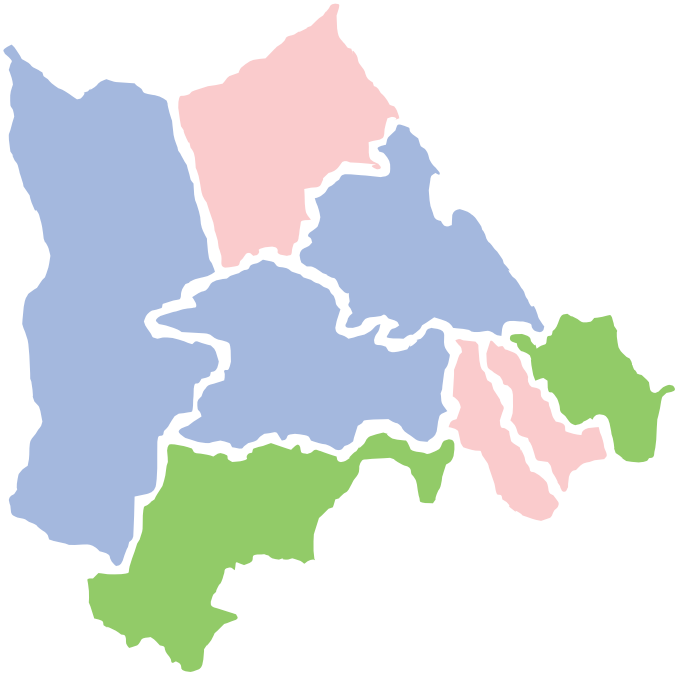


111 will transform the way in which non-emergency care is provided:

- A single non-emergency number for urgent care
- The ability to directly access and book urgent care services, through a locally-defined directory

Elective Care – Referral Facilitation

Clearly understood planned care pathways that ensure out-of-hospital care is not delivered in a hospital setting



Key

- Best practice in NWL
- implementation / roll out 2012 & 2013
- Plans under consideration

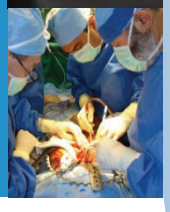
Primary Care networks are developing a range of approaches to ensuring a consistently high quality of referrals for elective care

- While objectives are common, approaches across NWL reflect local requirements
- Peer review and continuous improvement in referral practice is a common theme
- All approaches rely upon (and are developing) the ability to access timely information about referral activity

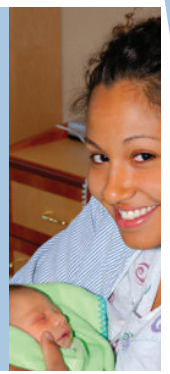
The vision for hospital care

Acute visions for specific areas

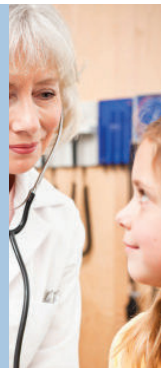
A&E and Emergency Surgery



Maternity



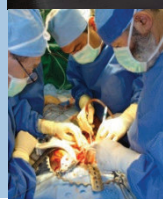
Children



- Patients that require basic urgent care should **be able to access**, **their own GP** (if this is not feasible, through a neighbouring GP practice or an Urgent Care Centre)
- If patients need to go to hospital, they should have **quick access to high quality urgent care through an A&E** backed up by appropriate services, e.g.
  - 24/7 Emergency Surgery and intensive care
  - Diagnostic services needed to assess their condition
- Patients should be able to receive the best quality care delivered by the right person **regardless of the time or day of the week**

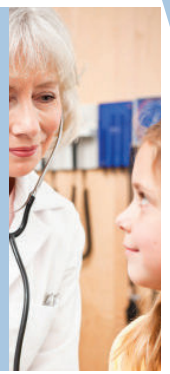
Acute visions for specific areas

A&E and Emergency Surgery



Maternity

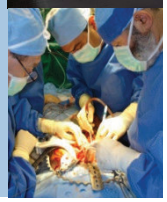
Children



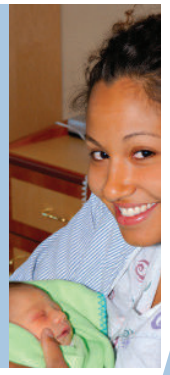
- Expectant mothers should have the **choice** to deliver their baby in a hospital or in the home environment if it is appropriate
- If expectant mothers are at risk or have a complicated birth they need to have **immediate access to supporting services** such as emergency surgery, anaesthetics and other services
- Expectant mothers should be able to receive the best quality care delivered by the right person **regardless of the time or day of the week**

Acute visions for specific areas

A&E and Emergency Surgery



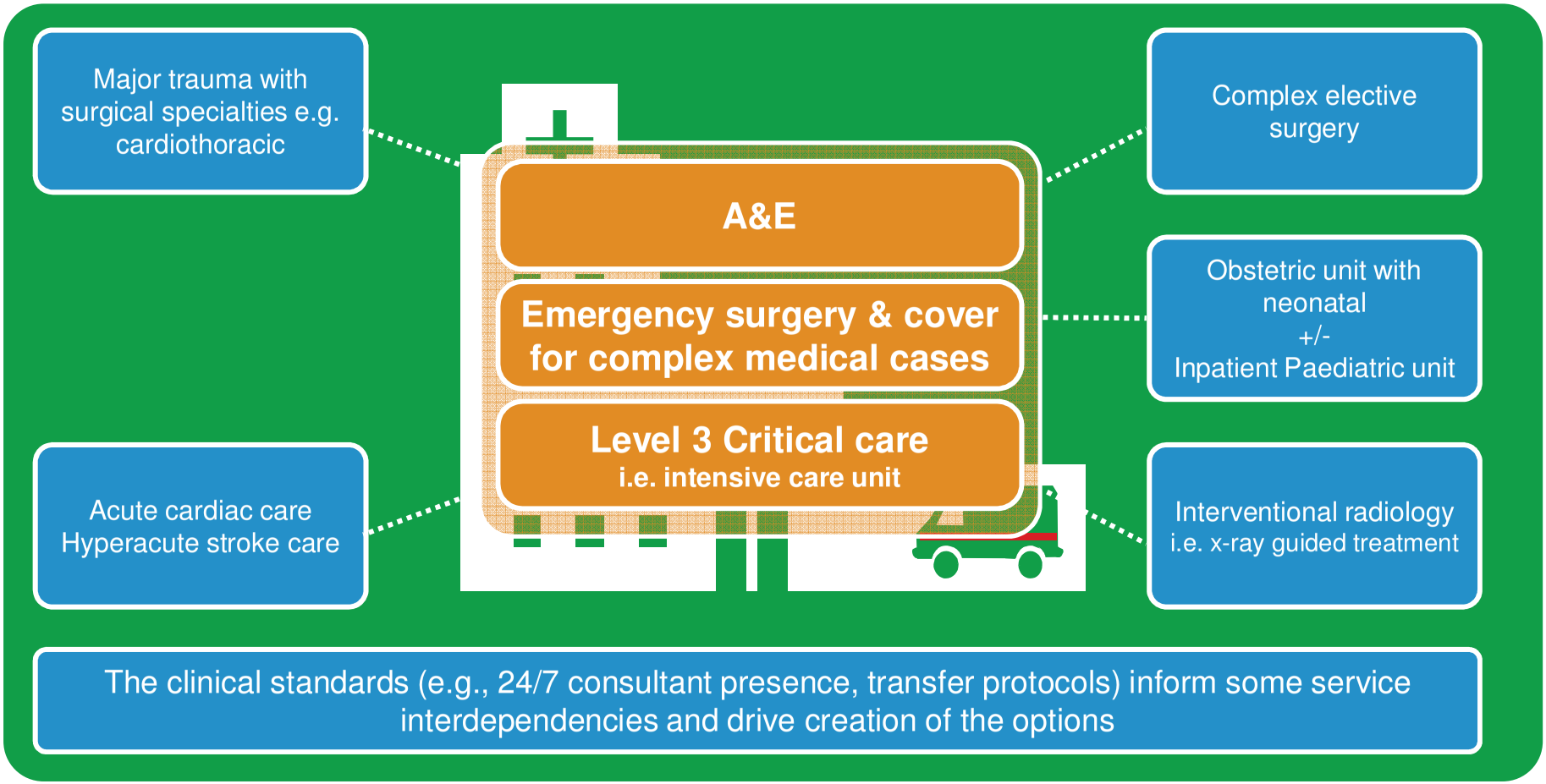
Maternity



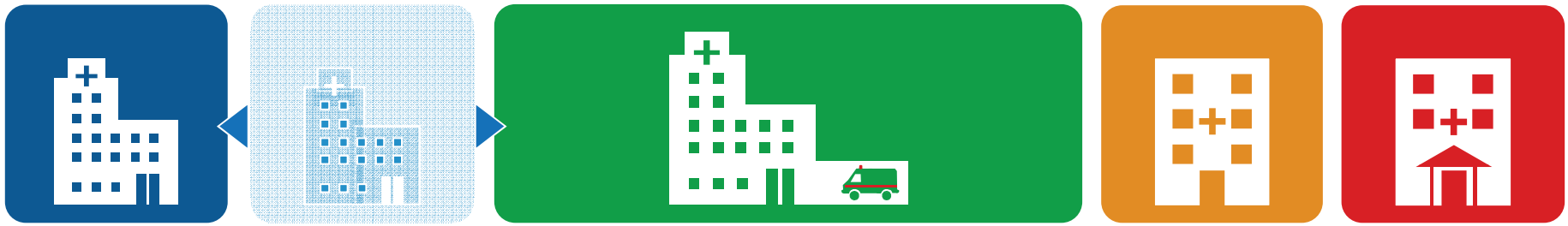
Children

- Parents and those responsible for children who require urgent care should **be able to access, their own GP** (when this is not feasible, through a neighbouring GP practice or an Urgent Care Centre)
- When it is necessary to go to hospital, children should have **quick access to high quality paediatric care** and care decisions should be made by a **senior and experienced** clinician regardless of the time of day or day of the week

In hospitals some services rely on others…



The range of services offered at each type of hospital is different



Local Hospital	Transition State	Major Hospital		Elective Hospital	Specialist Hospital
UCC	UCC/MAU	24/7 A&E	Complex surgery	Elective surgery (including day case)	Examples:
Outpatients & Diagnostics	Outpatients & diagnostics	UCC	Major Trauma Centre	Elective medicine	Cardiothoradic
Rehabilitation	Urgent medicine	Outpatients & diagnostics	Inpatient paediatric	Outpatients & diagnostics	Cancer
Minor trauma	ICU, level 2 + Obstetrics/ Midwifery unit	Urgent surgery	Obstetrics & Midwifery unit	Rehabilitation	Orthopaedics
Midwifery unit	NICU level 1/2	Urgent/complex medicine	Interventional radiology	ITU/HDU	
Minor procedures		ICU, level 3	HASU	UCC	
GP beds		Psychiatric Liaison Service	Acute Cardiac Services		
		Trauma unit	NICU level 2/3		

Essential service Optional service

Shaping a healthier future

Reviewing hospital sites to identify reconfiguration options

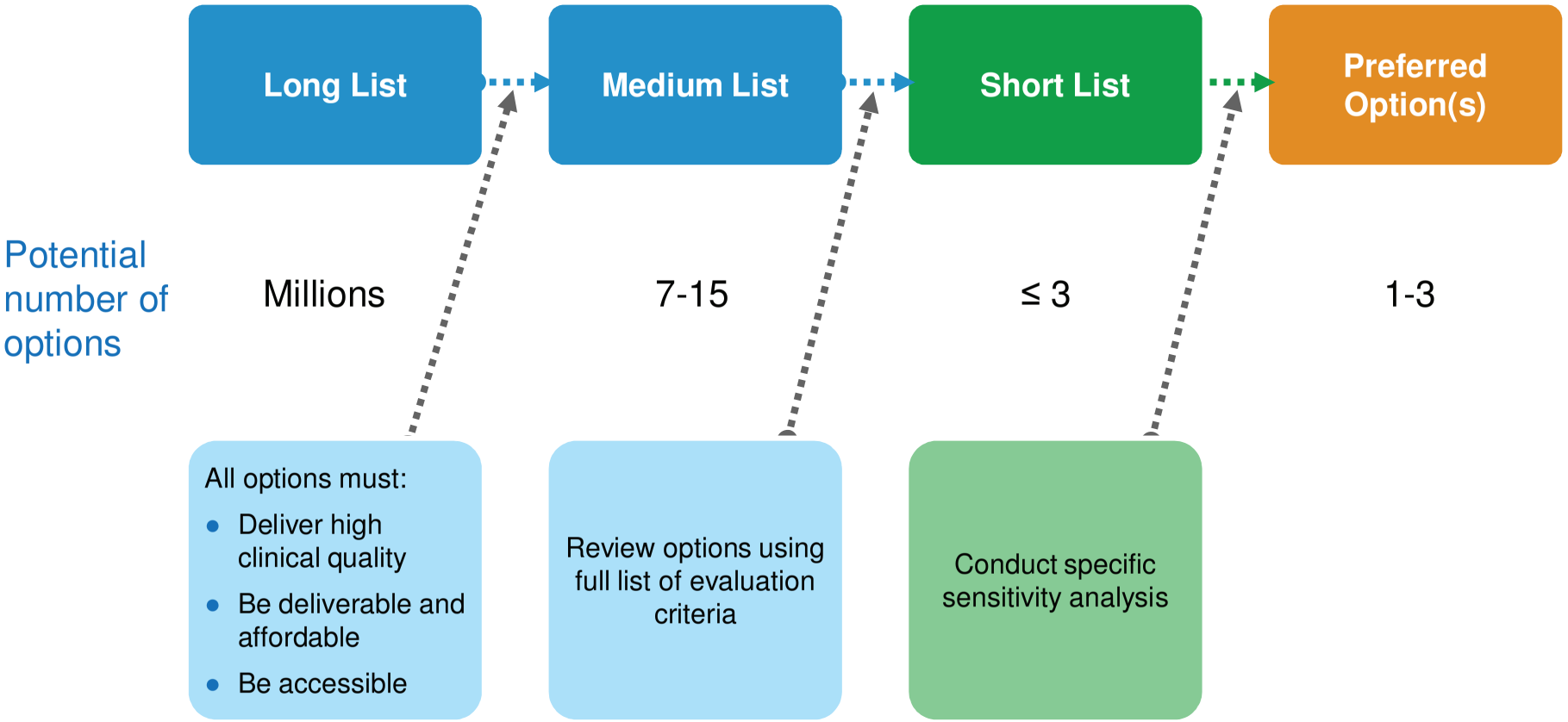
- Out-of-hospital services will be expanded and improved in all areas
- All 9 current sites will retain Local Hospital services, providing c. 75%[1] of all current activity (excluding specialist activity)
- All Specialist Hospitals will remain
- The care provided at Elective Hospitals will continue on the Central Middlesex site
- Where best to site Major Hospital services?

1 As measured by units of activity (Includes inpatient admissions, outpatients spells and A&E attendances), but excludes diagnostics

Shaping a healthier future

Options development: long list to medium list

Evaluation process for options



Clinical Board Rationale 1 for selection of medium list

		Number of options
1	• A **major hospital is required** to ensure high quality care	Millions

Clinical Board Rationale 2 for selection of medium list

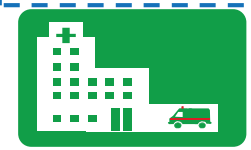
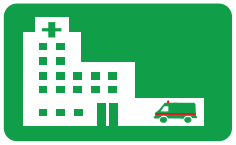
		Number of options
1	• A major hospital is required to ensure high quality care	Millions
2	• Consider the 9 existing major hospital sites only and not **new locations** due to the time required to find and develop a site and to manage the risk of access to capital	**Millions**

Clinical Board Rationale 3 for selection of medium list

		Number of options
1	• A major hospital is required to ensure high quality care	Millions
2	• Consider the 9 existing major hospital sites only and not new locations due to the time required to find and develop a site and to manage the risk of access to capital	Millions
3	• There should be **three to five major hospitals in NW London** to support the population of 1.9m. This is based on; available evidence, patient volumes, effect on the clinical workforce and the fact that some services rely on others and require clinical support. Having more than five major hospitals would result in unsustainable clinical rotas. Higher standards will need more staff at each site.	Hi… 336

Rationale 3 supporting example

The Programme and Clinical Boards recommend that only options with three to five Major Hospitals should be considered

	Min. required emergency surgeons for rota cover	Implied catchment
 x 9 current	▪ 45 current	▪ 238,000
 x 6	▪ c. 62 WTE	▪ 317,000
 x 5	▪ c. 50 WTE	▪ 380,000
 x 4	▪ c. 40 WTE	▪ 475,000
 x 3	▪ c.30 WTE	▪ 630,000

"National shortages of some clinical staff groups, such as paediatricians, midwives, radiologists and pathologists, due to the numbers of individuals currently entering training, are expected to continue in the future.

Even if there were more suitably trained staff in place, they would quickly begin to lose their skills as they would not be seeing sufficient volumes of patients."

- Case for Change

Shaping a healthier future

Rationale 3 supporting example

Several sites have low levels of emergency surgeons and not all are able to conduct laparoscopic procedures; emergency surgery is not currently provided at Hammersmith or Central Middlesex

	Total number of emergency surgeons	% laparoscopic trained
Northwick Park	12	83%
Chelsea and Westminster	10	100%
Hillingdon	7	100%
Charing Cross	6	100%
Ealing	6	33%
West Middlesex	5	100%
NWL Total (Average)	**45 (7.5)**	**84%**

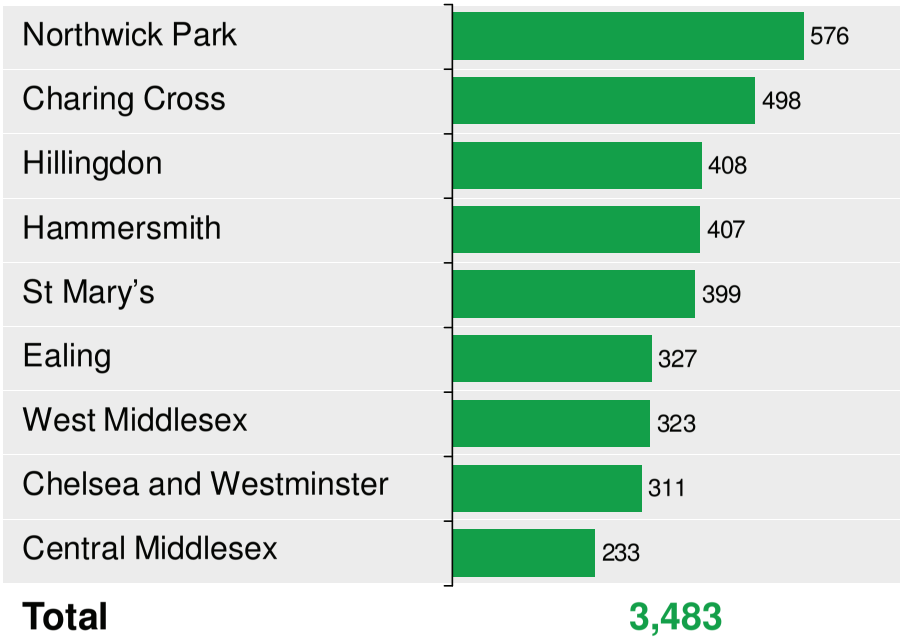
Clinical Board Rationale 4 for selection of medium list

		Number of options
1	• A major hospital is required to ensure high quality care	Millions
2	• Consider the 9 existing major hospital sites only and not new locations due to the time required to find and develop a site and to manage the risk of access to capital	Millions
3	• There should be three to five major hospitals in NW London to support the population of 1.9m. This is based on; available evidence, patient volumes, effect on the clinical workforce and the fact that some services rely on others and require clinical support. Having more than five major hospitals would result in unsustainable clinical rotas.	336
4	• **Only options that have five major hospitals are viable** in the medium term. Moving to three or four sites would cause major disruption to existing services which could affect the consistent delivery of high quality services. It would also require transferring a large number of services simultaneously across the region increasing the likelihood of: – A long implementation timeframe (~7+ years) and period of change – A large investment to develop infrastructure on some sites during a period when access to capital investment is severely constrained	126

Rationale 4 supporting example

No sites currently have the capacity to deliver the volume of activity needed in a model with less than five major hospitals

No. of beds needed per major hospital if there are five or less in the area:	
Three major hospitals	**~ 800-1000**
Four major hospitals	**~ 600-700**
Five major hospitals	**~ 500-600**



Note: There may also be Specialist Hospitals and Elective Hospitals so therefore the change in total bed base across the sector cannot be calculated using only these numbers

Clinical Board Rationale 5 for selection of medium list

		Number of options
1	• A major hospital is required to ensure high quality care	Millions
2	• Consider the 9 existing major hospital sites only and not new locations due to the time required to find and develop a site and to manage the risk of access to capital	Millions
3	• There should be three to five major hospitals in NW London to support the population of 1.9m. This is based on; available evidence, patient volumes, effect on the clinical workforce and the fact that some services rely on others and require clinical support. Having more than five major hospitals would result in unsustainable clinical rotas.	336
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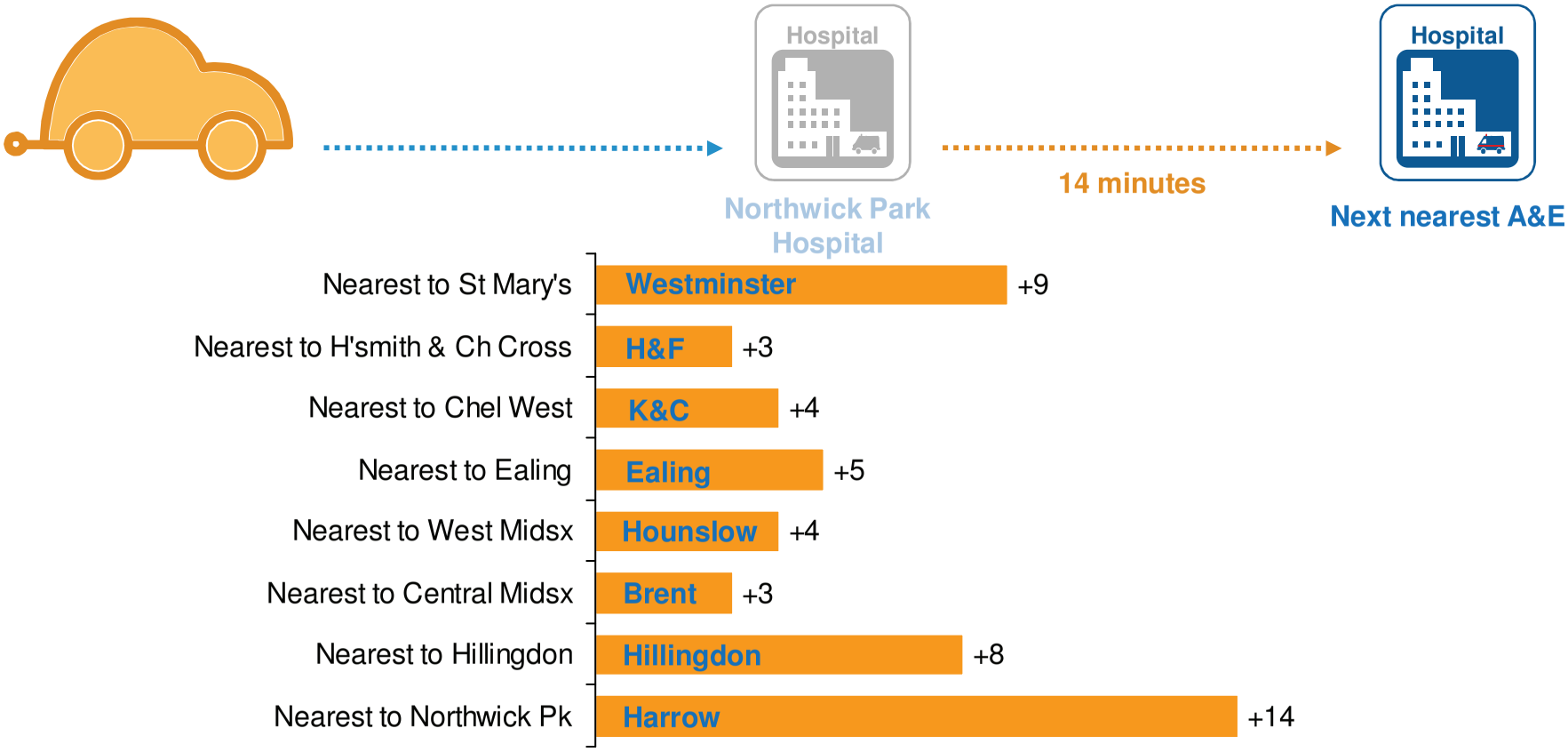
5	• To minimise impact on access, the Clinical Board proposes that **Northwick Park and Hillingdon should be major hospitals** in all options because they are geographically remote	**35**

Rationale 5 supporting example

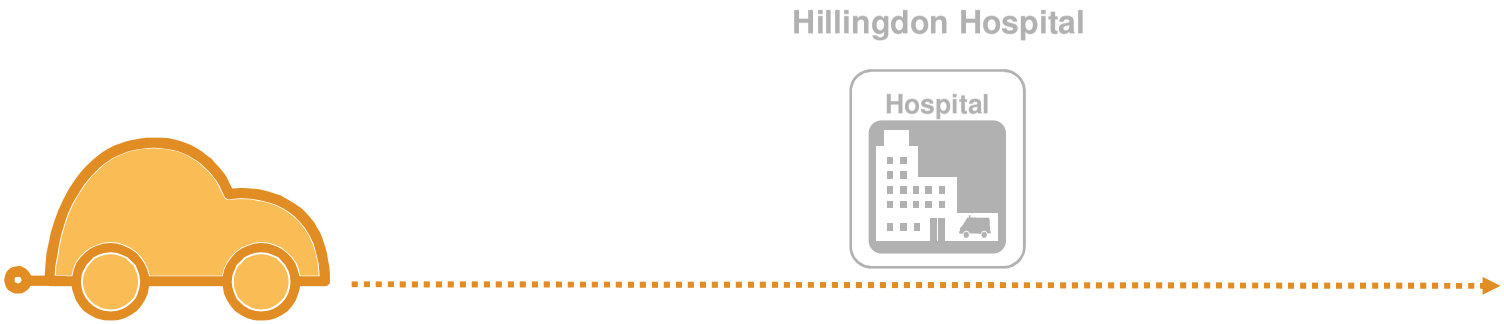
Impact on average borough car travel times (off peak) when major A&E destination is changed

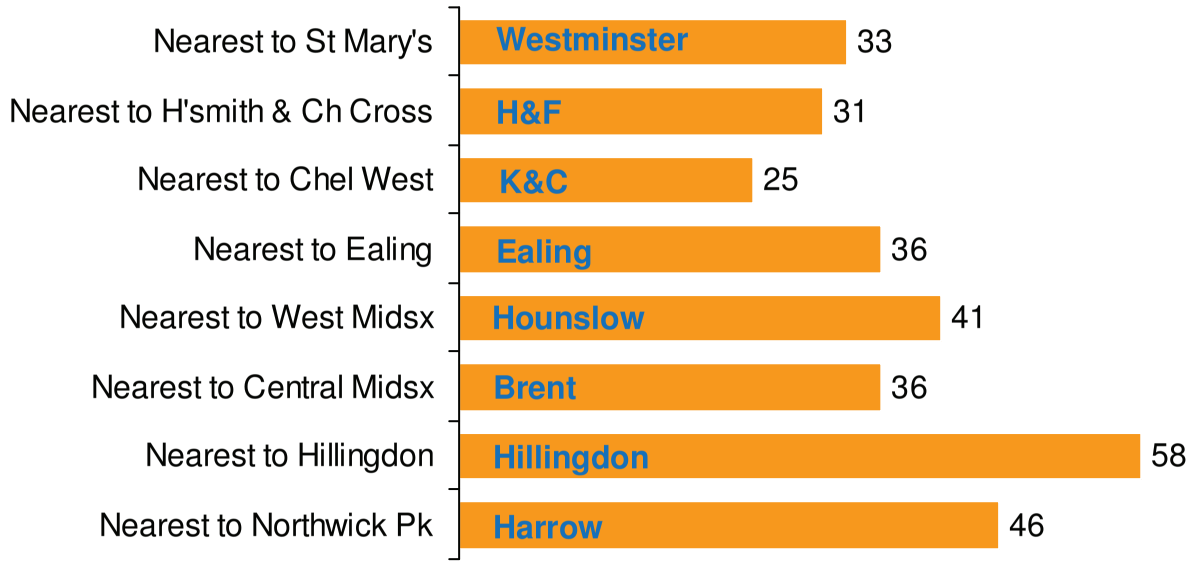


Minutes added to off peak car journey times in these boroughs when travelling to next nearest A&E

Rationale 5 supporting example

Impact on maximum borough car travel times (peak) when major A&E destination is changed

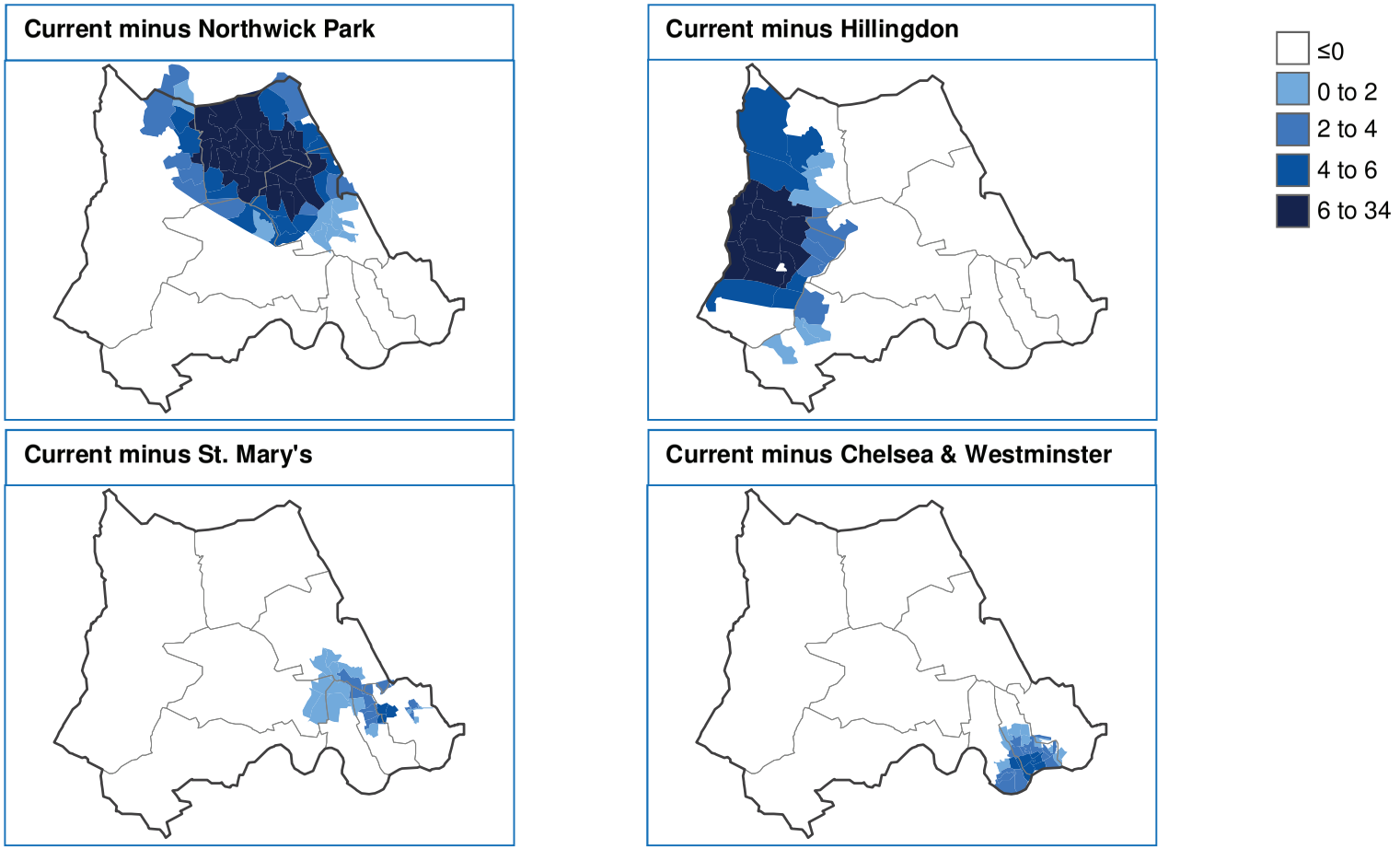




Maximum peak (rush hour) car journey times in these boroughs travelling to next nearest A&E

Rationale 5 supporting example

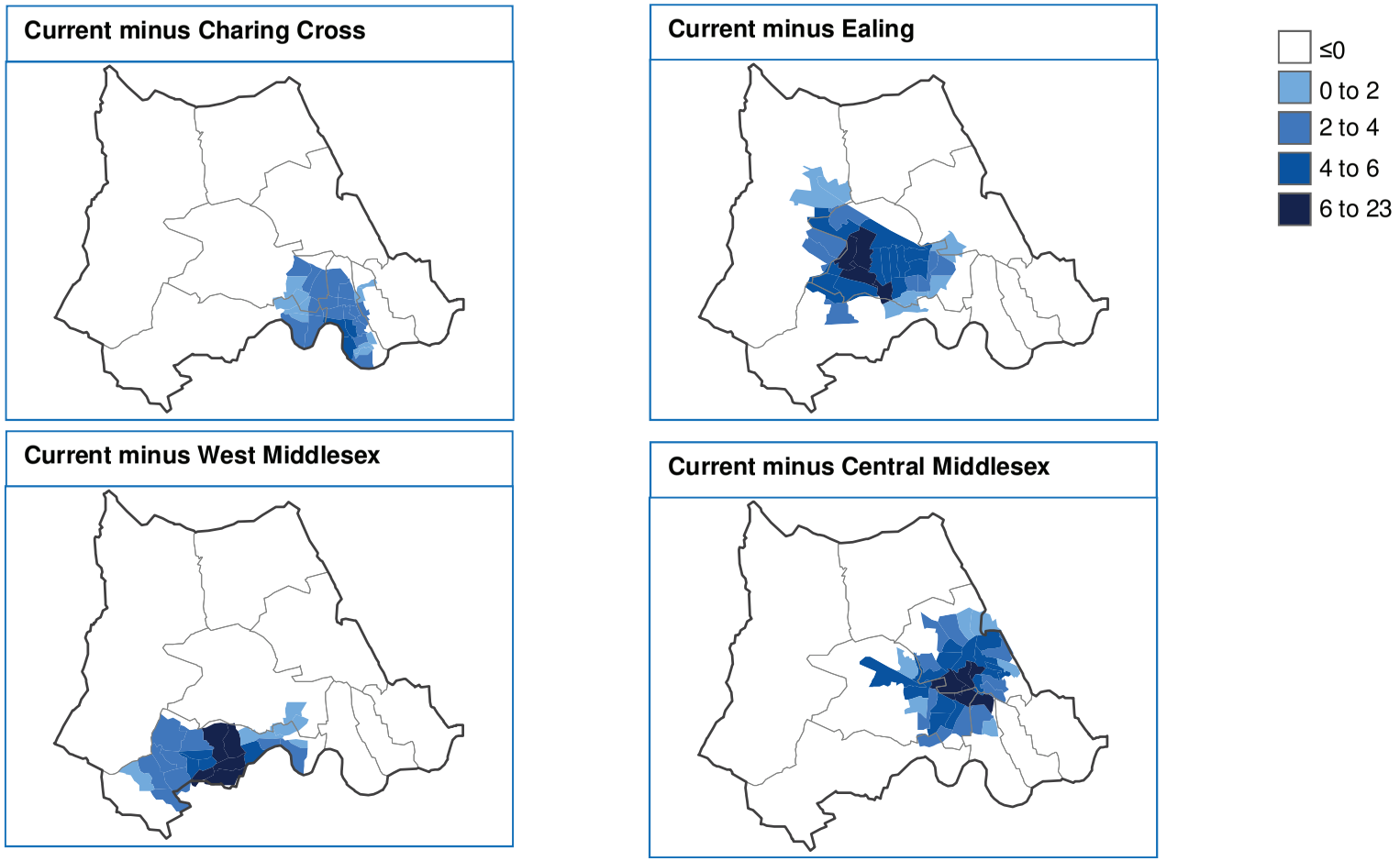
Detailed data showing impact on blue light travel times in each borough when A&E destination is changed



Absolute change in Blue Light travel time vs. current configuration (mins)

Rationale 5 supporting example

Detailed data showing impact on blue light travel times in each borough when A&E destination is changed



Absolute change in Blue Light travel time vs. current configuration (mins)

Clinical Board Rationale 6 for selection of medium list

		Number of options
1	• A major hospital is required to ensure high quality care	Millions
2	• Consider the 9 existing major hospital sites only and not new locations due to the time required to find and develop a site and to manage the risk of access to capital	Millions
3	• There should be three to five major hospitals in NW London to support the population of 1.9m. This is based on; available evidence, patient volumes, effect on the clinical workforce and the fact that some services rely on others and require clinical support. Having more than five major hospitals would result in unsustainable clinical rotas.	336
4	• Only options that have five major hospitals are viable in the medium term. Moving to three or four sites would cause major disruption to existing services which could affect the consistent delivery of high quality services. It would also require transferring a large number of services simultaneously across the region increasing the likelihood of: • A long implementation timeframe (~7+ years) and period of change • A large investment to develop infrastructure on some sites during a period when access to capital investment is severely constrained	126
5	• To minimise impact on access, the Clinical Board proposes that Northwick Park and Hillingdon should be major hospitals in all options because they are geographically remote	35
6	• **Central Middlesex should not be considered for a major hospital site** because several services that would be required are already not delivered there and it would require the largest expansion of any site as it is the smallest of the nine acute sites in NW London	20

Clinical Board Rationale 7 for selection of medium list

		Number of options
1	• A major hospital is required to ensure high quality care	Millions
2	• Consider the 9 existing major hospital sites only and not new locations due to the time required to find and develop a site and to manage the risk of access to capital	Millions
3	• There should be three to five major hospitals in NW London to support the population of 1.9m. This is based on; available evidence, patient volumes, effect on the clinical workforce and the fact that some services rely on others and require clinical support. Having more than five major hospitals would result in unsustainable clinical rotas.	336
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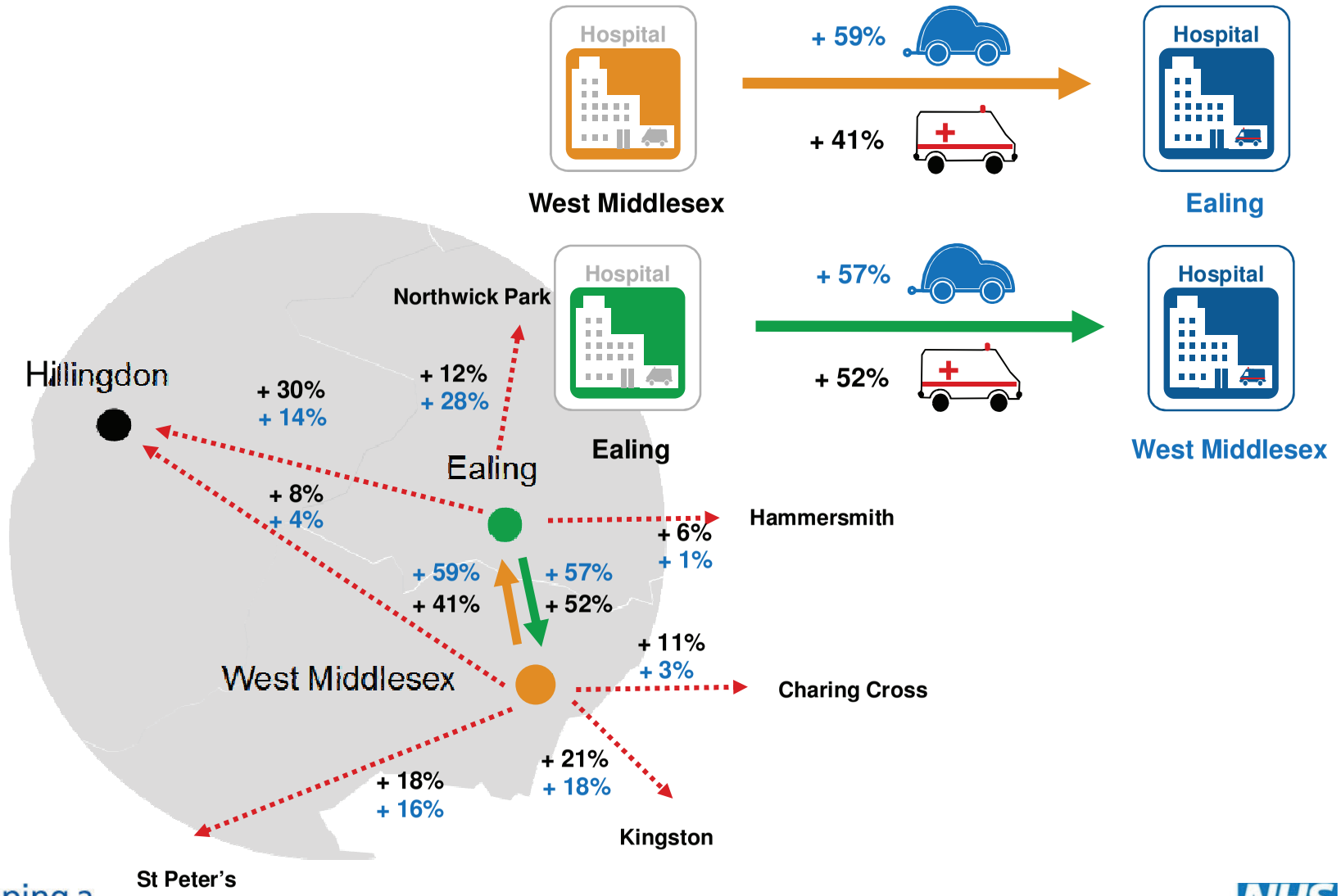
5	• To minimise impact on access, the Clinical Board proposes that Northwick Park and Hillingdon should be major hospitals in all	35
6		
7	• The Clinical Board proposes **geographic distribution of the remaining three major hospitals** to minimise the impact of changes on local borough residents. – Either Hammersmith or St Mary's – Either Ealing or West Middlesex – Either Charing Cross or Chelsea & Westminster	8

Rationale 7 supporting example

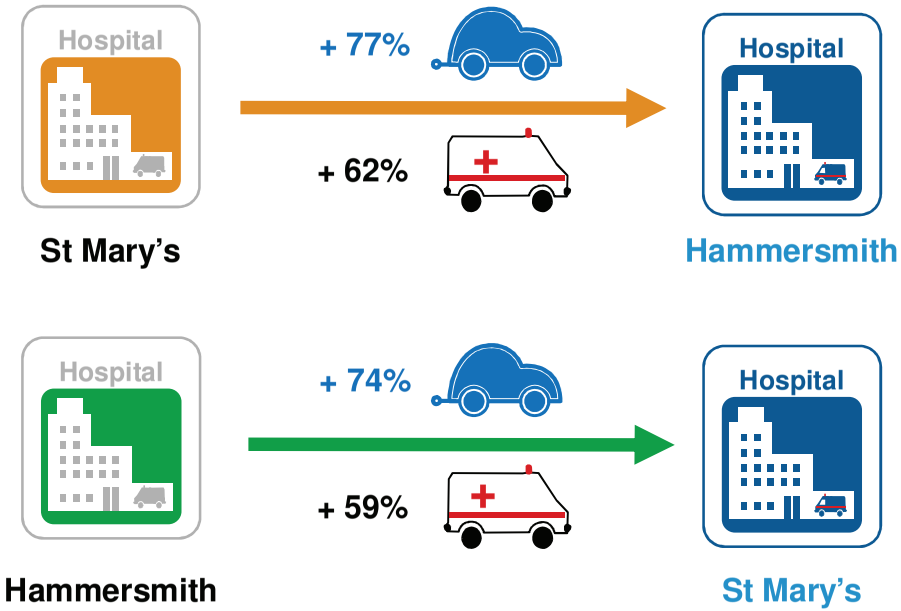
Patient/ travel flows between key hospitals

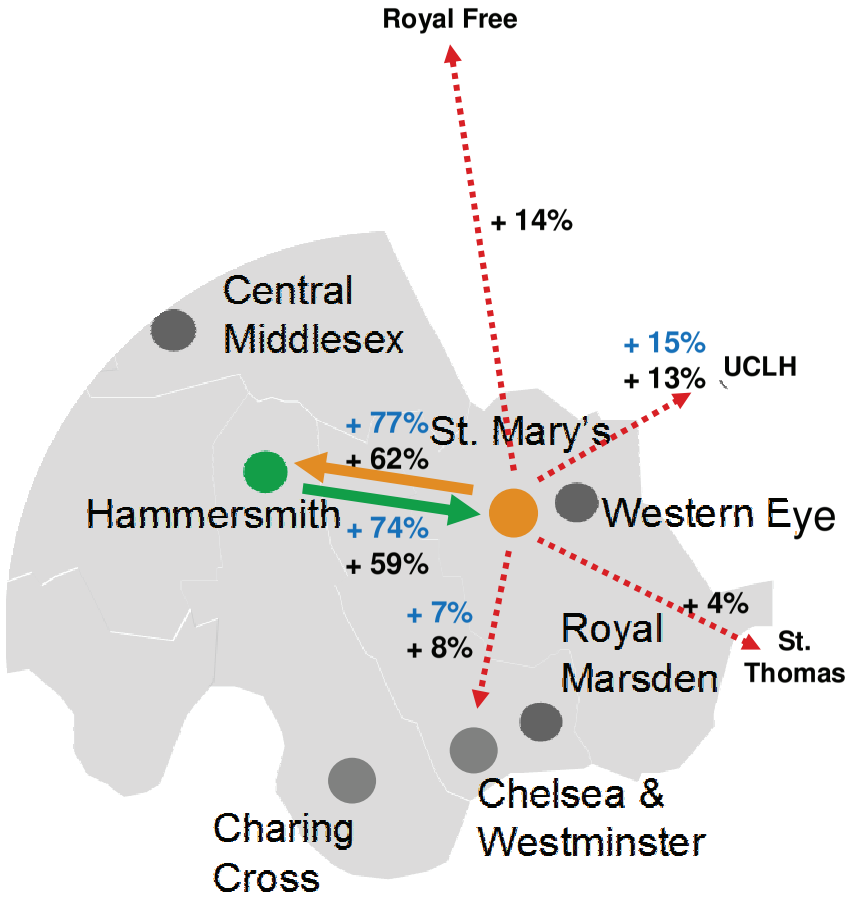


Shaping a healthier future

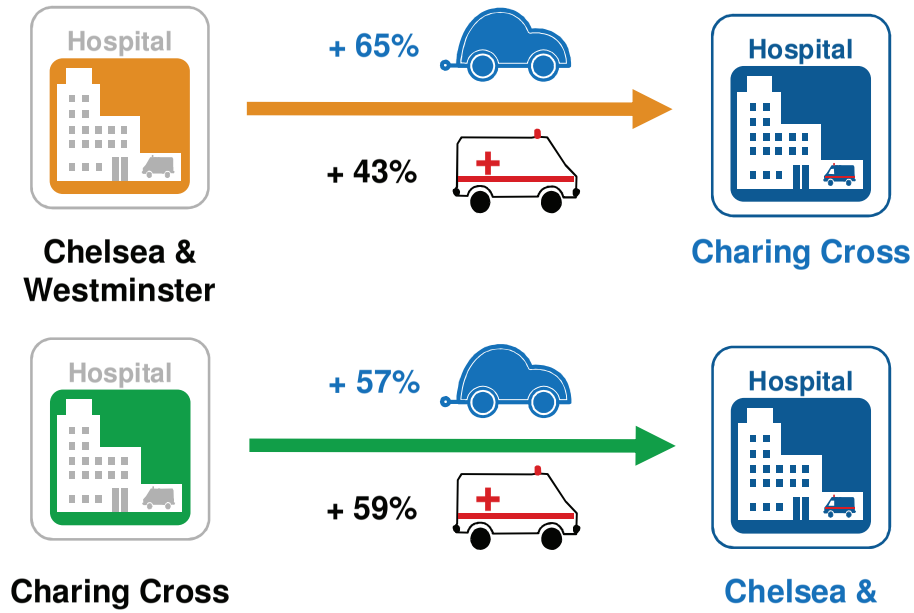
Rationale 7 supporting example

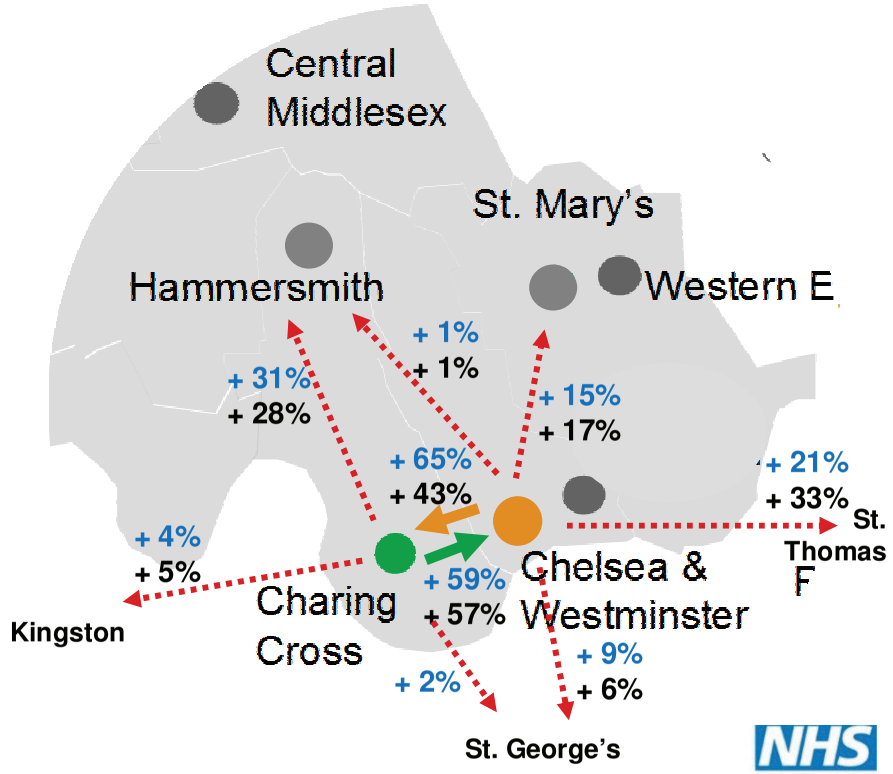
Patient/ travel flows between key hospitals





Patient/ travel flows between key hospitals





Clinical Board Rationale for selection of medium list

		Number of options
1	• A major hospital is required to ensure high quality care	Millions
2	• Consider the 9 existing major hospital sites only and not new locations due to the time required to find and develop a site and to manage the risk of access to capital	Millions
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Meanwhile we have been talking with:

Patients, patient representatives and the public:

- Representatives from all eight LINKs patient groups from across North West London
- Representatives from all eight local authorities in North West London, including elected councillors
- Patient groups and **voluntary sector groups** including Age UK, Mencap, MIND and the Patients Association
- MPs

Local Clinicians:

- GPs from across North West London including those from the new Commissioning Consortia in each borough
- Clinicians representing every NHS NWL service provider, including hospitals and community health services

We have held two major stakeholder events

- 200 attendees at all day events on 15 February and on 23 March, both at Lord's, mix of all stakeholder groups
- Explained our case for change, our vision and plans, and clinical standards
- Laid out our proposals for improving 'in hospital' care and 'out-of-hospital' care
- Set out evaluation criteria we might use to assess options for change in the way we provide care
- There was also a Q&A session with programme leaders
- And interactive voting which showed 85-90% understanding of what we were saying
- Another event planned for 15 May – venue tbc but we are aiming for outer London, and in the evening

Participants at our February engagement event ranked the criteria that were most important to them

	Criteria	Count of 'votes' as indicated by stickers: Public	Public	Clinicians	Clinicians
1	Quality of care	24%	199	28%	227
2	Access to care	10%	84	6%	45
3	Affordability	7%	58	11%	88
4	Capacity	4%	33	4%	33
5	Deliverability	8%	69	7%	57
6	Workforce	10%	82	14%	111
7	Education and Research	7%	58	10%	84
8	Alignment with other strategies	8%	68	4%	31
9	Patient Choice	8%	64	3%	22
10	Patient Experience	13%	108	13%	107
	Total votes		**823**		**805**

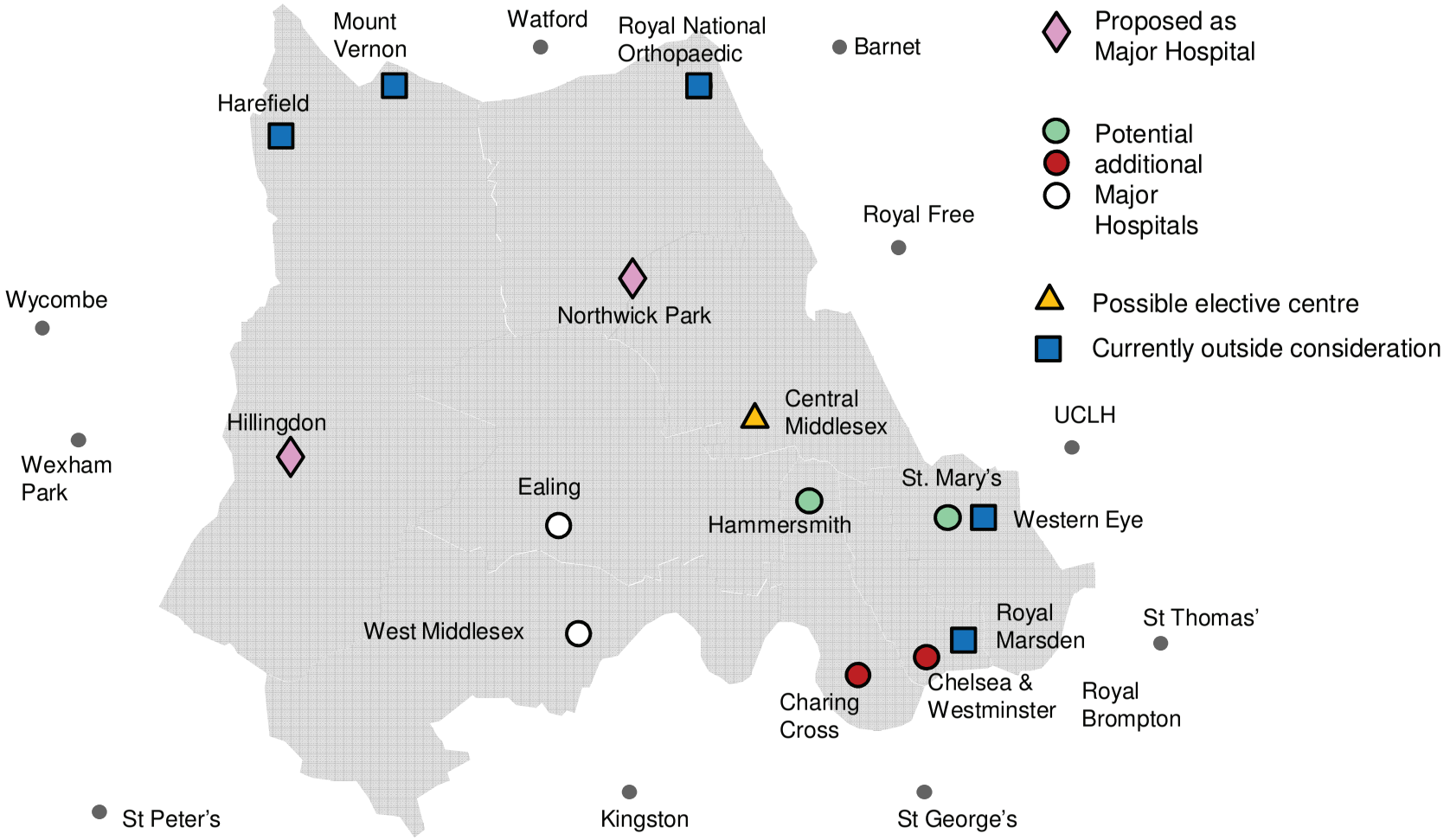
Participants at our March engagement event understood how we had reached our medium list

Shared progress in developing out of hospital plans, particularly at local level	▪ Well received and borough-level detail appreciated as was presence of local Clinical Commissioning representatives ▪ Call for more clarity around the vision and particularly how it will be delivered both in terms of coordination of care and costs
Described the options development process in terms of getting from long-list of options for change to medium-list	▪ Voting feedback shows that session was well understood (85% said they understood the process) ▪ In general, attendees wanted more of the background data and details and to understand more of the context and timeline of the programme. ▪ There was also a desire to understand other changes occurring in the NHS in London and how they are being taken into account
Explained the evaluation criteria that will help differentiate between medium-list options and result in a short-list for public consultation	▪ 83% of attendees in the morning said that they had understood how these criteria had been reached

Informed by patients and clinicians and these events, the evaluation criteria we have used are:

	Criteria	Sub-criteria
1	Quality of care	• Clinical quality • Patient experience
2	Access to care	• Distance and time to access services • Patient choice
3	Affordability	• Recurrent cost to system • Capital cost to system • Financially sustainable Trusts • Transition costs
4	Deliverability	• Workforce • Expected time to deliver • Co-dependencies with other strategies
5	Research and Education	• Education and research

So we now have a medium list of options



We will be holding detailed discussions as we develop short list of options to take to consultation

We will continue to involve patients, the public and their representatives, local clinicians and health professionals in this process by:

- Working with local clinicians to agree our options for change
- Working with local clinicians, local authorities and others across the eight NW London boroughs to refine the local visions for out-of-hospital Care
- Holding ongoing discussions with local patient representatives on our Patient & Public Advisory Group (PPAG) - which also has representatives on each of our working groups
- Running more engagement events to give a wider body of local patient representatives and local clinicians the opportunity to hear about the programme and influence it
- Producing newsletters and other communications for local stakeholders and maintaining a programme website, telephone line and email address

We have a specific process for Local Authority engagement, scrutiny and decision making

JOSC

- Has delegated authority to make comments on any proposals
- Formal engagement:
  - Once option(s) for consultation are identified
  - In lead up to decision to go to consultation
- Members to take topics for discussion back to their respective committees

Individual OSCs

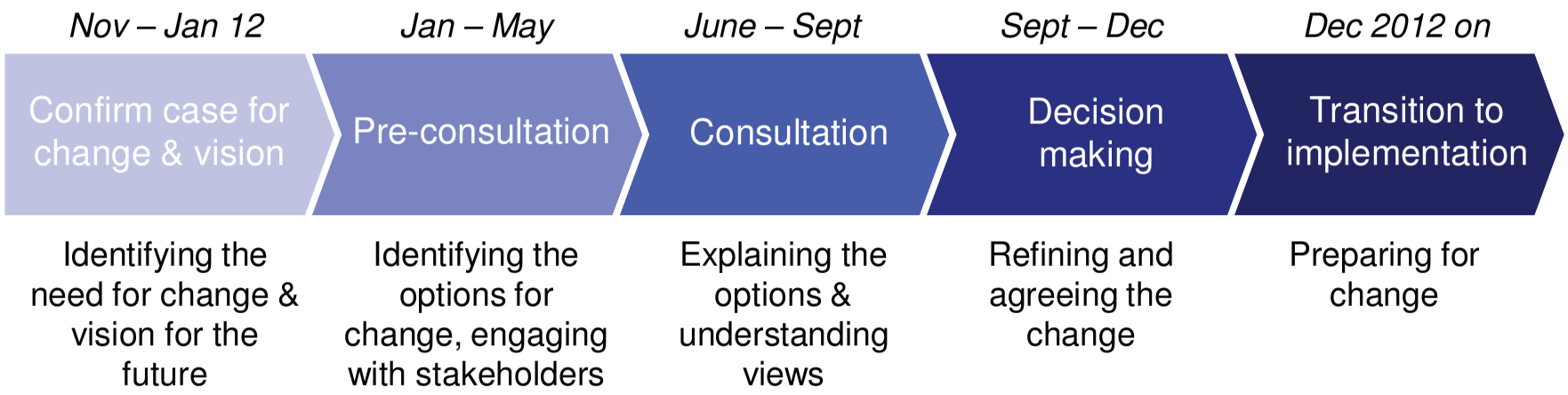
- Regular briefings will be provided
- Programme representatives can also (on request) attend HOSC meetings
- No formal scrutiny role (covered by the JHOSC)

Health and Wellbeing Boards

- CCGs will continue to engage with H&WBs on development of the Out of Hospital commissioning strategies
- No formal scrutiny role

Our process aims to ensure we develop the best possible solutions, involving local stakeholders throughout

Our current high level proposed timeline:



Shaping a healthier future

NHS

Next steps

- All feedback received will be fed back to our Clinical Board and our Programme Board to inform our ongoing work including planning for public consultation

- The next stage of work and emerging plans for consultation will be shared at our next event on Tuesday 15 May (to be confirmed)

- The consultation is due to commence in June

- http://www.northwestlondon.nhs.uk/shapingahealthierfuture/

London Borough of Hammersmith & Fulham

HOUSING, HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

DATE	TITLE	Wards
17 April 2012	Housing and Regeneration Department Key Performance Indicators.	All

SYNOPSIS

This report presents performance on key housing indicators.

CONTRIBUTORS

Kathleen Corbett
Assistant Director, Finance and Resources, Housing and Regeneration Department

RECOMMENDATION(S):

The Select Committee are asked to note the contents of the report.

CONTACT

Kathleen Corbett

1. EXECUTIVE SUMMARY

1.1 Performance overall is mixed with 6 of the 17 targets being met or within tolerance and 11 failing to meet the target. Performance has improved on 8 indicators when compared to the 2010/11 year end position (or the position this time last year in the cases of cumulative indicators). All figures reported are as 31st March 2012 for the period ending February 2012.

1.2 Performance with repairs and maintenance is generally improving or fairly static however performance on income is not improving and is behind targets. The Director of Housing Services is currently reviewing this area as a priority.

1.3 Detailed remedial action plans are in place to address all under-performance.

2. INTRODUCTION

2.1 The purpose of the report is to present the performance of Housing and Regeneration Department against target for the department's key performance indicators.

2.2 The report details the areas where performance is behind target, the factors affecting performance and the management action being taken to remedy the under-performance.

3. PERFORMANCE

Key

Green	Target met
Amber	Within tolerance
Red	Outside tolerance

3.1 Repairs and Maintenance

3.1.1 Performance

Indicator	Target	YTD	2010/11	Trend
% non-decent council homes	0.39%	0.39%	1.26	Improving
% with gas compliance certificate	100	99.84%	99.73	Improving
% repairs appointments kept of made	98	99.7	98.6	Improving
% repairs completed in priority time	99	95.4	96.6	Not improving
% Satisfaction with repairs	90	76.5	76	Improving

3.1.2 Factors affecting performance

The Decent Homes work has been completed for this year. The remaining 0.39% or 50 properties relate to Jepson House which has only recently been brought into the Decent Homes programme after the decision not to dispose. These are now part of an on-going refurbishment contract expected to be completed in September 2012.

Gas compliance at 99.84% is the best to date. The Gas Servicing Team are taking all practical actions (early morning and evening and Saturday appointments, early evening telephone call to the residents, progressing legal documents quickly and liaison officers leaving no access cards at the property) in order to gain access to all properties to execute the annual gas safety checks and thus produce a Landlord Gas Safety Record (LGSR).

Customer satisfaction for repairs is improving with the figure for the month of February of 83% the best to date. This indicator measures customer satisfaction and includes all aspects of satisfaction including how the Customer Services Centre handles calls as well as how the contractors carry out the repair.

There is a difference in performance for repair completions between the North (Kier) and South (Willmott Dixon) in February, with Willmott Dixon outperforming Kier. It has been identified that Kier have a problem with Plumbing work, which Technical Services are currently addressing

3.1.3 Management Action

A Repairs Working Group is being set up to improve performance on jobs being completed within target and satisfaction levels as part of the review of resident involvement. This will feed into the specification of the new repairs and maintenance contract that the department plan to let in 2013. This should in the long term substantially improve service in this area.

Monthly performance meetings with the current contractors have been put in place in addition to the weekly operations meetings to ensure prompt action is taken on service failures. A Continuous Improvement Panel has been set up to review and learn lessons from failures.

3.2 Income

3.2.1 Performance

Indicator	Target	YTD	2010/11	Trend
% current rent collected excluding arrears	100	99.09	99.71	Not improving
£ cash amount of rent	£2.11m	£2.47m	£2.16m	Not improving

Indicator	Target	YTD	2010/11	Trend
arrears				
Rent loss on voids as % of rent due	1.58	2.19%	2.96	Improving
£ Service charge collected YTD	£3.84m	£3.86m	£3.45m	Improving
Average days to relet void property	25	28.5	29.39	Improving
Voids as % of total stock	1.8	2.23	2.96	Improving

3.2.2 Factors affecting performance

Although rent collection and therefore arrears are not improving compared to last year, collection in February was 100% showing that the collection rate has recovered after Christmas.

Housing Benefit claw back for overpayments has doubled in the last year, which means that tenants on low incomes have to find additional money to make up the shortfall in what they have to pay. This is thought to have had a knock on effect on rent arrears of approximately £250k.

Void loss and Voids as a % of stock is being adversely affected by the large number of Sheltered voids being refused.

3.2.3 Management Action

Vacancies in the Income Management Team have now been addressed and all Income Management Offices are holding fortnightly performance meetings with eviction reports being prioritised.

Housing Services are in discussion with our LOCATA (Choice Based Lettings Scheme) partners about withdrawing Sheltered properties from LOCATA for a trial period of six weeks and reverting back to direct lettings to see if this improves acceptances.

3.3 <u>Reducing households in temporary accommodation</u>

3.3.1 Performance

Indicator	Target	YTD	2010/11	Trend
Homeless acceptances	229	174	164	Not Improving
Households in temp accommodation	915	998	888	Not Improving

3.3.2 Factors affecting performance

The increase in acceptances is a reflection of the growing pressure on the service as the impact of HB caps begins to make itself felt. The number of applicants approaching from the private sector is growing and it is proving increasingly difficult to secure alternative private rented accommodation.

3.3.3 Management Action

A procurement strategy has been developed that includes looking at vacant council properties and engaging with registered providers on potential out-of-London schemes.

Housing Options are also:

- Looking at an incentive package for 2012/13 to entice landlords to continue supplying.
- Carrying out more robust checks at first point of contact through Experian and land registry to reduce the number of cases going into temporary accommodation.
- Looking to utilise discretionary housing benefit to assist applicants to remain in their existing accommodation and are assisting applicants to find alternative accommodation under the rent deposit scheme.

3.4 Reducing costs

3.4.1 Performance

Indicator	Target	YTD	2010/11	Trend
Sickness rolling year days	7.8	10.5	None*	n/a

** target relates to the new department*

3.4.2 Factors affecting performance

There are a number of ongoing cases which are adversely affecting performance in this area. Sickness statistics have recently deteriorated, principally due to an increase in sickness levels in estate services

3.4.3 Management Action

Sickness management is currently being reviewed by the Departmental Management Team, supported by LBHF Human Resources with a view to resolving cases.

3.5 Supporting home ownership

3.5.1 Performance

Indicator	Target	YTD:	2010/11	Trend
New Homebuy applications registered	733	934	1043	Not improving
Sales under RTB	7	6	7	Not Improving
Low Cost Home Ownership (total)	100	65	121	Not improving

3.5.2 Factors affecting performance

Low Cost Home Ownership completions for this year total 65 (an increase of 18 in February) with 31 first time buyers nearing completion on purchases and are simply awaiting the physical completion of the development in order to move in. However, this is still below the full year target of 109. This is principally because the original Low Cost Home Ownership target assumed the 60 units at Chelsea Creek completed in this financial year. Although 54 of the properties have now exchanged, they will not be physically completed until June 2012 due to slippage in the construction process which is out of the Council's control and therefore will not show as sales until next financial year. It should be noted that this year's Low Cost Home Ownership target is phased evenly across all months, this approach will be changed for next year with phasing being based on expected site completions to enable improved performance management.

3.5.3 Management Action

Future targets will be phased based on known expected site completions enabling improved performance management.

4. RECOMMENDATIONS

4.1 The Select Committee is asked to note the contents 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.	Housing and Regeneration Department scorecard	Kathleen Corbett Ext 3031	Housing and Regeneration Department, 3rd Floor Town Hall Extension, King Street

London Borough of Hammersmith & Fulham

HOUSING HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

DATE

17 April 2012

RE - PROCUREMENT OF HRA REPAIRS AND MAINTENANCE SERVICES

Wards

All Wards

As part of the Housing Revenue Account (HRA) Financial Strategy, approved by Cabinet on 30th January 2012, an HRA Medium Term Financial Strategy (MTFS) Transformation Programme is currently underway to both improve the quality of services received and to deliver efficiency savings.

As part of this Transformation Programme the Housing & Regeneration Department (HRD) is seeking to re-procure its repairs and maintenance contracts and market test a range of services currently handled in-house in a manner that meets the dual aim of saving money and improving the service customers receive

CONTRIBUTORS/ CONTACT

S Kirrage - AD HRD Asset Management & Property Services

RECOMMENDATION:

The Committee is requested to review and comment upon the proposed re-procurement of repairs and maintenance services outlined in this report.

1. EXECUTIVE SUMMARY

1.1 The HRA Budget and Medium Term Financial Strategy agreed by Cabinet on 30th January 2012 identified the need to achieve greater cost efficiency, whilst improving the quality of services provided to tenants, leaseholders and residents. The quality of service received in relation to repairs and maintenance is a major driver of customer satisfaction.

1.2 Currently there are twenty seven separate contracts providing for repairs and maintenance. It is proposed to radically reduce the number of contracts and to package together all responsive repairs, gas, voids and an element of planned maintenance work into either a sole or dual supply contract(s), in order to benefit from greater economies of scale, whilst at the same time adjusting contract conditions and Key Performance Indicators to incentivise improved customer service, and developing capacity within the council to better manage contractual arrangements. In addition, a range of services currently handled in-house, will be market tested. The aim will be to maximise value for money, improve the efficiency and benefits of the service to residents and develop and improve the resilience of the overall service.

1.3 At this stage the size of the potential single or dual supply contract(s) is to be refined and established, as further market testing and investigation is required, to establish the optimum mix of works and services to include. It is likely that the annual contract value will be between £15m-£25m p.a. which would give a contract value, over 10 years, of approximately £150m - £250m.

1.4 The proposal has been developed in consultation with industry experts, that is considered to be the optimal means of achieving these requirements.

2. INTRODUCTION

2.1 The Re-Procurement Proposal is attached as Appendix A.

2.2 The proposal considers options, recommends a procurement route that complies with Public Procurement Regulations and outlines the procurement programme. It also considers some of the key implementation issues in the development of the client capability to manage the changes whilst delivering an effective service.

2.3 The time line included within the proposal dictates that certain details of the planned re-procurement should be developed as the overall project is worked up. The finalising of this detail will be carried out in

consultation with residents under the new arrangements of the Residents' Working Group.

3. BACKGROUND

3.1 In the context of the HRA the Asset Management and Property Services Division is responsible for:

- Effective asset management planning for an estate of circa 17,500 homes and ancillary properties with existing use value of circa £900 million and an unrestricted open market value of circa £3 billion;
- Maintaining the Council's housing stock to an acceptable standard by providing sustainable, warm, safe, modern and secure properties;
- Ensuring that statutory inspections, maintenance obligations and other activities are carried out on a range of items including; gas installations, lifts, water tanks and some electrical installations;
- Undertake Fire Risk Assessments and carry out any necessary maintenance, remedial or improvement works; and
- Refurbishment of void properties.

3.2 The current service delivers circa 50,000 responsive repairs each year including 7,500 repairs to communal areas to approximately 17,500 homes. The statutory obligation to annually check and service gas installations is completed to 11,000 of the tenanted homes.

3.3 The total expenditure on responsive and planned preventative maintenance is approximately £49 million per annum – this expenditure is currently spread over 27 separate contracts.

3.4 Repairs and maintenance activity is a significant driver of resident satisfaction but all too often feedback from residents and members is that service is poor, although the current performance measurements don't always reflect this.

Residents' current experience

- If a job is done poorly the Customer is dissatisfied and complains to the department and to members.
- Poor diagnosis of the fault at first call stage.
- Inconsistent interpretation of the repairs policy.
- Numerous chase up calls are needed to ensure that the repair gets done.
- Missed appointments.
- Hand-offs between different contractors.
- Failure to get repairs done right first time.
- Contractors getting paid before residents have signed off repairs as complete.
- Potential for payments to be made ahead of full customer satisfaction

Residents' future experience

- Contractor incentivised to get the job done right first time - if a job is done poorly the supplier suffers financial penalty.
- No payment until jobs are completed.
- Call centre run and managed by the "repair experts" - the contractor.
- Contractor uses their own system to log and diagnose the repair.
- Contractor arranges appointments at first call stage using "real-time" scheduling software.
- Resident satisfaction recorded by a third party organisation.
- Fewer contractors leading to less hand-offs between suppliers.

3.5 As well as resident dissatisfaction, the cost for the responsive repairs service is very high compared with other local housing authorities and housing associations. The following chart shows the total costs per property of responsive repairs and voids re-servicing compared with H&F's HouseMark benchmarking group. It includes both the 'client side' management and administration functions and the 'contractor side' direct:

Cost KPIs[1]	Upper	Median	Lower	LBHF Result	Ranking
Total Cost Per Property of Responsive Repairs Service Provision	£372	£484	£537	£559	**27 /30**
Total Cost Per Property of Responsive Repairs Management	£157	£187	£273	£267	**22 /30**
Total Cost Per Property of Void Works Service Provision	£87	£123	£157	£133	**18 /30**
Total Cost Per Property of Void Works Management	£26	£38	£51	£54	**25 /30**

4. PROPOSAL

4.1 The Repairs & Maintenance Re-Procurement Proposal in Appendix A shows all of the options that were considered and recommends a procurement route that is summarised below.

- Package together all responsive repairs, gas, voids and as much of the planned maintenance work as possible into either a sole or dual supply contract(s) in such a way as to; maximise value for money, improve the efficiency and benefits of the service to residents and develop and improve the resilience of the overall service.
- Market test a range of in-house services and include in the re-tendering if this offers better value for money. Services currently under review include:
  - Repairs call centre;
  - Gas teams (including communal gas);
  - Voids; and
  - Inspection services.
- Retender using either a single borough wide contractor or 2 contractors split north and south of the borough for all the above work and services

[1] HouseMark is a nationally recognised benchmarking organisation that H&F subscribes to. Dataset 2010/11.

- Enter into a long term partnership - a minimum of 10 years with a possible 5 year extension, which will include regular service and delivery reviews.

4.2 At this stage the size of the potential single or dual supply contract(s) is to be refined and established, as further market testing and investigation is required, to establish the optimum mix of works and services to include. It is likely that the annual contract value will be between £15m-£25m p.a. which would give a contract value, over 10 years, of approximately £150m - £250m.

4.3 Alongside the re-procurement of repairs and maintenance contracts, a re-organisation of the property services function within HRD will take place. This will include the integration of the Building Property Management (BPM) team, that work exclusively on HRA residential property and are due to transfer from the Transport & Technical Services Department in May 2012. The re-organisation will ensure that the new structure reflects the change in emphasis from day to day management to more planning and effective performance management of fewer, but larger, contracts, whilst at the same time fulfilling all statutory obligations.

4.4 The re-procurement and re-organisation is expected to deliver the following benefits:

- Full year effect savings of £2.4m by 2014/15;
- Improvement in service and quality of delivery, with a consequent rise in customer satisfaction and improved performance against a range of KPI's, including the HouseMark benchmark figures;
- Clearer focus for the in-house teams on monitoring statutory compliance, developing a long term asset management strategy that includes planning effective maintenance work to reduce the level of responsive repairs;
- Increased efficiency of operations through;
  - Reduced interface between different parties, (fewer 'hand-offs');
  - Improved technology, particularly mobile working, to improve response times, and customer service;
  - Focused performance indicators based on best practice;
  - Greater assurance of quality of work; and

- Improved speed and clarity of invoicing.

4.5 It is anticipated that the £2.4m savings figure is to be achieved through a combination of:

- Contractual savings based on a contract value of approximately £15m p.a. for core services i.e. Repairs, Gas and Voids, to be achieved through;
  - Savings on overheads;
  - Increased work density;
  - Increased buying powers;
  - More efficient work processes;
  - Improved repair diagnosis leading to more right first time repairs; and
  - A long term contract giving the opportunity to invest in better technologies and more long term savings initiatives.
- In addition, we believe there are opportunities to realise savings through outsourcing some in-house services realising 25% - 30% in efficiencies.
- Reorganising and realigning the Asset Management and Property Services Division within HRD to have a greater focus on the effective performance management of contractual arrangements to drive improvements in the quality of service received and more effective asset management planning.

5. RESIDENT CONSULTATION

5.1 It should be noted that the current specifications for service delivery have been reviewed and deliver the minimum base line service required by statute law and the legal implications of the Tenancy Agreements and Leases. In this regard, it is not proposed to change the levels of service provided to residents, and a separate Section 105 consultation is not required.

5.2 A Local Residents' Panel and the Residents' Repairs Working Group has recently been established and consultation meetings have already taken place, where outline plans have been shared, including the planned proposed approach to re-procurement and market testing. It is the intention that a number of volunteers, from the

Repairs Working Group who have the relevant experience and knowledge, will be trained and asked to participate in the evaluation of tenders and in the future service reviews of the successful bidder(s).

5.3 The indicative timelines below highlight key milestones across both the repairs and maintenance re-procurement and housing services market testing:-

Repairs & Maintenance re-procurement	
Issue Notice of Intention to Leaseholders & consult	02/03/12
Issue Prior Information Notice to commence formal market consultation	27/03/12
Cabinet Report to DMT	26/03/12
Cabinet Report to Business Board	04/04/12
Host 'Meet the Buyer' event for potential contractors	27/04/12
Request key Cabinet decision to procure	14/05/12
Contract Notice & Pre-Qualification Questionnaires issued	Jun-12
Pre-Qualification Questionnaires returned	Jul-12
Pre-Qualification Questionnaires evaluation and short-listing	Aug-12
Invitations to Tender issued	Oct-12
Invitations to Tender returned	Dec-12
Invitations to Tender evaluation	Dec-12
Preferred bidders identified	Feb-13
Prepare & Issue Notice of Proposal to Leaseholders & consult	Mar-13
Request key Cabinet decision to award	Apr to Jun-13
Award contract	Jul-13
Mobilisation period	Jul to Oct-13
Go-live date	Oct-13

5.4 Leaseholder consultation will proceed along the already established Section 20 process and a Notice of Intent (NOI) was issued on 2nd March 2012, giving Leaseholders a broad outline of the proposed plans. This was done in order that formal contact could be made with the market-place, to question and test the market. Failure to issue the NOI, ahead of contacting the market, could have led to potential legal challenges by leaseholders. Issuing the NOI also gives the opportunity to engage with leaseholders and take into account feedback ahead of any tender specification being finalised. Issuing the NOI does not, in itself, bind the Council to any decisions, but is a requirement of the Commonhold and Leasehold Reform Act 2002.

6. RISK MANAGEMENT

6.1 A Programme Board has been established to oversee the full HRD MTFS Transformation Programme. The Board is chaired by the Executive Director of HRD, supported by Assistant Directors, Northgate's Service Director and senior Project Managers and representatives from Procurement, Legal, Organisation Development & Transformation and Human Resources.

6.2 Project Teams have been established for Property Services and Housing Services, each headed by the appropriate Assistant Director, supported by all Service Heads and Northgate Project Managers. The Programme Board has delegated authority to the project teams to manage the day to day delivery of the individual project streams, with the project team reporting, monthly, to the Programme Board.

6.3 The principal risks of pursuing the proposed strategy have been considered (and where necessary are being monitored) as a part of developing the strategy. These risks, along with mitigating actions, are identified in Appendix A.

6.4 Project control documentation has been developed and implemented and is reviewed regularly by both the project teams and Programme Board. This includes the review of project level and programme level risk registers.

7. COMMENTS OF THE DIRECTOR OF FINANCE AND CORPORATE SERVICES

7.1 Given the significant savings (at least £3.1m in 2013/14 and an ongoing annual saving of £4m per annum from 2014/15 onwards) expected to be achieved for the Housing Revenue Account from the transformational programme and the complexity associated with delivering these savings, finance officers have been assigned as key members of all transformation project groups.

7.2 Although the savings targets set out in the business plan include a provision for project costs and other support, there is also a risk that unidentified costs may arise during the process of formulating and implementing the delivery model. In this event, further savings and other initiatives to offset any adverse impact on the business plan will be identified.

7.3 Progress will be reported upon through the Council's budget monitoring regime, and a further report setting out detailed financial implications will be presented to Cabinet prior to award of contracts.

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

8.1 Legal Services will work with the client department to ensure that the procurement of the services outlined in this report is in accordance with the Public Contracts Regulations 2006 (as amended) and the Council's contract 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.	Cyril Sweett Procurement Report	I Watts 1848	HRD
2.	Northgate Housing Services Strategy 2014 Proposal	K Corbett 3031	HRD

Appendix A

Proposal for Re-Procurement of the Repairs and Maintenance contracts for Housing & Regeneration Department Property Services

Proposal for Re-Procurement of the Repairs and Maintenance contracts for Housing & Regeneration Department Property Services

1. Introduction

The current service delivers circa 50,000 responsive repairs each year including 7,500 repairs to communal areas to approximately 17,500 homes. The statutory obligation to annually check and service gas installations is completed to 11,000 tenanted homes.

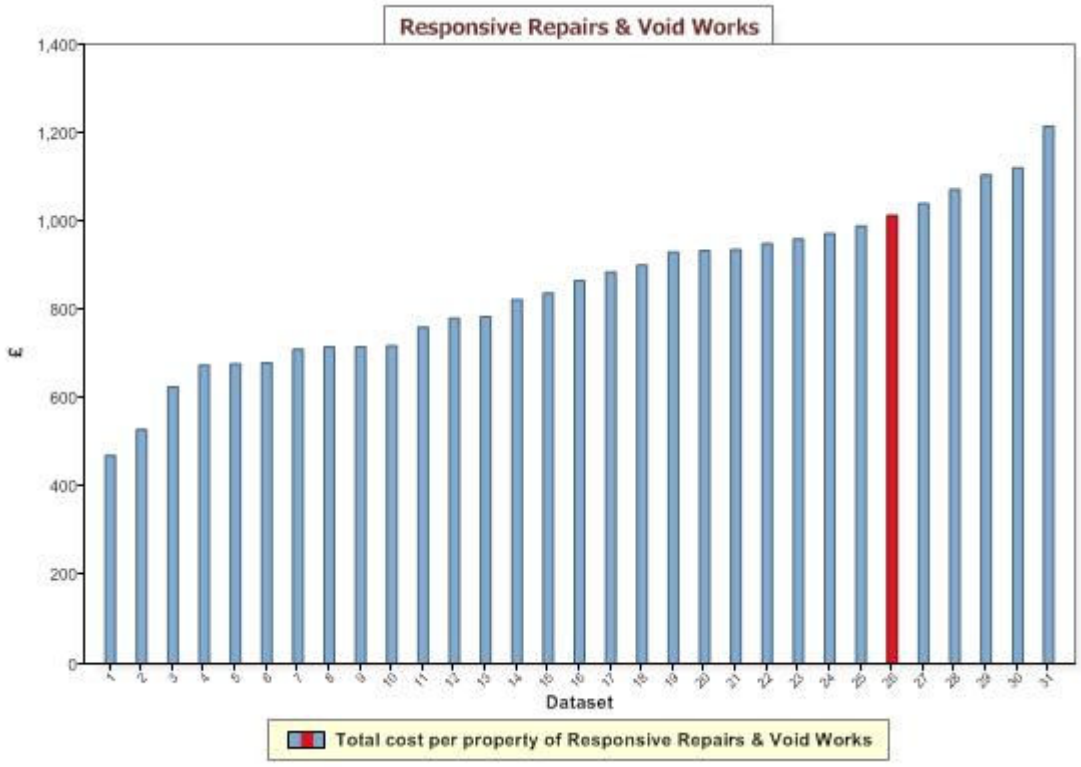
The total expenditure on responsive and planned preventative maintenance is approximately £49 million per annum – this expenditure is spread over 27 separate contracts.

A number of factors have influenced the need to re-procure the current contracts which exist within the department, and which provide for the repairs and routine planned maintenance of the department's housing stock. This paper outlines the strategic review and planning, the options considered, and makes a proposal for re-procurement.

It is generally considered that there is no perfect solution for the methods and arrangements for undertaking day-to-day housing repairs and associated services. Best practice advice is that the optimal solution is one, which will serve the needs of the organisation's customers, its business drivers, and its stakeholders' desires at any particular time.

Repairs and maintenance activity is a significant driver of customer satisfaction and therefore the opportunity of a re-procurement exercise will be used to drive greater scale economies and efficiencies whilst improving service outcomes through better KPIs. We will also get closer to our customers through our new Resident Involvement Strategy, which includes a Repairs Working Panel.

The chart below shows the total costs per property (including direct works costs, direct non-pay costs, direct employee costs and allocated overhead costs) of responsive repairs and voids re-servicing compared with LBHF's benchmarking peers based on data provided by the HouseMark 2010-11 dataset. It includes both the 'client side' management and administration functions and the 'contractor side' direct spend.



In the following table we have distinguished between the 'client-side' costs and the 'contractor-side' direct spend of responsive repairs and void works costs. However, it is not always easy to separate these costs, especially where partnering arrangements are in place or where client-side functions are outsourced, so these values should be treated as indicative only.

Cost KPIs	Upper	Median	Lower	LBHF Result	Ranking
Total Cost Per Property of Responsive Repairs Service Provision	£372	£484	£537	£559	**27 /30**
Total Cost Per Property of Responsive Repairs Management	£157	£187	£273	£267	**22 /30**
Total Cost Per Property of Void Works Service Provision	£87	£123	£157	£133	**18 /30**
Total Cost Per Property of Void Works Management	£26	£38	£51	£54	**25 /30**

LBHF collect a number of key performance indicators for responsive repairs and void works and our results compared with our HouseMark peer group are shown in the table below.

Quality KPIs	Upper	Median	Lower	LBHF Result	Ranking
% of respondents satisfied with repairs and maintenance (GN & HfOP)	73.46	71.00	68.00	70.00	**17 /24**
% of repairs completed on time	98.4	96.8	93.7	93.6	**23 /29**
Average time to complete a repair (in days)	5.40	6.80	8.35	6.79	**13 /25**
Average time in days to re-let empty properties	20.41	24.90	28.72	No Data	**6 /16 (2009-10)**
Repairs "right first time"	94.8	90.9	83.2	83.8	**17 /23**
P1 & P2 as a % of total repairs	38.8	46.5	59.5	64.2	**25 /29**

** Following the revision of HouseMark benchmarks in 2010-11, LBHF have been unable to agree outputs for one of the Voids KPIs; where this is the case a best estimate has been provided based on 2009-10 STATUS data and on the local definition for void turnaround time.*

Following successful implementation of the transformation programme we expect to see:

- significant improvement in all of the Cost KPI's together with marked improvements in the Quality KPI's benchmark figures;
- a "slimmer" department that is more effective and focused on meeting key objectives, through monitoring, planning and contract management, rather than handling day to day operational issues;
- several large partnering contracts in place that are aligned to deliver service improvement and increased value for money with appropriate risk/reward mechanisms in place;
- a fully integrated department that has access to good quality data in which to shape joined up strategies for asset management and meeting the housing needs of residents;
- re-organised departments with the right skills and experience to manage and deliver against SMART objectives that link in with the HRD vision.
- a flexibility in service to continuously evolve to meet the needs of the Residents' Involvement Strategy circumstances
- to drive continuous improvement and seek opportunities to promote ongoing integration with other teams within the wider Council.

Key themes are service improvement and increased efficiency – not just about taking the money out.

2. Summary

The conclusions reached from the thorough reviews of practice, strategy, and business drivers, are that:

a. A single source supply contract across the borough is most likely to provide the optimal solution that will meet the business drivers and stakeholders' needs.

b. A second option of single source supply contract in each half of the borough (one in the north, and one in the south) will also be tendered to test whether greater value for money can be achieved through competitive tension whilst at the same time creating resilience in the supply chain.

Currently, all responsive repairs, including gas servicing, electrical inspections and void refurbishments are planned to be included within the single source contract. Further areas of work are currently being considered and the precise details of the service delivery levels and method for risk and reward will form part of the re-procurement project currently being delivered as part of the department's MTFS Transformation Programme. The department is also redefining its approach to resident liaison, and the project team will consult at all suitable junctures, with the new Local Residents' Panel and the Residents' Repairs Working Group.

The details of the form of contract and contract payment mechanism will be subject of further advice from a Professional Quantity Surveyor. It is envisaged that the contract will be established upon a true partnering basis. This means working together to improve performance through agreeing mutual objectives, devising a way for resolving any disputes and committing to continuous improvement, measuring progress and sharing the gains.

'An essential aspect of partnering is the opportunity for participants to share in the rewards of improved performance.'[1]

Some client functions - for instance the repairs call centre- could sit with the contractor. If the contractor is taking the orders it is crucial to accompany this with measures to remove incentives to increase the work, usually through paying at least the profit and overhead costs in a lump sum payment by ring-fencing.

If the contractor takes the order they are more likely to have ready access to technical staff to diagnose repairs accurately, and can more speedily feed back any inaccuracies in diagnosis so as to improve performance. Similarly with appointments: the contractor is in a better position to judge workload and manage appointments directly with residents.

[1] Egan Report – Rethinking Construction

3. Background

The existing repairs contracts (shown in Annex E) are a series of individual contracts, some reflecting an earlier fragmented approach to service delivery within the borough, and very few of them *co-terminus*. However, it was identified that a potential window of opportunity was available, with regard to the four major existing contracts (Repairs – Kier Services Southern and Willmott Dixon Partnerships; Gas Servicing – P H Jones Ltd and Robert Heath Ltd) whereby all of them would, at some point, be within their extension periods between 1st October 2012 and 31st March 2014.

In the first quarter of FY 2011/12, the department's MTFS savings were formalised, and a tender competition was undertaken through Buying Solutions to procure a consultant to work with HRD on its wider MTFS Transformation Programme. One element of the programme is to re-procure the repairs and maintenance contracts, and assist in the re-organisation of the Property Services department. The re-organisation includes the integration of the property services arm of BPM, who are due to transfer from Environment Services to HRD in April 2012.

The tender for project management of the HRD MTFS Transformation Programme was won by Amtec, with the work undertaken by Northgate Public Services (NPS). The NPS approach identified two principal overarching aims to be achieved (which incorporated the four imperatives above):

1. Reduce the annual repairs and maintenance budget by £2.4 million through more efficient procurement and improved business processes
2. Sustain and/or improve the service delivery levels

NPS also undertook an options appraisal, which identified that the optimal solution would be to re-procure the existing contracts under a sole supply arrangement.

However, NPS went further by proposing that in order to realise the full efficiency savings and improve service delivery, certain services such as the repairs call centre, currently run in-house, could be outsourced to a sole supply contractor. This would lead to improved fault diagnosis, leading to more right first time repairs and would enable the contractor to make effective use of the latest technology to schedule appointments and monitor workloads.

A suite of KPIs, focused on customer satisfaction, and incentivised through a pain/gain share mechanism, will drive service improvement. The KPI suite will address contractual outputs in terms of quality of completed work, completion within specified time scales, work being completed right first time and customer satisfaction. Additional KPIs will deal with specific high-risk areas such as gas compliance. The incentivisation will allow for deduction of monies where works are not completed in accordance with contract requirements.

The window of opportunity for timing of re-procurement commences in September 2012 and ends in March 2014, and applies to the four major repairs contracts. There are a number of additional repairs and maintenance contracts, largely of a mechanical and electrical nature, which were due to expire between 2009 and the end of the window of opportunity timeframe. On the basis that these services had to be supported, as it was not permitted to extend these contracts beyond their stated periods, it was decided to re-procure the contracts individually, but including a break clause such that, should the strategic review identify that an alternative strategy would be desirable, all options remained open. This break clause was inserted into the contracts to achieve the most economic solution for all eventualities.

4. Proposal

The Public Procurement Regulations stipulate much of the manner in which the Council can proceed to procure these works. Existing contracts, which are reaching the end of their prescribed terms, must be re-procured. Other contracts which have reached the end of their initial duration, and which contain options to extend, can be re-procured at any suitable point during that extension period.

The time period identified in the window of opportunity, allied to the business driver of MTFS savings, determine the fact that the re-procurement should be initiated now, with a programme driving towards contract commencement during late 2013.

The options appraisal has been wide ranging. Both have been undertaken without pre-conceived ideas, and have considered all available options.

The risks associated with the various options have been considered, and the risks associated with the optimal solution examined in greater detail.

Soft market testing has been undertaken on an informal basis to ascertain whether the proposed solutions are likely to be seen by the market as a workable arrangement. Any undue risk perceived by the market would result in higher levels of pricing.

It is acknowledged that there are a number of local and central government initiatives that are in development at the current time. The proposed solution is intended to retain some flexibility, in order that these changes can be reflected into the contractual arrangements without the need for wholesale re-negotiation.

The service delivery of the contract will be managed by a series of risk and reward measures. The KPIs which feed these measures will be determined during the preparation of the full specification, based on best practice and in consultation with all stakeholders, including the new residents' working group, however at this stage, it can be confirmed that the KPIs will drive improvements in customer service and satisfaction through headline KPIs covering:

- Satisfaction with Repairs & Maintenance
- Satisfaction with Cyclical Maintenance
- Satisfaction with Voids
- Quality Assurance Inspections
- Complaints
- Repairs completed on time
- Right First Time
- Appointments Kept
- Voids - Average time in works
- Gas Compliance
- Management Information

5. Procurement Review Process

The entire process that underpins this proposal is detailed in a series of appendices as follows:

Annex A – Options Appraisal

Annex B – Risk Management

Annex C – Procurement Route

Annex D – Procurement Programme

Annex E - Existing repairs and maintenance contracts

Annex A

1. Procurement Options Appraisal

1.1 Options considered

We have looked at a number of contracting options available to the Council. Eight options for the re-provisioning of repairs and maintenance were considered:

- **Option 1 - Extend the current contracts** – individual contracts for North and South of the borough as well as gas servicing are extended.
- **Option 2 - Re-tender the current arrangements** – individual contracts for North and South of the borough as well as gas servicing are re-tendered using existing or similar specifications.
- **Option 3 - Re-tender using a sole/prime contractor for the core work with separate work packages for very specialist services** – all responsive, planned and cyclical maintenance to be carried out by one firm including management of repairs ordering plus minor contracts for specialist services.
- **Option 4 – Re-tender using a dual contractor split-borough approach for the core work with a separate work package for very specialist services** – close to option 3 but core work of responsive, planned and cyclical maintenance is divided between separate contracts for the north and south of the borough. Bids would be invited for either of the North and South of the Borough and for all services cross the Borough as a whole.
- **Option 5 - Re-tender using smaller work packages with the aim of shortening the supply chain** – individual contracts are tendered for each trade.
- **Option 6 - Mutualise the repairs and maintenance service** – procure the current arrangements via a community cooperative.
- **Option 7 - Grow an in-house direct labour service provision** – procure the current arrangements via an in-house delivery option.
- **Option 8 - Collaboration with other Local Authorities or Housing Associations** – expand current arrangements by collaboration and carrying out a joint procurement exercise with other Councils.

Appraisals of these eight options were undertaken by NPS. Work had initially been carried out to identify the main requirements of the contract, and a stakeholder workshop was held to assist in the review.

It was established that whilst a number of the options are relatively balanced in respect of cost, value for money and quality, Option 3 (sole/prime contractor approach) is seen as the best match to the Council's overall objectives for this service but with Option 4 (dual contractor across the Borough) close behind.

1.2 Options appraisal

The options considered and their advantage/ disadvantages are summarised in the following pages.

The scoring system is based on a 1 – 5 score where 1 represents the worst outcome and 5 represents the best outcome for the Council.

Option 1 - Extend the current contracts (i.e. no requirement for a new tendering process)

Advantages	Disadvantages
Various minor local cost model reductions have been initiated, and some savings achieved. Kier, Willmott Dixon, PH Jones & Robert Heath continue to manage the supply chain. Savings to the Council in avoiding cost and time of the re-tendering exercise. No hand-over to new contractors and consequently no handover disruption to residents/leaseholders. No immediate TUPE implications.	The current contractors' low satisfaction levels with tenants and leaseholders. No cost of tendering initially however there will be a cost once extensions have been used in 2014/15. There is no further provision in some of the contracts to extend beyond 2014 and this would effectively just postpone the need to re-procure. The Council will not benefit from current market conditions, which potentially offer opportunities for significant savings and alternative delivery models. Does not encourage investment and technological innovation from contractors. Current expenditure on repairs and maintenance viewed as expensive.
Conclusion	
Council officers have reviewed the possibility of extension but this does not offer savings to the required level. Existing KPIs do not facilitate service improvement. It is planned to extend the contracts to co-terminate in time for the new contract(s) but there is no long-term extension possible within the contract terms. **This option is therefore not recommended.**	

Option 1 Scoring	
Factor	**Score (out of 5)**
Fit with Council's strategic and procurement objectives	**1**
Fit with Service objectives	**2**
Securing continuous service improvement	**2**
Set-up costs and longer term resource cost implications	**5**
Potential to improve customer satisfaction	**1**
Potential to add value and facilitate innovation	**2**
Capability of delivering the service consistently well	**1**
Sector track record	**3**
Reducing risk exposure	**3**
Total	**20**

Option 2 - Re-tender the current arrangements

Advantages	Disadvantages
Current market conditions may offer opportunities for savings from other contractors but these will not be of the level necessary for the MTFS. Re-procurement could be straightforward if similar scope, pricing and delivery approach taken. TUPE issues simpler – all staff taken on by new contractor(s). Overhead costs limited.	Relatively high cost of tendering given they are let on 4+3-year terms. Current model sees expenditure on repairs and maintenance significantly above market best. No guarantee of reduced price and very unlikely to deliver savings for MTFS. Council would continue to pay for duplication of overheads. Unlikely to encourage investment and technological innovation from contractors when based on existing specification. Less flexibility to adapt when there are likely to be significant policy changes in the form of the Localism Bill. Too many contractors involved in repair process produces less ownership of issues and causes inefficiencies.

Conclusion

This is a low risk option but it will not deliver the level of savings that the Council require nor deliver any marked improvements in service to residents.

The result of independent audit in 2009 indicated that the current cost was significantly above market best. Some savings have been introduced, but the current arrangements offer limited opportunities, and all possibilities have been explored. Re-procurement along these lines is therefore unlikely to deliver the required savings within the next 2-3 years. **This option is therefore not recommended.**

Option 2 Scoring	
Factor	**Score (out of 5)**
Fit with Council's strategic and procurement objectives	**1**
Fit with Service objectives	**2**
Securing continuous service improvement	**3**
Set-up costs and longer term resource cost implications	**5**
Potential to improve customer satisfaction	**1**
Potential to add value and facilitate innovation	**2**
Capability of delivering the service consistently well	**1**
Sector track record	**3**
Reducing risk exposure	**3**
Total	**21**

Option 3 - Re-tender using a sole/prime contractor for the core work with separate work packages for very specialist services

Advantages	Disadvantages
Benefits of scale offer opportunities for significant procurement and efficiency savings from a single contractor. Contract value will allow investment and technological innovation from contractor. Contract size will allow contractor to introduce best practice and operational efficiencies. Contract value will allow the contractor to invest in community engagement initiatives Contractor takes responsibility for delivery contract outcomes, which allows further reduction of client side costs. Greater focus on customer service offered by strategic partner to residents/leaseholders. Mobilisation costs reduced - fewer contractor meetings, fewer IT interfaces and technology changes, clearer customer service and more transparent costs for leaseholder communication. Innovation in service delivery is more likely when one 'vision' operates across the whole borough. A single contract will result in one interface between IT systems reducing costs and enhancing data accuracy A more intimate knowledge of one supplier is likely to improve understanding and foster close working which would provide improved clarity for	Medium cost of tendering due to time resources required; The model requires a more "intelligent" client side for on-going contract management with some associated training costs. Lack of competition once the contract is in place might lead to complacency from the contractor if contract management is poor. May preclude a contractor who does not wish to undertake specialist services (possibly planned maintenance elements). Risk of contractor remaining viable and financially stable for the duration of the contract

leaseholders and tenants Collaborating with a single contractor will provide for consistency at all levels across the repairs service. A single point of contact will allow for re-focused client functions	

Conclusion

This option makes best use of market forces to achieve the two principle strategic drivers of:

- Reducing costs;
- Improving service delivery;

The option is recommended since the use of a sole/prime contractor offers the greater opportunity to redesign service delivery outcomes and therefore has a greater certainty of delivering the required savings within the next 2-3 years. **Similar benefits can be obtained in Option 4 (tenders for split borough) and whilst this option would otherwise be recommended, the conclusion of this analysis is that the procurement should embrace the approach of Options 3 and 4.**

Option 3 Scoring	
Factor	**Score (out of 5)**
Fit with Council's strategic and procurement objectives	**4**
Fit with Service objectives	**3**
Securing continuous service improvement	**5**
Set-up costs and longer term revenue cost implications	**4**
Potential to improve customer satisfaction	**4**
Potential to add value and facilitate innovation	**4**
Capability of delivering the service consistently well	**4**
Sector track record	**3**
Reducing risk exposure	**2**
Total	**33**

Option 4 - Re-tender using a dual or split borough approach

Advantages	Disadvantages
One contractor per area could be give residents a feel of greater ownership Benefits of scale offer opportunities for savings with two prime contractors. Contract values will allow for some investment and technological innovation from contractors. Contract size may allow contractors to introduce best practice and operational efficiencies in some areas. Contract value will allow the contractors to invest in some community engagement initiatives. The contractors take responsibility for delivery contract outcomes that allows some further reduction of client side costs. Two contracts will reduce the number of interfaces between IT systems offering some cost reduction. Two contractors could create an element of competition between each other. A single point of contact will allow for re-focused client functions.	Although costs will be reduced, there may not be sufficient savings to achieve MTFS targets. High cost of tendering due to time resources required; The model requires a larger and more "intelligent" client side for on-going contract management with associated training costs. May preclude a contractor who does not wish to undertake smaller value specialist services Risk of two contractors remaining viable and financially stable for the duration of the contract Duplications of IT systems and interfaces causes discrepancies and adds to cost.

Conclusion

This option also makes good use of market forces to achieve

- Reduced costs;
- Improving service delivery;

The use of dual contractors offers similar opportunities for service delivery improvements as the sole supplier route, but having duplicate systems and separate

contracts to manage will add to costs. The economies of scale are not as large as for sole supply but the state of the market is probably such that competition between just two contractors may deliver the target savings. The closeness of these two options suggests that the preferred procurement route should be to test both options at the same time. **This option is therefore suggested to be tendered as a procurement alternative with Option 3 – sole supply.**

Option 4 Scoring	
Factor	**Score (out of 5)**
Fit with Council's strategic and procurement objectives	**3**
Fit with Service objectives	**3**
Securing continuous service improvement	**4**
Set-up costs and longer term revenue cost implications	**4**
Potential to improve customer satisfaction	**4**
Potential to add value and facilitate innovation	**4**
Capability of delivering the service consistently well	**4**
Sector track record	**3**
Reducing risk exposure	**2**
Total	**31**

Option 5 - Re-tender using smaller work packages with the aim of shortening the supply chain

Advantages	Disadvantages
Potentially greater focus on customer service offered by local contractors If one contractor failed to perform then it may be possible to transfer their work to another contractor. Smaller contract size would be attractive to small and medium-sized contractors who also have experience of providing a responsive repairs service to smaller local authorities and housing associations throughout the country – supporting local SME's.	High resource implications to configure client side capacity for contract management. More contract management with multiple contractors and contracts to manage – duplication of effort with more meetings & performance statistics to analyse. Would not offer a value for money repairs service. Increased cost of large client management team would not be recoverable from leaseholders placing an increased financial burden on the Council. Multiple contractors (rather than going through a large contractor) presents risk of disjointed customer services and call management. Smaller contract size may not be attractive to large-sized national contractors and thereby reduce the competitiveness of tender prices received. Economies of scale may not be achievable - discounts offered by merchants to contractors of smaller contracts are not the same as they offer to larger contracts. Small contractors may experience difficulties with cash flow and raising finance thereby increasing the risk of a contractor collapsing. TUPE implications to Council spread across multiple contractors could be

	open to challenge.

Conclusion

The use of small contracts serves to provide a fragmented approach, which does not allow for consistent delivery of efficiencies across all areas. A large number of contractors is likely to create more contract management challenges and therefore unlikely to deliver the required overall savings achieved by service delivery and department re-structure required within the next 2-3 years. **This option is therefore not recommended.**

Option 5 Scoring	
Factor	**Score (out of 5)**
Fit with Council's strategic and procurement objectives	**3**
Fit with Service objectives	**2**
Securing continuous service improvement	**3**
Set-up costs and longer term revenue cost implications	**5**
Potential to improve customer satisfaction	**3**
Potential to add value and facilitate innovation	**2**
Capability of delivering the service consistently well	**3**
Sector track record	**3**
Reducing risk exposure	**4**
Total	**28**

Option 6 – Mutualise the repairs and maintenance service

Advantages	Disadvantages
Potentially greater focus on customer service offered by provider with a single client focus. Would create local employment opportunities. Meets government's aspiration 'Big Society' agenda. Local authority forms a wholly owned company with which it contracts to provide a service. It is permissible that two or more local authorities could jointly establish the mutual. The Council(s) would be the sole customer of the contractor/mutual.	The Council, in the light of the MTFS targets, would not wish to provide resource and support to establish such capability. The company has to be wholly owned by the local authority (without any third party ownership) to comply with EU Procurement law. The mutual would only benefit a comparatively small number of staff. Mutual would need to procure repairs etc through contractor(s) but would need to comply with Government Procurement Regulations. Higher risk of failure with additional on-costs.

Conclusion

The conclusion of the Cyril Sweett review noted that this method was the preferred route to market. In outline detail, the Government as part of their Programme noted the concept of a mutual for Government, which promised to support the creation and expansion of mutuals, cooperatives, charities and social enterprises. The proposals were designed to enable community groups to have a much greater involvement in public services and to give public sector employees a new right to form employee owned co-operatives and bid to take over the services they deliver. In summary terms, a mutual can be described as commercialisation of an existing internal service.

The option is not recommended because of the relatively high start-up costs, and the fact that this route is largely untried. Additionally there would be a need for on-going access to capital support in the early years, and therefore it is unlikely to deliver the required savings within the next 2-3 years. **This option is therefore not recommended.**

Option 6 Scoring	
Factor	**Score (out of 5)**
Fit with Council's strategic and procurement objectives	**4**
Fit with Service objectives	**4**
Securing continuous service improvement	**4**
Set-up costs and longer term revenue cost implications	**1**
Potential to improve customer satisfaction	**4**
Potential to add value and facilitate innovation	**4**
Capability of delivering the service consistently well	**4**
Sector track record	**1**
Reducing risk exposure	**3**
Total	**29**

Option 7 – Growth of an in-house direct labour service provision

Advantages	Disadvantages
Potentially greater focus on customer service offered by direct labour organisation contractors. Would create local employment opportunities. It is permissible that two or more local authorities could jointly establish a mutual.	The Council has no existing direct labour service for repairs and so there would be significant up-front costs in mobilising a new workforce while incurring additional on-costs. Funding need for on-going access to capital for plant and equipment for use by operatives in addition to investment in terms of innovation, training and management costs. Fixed level of on-costs regardless of work volumes going forward. Increased Supervision requirements with appropriate skill sets Increased pension and redundancy burden to the Council if volume of work means that staff are no longer required. Higher risk profile for the Council and there is an extremely well developed external market for the provision of repairs and maintenance services. Value for money will depend on high calibre management and a motivated workforce.

Conclusion

Whereas several senior members of staff interviewed, expressed a desire to reintroduce an in-house capability and move away from contracted services, this route offers high risks in terms of the need to motivate and manage staff, IT requirements, HR resources, plant & equipment usage etc

This would mean creating a Direct Labour Organisation to deliver the repairs and maintenance service. This approach would still need market testing to establish value for money. Historically the management performance of direct labour activity, in many local authorities, has not been good. In our view, with the significant costs

involved, this option is high risk and offers only a slender hope of an improved service at reduced cost.

The services would also be constrained in terms of limited economies of scale when compared to that of large contractors and the ability for the direct labour force to achieve growth when limited by legislative trading company regulations would make the costs unsustainable and therefore unlikely to deliver the required savings within the next 2-3 years. **This option is therefore not recommended.**

Option 7 Scoring	
Factor	**Score (out of 5)**
Fit with Council's strategic and procurement objectives	**3**
Fit with Service objectives	**2**
Securing continuous service improvement	**2**
Set-up costs and longer term revenue cost implications	**3**
Potential to improve customer satisfaction	**3**
Potential to add value and facilitate innovation	**2**
Capability of delivering the service consistently well	**3**
Sector track record	**3**
Reducing risk exposure	**4**
Total	**25**

Option 8 – Collaboration with other Local Authorities or Housing Associations

Advantages	Disadvantages
Collaboration is one option of creating savings by achieving economies of scale, through for example, joint management structures, letting of joint procurement contracts delivering aggregation of spend etc.	Collaboration with tri-borough partners on Housing Services has already discounted in the tripartite agreement. Soft market testing was unable to identify any potential partners to collaborate with. Current timescales are not sufficient to progress a (longer) collaborative procurement exercise and there is a risk that a partner's timescales are not in line with the Council's current needs. Co-ordination between collaborative clients not straightforward possibly leading to a loss of local control and influence. Only the very largest of contractors could compete thereby significantly limiting competition in a complex co-ordinated procurement. Likely to see any contractor increase their level of sub-contracting with increased on-costs to deliver service to collaborative partners.

Conclusion

Logical partners are Westminster and Kensington & Chelsea authorities, as part of the Tri-Borough agreement. However whilst collaboration is starting to happen in respect of Children and Environmental Services, Adult Social Care and Corporate Services, the current view by the tri-borough partners is that the same approach is not practicable in a social housing context given the varying organisational structures, legal remit for each authority, and existing contract timetable in the other boroughs.

The current tri-borough agreement specifically excludes Housing & Regeneration as all three Councils have different organisational models for delivering housing services and it would be difficult to harmonise the services whilst at the same

time improving services to residents and saving costs, within a 2-3 year timeframe.

Having assessed the collaboration option, soft market testing was undertaken by the Council and Cyril Sweett in order to gauge the market appetite. This also included dialogue with other client organisations. Having concluded this phase, it was no longer possible to consider further joint procurement on the basis that there were no immediate neighbouring peer organisations looking to re-procure their repairs services in the near future.

This does not mean, however, that this option should be discounted in the longer term. As a minimum, any future contracts, where possible, should be let with the opportunity to allow other partnering authorities to utilise them, to facilitate greater economies of scale in the longer term subject to the disadvantages above being revisited.

The option is not recommended since no partners for collaboration were readily available and therefore unlikely to deliver the required savings within the next 2-3 years. **This option is therefore not recommended.**

Option 8 Scoring	
Factor	**Score (out of 5)**
Fit with Council's strategic and procurement objectives	**3**
Fit with Service objectives	**2**
Securing continuous service improvement	**3**
Set-up costs and longer term revenue cost implications	**2**
Potential to improve customer satisfaction	**4**
Potential to add value and facilitate innovation	**4**
Capability of delivering the service consistently well	**4**
Sector track record	**3**
Reducing risk exposure	**3**
Total	**28**

1.3 Recommended Options

The options appraisal has established that Option 3, sole supply, is the optimal solution and the one that is the most likely contract model to meet the two business drivers. It is therefore the recommended procurement route for this Strategy.

It is also acknowledged that this is a significant divergence from previous strategies, even though it is supported with case study evidence to the effect that it can be an effective model to operate. In these circumstances it is recommended that the procurement exercise should include an alternative tender price based on Option 4, dual or split borough approach.

Exercises have been undertaken to assess the approach to a split of the borough. One option would be a 'vertical' method, that is to say a replication of sole supply, but simply split into small packages by geographical areas north and south of the borough as currently defined. Another alternative would be a 'stratified' approach where various services were established across the borough, and the packages of work parcelled up into two separate contracts in varying methodologies. This latter option does not offer any significant advantages but could present a number of disadvantages e.g. one of the boroughs could have significantly more contract spend than the other so minimises the opportunities for savings. It is therefore recommended that the alternative tender using Option 4, should be based on a 'vertical' solution which replicates sole supply within each geographical half of the borough.

The contract duration should be one that affords the most economical option and that can promote the benefits of collaboration. The proposal is to engage in a contract term of 10 years (with a possible break clause after 5 years) with a possible further 5 year extension. This approach will be attractive to the market, but will also provide the council with the ability to undertake strategic reviews, and thus ensure that performance remains a key success factor for both parties. It will also retain the flexibility to accommodate future legislative or government policy change.

A summary of the option appriasal scoring is shown below.

Option Factor	1 Score	2 Score	3 Score	4 Score	5 Score	6 Score	7 Score	8 Score
Fit with Council's strategic and procurement objectives	1	1	4	3	3	4	3	3
Fit with Service objectives	2	2	3	3	2	4	2	2
Securing continuous service improvement	2	3	5	4	3	4	2	3
Set-up costs and longer term revenue cost implications	5	5	4	4	5	1	3	2
Potential to improve customer satisfaction	1	1	4	4	3	4	3	4
Potential to add value and facilitate innovation	2	2	4	4	2	4	2	4
Capability of delivering the service consistently well	1	1	4	4	3	4	3	4
Sector track record	3	3	3	3	3	1	3	3
Reducing risk exposure	3	3	2	2	4	3	4	3
Total	**20**	**21**	**33**	**31**	**28**	**29**	**25**	**28**

Annex B

Risk Management

There are two distinct elements of risk to be managed. There are those risks associated with the re-procurement project (Project Risks), and those risks associated with the chosen outcome and the ongoing contracts management (Contract Risks).

NPS have compiled a risk register, which is routinely updated, and any highlighted issues are brought to the Project Team. The Project Team manages project Risks; Programme Risks are managed by the Programme Board. A copy of the Property Services Risk Register as it currently stands is attached.

The Contract Risks have been the subject of consideration within the Options Appraisal, and the specific risks identified with the recommended Options are detailed below, with their principal mitigations. The optimal model of a sole supplier requires an appropriate review of the risks involved, and proposals for mitigating those risks. The second highest scoring model of a split borough approach contains largely similar risks.

Risk		Mitigation
Supplier becomes insolvent	1	An appropriate degree of scrutiny of potential tenderers' financial standing at PQQ stage.
	2	A carefully developed process to ascertain that the price submitted as part of any bid is sustainable in terms of overhead and profit allowances. This will include cost benchmarking by a QS company (to be appointed), and involving the QS in the price evaluation.
	3	Parent Company Guarantee.
	4	Performance Bond.
	5	Step in clauses
Supplier does not meet performance standards	1	Carefully drafted technical questions in the quality section of the PQQ to ensure that contractor can demonstrate satisfactory past performance.
	2	Carefully drafted technical questions in the quality section of the ITT to ensure that the tender offer is technically adequate and directly related to the specific levels and types of service desired.

Supplier does not meet performance standards *(continued)*	3	A contractual mechanism of risk and reward linked to headline KPI performance.
	4	A contractual mechanism for escalation procedures, which would allow for eventual determination of the contract with award of costs.
	5	Consultation with Resident Working Group will clarify intended levels of performance
Management difficulties with supplier	1	Gap analysis of skills within the HRD staff to ascertain training needs before contract mobilisation.
	2	Implement a partnering approach that identifies common objectives, linked to the risk and reward model.
	3	A pricing model that leads towards the contractor being incentivised to reduce costs where appropriate (consider such things as ring-fenced overhead contribution).
	4	Involvement of Resident Working Group will bring added stakeholder emphasis to performance achievements.
Statutory Requirements are not being followed *1. Site Activities*	1	Ensure that PQQ and ITT procedures are adequate, and that Strategic review meetings routinely include Statutory compliance.
Statutory Requirements are not being followed *2. Landlord's Responsibilities*	1	Retain Landlord's statutory duties so that they are not included as part of the contract – only includes consequential works within the contract.
	2	Include appropriate KPIs to reflect the importance of any statutory activities.
	3	Continue with compliance audit to monitor activities with statutory implications.
For split borough solution, two suppliers	1	Retain a staff resource flexibility to re-procure.

offers greater risk of one of the above failures		
	2	Ensure that OJEU Notice includes the provision to step into the other geographical area if the need arises.

Annex C

Procurement Route

These contracts fall within the Public Procurement Regulations. The complexity of the sole supply contract initially suggested that the Competitive Dialogue route might be an effective way to ascertain the full benefits of efficiency that could be derived from technological advancement that tenderers could offer. Procurement advice arising from consultation with the Council's procurement team identified that this route would, in all likelihood, require more time than was allowed within the Medium Term Financial Strategy target, also that there would be no guarantee of better outcomes being achieved in the long term over and above those achieved through the Restricted Procedure.

It was therefore proposed to use the Restricted Procedure to tender the works. The requirement for improved service delivery will be carefully articulated within the tender documents, without outcome requirements, best practice, and KPIs all co-ordinated to drive the improvement.

Use of the restricted procedure is in line with normal practice for a contract of this type. Use of the Open Procedure has been ruled out as it is anticipated that a large number of contractors will respond; using the restricted procedure will be more efficient for both the Council and contractors.

Officers have elected to issue a Prior Information Notice (PIN), to allow an element of formal dialogue with the market before issue of the OJEU Notice. It is intended to provide some written questions with the PIN as a means of eliciting information from interested contractors about the current technology and consequent efficiencies that are in current use.

The OJEU Contract Notice will be issued following Cabinet approval of the Procurement proposal.

The PQQ will be drafted in consultation with stakeholders including the Residents' Working Group. The Tender Appraisal Panel as detailed below will evaluate the PQQ. Short listing will be submitted to the Lead Member for Housing for approval.

Service delivery, and other appropriate matters relating to the ITT will be drafted in consultation with stakeholders including the Residents' Working Group. The Tender Appraisal Panel will undertake ITT evaluation.

Evaluation

A Tender Appraisal Panel will be established in accordance with the Council's Standing Orders and the guidelines issued by the central procurement team.

The Panel will include Council officers, consultants and resident representatives. The process for identifying resident representatives is currently under review and the Panel will take note of any changes in this process. Current proposals for the TAP are:

PQQ and marking

AD Asset Management & Property Services
Head of Repairs
Head of Planned Maintenance
Head of BPM Managed Services
Head of IT
Commercial & Contracts Manager
Northgate Project Manager - Procurement
LBHF Central Procurement Team representative
LBHF Legal Services representative
AD Finance & Resources (HRD)
AD Housing Services

Tender will be undertaken by:

Head of Repairs
Head of Planned Maintenance
Head of BPM Managed Services
Head of IT
Commercial & Contracts Manager
Northgate Project Manager - Procurement
Resident – Tenant
Resident – Tenant
Resident - Leaseholder

PQQ Evaluation

PQQ Evaluation will be undertaken on the following basis:

1. Financial – 30%

2. Technical – 70%

    a. Health & Safety
    b. Quality Systems
    c. Environmental Systems
    d. Sub-contractor management
    e. References
    f. Case studies
        i. Similar projects
        ii. Innovations
        iii. Service delivery improvements
        iv. Community Engagement

ITT Evaluation

ITT Evaluation will be undertaken on the following basis:

1. Cost – 60%

2. Technical – 30%

    Subject to final detail

    a. Health & Safety
    b. Service Delivery
        i. Quality
        ii. KPI performance

    c. IT
    d. Invoicing
        i. Timeliness
        ii. Accuracy
    e. Record keeping

3. Community Engagement – 10%

    a. Benefits for Business
    b. Local skills opportunities
    c. Resident/Estate support schemes

Annex D

Procurement Programme

The main procurement milestones have been extracted and are shown below including an extract of the project's programme from issue of the OJEU Contract Notice, through to the appointment of the new contractor.

Activity	Date
Report on Housing Revenue Account Medium Term Financial Strategy (HRA MTFS) signed off by Executive Director for Housing and Regeneration Services	July 2011
Cabinet Member Key Decision to appoint additional capacity to HRA MTFS Programme	1st August 2011
Preparation and Development of client-side Requirements	Sept 2011 – March 2012
Leaseholder Notice of Intention (NOI) issued and consultation period	March 2012
Official Journal of European Union (OJEU Prior Information Notice) published via e-sourcing portal	March 2012
Contractors' Briefing Day	April 2012
Full Cabinet Key Decision to consider recommendation to commence re-procurement and issue delegated authority for programme decisions to Cabinet Member for Housing up to award	May 2012
Official Journal of European Union (OJEU Contract Notice) & Pre-Qualification Questionnaire (PQQ) published via e-sourcing portal	June 2012
Deadline for PQQ return and evaluation begins	August 2012
Cabinet Member Decision to consider PQQ short-list	September 2012
Invitations to Tender published via e-sourcing portal	October 2012
Deadline for submission of tender clarification questions by contractors	November 2012

Tenders return	December 2012
Evaluation period	Late December 2012
Contractors clarification interviews	January 2013
Preferred contractor identified	February 2013
Leaseholder Notice of Proposal (NOP) issued and consultation period	March 2013
Full Cabinet Key Decision to consider recommendation of award	June 2013
'Alcatel' cooling-off period	June 2013
Contract award	July 2013
Mobilisation period & Start of TUPE transfers	July 2013
Contract go-live	October 2013
1st contract audit	April 2014

Annex E

Existing repairs and maintenance contracts

The repairs and maintenance contracts are shown below:-

1. Reactive Repairs & Out of Hours - North
2. Reactive Repairs & Out of Hours - South
3. Voids
4. Voids EPC
5. Gas Servicing - North
6. Gas Servicing - South
7. Health & Safety Works - Fire Equipment Servicing
8. Fire Risk Assessments
9. Fire Safety Works
10. Asbestos Surveys & Co-ordination
11. Asbestos Works
12. Alarms & Emergency Lighting
13. Controlled Access
14. Lifts
15. Maintenance of Stair Lifts (installed by Occupational Health)
16. Maintenance of Bath Hoists (installed by Occupational Health)
17. Mechanical (Communal Gas, Ventilation etc)
18. Electrical Testing & Portable Appliance Testing
19. Wardens Call System
20. Door Operators/Barriers
21. Lightning Protection
22. Water Quality Management
23. TV Aerials
24. Sprinkler System
25. Cyclical Decorations (external)
26. Works to Water Tanks
27. Maintenance of white goods (sheltered)

London Borough of Hammersmith & Fulham

HOUSING, HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

DATE	TITLE	Wards
27 April 2012	Work Programme and Forward Plan	All Wards

SYNOPSIS

The draft work programme has been drawn up, in consultation with the Chairman, from items in the Forward Plan and from action arising from previous meetings of the Housing, Health and Adult Social Care Select Committee and its predecessor committees.

The committee is requested to consider the items within the proposed work programme set out at Appendix A to this report and suggest any amendments or additional topics to be included in the future.

Attached as Appendix B to this report is a copy of the Forward Plan items showing the decisions to be taken by the Executive at the Cabinet.

CONTRIBUTORS

Finance and Corporate Services

RECOMMENDATION(S):

That the committee considers and agrees its proposed work programme, subject to update at subsequent meetings of the committee.

CONTACT

Sue Perrin
020 8753 2094

NEXT STEPS

n/a

Appendix A

Housing, Health & Adult Social Care Select Committee:

Draft Work Programme 2012/2013
Affordable Rents Regime
Allocations Policy (Localism Act)
Asset Management
Housing Benefits Update
Housing Development Company
Housing Investment Plan
Housing Strategy
London Cancer Services: Implementing the Model of Care: Local Implications
Public Health Transition Plans
Shaping a Healthier Future
Transition from Children's to Adult Social Care
Unemployed people back to work/school leavers into work
West London Mental Health Trust: Service Gaps

APPENDIX B

FORWARD PLAN OF KEY DECISIONS

Proposed to be made in the period April 2012 to July 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 April 2012 to July 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 119 (published 15 March 2012)

LIST OF KEY DECISIONS PROPOSED APRIL 2012 TO JULY 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**
April			
Cabinet	23 Apr 2012 Reason: Expenditure more than £100,000	**Land at 282-292 Goldhawk Road** To agree the partnership and procurement arrangements necessary to bring forward the development of the sites	Cabinet Member for Housing Ward(s): Ravenscourt Park
Cabinet	23 Apr 2012 Reason: Expenditure more than £100,000	**The Irish Community Centre, Black Road, Hammersmith, London, W6** Cabinet agreed to release this property for disposal in February 2011 with the tenant being offered first refusal. The report seeks approval to the terms agreed with the tenant.	Deputy Leader (+Environment and Asset Management) Ward(s): Hammersmith Broadway
Cabinet	23 Apr 2012 Reason: Expenditure more than £100,000	**Tri Borough Insurance Contract** To approve the award of a contract for insurance cover as tendered under the Tri-Borough Arrangements	Leader of the Council Ward(s): All Wards
Cabinet	23 Apr 2012 Reason: Expenditure more than £100,000	**The General Fund Capital Programme, Housing Capital Programme and Revenue Monitoring 2011/12 month 10** The report seeks approval to changes to the Capital Programme and Revenue Budgets.	Leader of the Council 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	23 Apr 2012 Reason: Affects more than 1 ward	**Review of the H&F Archives Service** 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 Ward(s): All Wards
Cabinet	23 Apr 2012 Reason: Expenditure more than £100,000	**Award of a Contract and Framework Agreement for the Provision of Service for Face to Face Customer Transactions** The successful contractor from current tender process (Dec 2011) will provide a full face to face payment and verification process for the Council which will include the requirements as specified in the report. The majority of payments will be cash or cheque but may also be via credit card or debit card or postal orders. The Contractor may be asked to support new payment types that emerge during the life of the Contract.	Cabinet Member for Residents Services Ward(s): All Wards
Cabinet	23 Apr 2012 Reason: Expenditure more than £100,000	**Hammersmith Library Refurbishment** Approval for funding for refurbishment of Hammersmith Library	Cabinet Member for Residents Services Ward(s): Hammersmith Broadway
Cabinet	23 Apr 2012 Reason: Expenditure more than £100,000	**Tender Acceptance Report for a Contract for Servicing and Maintenance of Fire Fighting Equipment to Housing Properties Boroughwide** Periodic inspection, repairs and maintenance work to fire fighting equipment located on Council-owned housing properties for the London Borough of	Cabinet Member for Housing 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
		Hammersmith and Fulham.	
Cabinet	23 Apr 2012 Reason: Expenditure more than £100,000	**Care proceedings pilot** A Tri-borough multi agency pilot to reduce the length of time care proceedings take in order to improve outcomes for children and reduce expenditure.	Cabinet Member for Children's Services Ward(s): All Wards
Cabinet	23 Apr 2012 Reason: Affects more than 1 ward	**Housing Investment Plan (HEIP) and Action Plan** Following report approved at November Cabinet, consultation outcome has now been considered and assessment undertaken using the criteria agreed. Now returning to Cabinet with a recommended estate to be the first to benefit from the Housing Investment Plan.	Cabinet Member for Housing Ward(s): All Wards
Cabinet	23 Apr 2012 Reason: Affects more than 1 ward	**Sale of Council's freehold interest in Palingswick House, 241 King Street, London W6 9LP to The West London Free School Academy Trust** A decision is required to authorise the sale to enable the exchange of contracts by 31st March 2012 as required by the purchaser.	Leader of the Council Ward(s): All Wards
Cabinet	23 Apr 2012 Reason: Affects more than 1 ward	**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, Cabinet Member for Housing Ward(s): North End

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
May - provisional date			
Cabinet	14 May 2012 Reason: Affects more than 1 ward	**Youth Provision Commissioning** Proposals for the commissioning of Youth Provision from 2013-2015	Cabinet Member for Children's Services Ward(s): All Wards
Cabinet	14 May 2012 Reason: Expenditure more than £100,000	**Network technology enabling multimedia use** 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 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.	Leader of the Council Ward(s): All Wards
Cabinet	14 May 2012 Reason: Affects more than 1 ward	**Tri-Borough Integration of Health and Social Care Services - Update and Proposals for Next Steps** Tri-Borough Integration of Health and Social Care Services - Update and Proposals for Next Steps.	Cabinet Member for Community Care Ward(s): All Wards
Cabinet	14 May 2012 Reason: Expenditure more than £100,000	**Riverside Studios, Crisp Road, London, W6** Re-development of Riverside Studios Site.	Deputy Leader (+Environment and Asset Management) Ward(s): Hammersmith Broadway
Cabinet	14 May 2012	**Hammersmith Town Hall - Smart Accommodation Programme - Phase 1**	Deputy Leader (+Environment and Asset

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 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.	Management)
	Reason: Expenditure more than £100,000		Ward(s): Hammersmith Broadway
Cabinet	14 May 2012	**Repairs & Maintenance Re-procurement** HRD Property Services proposal for Re-procurement of Repairs and Maintenance contracts	Cabinet Member for Housing
	Reason: Affects more than 1 ward		Ward(s): All Wards
Cabinet	14 May 2012	**Tri-borough ICT strategy 2012-2015** The Vision for Tri-borough ICT - A Tri-borough ICT Strategy for 2012-2015	Leader of the Council
	Reason: Affects more than 1 ward		Ward(s): All Wards
Cabinet	14 May 2012	**Recharges Policy** Implementation of a Recharges Policy for for HRD	Cabinet Member for Housing
	Reason: Affects more than 1 ward		Ward(s): All Wards
June - provisional date			
Cabinet	11 Jun 2012	**Meals Service Contract** To request authority for the outsourcing of the Meals Service to a "cook on route" model. To notify of multi borough tendering arrangements. To request that authority to award the contract be delegated to Cabinet Member for Community Care in conjunction with the Executive Director of Adult Social Care.	Cabinet Member for Community Care
	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	11 Jun 2012 Reason: Affects more than 1 ward	**Looked After Children Social Care Report** Looked After Children Social Care report.	Cabinet Member for Children's Services Ward(s): All Wards
Cabinet	11 Jun 2012 Reason: Affects more than 1 ward	**Child Protection Social Care Report** Child Protection Social Care report.	Cabinet Member for Children's Services Ward(s): All Wards
Cabinet	11 Jun 2012 Reason: Affects more than 1 ward	**Local Safeguarding Children's Board (LSCB) Social Care Report** Local Safeguarding Children's Board (LSCB) Social Care report.	Cabinet Member for Children's Services Ward(s): All Wards
Cabinet	11 Jun 2012 Reason: Affects more than 1 ward	**Replacement for Frameworki CHS Report** Replacement for Frameworki CHS report.	Cabinet Member for Children's Services Ward(s): All Wards
Cabinet	11 Jun 2012 Reason: Expenditure more than £100,000	**Secure e-mail with external partners** Implementation of an IT solution to allow sensitive data to be sent via outlook over the public internet to external organisations.	Leader of the Council Ward(s): All Wards
July - provisional date			
Cabinet	9 Jul 2012 Reason: Affects more than 1 ward	**Travel Assistance Policies** Travel Assistance Policy – Special education needs (SEN)	Cabinet Member for Children's Services 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**
September - provisional date			
Cabinet	3 Sep 2012	**SmartWorking Stage D : Paperless Office Business Case** A detailed Business Case for SmartWorking Stage D : Phase B "Paperless Office"	Leader of the Council
	Reason: Expenditure more than £100,000		Ward(s): All Wards