

Overview & Scrutiny Board

Agenda

Tuesday 26 July 2011

7.00 pm

Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

Administration:	Opposition
Councillor Alex Karmel (Chairman) Councillor Victoria Brocklebank-Fowler Councillor Georgie Cooney Councillor Rachel Ford Councillor Lucy Ivimy Councillor Donald Johnson	Councillor Andrew Jones Councillor PJ Murphy Councillor Sally Powell

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Date Issued: 18 July 2011

Overview & Scrutiny Board Agenda

26 July 2011

<u>Item</u>		<u>Pages</u>
1. MINUTES AND ACTIONS		1 - 10
	To approve as an accurate record, and the Chairman to sign the minutes of the Overview and Scrutiny Board held on 15 th March 2011.	
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. MEMBERSHIP AND TERMS OF REFERENCE		11 - 18
	The Board is asked to note its membership and terms of reference as agreed at Annual Council on 25 th May 2011.	
5. APPOINTMENT OF VICE CHAIRMAN		
	The Board is asked to elect a Vice Chairman from among the Board's membership.	
6. THE OVERVIEW AND SCRUTINY WORK PROGRAMME 2011-2012 AND FORWARD PLAN		19 - 54
	The Board is asked to give consideration to the Overview and Scrutiny Work Programme 2011, including its own work programme and the Council's Forward Plan.	
7. THE HEALTH INEQUALITIES TASK GROUP REPORT		55 - 91
	The Board is asked to consider and agree the Health Inequalities Task Group: Report on the effects of the location and density of new housing developments on health outcomes.	
8. THE CHILDREN'S ORAL HEALTH TASK GROUP REPORT		92 - 145
	The Board is asked to consider and agree the report and recommendations of the Children's Oral Health Task Group report.	

9.	SELECT COMMITTEE REPORTS	146 - 148
	To consider the reports from the Select Committees:	
	(a) Education Select Committee	
	(b) Environment and Residents Services Select Committee	- to follow
	(c) Housing, Health and Adult Social Care Select Committee	- to follow
10.	TRI-BOROUGH IMPLEMENTATION PLANS	149 - 273
	This report provides detailed business cases for the integration of Children's Services, Environment Services, and Adult Social Care Departments, and elements of Corporate Services and boroughs' Libraries Services. It also outlines proposals for the appointment of a Joint Chief Executive and Head of Paid Service for the Royal Borough of Kensington and Chelsea and the London Borough of Hammersmith and Fulham.	
11.	BRIEFING LOCAL GOVERNMENT RESOURCE REVIEW	274 - 285
	This report provides a briefing on the local government resource review announced by the Government in March 2011.	
12.	HAMMERSMITH & FULHAM ANNUAL COMPLAINTS REPORT	286 - 312
	A report is to show the volume and types of complaints being made to the Council and how effectively the Council is managing these.	
13.	HIGH LEVEL REVENUE AND CAPITAL BUDGET MONITORING REPORT 2010-2011	313 - 349
	A report to set out the outturn position for 2010-11 revenue and capital budgets as at Quarter 4 and explains significant variances.	
14.	MONITORING PERFORMANCE 2010-2011, FOURTH QUARTER	350 - 362
	A report to update the Board on the 4th quarter status on Financial, HR, Electoral Registration and Contact Centre PIs and the progress on reporting key PIs contained in the council's Local Area Agreement and Community Strategy.	
15.	DATES OF NEXT MEETINGS	
	The dates of the remaining meetings scheduled for this municipal year are as follows:	
	Wednesday 21 st September 2011	
	Wednesday 30 th November 2011	
	Wednesday 25 th January 2012	
	Tuesday 6 th March 2012	
	Wednesday 25 th April 2012	

Agenda Item 1



London Borough of Hammersmith & Fulham

Overview & Scrutiny Board Minutes

Tuesday 15 March 2011

PRESENT

Committee members: Councillors Alex Karmel (Chairman), Victoria Brocklebank-Fowler, Daryl Brown, Georgie Cooney, Robert Iggulden, Andrew Johnson, Andrew Jones (Vice-Chairman) and Sally Powell

Other Councillors: Nicholas Botterill (Deputy Leader), Marcus Ginn (Chairman, Oral Health Task Group) and Mark Loveday (Cabinet Member for Strategy)

Officers: Geoff Alltimes (Chief Executive), Andrew Christie (Director of Children's Services), Hitesh Jolapara (Deputy Director of Finance), Ben Llewellyn (Policy Consultant), Sue Perrin (Committee Co-ordinator), Peter Smith (Strategy Manager) and Jane West (Director of Finance and Corporate Services)

47. MINUTES AND ACTIONS

RESOLVED THAT:

The minutes of the meeting held on 25 January 2011 be approved and signed as a correct record of the proceedings.

The committee noted that the duplicate payments project was on-going and that just over £200k has been recovered, at this stage.

The Chairman informed that he had agreed to take the update on the Oral Health Task Group before item 5.

48. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Donald Johnson and Stephen Greenhalgh.

49. DECLARATIONS OF INTEREST

There were no declarations of interest.

50. MONITORING PERFORMANCE

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

The committee received an updated set of performance indicators (PIs) comprising key national and local performance indicators.

Councillor Cooney queried the backlog in respect of housing benefits overpayments recovered. Ms West responded that it was difficult to collect this money, particularly during the current recession. Residents in receipt of housing benefits would find it difficult to make these payments and if residents were no longer receiving benefits or in accommodation, the overpayment would have to be recovered by raising an invoice.

Councillor Brocklebank-Fowler queried the way in which performance against partnership priorities would be monitored when the Local Area Agreement (LAA) ended with the current year. Mr Smith responded that the Council's corporate performance monitoring would continue and that partnership monitoring would be reviewed at the end of March once the national single data list, which would set out all Central Government requirements, had been published.

Councillor Cooney queried the high level of sickness in community services. Ms West responded that this had been because of the physical nature of the work, and specifically the home help service, which had now been transferred out. A gradual improvement was being seen.

Councillor Jones queried the outstanding business rates, which had largely been attributed to Westfield Shopping Centre. Ms West responded that the Valuation Office, over which the Council had few controls, had been slow in valuing the properties. The Council was now attempting to recover one years arrears in a recession, which impacted on debt collection. Ms West added that the cash was collected on behalf of Central Government.

Mr Smith responded to Councillor Karmel's query in respect of sanctions or rewards for achieving or missing LAA targets that, as part of the original negotiations in 2008, there had been a performance reward grant element to the Agreement, but this had subsequently been dropped and local authorities were no longer required to report on their performance against LAA targets to Central Government.

ACTION

Comments to be provided in respect of Tackling Crime and Anti-social Behaviour indicators, where the target had not been met.

Action: Director of Finance and Corporate Services

RESOLVED THAT:

The report be noted.

51. HIGH LEVEL REVENUE AND CAPITAL BUDGET MONITORING REPORT 2010-2011, QUARTER 3

Mr Jolapara presented the report, which set out the outturn position for 2010/2011 revenue and capital budgets as at Quarter 3 and explained significant variances.

The Housing Revenue Account was, at the end of quarter 3, projected to overspend by £20,000.

The Quarter 3 report indicated that the General Fund Revenue Account was projected to breakeven and the capital programme a year end surplus of £5.4 million. Progress was being made towards reducing the Council's debt (Capital Financing Requirement), which was forecast to reduce to £81.6million by 2014/2015.

Councillor Jones queried the opening capital financing requirement of £132 million. Ms West responded that some of this was financed by internal borrowing, generated by moving cash balances internally.

Councillor Iggulden queried the schemes under consideration in table 7 housing estates. Mr Jolapara referred to appendix 3, which set out potential schemes, which would be subject to a full business case and Cabinet decision before any expenditure was incurred. It was prudent, at this stage, to include in the programme.

Councillor Loveday stated that a considerable amount of work had been undertaken by the Cabinet Member for Housing, and that proposals would be provided to the Housing, Health & Adult Social Care Select Committee.

Councillor Iggulden queried the top-slicing of 25% of future receipts to support general investment needs and the debt reduction programme. Ms West responded that top-slicing had been agreed in the previous budget strategy. 75% would be retained in the Decent Neighbourhoods budget.

ACTION:

Further information to be provided in respect of the housing schemes under consideration.

Action: Acting Director of Housing and Regeneration

RESOLVED THAT:

1. The report be noted.
2. A report on the Local Housing Company be provided to the next meeting.

52. LOCALISM BILL 2010/2011 BRIEFING NOTE

Mr Smith updated on the progress of the Localism Bill which outlined a wide range of changes to the way local authorities should work and function. A joint

submission to the committee stage of the Bill had been made by the London Borough of Hammersmith & Fulham, the Royal Borough of Kensington & Chelsea, Wandsworth Borough Council and Westminster City Council.

Whilst the majority of the changes proposed in the Bill were warmly welcomed, there were a number of concerns, which had been set out in the response:

- Part 1: Clarification of some areas of the general power of competence was required.
- Part 2: Passing EU Fines on to local authorities was strongly opposed.
- Part 3: The power to set local discounts on non-domestic rates was welcomed but, as the reductions would be expected to be funded locally, greater retention of revenue raised through business rates was proposed.
- Part 4: The new duty to hold local referendums might be costly for local authorities, as the proposed threshold of only 5% of an area's population needing to have signed a petition in order to trigger a referendum on an issue was very low. The Committee had considered an amendment to raise this threshold to 20%, but had rejected it.
- There was also concern that the Community Right to Challenge might trigger costly procurement exercises for services and assets.
- Part 5: A submission had been made to repeal the requirement to produce a local development monitoring report for public consumption.
- Part 6: A submission had been made that local authorities should be permitted greater powers to set rents for social housing properties and establish specific terms of occupation.

In response to a query from Councillor Karmel, Mr Smith stated that there was no indication of the estimated value of the transfer of the EU fines to local authorities or which fines would be delegated, for example breaches of EU Directives around issues such as landfill or waste recycling.

Councillor Jones queried the Council's view of the proposal to enable local authority landlords to grant tenancies for a fixed length. Mr Smith responded that the Council supported the Bill's proposals to reform housing tenure regulations, but was pushing for greater powers to establish specific terms of occupation.

Councillor Iggulden considered that the continuation of central determination of the rules on eligibility for housing was inconsistent with local authorities regaining the freedom to determine who should qualify to go on their housing list. Mr Smith responded that local authorities would have greater powers to determine who should qualify for housing and there would be a higher threshold.

ACTION:

Clarification of local authorities' current and proposed freedom to determine qualification criteria for housing allocations to be provided.

Action: Strategy Manager

RECOMMENDED THAT:

1. The Board notes the report.
2. An update report be added to the work programme.

53. TRI-BOROUGH WORKING

The Board received the joint report between the London Borough of Hammersmith & Fulham, the Royal Borough of Kensington & Chelsea and the City of Westminster entitled 'Bold Ideas for Challenging Times'.

Councillor Jones queried how the savings of £34 million would be achieved, and whether an analysis of maximum and minimum savings had been undertaken.

Mr Alltimes responded that the report set out the proposals to reduce management teams and back office functions to achieve the estimated savings for the three Councils by 2014/2015. The savings would be achieved primarily through staff reductions and efficiency gains, with an estimated 50% reduction in senior levels, as opposed to front line supervisors and related savings in for example, financial systems and accommodation.

Mr Christie added that the report had provided preliminary costs and that more detailed work was being undertaken. Productivity savings would be made by sharing systems across the three boroughs, for example in fostering care substantial savings could be made in recruitment and advertising costs.

Councillor Cooney queried the comment that Fostering Agencies reported that they had successfully recruited more carers and the establishment of a single fostering panel with member representation from each borough. Mr Christie responded that there had been a tendency for Fostering Agencies to be more successful because of better support arrangements, and that the Councils would be addressing this issue. In respect of the Fostering Panel, the operation of a single panel would be considered carefully.

Councillor Brocklebank-Fowler queried how the projected savings would be shared across the three authorities. Mr Alltimes responded that both staff savings and costs would be proportionate in the way they were divided, and for example, staff savings would be offset by redundancy costs.

In respect of ICT, Ms West stated that whilst it was likely that one system would be procured in the longer term, Councils would use their existing

systems initially. Councillor Karmel recommended that the Council considered 'open source programmes' as opposed to proprietary software.

Councillor Jones referred to the merger of Local Safeguarding Children Boards and the potential for significant savings, for example one training programme for all partner agencies. Mr Christie responded that some key players, for example, a doctor from Chelsea and Westminster Hospital, were already working across more than one borough. There would be no loss of accountability to any of the local authorities, and contractual arrangements would address specific requirements.

Councillor Jones noted the importance of local knowledge and accountability. Mr Christie responded that borough specific policies would be maintained as there were specialist considerations across the boroughs.

Councillor Iggulden queried different requirements by the boroughs in respect of, for example rubbish collection. Mr Alltimes responded that the Sovereignty Guarantee was a clear commitment to continuing localised control. In respect of rubbish collection, one company could provide the service for a number of boroughs, thus providing economies of scale, but with different collection requirements. Boroughs would pay for the service required.

Councillor Brocklebank-Fowler queried the enthusiasm of the other two boroughs. Mr Alltimes responded that there had been variable responses from service areas, but since the decisions taken by the Cabinets in the three boroughs, there had been a solid commitment to develop the proposals for tri-borough working. In addition, the proposals were supported by data from the staff survey.

Councillor Powell noted that the estimated savings were shared primarily between children's services and adult social care, and queried whether they should have been rationalised previously. Mr Alltimes responded that work in these departments was more advanced: merger of children's services had commenced earlier; and adult social care had been affected by changes in health care commissioning, including the formation of cluster PCTs and GP commissioning and joint provision of services.

In contrast, work in environmental services, which were combined in different portfolios in the three councils, had commenced only in September. There tended to be relatively smaller budgets, with some existing shared posts. In addition, there were often big contracts with long term commitments, and many costs being met by the developer or TfL.

Councillor Karmel, referred to a previous re-organisation whereby staff who were 'at risk' had quickly found other jobs, and queried action being taken to retain good staff. Mr Christie responded that councils were faced with a very different situation, and all three Councils would be losing staff. Hammersmith & Fulham would lose approximately 700 staff.

ACTION

Staffing numbers across the three boroughs to be provided.

Action: Chief Executive

RESOLVED THAT:

1. The report be noted.
2. An update report be added to the work programme.

54. SELECT COMMITTEE AND TASK GROUPS REPORTS

The Board received reports from the Select Committees and the Oral Health Task Group.

Councillor Ginn presented the report from the Oral Health Task Group and outlined the rationale for the Task Group's selection of children's oral health:

- Hammersmith & Fulham had the third highest levels of dmft [decayed, missing or filled teeth] amongst 5 yr olds in the UK
- 44.5% of 5 year olds had decay experience, compared with 32.7% in London and 30.9% in The UK
- Between 2007 and 2010, 643 children under 10 years old had been admitted to Chelsea and Westminster hospital for dental caries, an avoidable disease
- 83% of these admissions had been for extraction of multiple teeth, probably under general anaesthetic
- In respect of 12 year olds, Hammersmith & Fulham had the 4th highest level of dmft in London

Councillor Cooney recommended that oral health should be included in the changes taking place in the children's services network, along a 'hub and spoke' approach.

Councillor Iggulden queried the reasons for poor dental health in Hammersmith & Fulham. Councillor Ginn responded that the work of the Task Group was still at an early stage, but possible reasons could include: children not visiting the dentist; and lack of water fluoridation.

Councillor Iggulden recommended that parents should feature higher in the list of key witnesses. Councillor Ginn responded that the list was not in order, but he would note the point.

Councillor Botterill noted that there did not appear to be a socio-economic basis to the data, and queried whether there were any specific reasons for the high numbers in Hammersmith & Fulham. Councillor Ginn responded that the data was based on a sample size of 209 five year olds.

The Chairman thanked Councillor Ginn for attending the meeting.

RESOLVED THAT:

The committee noted the reports.

55. WORK PROGRAMME AND FORWARD PLAN 2010/2011

RESOLVED THAT:

An interim report in respect of the Local Housing Company be provided to the April meeting.

56. DATE OF NEXT MEETING

Tuesday 19 April 2011

Meeting started: 7.03 pm
Meeting ended: 8.43 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 Overview & Scrutiny Board.

Minute No.	Item	Action/recommendation Lead Responsibility	Progress/Outcome	Status
26.	The Spending Review 2010	A list of all ring fenced grants that are planned to be rolled into formula grant/remaining ring fenced grants, plus a subsequent list to reflect any further changes.	Contained within appendix 5 of budget report.	Complete
		A briefing note on community budgets to be provided.	Circulated 16 December 2010.	Complete.
		Public Works Loan Board rates to be provided.	Circulated 03 December 2010	Complete.
27.	Monitoring Performance	Recommended that the environment indicator is not pursued.	Recommendation accepted	Complete
		Further information to be provided in respect of areas in which there were backlogs in processing housing benefit and council tax benefit claims (N181) and action taken to address these.	Circulated 10 December 2010	Complete

28.	High Level Revenue and Capital Budget Monitoring Report 2010-2011	<p>Recommended that the information in respect of the projected year end position of the Housing Revenue Account be presented more clearly.</p> <p>A list of area based grants and specific revenue grants and those which had been reduced in year be provided.</p> <p>Information in respect of the part of Askham referred to in the asset disposal risk included in the MTFs and rent income risk be provided.</p>	<p>Contained within appendix 5 of budget report.</p> <p>Information circulated 16 December 2010.</p>	<p>Complete.</p> <p>Complete.</p>
32.	H&F Bridge Partnership Performance Annual Report	<p>Recommended that training should be provided in best practice storage.</p>		
41.	World Class Financial Management Programme	<p>The percentage of electronic payments to be added to the performance measurements monitored by this committee.</p> <p>Information to be provided in respect of the cost of making a payment by cheque.</p> <p>An update report to be provided in respect of duplicate payments.</p>		
42.	Select Committee and Task Group Reports	<p>Recommended that Housing, Health & Adult Social Care Select Committee should request an officer report in respect of Hammersmith & Fulham, Lift Maintenance.</p>	<p>Item added to the work programme.</p>	<p>Complete</p>

Agenda Item 4



London Borough of Hammersmith & Fulham

Overview & Scrutiny Board

DATE	TITLE	Wards
26 July 2011	Membership and Terms of Reference	All Wards

SYNOPSIS

This report sets out the new membership of the Committee and its terms of reference, as agreed at the Annual Council Meeting held on 25 May 2011.

CONTRIBUTORS

Finance and Corporate Services

RECOMMENDATION(S):

The Committee is asked to note its membership and terms of reference.

CONTACT

Gary Marson, Principal Committee Co-ordinator
Tel: 020 8753 2278

NEXT STEPS

N/A.

1. INTRODUCTION

- 1.1 The Council agreed the membership and terms of reference at the Annual Council Meeting held on 25 May 2011.

2. MEMBERSHIP

- 2.1 The membership of this committee is as follows:

Nine voting Councillors including the Chairman and Vice Chairman in the ratio of 6 Administration members and 3 Opposition members.

Councillor Alex Karmel(Chairman)
Councillor Victoria Brocklebank-Fowler
Councillor Georgie Cooney
Councillor Rachel Ford
Councillor Lucy Ivimy
Councillor Donald Johnson
Councillor Andrew Jones
Councillor P.J. Murphy
Councillor Sally Powell

Co-optees

Each Overview and Scrutiny Committee may co-opt a number of people in a non-voting capacity, the number of which shall be determined by full Council.

3. TERMS OF REFERENCE

- 3.1 The terms of reference for the Council's Overview and Scrutiny Board and the three select committees is set out in the following paragraphs.
- 3.2 The Council will appoint Overview and Scrutiny Committees, as set out below, to discharge the functions conferred by section 21 of the Local Government Act 2000, and regulations under section 32 of the Local Government Act 2000 or Local Government and Public Involvement in Health Act 2007.

Committee	Scope
Scrutiny Board	<p>The coordination, and development of the Council's Scrutiny function and the monitoring of its performance.</p> <p>Any aspect of the Council's strategic policy formulation, setting and monitoring of the corporate budget, oversight of finance and use of resources, performance management (including external assessment of the Authority and its services) human resources, central support services, and organisational development and strategic partnerships outside the scope of any other Scrutiny Committee, including the Local Area Agreement.</p> <p>Other functions of the Council (including major cross-cutting issues).</p> <p>Lead responsibility for scrutinising the relevant Cabinet Member(s).</p>
Environment and Residents Services Select Committee	<p>Any aspect of policy, provision and performance related to :</p> <ul style="list-style-type: none"> • the local environment and economy, including matters relating to the Street Scene, parks and open spaces, recycling and environmental sustainability, parking policy, waste disposal, street cleansing, refuse collection, cemeteries, biodiversity, transport and planning. • quality of life, including policing, community safety, tackling anti-social behaviour, licensing and gambling, employment, adult education, cultural services and registration. <p>The discharge of the functions and responsibilities of a Crime and Disorder Committee in accordance with section 19 of the Police and Justice Act 2006 and regulations made under section 20 of the Act.</p> <p>Any other matter allocated by the Scrutiny Board.</p> <p>Lead responsibility for scrutinising the relevant Cabinet Member(s).</p>

<p>Education Select Committee</p>	<p>Any aspect of policy, provision and performance related to the education of children and young people in the borough and the education budget, children's services including social care and the exercise of statutory responsibilities in relation to the scrutiny of children's health matters as set out in paragraph 3.4 (c) below. (Matters relating to general health strategies and services not specifically for children and young people shall be within the scope of the Housing, Health and Adult Social Care Select Committee.)</p> <p>Any other matter allocated by the Scrutiny Board.</p> <p>Lead responsibility for scrutinising the relevant Cabinet Members(s).</p>
<p>Housing, Health and Adult Social Care Select Committee</p>	<p>Any aspect of policy, provision and performance relating to housing, health and adult social services in the borough, including the exercise of statutory responsibilities in relation to the scrutiny of health as set out in paragraph 3.4 (c) below and also the voluntary and community sector. (Matters relating to health strategies and services specifically for children and young people shall be within the scope of the Education Select Committee.)</p> <p>Any other matter allocated by the Scrutiny Board.</p> <p>Lead responsibility for scrutinising the relevant Cabinet Member(s).</p>

3.3 General role

The Overview and Scrutiny Committees will be appointed in accordance with the political proportion of the Council as a whole. Within their terms of reference, these Committees will:

- i) review and/or scrutinise decisions made or actions taken in connection with the discharge of any of the Council's functions;
- ii) make reports and/or recommendations to the Executive and/or the full Council in connection with the discharge of any functions;
- iii) consider any matter affecting the area or its inhabitants arising from the Forward Plan or otherwise;
- iv) call-in, for reconsideration, decisions made but not yet implemented by the Executive and, if necessary, refer them back to the Executive or Full Council;

- v) monitor and review the outcomes of recommendations arising from Scrutiny activity; and
- vi) consider any petitions or deputations on a relevant matter in accordance with the Overview and Scrutiny Procedure Rules and, in the case of the Scrutiny Board, review the steps and decisions taken by the Council and Committees in response to a petition received.

3.4 Specific functions

- (a) **Policy development and review** – Overview and Scrutiny Committees may:
 - i) assist the Council and the Executive in the development of its budget and policy proposals by in depth analysis of policy issues;
 - ii) conduct research, and other consultation in the analysis of policy issues and possible options;
 - iii) consider and implement mechanisms to encourage and enhance community participation in the development of policy options;
 - iv) question the Leader, other members of the Executive and chief officers about their views on issues and proposals affecting the area; and
 - v) liaise with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working.

- (b) **Scrutiny** – Overview and Scrutiny Committees may:
 - i) review and scrutinise the decisions made by and performance of the Leader, other members of the Executive and Council officers, both in relation to individual decisions and over time;
 - ii) review and scrutinise relevant aspects of the policy, services and performance of the Council, its partners, other public bodies in the area or matters which affect the authority's area or its inhabitants and, where appropriate, prepare and publish reports and recommendations;

- iii) question the Leader, other members of the Executive and chief officers about matters within their portfolio, their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects;
 - iv) make recommendations to the Executive and/or the Council arising from the outcome of the scrutiny process;
 - v) review and comment upon the development of, or performance against, relevant LAA targets;
 - vi) question and gather evidence from any person;
 - vii) appoint a joint Overview and Scrutiny Committee with one or more other local authorities and arrange for the relevant functions of those authorities to be exercised by the joint committee;
 - viii) require the provision of information from, and attendance before the Committee by, any such person or organisation under a statutory duty to comply with the scrutiny function and request information from, and attendance before the Committee by, any other person or organisation;
 - ix) make reports or recommendations to any outside body on matters within the remit of that outside body or which relate to the business or activities of that outside body and which affect the Council's area or its inhabitants; and
 - x) make recommendations to the Scrutiny Board for the establishment of task-orientated time-limited groups (Task Groups) to review in depth and report on topics within the Committee's terms of reference.
- (c) **Scrutiny of health** With regard to the scrutiny of health, the Housing, Health and Adult Social Care Select Committee has the powers to:
- i) review and scrutinise any matter relating to the planning, provision and operation of health services in the area;
 - ii) make reports and/or recommendations to the local NHS bodies, the Secretary of State and the Council on any matter reviewed or scrutinised pursuant to regulations under Sections 7 and 8 of the Health and Social Care Act 2001;

- iii) make comments on any proposals consulted on by a local NHS body concerning a substantial development of the health service in the area or for a substantial variation in the provision of such service;
- iv) arrange for relevant functions in respect of health scrutiny to be exercised by an Overview and Scrutiny Committee of another local authority where the Council considers that another local authority would be better placed to undertake those relevant functions, and that local authority agrees to exercise those functions; and
- v) appoint a joint Overview and Scrutiny Committee with one or more other local authorities and arrange for the relevant functions of those authorities to be exercised by the joint committee.

The same powers apply to the Education Select Committee in respect of the scrutiny of health matters which relate specifically to children and young people.

3.5 Scrutiny Board

In addition to the functions above, the Scrutiny Board may also:

- i) approve for reporting to the Council the annual report of the Scrutiny function;
- ii) co-ordinate scrutiny activities, including the assignment of cross cutting tasks, to the most appropriate Select Committee and the establishment of task orientated time-limited groups (Task Groups) in accordance with the arrangements set out in the Overview and Scrutiny Procedure Rules;
- iii) Coordinate the annual input of Overview and Scrutiny Committees to the budget formulation process;
- iv) Appoint task-oriented time-limited groups (Task Groups) to review in depth and report on topics within the terms of reference of any Select Committee.
- v) Keep the full range of Task Group activities under review to ensure that the number of active Task Groups does not exceed the capacity of Councillor members and officers to support their work;
- vi) Consider references from the Council and Executive for the conduct of in depth scrutiny reviews on any matter of policy or service development;

- vii) Promote the development of the Scrutiny function within the Authority, including the identification and coordination of relevant Member and co-optee learning and development, and the promotion of good scrutiny practice;
- viii) Consider strategies for the use of the scrutiny function as means of encouraging public participation in the Council's decision making processes;
- ix) Work with the Leader of the Council, other members of the Executive, senior officers and senior representatives of partners to champion the role of Overview and Scrutiny; and
- x) Manage and develop protocols to facilitate aspects of the scrutiny process.

3.6 Proceedings of Overview and Scrutiny Committees

Scrutiny Committees will conduct their proceedings in accordance with the Overview and Scrutiny Procedure Rules set out in Part 4 of this Constitution.

4. RECOMMENDATIONS

- 4.1 The Committee is asked to note its membership and terms of reference as agreed at the Annual Council Meeting held on 25 May 2011.

**LOCAL GOVERNMENT ACT 2000 –
BACKGROUND PAPERS**

No.	Description of Background Papers	Name/Ext. of holder of file/copy	Department/ Location
	N/A		

Agenda Item 6



London Borough of Hammersmith & Fulham

OVERVIEW & SCRUTINY BOARD

DATE	TITLE	Wards
26 th July 2011	WORK PROGRAMME AND FORWARD PLAN 2011-2012	All Wards

SYNOPSIS

The Committee is asked to give consideration to the Overview and Scrutiny Work Programme 2011, including its own work programme, as set out in Appendix 1 of the report, for the current municipal year.

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

CONTRIBUTORS

Finance and Corporate Services

RECOMMENDATION THAT:

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

CONTACT

Michael Carr
Committee
Co-ordinator
020 8753 2076

NEXT STEPS

The Committee's work programme will be updated with any new items and/or amendments to it.

1. INTRODUCTION

- 1.1 The purpose of this report is to enable the Committee to determine its work programme for 2011/12.

2. REPORT

- 2.1 A draft work programme for the current municipal year is set out at Appendix 1. The list of items has been drawn up in consultation with the Chairman, having regard to relevant items within the Forward Plan and actions and suggestions arising from previous meetings of this select committee.
- 2.2 The Committee is requested to consider the items within the proposed work programme and suggest any amendments or additional topics to be included in the future, whether for a brief report to Committee or as the subject of a time limited Task Group review or single issue 'spotlight' meeting. Members might also like to consider whether it would be appropriate to invite residents, service users, partners or other relevant stakeholders to give evidence to the Committee in respect of any of the proposed reports.
- 2.3 Attached as Appendix 2 to this report is an extract of the Forward Plan items showing the decisions to be taken by the Executive at the Cabinet, including Key Decisions within the relevant Cabinet Members portfolio areas which will be open to scrutiny by this Committee should Members wish to include them within the work programme (these entries are highlighted in italics). This extract of the Forward Plan was taken from the version published on 15th July 2011.

LOCAL GOVERNMENT ACT 2000 **LIST OF BACKGROUND PAPERS**

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	Forward Plan, August to November 2011	Michael Carr Extension 2076	Finance and Corporate Services, Committee Services, Room 133a Hammersmith Town Hall

Overview and Scrutiny Board Meeting Schedule 2011/2012

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<p>Tuesday 26th July 2011 7pm</p> <p>The Courtyard Room Hammersmith Town Hall</p>	<p>Terms of Reference</p>	<p>Reports and Documentary Evidence</p>	<p>Key Witnesses</p>
<p>Membership and Terms of Reference of the Overview and Scrutiny Board</p>	<p>To note the Membership and Terms of Reference of the Overview and Scrutiny Board</p>	<p>Report Title: Membership and Terms of Reference of the Overview and Scrutiny Board</p> <p>Report Author: Michael Carr – Scrutiny Development Officer</p>	<p>Cabinet Members: N/A</p> <p>Officers: Jane West – Director of Finance and Corporate Services</p> <p>External Witnesses: N/A</p>
<p>Overview and Scrutiny Board Work Programme 2011-2012</p>	<p>To agree the Work Programme 2011-2012 of the Overview and Scrutiny Board</p>	<p>Report Title: Overview and Scrutiny Board Work Programme 2011-2012</p> <p>Report Author: Michael Carr – Scrutiny Development Officer</p>	<p>Cabinet Members: The Leader</p> <p>Officers: Jane West – Director of Finance and Corporate Services</p> <p>External Witnesses: N/A</p>
<p>The Overview and Scrutiny Work Programme 2011-2012</p> <p><i>including the work planned for all of the scrutiny committees in Hammersmith and Fulham</i></p>	<p>To note the Overview and Scrutiny Work Programme 2011-2012, to identify and areas of potential overlap or required co-ordination among the committees and to refer any proposal to the respective Select Committee.</p>	<p>Report Title: Overview and Scrutiny Board Work Programme 2011-2012</p> <p>Report Author: Michael Carr – Scrutiny Development Officer</p>	<p>Cabinet Members: The Leader</p> <p>Officers: Jane West – Director of Finance and Corporate Services</p> <p>External Witnesses: N/A</p>

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<p>The Tri-Borough Strategy 1</p>	<p>To consider and introduction to the Tri Borough arrangements and to agree the terms of reference for the consideration of this topic at the next meeting.</p>	<p>Report Title: Tri-Borough Implementation Plans Report Author: Ben Llewellyn</p>	<p>Cabinet Members: The Leader Officers: External Witnesses:</p>
<p>Children's Oral Health Task Group Report</p>	<p>To consider and agree the Children's Oral Health Task Group report and recommendations.</p>	<p>Report Title: Children's Oral Health Task Group Report Report Author: Cllr Marcus Ginn / (Michael Carr)</p>	<p>Cabinet Members: Task Group Chairman: Cllr Marcus Ginn Officers: External Witnesses:</p>
<p>Health Inequalities Task Group Report</p>	<p>To consider and agree the Health Inequalities Task Group report and recommendations.</p>	<p>Report Title: Health Inequalities Task Group Report Report Author: (Sue Perrin)</p>	<p>Cabinet Members: Cllr Joes Carlebach Task Group Chairman: Cllr Robert Iggulden Officers: External Witnesses:</p>
<p>Hammersmith and Fulham Annual Complaints Report</p>	<p>To review the Hammersmith and Fulham Customer Complaints report and to highlight any issues that may inform council policy.</p>	<p>Report Title: Hammersmith and Fulham Annual Complaints Report Report Author: Lyn Anthony</p>	<p>Cabinet Members: Officers: Lyn Anthony External Witnesses:</p>
<p>High Level Revenue and Capital Budget Monitoring Report 2010/2011</p>		<p>Report Title:</p>	<p>Cabinet Members:</p>

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		<i>Report Author:</i>	<i>Officers:</i> <i>External Witnesses:</i>
Monitoring Performance, 2010/2011, fourth quarter		<i>Report Title:</i> <i>Report Author:</i> James Arthur – Principal Accountant, Financial Planning	<i>Cabinet Members:</i> <i>Officers:</i> <i>External Witnesses:</i>
Corporate Resources Review	An introduction to the Government's forthcoming review of local government finance arrangements.	<i>Report Title:</i> Corporate Resources Review <i>Report Author:</i> Andrew Lord	<i>Cabinet Members:</i> <i>Officers:</i> Hitesh Jolapara – Deputy Direct of Finance <i>External Witnesses:</i>
Update reports - Education Select Committee, Environment and Residents Services Select Committee, Health Housing and Adult Social care Select Committee		<i>Report Title:</i> <i>Report Author:</i>	<i>SC Chairman:</i> <i>Officers:</i>
Wednesday 21st September 2011 7pm The Courtyard Room Hammersmith Town Hall	Terms of Reference	Reports and Documentary Evidence	Key Witnesses
The Tri-Borough Strategy 2 – examination of key issues – invite K&C/Westminster officers		<i>Report Title:</i> <i>Report Author:</i>	<i>Cabinet Members:</i> <i>Officers:</i>

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<p>The H&F Corporate Plan</p>	<p>To consider the draft H&F Corporate Plan for Hammersmith and Fulham 2011-2012 and to identify any areas arising from the corporate priorities that should inform the Overview and Scrutiny Work Programme 2011-2012.</p>	<p>Report Title: The H&F Corporate Plan</p> <p>Report Author: Peter Smith</p>	<p>Cabinet Members: The Leader</p> <p>Officers: Peter Smith</p> <p>External Witnesses:</p>
<p>Community Budgeting Case study: The Prison Link project</p>		<p>Report Title:</p> <p>Report Author: Peter Smith – Strategy Manager, FCS Strategy Performance & Procurement</p>	<p>Cabinet Members: The Leader</p> <p>Officers: Peter Smith</p> <p>External Witnesses:</p> <p><i>Central Government representatives???</i></p> <p><i>Offenders</i></p>
<p>A Review of the Council Non-Residential Property Holdings</p>	<p>To review Council Non-Residential Property Holdings and specifically under-utilised and derelict council owned property, including tenants halls and community halls, to consider:</p> <ul style="list-style-type: none"> i. What use the building are intended for ii. What are they being used as iii. The reasons why they are being under-utilised or have 	<p>Report Title:</p> <p>Report Author: Maureen McDonald-Khan - Assistant Director Building and Property Management</p>	<p>Cabinet Members: The Leader</p> <p>Officers:</p> <p>External Witnesses:</p>

Overview and Scrutiny Board Meeting Schedule 2011/2012

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	<p>been allowed to become derelict the maintenance costs – annually and projected (inc staffing, upkeep, maintenance and repair)</p> <p>iv. Costed options for renovation and/or sale.</p>		
Monitoring Performance, 2010/2011, first quarter		<i>Report Title:</i>	<i>Cabinet Members:</i>
		<i>Report Author:</i>	<i>Officers:</i>
High Level Revenue Budget Monitoring Report 2010/2011, Quarter One		<i>Report Title:</i>	<i>Cabinet Members:</i>
		<i>Report Author:</i>	<i>Officers:</i>
Update reports - Education Select Committee, Environment and Residents Services Select Committee, Health Housing and Adult Social care Select Committee		<i>Report Title:</i>	<i>SC Chairman:</i>
		<i>Report Author:</i>	<i>Officers:</i>
<p>Wednesday 30th November 2011 7pm</p> <p>The Courtyard Room Hammersmith Town Hall</p>	<p>Terms of Reference</p>	<p>Reports and Documentary Evidence</p>	<p>Key Witnesses</p>
Engaging With Young People Through Overview and Scrutiny – Presentation and Report by the Borough Youth Forum	<p>To consider the ways in which the Overview and Scrutiny process in Hammersmith and Fulham helps to engage, include and consult with young people in the Borough through the Borough Youth Forum and</p>	<p><i>Report Title:</i> Engaging With Young People Through Overview and Scrutiny</p> <p><i>Report Authors:</i> The Borough Youth Forum representatives (Brenda Whinnett - Children &</p>	<p><i>Cabinet Members:</i> Cllr Helen Binmore</p> <p><i>Officers:</i> Brenda Whinnett - Children & Young People's Officer</p>

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	ways in which the process can be further enhanced.	Young People's Officer).	Jane West – Director of Finance and Corporate Services Michael Carr – Scrutiny Development Officer External Witnesses: The Borough Youth Forum representatives
H&F Transformation Programmes 1: Introduction to all 5 programmes – e services (combine with H&F Bridge Partnership) / the LEAN Review / customer access and service delivery	To consider an introduction to the H&F Transformation Programme with specific focus on customer access and service delivery.	Report Title: Report Author: Marie Snelling – Assistant Director Customer Transformation	Cabinet Members: Officers: Marie Snelling – Assistant Director Customer Transformation External Witnesses: Focus group of council customers
H&F Bridge Partnership Annual Performance Report			Cabinet Members: Officers: External Witnesses:
Tri-Borough IT Strategy		Report Title: Report Author:	Cabinet Members: Officers: Jackie Hudson – Assistant Director Procurement and IT

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			strategy <i>External Witnesses:</i>
Monitoring Performance, 2010/2011, second quarter		<i>Report Title:</i> <i>Report Author:</i>	
High Level Revenue and Capital Budget Monitoring Report 2010/2011, Quarter Two		<i>Report Title:</i> <i>Report Author:</i>	
Update reports - Education Select Committee, Environment and Residents Services Select Committee, Health Housing and Adult Social care Select Committee		<i>Report Title:</i> <i>Report Author:</i>	<i>SC Chairman:</i> <i>Officers:</i>
Wednesday 25th January 2012 7pm The Courtyard Room Hammersmith Town Hall	Terms of Reference	Reports and Documentary Evidence	Key Witnesses
The Draft Budget 2012-2013		<i>Report Title:</i> <i>Report Author:</i>	
Finance and Delivery Plans 2012-2013 - plans for each department	To review the finance and delivery plans for each department.	<i>Report Title:</i> <i>Report Author:</i>	
Update reports - Education Select Committee, Environment and Residents Services Select Committee, Health Housing and Adult Social care Select Committee		<i>Report Title:</i> <i>Report Author:</i>	<i>SC Chairman:</i> <i>Officers:</i>

Overview and Scrutiny Board Meeting Schedule 2011/2012

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<p>Tuesday 6th March 2012 7pm</p> <p>Hammersmith and Fulham Means Business – A Workshop style scrutiny meeting engaging with members of the local business community.</p> <p>The Courtyard Room Hammersmith Town Hall</p>	<p>Terms of Reference</p>	<p>Reports and Documentary Evidence</p>	<p>Key Witnesses</p>
<p>Hammersmith and Fulham Means Business</p>	<p>A Workshop style scrutiny meeting engaging with members of the local business community.</p>	<p><i>Report Title:</i> Hammersmith and Fulham Means Business <i>Report Author:</i></p>	<p><i>Cabinet Members:</i> <i>Officers:</i> <i>External Witnesses:</i></p>
<p>Market Management</p>	<p>Discussion on the The Big Society (can it be mobilised?)</p>		<p><i>Cabinet Members:</i> <i>Officers:</i> <i>External Witnesses:</i> <i>A local social enterprise</i></p>
<p>Monitoring Performance, 2010/2011, third quarter</p>		<p><i>Report Title:</i> <i>Report Author:</i></p>	
<p>High Level Revenue and Capital Budget Monitoring Report 2010-11</p>		<p><i>Report Title:</i> <i>Report Author:</i></p>	
<p>Update reports - Education Select Committee, Environment and Residents Services Select</p>		<p><i>Report Title:</i></p>	<p><i>SC Chairman:</i></p>

Overview and Scrutiny Board Meeting Schedule 2011/2012

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Committee, Health Housing and Adult Social care Select Committee		<i>Report Author:</i>	<i>Officers:</i>
Wednesday 25th April 2012 7pm The Courtyard Room Hammersmith Town Hall	Terms of Reference	Reports and Documentary Evidence	Key Witnesses
H&F Transformation Programmes 2: Transforming the Way We Do Business	A review of the progress on Project Athena, plans for other support services and HR update.	Project Athena update Updates from other services HR update	
Tri-Borough Update	A general update – we will be going live with the changed arrangements at this time		<i>Cabinet Members:</i> <i>Officers:</i> <i>External Witnesses:</i>
Update reports - Education Select Committee, Environment and Residents Services Select Committee, Health Housing and Adult Social care Select Committee		<i>Report Title:</i> <i>Report Author:</i>	<i>SC Chairman:</i> <i>Officers:</i>

NON SCHEDULED TOPICS

		<i>Report Title:</i> <i>Report Author:</i>	<i>Cabinet Members:</i> <i>Officers:</i> <i>External Witnesses:</i>
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Environment and Residents Services Select Committee - Draft Work Programme 2011/12

Meeting	Item	Detail	Comments
6 September 2011	Performance Indicators – 2010/11 Outturn		
	Flooding	Scene setting for potential task group	Linkage to Surface Water Management Plan
	Earls Court SPD	Consultation exercise	Possibly November
	Winter Highways Arrangements – Review of Policy and Practice		
	Shepherds Bush Green	Progress Report on proposals to regenerate the Green	
	Speed Calming Policy Review	Consultation on traffic calming approach	Linkage to Transport Summit in November
	Traffic Warden Assaults	Investigate cause of incidents and possible solutions	
8 November 2011	Transport Summit	Receive feedback on consultation exercise concerning the LIP2, discuss all the comments received from residents and to examine the proposals contained in the Plan in the light of this feedback.	Invitations to TfL and other key stakeholders. Opportunity to break out from the formal meeting arrangements into an more interactive style of event.
	LDF – Development Management Policy Document	To comment on the policies to be used for development management purposes consultation following Council approval in October	Or possibly January
16 January 2012	Budget & Council Tax 2012/13		
20 February 2012	Football – Impact assessment on Borough	Themed meeting covering matchday parking, traffic management, licensing, waste collection, the clubs community work and links to Council and public services (e.g. healthy living) – opportunity to engage with clubs/residents	

11 April 2012	Annual Review of use of Surveillance Powers (RIPA)		
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Unallocated Items

Items on agreed work programme not allocated to a specific meeting date

Item	Detail	Comments
Regeneration Project(s)	Review of one or more projects	Possible informal single issue meeting in autumn 2011
Fly Tipping	Review of issues on private property	
Schools usage of Parks	Strategy to manage demand and relationships with schools users	
Local Impact of Westfield	Review of impact on parking, noise, litter, business, local employment opportunities etc	
Thames Water Tideway Tunnel	To be submitted once the proposed sites are made known	
Cemeteries Review	Progress report on the review of cemetery space in the borough	
Town Centre Management		
Cycling in the Borough - Safety and Security	To examine cycle lanes, road conditions, cycle rack provision, cycle theft	
Noise Nuisance – Out of Hours Service	Examine promotion and awareness	
Regeneration of eyesore properties and land		
Contact Centre – Review of the Customer Experience		

Task Groups

Item	Detail	Comment
Flooding	Sustainable Urban Drainage, Surface Water Management Plan	
Public Utilities Roadworks Lane Rental Scheme	Investigation into potential for Lane Rental scheme	

EDUCATION SELECT COMMITTEE

WORK PROGRAMME 2011-2012

Meeting Date	Originating Department	Item	Comments
7 September 2011	Children's Services and PCT Finance and Corporate Services	<ul style="list-style-type: none"> • Presentation from the Director of Public Health on children's health and the PCT arrangements • Respiratory Pilot • Report from the Task Group on Oral Health in Children 	The Borough Youth Forum will prepare a 5 minute DVD to be shown at the meeting to give the views of young people on general health issues that affect young people, their experiences of accessing health services and any recommendations they have.
22 November 2011	Children's Services	<ul style="list-style-type: none"> • Ofsted Inspections Summary Report • School Performance 2011 (provisional findings) 	
17 January 2012	Children's Services and Finance and Corporate Services	<ul style="list-style-type: none"> • Revenue Budget and Council Tax Levels 2012-2013 	
21 February 2012	Children's Services	<ul style="list-style-type: none"> • Ofsted Inspections Summary Report • School Organisation Plan 	
18 April 2012	Children's Services Local Safeguarding Children Board	<ul style="list-style-type: none"> • Views of Children in Care • Annual Report on Child Protection • Report by the Chair of Local Safeguarding Children Board on safeguarding in H&F • Performance Indicators (social care) 	A briefing with young people in care could be arranged before the meeting to discuss their views and then feed back to main meeting.

Other issues which could be considered by the Committee:**Annual Items:**

Revenue Budget and Council Tax (January)
School Performance (January)

Views of Children in Care - a report on an annual basis capturing the views of young people from the Children's Rights Service on being in care, noting what the division had learnt and looking at the corporate parenting view of the Council (April)
Annual Report on Child Protection (April)
Report by the Chair of the Local Safeguarding Children Board on safeguarding in Hammersmith and Fulham (April)
Performance Indicators (social care) (April)
Ofsted Inspections Summary Report (twice yearly)
Children's Strategy (to replace Children and Young People's Plan)
An annual report on the work of foster carers and a presentation on a "day in the life of a..." foster carer.

Education/Schools Items

Reports on the loss of the Building Schools for the Future and Primary School capital funding allocations.

Retention, Recruitment and Development of Teachers (with particular reference to practice in independent and Voluntary Aided schools).

Social Care Items

Visit by Members of the Committee to social workers in their work place and to invite social workers to a future meeting to discuss any issues such as relating to workload, as raised in the 22 September 2009 meeting.

An update report on the Integrated Children's System.

A report on a new grade for child protection social workers to encourage recruitment of more experienced social workers.

A report on further investment in the graduate trainee scheme for social workers, including details on a review of the employment package for social workers not just relating to pay.

Health Items

Paediatric Audiology Services

A report on maternity services (requested by the Committee on 13 July 2010)

A report on school meals, looking at healthy eating and the take up of school meals compared to packed lunches, be submitted to the Committee.

In addition to the above report, the Committee requested at its meeting on 24 March to look at the contracts and facilities for both primary and secondary schools, considering what arrangements the different schools had and how they could influence other schools, also looking at the catering contracts, also covering looking at the balance of making the schools meals healthier whilst still being attractive to the young people.

Explore where schools were experiencing difficulties in accessing health services, such as speech and language services and counselling, and how the difficulty in students accessing these services impacted on the schools (requested by Councillor Needham).

Accessing mental health support (requested by Councillor Needham).

Other Items

A report on play provision in the borough be considered.

Housing, Health & Adult Social Care Select Committee: Work Programme

28 June 2011
Imperial College NHS Trust <ul style="list-style-type: none"> • Vascular and Orthopaedic Surgery Service Reconfiguration: Update • Delivery of Balanced Operating Plan
Housing capital programme 2011/2012
Milton Road Health Centre
Tri-Borough Proposals for Adult Social Care
13 September 2011
Direct Payments
Imperial College NHS Trust: Long Term Proposals for the Future of Hammersmith and Charing Cross Hospitals
Improving council estates in H&F
Housing Benefits: Update
Personal Budgets
Taxicard Scheme: Public Consultation
15 November 2011, 18 January, 22 February and 17 April 2012
Continuity of Care
3 rd Sector Update
H&F Lift Maintenance
H&F LINK: Presentation of Completed Projects
Healthcare Reforms: Update

FORWARD PLAN OF KEY DECISIONS

Proposed to be made in the period August 2011 to November 2011

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 August 2011 to November 2011.

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

LIST OF KEY DECISIONS PROPOSED AUGUST 2011 TO NOVEMBER 2011

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	Consultation Process and Consultees	Officer to Contact	Documents Relevant to Decision
September						
Cabinet	5 Sep 2011	Treasury Management Outturn Report 10-11	Leader of the Council	Method of consultation: Councillors	Pat Gough, Rosie Watson	CIPFA - Prudential Code Accounting for Capital Finance
Full Council	19 Oct 2011	<i>This report provides information on the Council's debt, borrowing and investment activity for the financial year ending 31st March 2011.</i>	Ward(s): All Wards	Consultees: Audit and Pensions Committee	Tel: 0208 753 2542, Tel: 020 8753 2563 pat.gough@lbhf.gov.uk, Rosie.Watson@lbhf.gov.uk	CIPFA - Treasury Management Code
	Reason: Budg/pol framework					Loans and Investment Ledgers
Cabinet	5 Sep 2011	Rationalisation of Leisure Facilities	Cabinet Member for Residents Services	Method of consultation: Engagement with stakeholders	Chris Bunting	None.
	Reason: Expenditure more than	Existing Leisure Management Contract for Phoenix Leisure Centre and Janet Adegoke Swimming Pool has not	Ward(s): Wormholt and White City	Consultees: Residents Existing users	chris.bunting@lbhf.gov.uk	

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	Consultation Process and Consultees	Officer to Contact	Documents Relevant to Decision
	£100,000	represented value for money.		Members Children's Services Phoenix School Greenwich Leisure Limited		
Cabinet	5 Sep 2011	Serco Contract Review Following a review of the financial and service performance of the Serco Waste and Cleansing contract, a clearer performance regime is proposed that provides greater value for money, improves service quality and is based on the principles of risk and reward.	Cabinet Member for Residents Services	Method of consultation: Meetings via a project board	Sue Harris Tel: 020 8753 4295 Sue.Harris@lbhf.gov.uk	Serco contract documentation
	Reason: Expenditure more than £100,000		Ward(s): All Wards	Consultees: Serco contractors and in-house officers as appropriate		
Cabinet	5 Sep 2011	Request for delegated authority to award cross-authority framework agreement for self-directed support services London Boroughs of Hammersmith and Fulham, Hillingdon, Brent and Royal Borough of Kensington and Chelsea are seeking to procure a cross borough Framework Agreement to deliver Self Directed Support Services (as part of the	Cabinet Member for Community Care	Method of consultation: Service users have been consulted on specifications through a series of forums. Providers have attended forums to discuss developments relating to Self Directed Support.	Christine Baker Tel: 020 8753 1447 Christine.Baker@lbhf.gov.uk	N/A
	Reason: Affects more than 1 ward		Ward(s): All Wards	Consultees: Service users Providers		

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	Consultation Process and Consultees	Officer to Contact	Documents Relevant to Decision
		personalisation agenda). Hammersmith and Fulham are leading the procurement process. The Director of Community Services requests delegated authority to award Framework Agreement contracts for Self Directed Support Services from October 2011.				
Cabinet	5 Sep 2011	Project : 302 Fulham Palace Road, London SW6 - Works: external and communal repairs and redecoration	Cabinet Member for Housing	Method of consultation: Meetings Notice of Intent - Leaseholders Section 20 Notices	Sally Williams, Velma Chapman Tel: 020 8753 4865, Tel: 020 8753 4807 sally.williams@lbhf.gov.uk, velma.chapman@lbhf.gov.uk	None.
	Reason: Expenditure more than £100,000	Tender Acceptance Report to appoint contractor to carry out general building works at 302 Fulham Palace Road, London, SW6.	Ward(s): Palace Riverside	Consultees: Client Agent Client Department		
Cabinet	5 Sep 2011	Project : 1-67 Jepson House, 2-38 & 40-54 Pearscroft Road, London SW6. Works: internal and external refurbishment including works to satisfy fire risk assessment requirements	Cabinet Member for Housing	Method of consultation: Letters & Meetings	Roger Thompson, Martin Matthew Tel: 020 8753 3920, Roger.Thompson@lbhf.org.uk, Martin.Matthew@lbhf.gov.uk	Procurement Documentation Project File
	Reason: Expenditure more than £100,000	Full refurbishment works, window and roof renewals, and works to meet Fire Risk	Ward(s): Sands End	Consultees: Residents & Leaseholders		

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	Consultation Process and Consultees	Officer to Contact	Documents Relevant to Decision
		Assessment requirements.				
Cabinet	5 Sep 2011	Appointment of Development Agent Services Appointment of Development Agent Services contractor for the Housing Development Company.	Cabinet Member for Housing	Method of consultation: Development Agent will lead on undertaking resident consultation	Matin Miah Tel: 0208753 3480 matin.miah@lbhf.gov.uk	Cabinet report - Housing Development Company (October 2010)
	Reason: Affects more than 1 ward		Ward(s): All Wards	Consultees: Residents, amenity groups, council departments		
Cabinet	5 Sep 2011	Nos 5 and 17-31 Carnwath Road, London, SW6 Sale of Council's Freehold Interest in Collaboration with Current Tenants.	Deputy Leader (+Environment and Asset Management)	Method of consultation: Not Applicable	Miles Hooton, Velma Chapman Tel: 020 8753 2835, Tel: 020 8753 4807 Miles.Hooton@lbhf.gov.uk, velma.chapman@lbhf.gov.uk	Not Applicable
	Reason: Expenditure more than £100,000		Ward(s): Sands End	Consultees: Not Applicable		
Cabinet	5 Sep 2011	Service Charges for Tenants This paper seeks approval to implement fixed service charges calculated at block level for Council tenants. It sets out the reason for moving initially to fixed service charges and sets out a timetable for implementation and consultation.	Cabinet Member for Housing	Method of consultation: Forms part of report	Kathleen Corbett Tel: 020 8753 3031 Kathleen.Corbett@lbhf.gov.uk	Social rent reforms in the Local Authority Sector
	Reason: Affects more than 1 ward		Ward(s): All Wards	Consultees: Tenants		

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	Consultation Process and Consultees	Officer to Contact	Documents Relevant to Decision
Cabinet	5 Sep 2011	General Fund Capital Programme, HRA Capital Programme & Revenue Budget 2011/12 - Month 2 <i>Report seeks approval to adjust Capital Programme & Revenue Budgets.</i>	Leader of the Council	Method of consultation: PSB	Jane West, Gary Ironmonger, Isaac Egberedu Tel: 0208 753 1900, Tel: 020 8753 2109, Tel: 020 8757 2503 jane.west@lbhf.gov.uk, Gary.Ironmonger@lbhf.gov.uk, Isaac.Egberedu@lbhf.gov.uk	Capital monitoring report & Revenue monitoring report
	Reason: Expenditure more than £100,000		Ward(s): All Wards	Consultees: All Departments		
Cabinet	5 Sep 2011	The contract for the management, maintenance and development of the Bishops Park Tennis Centre - Approval of appointment of preferred bidder This report seeks approval for the appointment of a contractor to undertake the service contract for the management of the tennis facilities at Bishops Park.	Cabinet Member for Residents Services	Method of consultation: Tender Appraisal Panel	Chris Bunting chris.bunting@lbhf.gov.uk	Financial analysis of final tender PQQ assessment
	Reason: Expenditure more than £100,000		Ward(s): Palace Riverside	Consultees: Legal, Finance, Procurement, Residents Services, Lawn Tennis Association		
Cabinet	5 Sep 2011	Introduction of Interim Guidance to Social Landlords on the affordable Rent Tenure in LB Hammersmith and Fulham This report details the options available to the Council in introducing guidance to social landlords in the borough on	Cabinet Member for Housing	Method of consultation: Discussions and meetings	Ian Ruegg Tel: 020 8753 1722 ian.ruegg@lbhf.gov.uk	Homes and Communities Agency - 2011 -2015 Affordable Homes Programme - February 2011 Localism Bill - December 2011
	Reason: Affects more than 1 ward		Ward(s): All Wards	Consultees: Registered Providers in LBH&F		

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	Consultation Process and Consultees	Officer to Contact	Documents Relevant to Decision
		rent setting for the new affordable rent tenure on both new build and conversions.				
Cabinet	5 Sep 2011	Disposal of Edith Summerskill House, Clem Attlee Estate	Cabinet Member for Housing	Method of consultation: None to date, to commence shortly	Ian Ruegg Tel: 020 8753 1722 ian.ruegg@lbhf.gov.uk	Edith Summerskill Project documents
	Reason: Expenditure more than £100,000	This report recommends the disposal of a vacant Council owned tower block at Edith Summerskill House on the Clem Attlee estate with the proceeds from the sale being utilised to fund future housing and regeneration activity in the borough.	Ward(s): Fulham Broadway	Consultees: Tenant and Leaseholders of Edith Summerskill House		
Cabinet	5 Sep 2011	West London Joint Framework Agreement for the Provision of Privately Managed Accommodation	Cabinet Member for Housing	Method of consultation: Legal and Democratic Services Finance and Corporate Services	Daren Daly Tel: 020 8753 1247 daren.daly@lbhf.gov.uk	1. Joint Framework Agreement for PMA Scheme 2. Joint Framework Agreement for PMA Scheme
	Reason: Expenditure more than £100,000	The PMA Scheme comprises furnished accommodation, both houses and flats, procured and managed by managing agents (the service provider) on behalf of the Council. The properties are used as temporary accommodation for homeless households who have applied to the Council under the	Ward(s): All Wards	Consultees: Jacqueline Scott Kathleen Corbett		

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	Consultation Process and Consultees	Officer to Contact	Documents Relevant to Decision
		provisions of Part VII of the Housing Act 1996. The properties can also be used for the prevention of homelessness.				
October						
Cabinet	10 Oct 2011	Sex and Relationships and Substance Misuse Education Tender	Cabinet Member for Children's Services	Method of consultation: N/A tender of existing service	Emma Sleight Tel: 020 8753 6216 emma.sleight@hf-pct.nhs.uk	CMD Report DMT report
	Reason: Expenditure more than £100,000	To approve a 1 year contract award with option to renew on a yearly basis with an approximate value of £125,000 in the first year (including £20,000 start up costs). The tender will seek a single provider to re-develop, manage and deliver the highly regarded sex and relationships and substance misuse programme currently delivered in LBHF schools, colleges and youth settings.	Ward(s): All Wards	Consultees: N/A		
Cabinet	10 Oct 2011	Possible changes to Taxicard Scheme In a context of reducing	Cabinet Member for Children's Services	Method of consultation: A public consultation is due to start week commencing 21st February 2011 for one	Natasha Price Natasha.Price@lbhf.gov.uk	Possible Changes to Taxicard Scheme: Public Consultation Needed - report

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	Consultation Process and Consultees	Officer to Contact	Documents Relevant to Decision
	Reason: Expenditure more than £100,000	funding from Transport for London and increasing demand for the Taxicard scheme, a public consultation was carried out to seek views on future options. This report will summarise the public consultation responses and will put forward recommendations for the Taxicard scheme going forward.	Ward(s): All Wards	month. This will include direct mailouts of background information and a questionnaire along with a web-based questionnaire on Citizen Space. Consultees: All registered users of the scheme. Focus groups involving a number of relevant local organisations.		approved on 22 December 2010
Cabinet	10 Oct 2011 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	Method of consultation: All parents, pupils and staff at Special schools have been consulted about the SEN Travel Assistance Policy. Consultees: All staff and parent/carers and pupils attending special schools and units have been consulted.	Pat Matheson, Terry Baker Tel: 020 8753 3789, Tel: 020 8753 2555 Pat.Matheson@lbhf.gov.uk, terry.baker@lbhf.gov.uk	Post 16 Transport Policy SEN Travel Assistance Policy

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	Consultation Process and Consultees	Officer to Contact	Documents Relevant to Decision
Cabinet	10 Oct 2011	Riverside Gardens, Hammersmith, W6 - Removal of Asbestos in Tank Room	Cabinet Member for Housing	Method of consultation: Meetings Notice of Intent Section 20 Notices	Velma Chapman, Sally Williams Tel: 020 8753 4807, Tel: 020 8753 4865 velma.chapman@lbhf.gov.uk, sally.williams@lbhf.gov.uk	None.
	Reason: Expenditure more than £100,000	Tender Acceptance Report to appoint contractor to carry out the removal of asbestos in the tank room at Riverside Gardens, Hammersmith, W6.	Ward(s): Hammersmith Broadway	Consultees: Client Agent Client Department		
Cabinet	10 Oct 2011	DCLG Funding to Combat Social Housing Fraud	Leader of the Council	Method of consultation: Draft report circulated across Housing and Regen Dept and CSD for comments and input. Briefing meeting with Director of Housing and Regeneration.	Geoff Drake geoff.drake@lbhf.gov.uk	DCLG letter confirming funding provided.
	Reason: Expenditure more than £100,000	Paper to outline the strategy to ensure social housing properties are used for those in need and to identify where this funding fits into that strategy, asking for approval for the funds.	Ward(s): All Wards	Consultees: Director of Housing and Regeneration EMT		
Cabinet	10 Oct 2011	Use of 2011/12 HFBP profit share	Leader of the Council	Method of consultation: Through EMT and service engagement	Marie Snelling Tel: 020 8753 4288 marie.snelling@lbhf.gov.uk	Self service strategy paper
	Reason: Expenditure more than £100,000	<i>This report requests approval to use the HFBP profit share to pursue further e-services as part of a wider self serve strategy.</i>	Ward(s): All Wards	Consultees: Directors, Assistant Directors and Heads of Service		

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	Consultation Process and Consultees	Officer to Contact	Documents Relevant to Decision
Cabinet	10 Oct 2011	General Fund Capital Programme, Housing Capital Programme and Revenue Monitoring Report 2011/12 - Month 3 <i>Report seeks approval to changes to the capital programme and revenue budget.</i>	Leader of the Council	Method of consultation: PSB	Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk	Capital Monitoring Report Revenue Monitoring Report
	Reason: Expenditure more than £100,000		Ward(s): All Wards	Consultees: All Departments		
Cabinet	10 Oct 2011	Fire Alarm System Upgrade to Various Sheltered Housing Accommodations Tender Acceptance Report to appoint contractor to carry out Fire Alarm Upgrade to various Sheltered Housing Accommodations within the Borough.	Cabinet Member for Housing	Method of consultation: Client Meetings	Velma Chapman, Vince Conway, Laura Hunter, Martin Matthew Tel: 020 8753 4807, Tel: 020 8753 1915, Tel: 020 8753 4243, velma.chapman@lbhf.gov.uk, vince.conway@hfhomes.org.uk, helen.hunter@lbhf.gov.uk, Martin.Matthew@lbhf.gov.uk	Tender Documents
	Reason: Expenditure more than £100,000		Ward(s): All Wards	Consultees: Client Department		
Cabinet	10 Oct 2011	Installation of IRS Systems at White City Estate, Clem Attlee and Sheltered Housing Properties Tender Acceptance Report to appoint contractor to carry out installation of IRS Systems at White City Estate, Clem Attlee and various Sheltered Housing Accommodations.	Cabinet Member for Housing	Method of consultation: Client Meetings Section 20 Notices - Letter of Intent	Vince Conway, Laura Hunter, Martin Matthew, Velma Chapman Tel: 020 8753 1915, Tel: 020 8753 4243, , Tel: 020 8753 4807 vince.conway@hfhomes.org.uk, helen.hunter@lbhf.gov.uk, Martin.Matthew@lbhf.gov.uk, velma.chapman@lbhf.gov.uk	Tender Documents
	Reason: Expenditure more than £100,000		Ward(s): Fulham Broadway; Wormholt and White City	Consultees: Client Department		

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	Consultation Process and Consultees	Officer to Contact	Documents Relevant to Decision
Cabinet	10 Oct 2011 Reason: Expenditure more than £100,000	Warden Call System Upgrade Phase 1 Upgrade of Warden Call System to various properties within North of the Borough (Hammersmith).	Cabinet Member for Housing Ward(s): Askew; Avonmore and Brook Green; College Park and Old Oak; Hammersmith Broadway; Ravenscourt Park; Shepherds Bush Green; Town; Wormholt and White City	Method of consultation: Client Meetings Section 20 Notices (Letter of Intent) Consultees: Client Department	Velma Chapman, Vince Conway, Martin Matthew, Laura Hunter Tel: 020 8753 4807, Tel: 020 8753 1915, , Tel: 020 8753 4243 velma.chapman@lbhf.gov.uk, vince.conway@hfhomes.org.uk, Martin.Matthew@lbhf.gov.uk, helen.hunter@lbhf.gov.uk	Tender Documents
Cabinet	10 Oct 2011 Reason: Expenditure more than £100,000	Warden Call System Upgrade Phase 2 Upgrade of Warden Call System to various properties within South of the Borough (Fulham).	Cabinet Member for Housing Ward(s): Fulham Broadway; Fulham Reach; Munster; North End; Parsons Green and Walham; Sands End	Method of consultation: Client Meeting Section 20 Notices - Letters of Intent Consultees: Client Department	Laura Hunter, Martin Matthew, Vince Conway, Velma Chapman Tel: 020 8753 4243, , Tel: 020 8753 1915, Tel: 020 8753 4807 helen.hunter@lbhf.gov.uk, Martin.Matthew@lbhf.gov.uk, vince.conway@hfhomes.org.uk, velma.chapman@lbhf.gov.uk	Tender Documents

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	Consultation Process and Consultees	Officer to Contact	Documents Relevant to Decision
Cabinet	10 Oct 2011	1 – 76 Barton House, Townmead Road - Lift Upgrade Tender Acceptance Report to appoint contractor to carry out Part Upgrade of the Two Existing Passenger Lifts.	Cabinet Member for Housing	Method of consultation: Client Meeting Section 20 Notices - Letter of Intent	Velma Chapman, Vince Conway, Laura Hunter, Martin Matthew Tel: 020 8753 4807, Tel: 020 8753 1915, Tel: 020 8753 4243, velma.chapman@lbhf.gov.uk, vince.conway@hfhomes.org.uk, helen.hunter@lbhf.gov.uk, Martin.Matthew@lbhf.gov.uk	Tender Documents
	Reason: Expenditure more than £100,000		Ward(s): Sands End	Consultees: Client Department		
Cabinet	10 Oct 2011	Replacement of Communal Water Storage Tanks - South Tender Acceptance Report to appoint contractor to carry out Replacement of Communal Water Storage Tanks – South.	Cabinet Member for Housing	Method of consultation: Client Meetings Section 20 Notices - Letter of Intent	Velma Chapman, Vince Conway, Laura Hunter, Martin Matthew Tel: 020 8753 4807, Tel: 020 8753 1915, Tel: 020 8753 4243, velma.chapman@lbhf.gov.uk, vince.conway@hfhomes.org.uk, helen.hunter@lbhf.gov.uk, Martin.Matthew@lbhf.gov.uk	Tender Documents
	Reason: Expenditure more than £100,000		Ward(s): Addison; Sands End; Shepherds Bush Green; Town	Consultees: Client Department		
Cabinet	10 Oct 2011	Replacement of Communal Water Storage Tank - North Tender Acceptance Report to appoint contractor to carry out Replacement of Communal Water Storage Tanks – North.	Cabinet Member for Housing	Method of consultation: Client Meeting Section 20 Notices - Letter of Intent	Velma Chapman, Vince Conway, Laura Hunter, Martin Matthew Tel: 020 8753 4807, Tel: 020 8753 1915, Tel: 020 8753 4243, velma.chapman@lbhf.gov.uk, vince.conway@hfhomes.org.uk, helen.hunter@lbhf.gov.uk, Martin.Matthew@lbhf.gov.uk	Tender Documents
	Reason: Expenditure more than £100,000		Ward(s): Hammersmith Broadway; Shepherds Bush Green; Wormholt and White City	Consultees: Client Department		

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	Consultation Process and Consultees	Officer to Contact	Documents Relevant to Decision
November						
Cabinet	7 Nov 2011	Shepherds Bush Common Improvement Project Approval to appoint works contractors to undertake restoration works on Shepherds Bush Common.	Cabinet Member for Residents Services	Method of consultation: Stakeholder Advisory Group Meetings Public events	Marlene Pope Tel: 020 8753 2447 marlene.pope@lbhf.gov.uk	None
	Reason: Expenditure more than £100,000		Ward(s): Shepherds Bush Green	Consultees: Local Amenity Groups Local residents Statutory bodies		
Cabinet	7 Nov 2011	Parking Projects Programme 2011/12 This report outlines the key parking priorities of the Council and presents a parking projects programme for 2011/12.	Deputy Leader (+Environment and Asset Management)	Method of consultation: Stakeholders consulted as appropriate	Naveed Ahmed Tel: 020 8753 1418 Naveed.Ahmed@lbhf.gov.uk	Previous associated reports.
	Reason: Expenditure more than £100,000		Ward(s): All Wards	Consultees: Residents, businesses, Councillors, Emergency Services.		
Cabinet	7 Nov 2011	Measured Term Contract for Day-to-Day Breakdown Repair and Maintenance to Lift Plan and Associated Equipment to Housing Properties Tender Acceptance Report to appoint contractor to carry out day to day breakdown repair and maintenance to lift plant and associated equipment in Housing Properties.	Cabinet Member for Housing	Method of consultation: Consultation Meetings	Martin Matthew, Velma Chapman Tel: 020 8753 4807 Martin.Matthew@lbhf.gov.uk, velma.chapman@lbhf.gov.uk	Tender Documents - E Tendering
	Reason: Expenditure more than £100,000		Ward(s): All Wards	Consultees: Client Leaseholders		

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	Consultation Process and Consultees	Officer to Contact	Documents Relevant to Decision
Cabinet	7 Nov 2011	Measured Term Contract for Day-to-Day Breakdown Repair and Maintenance to Lift Plant and Associated Equipment to Non-Housing Buildings Tender Acceptance Report to appoint contractor to carry out Day-to-Day Breakdown Repair and Maintenance to Lift Plant and Association Equipment in Non-Housing Properties.	Deputy Leader (+Environment and Asset Management)	Method of consultation: Consultation Meetings	Martin Matthew, Velma Chapman Tel: 020 8753 4807 Martin.Matthew@lbhf.gov.uk, velma.chapman@lbhf.gov.uk	Tender Documents - E-Tendering
	Reason: Expenditure more than £100,000		Ward(s): All Wards	Consultees: Client		
Cabinet	7 Nov 2011	Measured Term Contract for Planned Preventative Mechanical Maintenance for Boroughwide Housing Properties 2011-2015 Tender Acceptance to appoint contractor to carry out servicing of mechanical plant, day-to-day repairs, inspection and planned maintenance repairs to Housing Properties.	Cabinet Member for Housing	Method of consultation: Consultation Meetings	Velma Chapman, Martin Matthew Tel: 020 8753 4807, velma.chapman@lbhf.gov.uk, Martin.Matthew@lbhf.gov.uk	Tender Documents - E Tendering
	Reason: Expenditure more than £100,000		Ward(s): All Wards	Consultees: Client Leaseholders		
Cabinet	7 Nov 2011	Measured Term Contract for Planned Preventative Mechanical Maintenance for Boroughwide Non-Housing Properties 2011 - 2015 Tender Acceptance to appoint contractor to carry out	Deputy Leader (+Environment and Asset Management)	Method of consultation: Meetings	Velma Chapman, Pat Nolan Tel: 020 8753 4807, Tel: 020 8753 4516 velma.chapman@lbhf.gov.uk,	Tender Documents - E-Tendering
	Reason: Expenditure more than £100,000		Ward(s): All Wards	Consultees: Client		

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	Consultation Process and Consultees	Officer to Contact	Documents Relevant to Decision
		servicing of mechanical plant, day-to-day repairs, inspection and planned maintenance repairs to Non-Housing Properties.				
Cabinet	7 Nov 2011	Measured Term Contract for Planned Preventative Maintenance to Mechanical Plant - Specialist Works 2011 - 2015 Tender Acceptance to appoint contractor to carry out servicing of mechanical plant, day-to-day repairs, inspection and planned maintenance repairs – Specialist Works.	Deputy Leader (+Environment and Asset Management)	Method of consultation: Consultation Meetings	Velma Chapman, Pat Nolan Tel: 020 8753 4807, Tel: 020 8753 4516 velma.chapman@lbhf.gov.uk,	Tender Documents - E-Tendering
	Reason: Expenditure more than £100,000		Ward(s): All Wards	Consultees: Client		
Cabinet	7 Nov 2011	Measured Term Contract for Door Entry System – Boroughwide Housing Properties 2011 - 2015 Tender Acceptance to appoint contractor to carry out day to day reactive breakdown callout repairs together with a small element of routine servicing to door entry systems and automatic doors and barriers to the Council's Housing Properties.	Cabinet Member for Housing	Method of consultation: Consultation Meetings	Velma Chapman, Martin Matthew Tel: 020 8753 4807, velma.chapman@lbhf.gov.uk, Martin.Matthew@lbhf.gov.uk	Tender Documents - E-Tendering
	Reason: Expenditure more than £100,000		Ward(s): All Wards	Consultees: Client Leaseholders		

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	Consultation Process and Consultees	Officer to Contact	Documents Relevant to Decision
December						
Cabinet	5 Dec 2011	The Archives Service Review This report will outline the current position and recommend options for the future delivery of the Council's archives service.	Cabinet Member for Residents Services	Method of consultation: Series of formal and informal meetings	Chris Bunting chris.bunting@lbhf.gov.uk	None.
	Reason: Affects more than 1 ward		Ward(s): All Wards	Consultees: Local Stakeholders		

Agenda Item 7



London Borough of Hammersmith & Fulham

OVERVIEW AND SCRUTINY BOARD

DATE	TITLE	Wards
26 July 2011	Health Inequalities Task Group: Report on the effects of the location and density of new housing developments on health outcomes, May 2011	All

SYNOPSIS

This report presents the findings of the Health Inequalities Task Group, which was established by the Overview & Scrutiny Board in July 2010 to review the effects of the location and density of new housing developments on health outcomes.

The Housing, Health & Adult Social Care Select Committee considered the report at its June meeting. The Cabinet Member for Community Care gave assurance that the report would be studied and any practical recommendations, which would give an advantage to residents, would be implemented.

CONTRIBUTORS

Councillors Iggulden,
Graham and Tobias

RECOMMENDATION(S):

The Scrutiny Board is asked to consider and agree the report and recommendations.

CONTACT

Sue Perrin
Extension: 2094

NEXT STEPS

The report will be presented to the and/or Cabinet Members and NHS PCT for consideration

Health Inequalities Task Group

**Report on the effects of the location and
density of new housing developments on
health outcomes, May 2011**

Report on the effects of the location and density of new housing developments on health outcomes

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Membership of the Task Group

Councillor Robert Iggulden – Chairman

Councillor Peter Graham

Councillor Peter Tobias

EXECUTIVE SUMMARY

1. This report presents the findings of the Health Inequalities Task Group, which was established by the Overview & Scrutiny Board in July 2010 to review the effects of the location and density of new housing developments on health outcomes (i.e. good spatial planning including transport links, access to 'real' open and play spaces, controlling noise pollution, ensuring community safety).
2. The review aims to provide an independent comment from the Task group and cannot be considered as a comprehensive report.
3. The findings must be considered within the following context:
 - Housing is one of the social determinants of health, and it was not possible, within the limitations of this review, to extrapolate the impact of housing alone. There are cross-cutting issues spanning all social determinants of health.
 - The 'built environment' and 'health and well being' is taken in a holistic way, as this is how it is perceived by residents. Discussions led to information in respect of what happens within the built environment and residents identified a range of actions, which had taken place on Fulham Court estate, that they see as having improved health outcomes on the estate.
4. **The Task Group recommends that:**
 - 4.1 The Council's engagement with residents be commended, and the involvement of residents in consultations and decision-making through continuous engagement opportunities, communication and information events, continue to be facilitated.
 - 4.2 The Council uses physical improvements such as better lighting and closed-circuit television and green spaces, which make it safe for residents to walk or exercise with a view to designing out crime.
 - 4.3 The Council and PCT provide targeted information and advice on health and well-being in areas where it is easily accessible such as GP surgeries and community centres.
 - 4.4 As Planning and Public Health share similar goals to improve the way in which people live and the quality of life, that the transfer of the Public Health function to local authorities be regarded as an opportunity to work together to create healthier built environments.

INTRODUCTION

5. The Centre for Public Scrutiny's (CfPS) Health Inequalities Scrutiny Programme was launched to raise the profile of overview and scrutiny as a tool to help councils and their partners better understand and address health inequalities within their local community.
6. The programme, commissioned by Local Government Improvement and Development, recruited Scrutiny Development Areas to help develop the role of overview and scrutiny in tackling health inequalities and to design, develop and test a Scrutiny Resource Kit. The resource kit, entitled 'Peeling the Onion', can be viewed [here](#).
7. Scrutiny Development Areas were recruited from ten areas across the country, ranging in size from a single local authority to large groups covering a whole region, with different areas of focus (Appendix 1). Each area was awarded funding of up to £5,000 to support innovation in the review together with 6.5 days of expert adviser support, which included two action learning meetings.
8. The North West London Councils' chosen topic was Housing and Health. The seven boroughs (initially eight including Harrow which subsequently decided not to participate) comprised Brent, Ealing, Hammersmith & Fulham, Hillingdon, Hounslow, Kensington & Chelsea and Westminster.
9. The aim of the North West London project was to look at housing provided through registered social landlords and private landlords in the context of liveability standards as a wider determinant of health. The major reason for the partnership's choice of this particular area was that, although housing is a key determinant of long term health, it has traditionally operated as a silo. The focus has been on housing markets, new supply, improvements to housing stock, design and management of rented homes. It was felt that there was a significant opportunity to use this review to establish and strengthen the connections housing has on the quality of life of residents and inequalities within an area.
10. Each participating Authority (in isolation or partnership) investigated a specific strand of work which addresses the various aspects of housing as a long term causal effect of health inequalities. The strand chosen by Hammersmith & Fulham in conjunction with Hounslow was:

The effects of the location and density of housing developments (i.e. good spatial planning including transport links, access to 'real' open and play spaces, controlling noise pollution, ensuring community safety) on health outcomes.

11. The strands investigated by the other boroughs were:
 - The effects of overcrowding on educational attainment and children's development (Hillingdon).

- The effects of overcrowding on physical and mental health, access to decent kitchen and food preparations areas etc (Kensington & Chelsea and Westminster).
 - The impact of fuel poverty due to high fuel costs and poor energy efficiency and the effect this has on health and well being of people (Brent & Ealing).
12. Reports from the other North West London boroughs can be reviewed [here](#).

Hammersmith & Fulham's Review

13. Initial work was undertaken from January 2010 to April 2010, and then, following the local and general elections, from July 2010 to March 2011.
14. The scoping template, which is attached as Appendix 2, set out the Task Group's terms of reference as:
- How does the built environment affect health, well being and quality of life in the chosen locality?
 - Which aspects of the built environment should be a priority if health is to be improved?
 - How can the Council, housing associations and health partners contribute to improving health through the built environment?
15. In order to demonstrate the conclusions of the review, Fulham Court Estate, Fulham Road, was selected as a case study. NHS Hammersmith & Fulham advised that this was an area with a high rate of health inequalities, which had not been focused upon previously. Appendix 3 sets out information in respect of Fulham Court.

Methodology

16. The task group adopted the following approaches:
- desktop-based analysis and research;
 - site visit and talking to local stakeholders; and
 - oral and written evidence from residents, officers, partners and other organisations.
17. Interviews with tenants and residents were held informally without a set agenda. Whilst members suggested topics in line with this review, discussions inevitably focused on the key questions that mattered to the tenants and residents.
18. Discussions about the 'built environment' led to information in respect of what happens within the built environment, and residents perceived health and wellbeing in a holistic way and identified a range of actions,

which had taken place on the estate, that they saw as having improved health outcomes on the estate.

Context

19. The report is set in the context of major structural change and reform to the NHS; a large public deficit; and forthcoming cuts to a number of health and local government services.
 - The planned transfer of commissioning responsibilities from the Primary Care Trusts (PCTs) to GP-led Consortia and an NHS Commissioning Board .
 - NHS Hammersmith and Fulham has been going through a process of downsizing and merger with the Royal Borough of Kensington & Chelsea and the City of Westminster.
 - A new national public health service (Public Health England) will be created with local public health functions moving from PCTs to local government, and there will be a ring fenced budget.
 - Health and Wellbeing Boards and Local Health Watches will be established.
20. There will always be health inequalities as a consequence of different genetic disposition to disease and illness. The review seeks to identify unfair and avoidable health inequalities in Hammersmith and Fulham, and specifically various aspects of housing as long term causal perpetrators of health inequalities.

Project Limitations

21. There are currently a number of work streams in progress, which could impact on the conclusions of this review:
 - The Joint Strategic Needs Assessment (JSNA) 2010/2011 work streams include in-depth work in respect of housing as a health issue.
 - H&F LINK had scheduled a Housing and Wellbeing research project from January to March 2011, and, as a consequence, was unable to support this review.
 - Consultation responses from residents and tenants have not yet been input into the environmental and social aspects of the Fulham Court Estate Improvement Strategy.
22. Whilst initial general reading on spatial planning and impacts on health was undertaken, a literature review was outside the scope of this review.

BACKGROUND

Health Inequalities

23. Health inequalities are disparities in health outcomes between individuals or groups. They arise from differences in social and economic conditions that influence people's behaviours and lifestyle choices, their risk of acquiring illness and actions taken to deal with illness when it occurs. Inequalities in these social determinants of health are not inevitable, and are therefore considered avoidable.
24. Throughout the health system, inequalities exist from determinants to outcomes, and include inequalities in:
 - **socio-economic and environmental factors**, including: income, employment, housing, occupation and education
 - **lifestyle and health related behaviours**, such as smoking, diet and levels of physical activity
 - **access to services**, such as health care
 - **health outcomes**, such as differences in life expectancy, or rates of death or disease.
25. The World Health Organisation defines the social determinants of health as 'the circumstances in which people are born, grow up, live, work and age, and the systems put in place to prevent and treat illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics'.
26. In order to reduce health inequalities, action is required across all social determinants of health, not just within the health system or health care. In general, the more affluent an individual, the better will be his/her health; conversely, the poorest are more likely to have the worst health. This social gradient in health, which runs from the top to the bottom of the socio-economic spectrum, means that health inequalities affect the whole of society, not just the most disadvantaged.
27. 'Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010, published by the Marmot Review Team in 2010, discusses the health inequalities challenge facing England and proposes the most practical, evidence-based strategies relevant to future policy and action.
28. The review emphasises the "causes of the causes" of health inequalities, and the need to address these wider determinants. Strategies need to target those at the lower end of the gradient as well

as throughout the whole of society, according to the level of disadvantage.

The London Health Inequalities Strategy

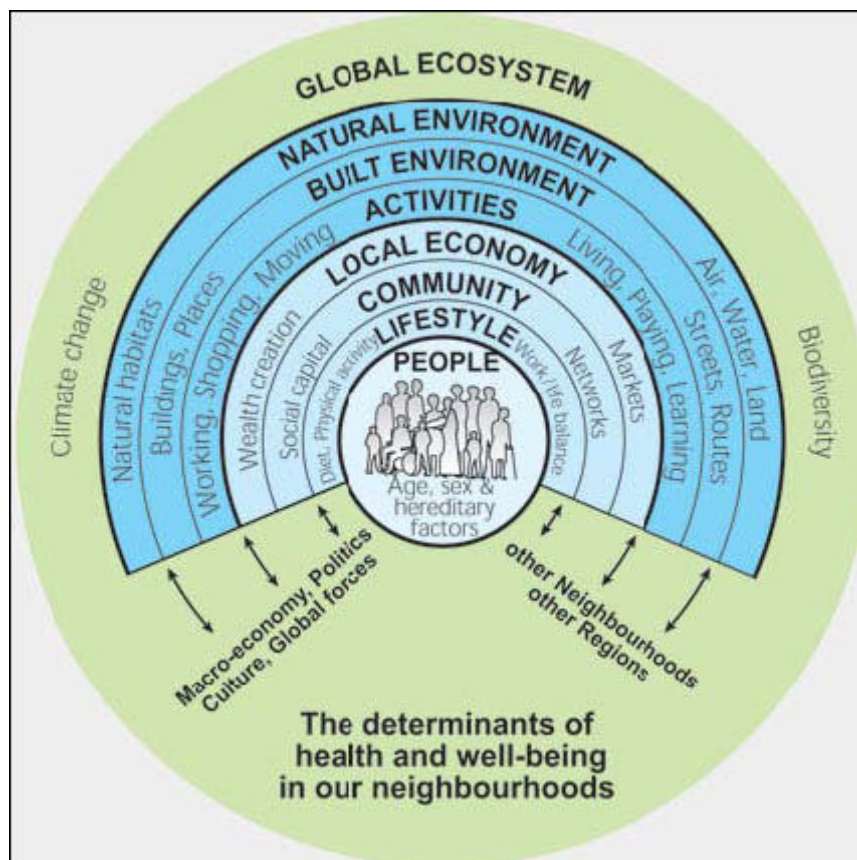
29. The Mayor of London has a statutory responsibility to set out the health inequalities facing London, the priorities for reducing them and the role played by a defined list of key partners in order to deliver the strategy's objectives. The London Health Inequalities Strategy (April 2010) sets out a framework for partnership action to:
- Improve the physical health and mental well-being of all Londoners;
 - Reduce the gap between Londoners with the best and worst health outcomes;
 - Create the economic, social and environmental conditions that improve quality of life for all; and
 - Empower individuals and communities to take control of their lives, with a particular focus on the most disadvantaged.
30. The role of the boroughs in delivering the strategy is identified in the delivery plan. However, proposals in the Health White Paper and the Public Health White Paper will in all likelihood lead to a rethink of how the strategy can be delivered.

Health Inequalities in Hammersmith & Fulham

31. The overview of health inequalities provided in the Hammersmith and Fulham Annual Public Health Report 2010/11 (Appendix 4) indicates:
- *unequal life expectancy*: a 7.1 year gap in male life expectancy and a 11.7 year gap in female life expectancy between different wards in the borough;
 - *premature mortality*: some men and women, especially those from lower socio-economic status groups, die early;
 - *dying younger and suffering longer*: the gap between the most deprived area and least deprived area has been estimated to be 9.6 years for males and 12.3 years for females;
 - *inequalities in child health*: the Income Deprivation Affecting Children Index ranking ranges from North End ward at 155 to Ravenscourt Park ward at 28,709 (the index ranking for super output areas ranges from 1 (most deprived) to 32,482 (least deprived)).

Health Impacts of Spatial Planning Decisions

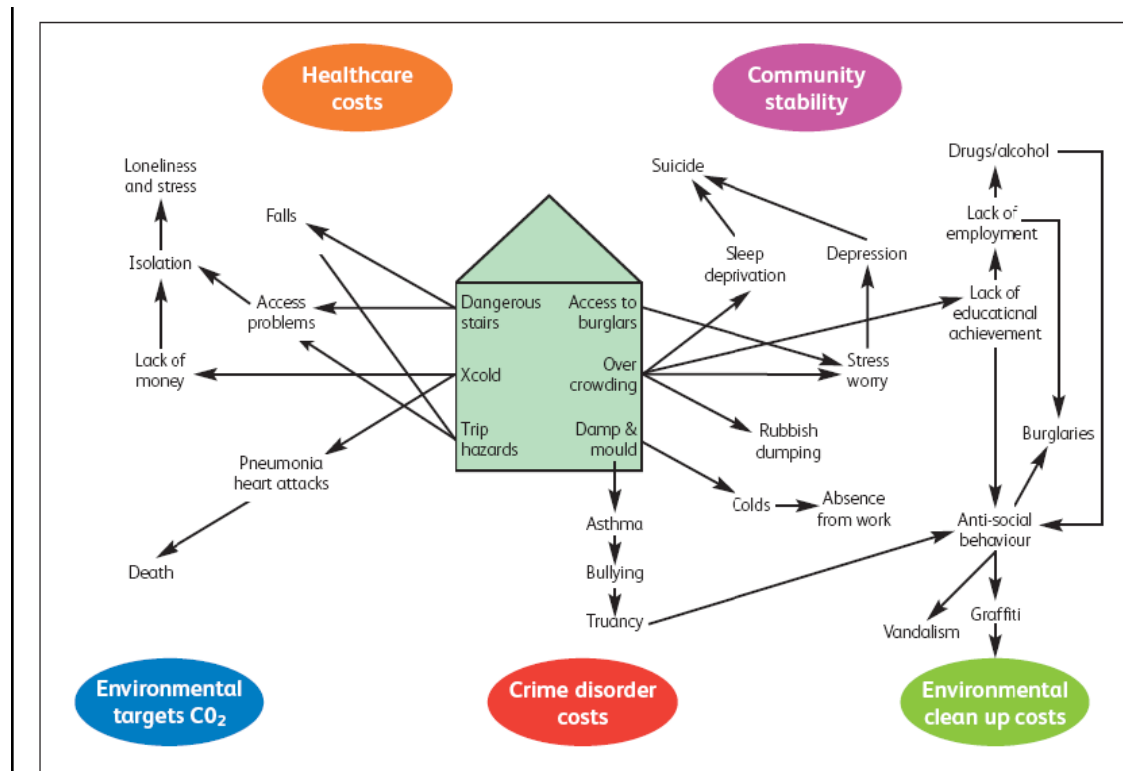
32. Spatial planning seeks to transform traditional planning from its narrow focus to considering the effect of planning on wider contexts. Spatial planning engages with issues affecting planning in society and considers how planning decisions interact with social, cultural, economic, and ecological policies.
33. The health risks associated with spatial planning include:
- heart disease
 - respiratory disease
 - mental health (short and long term effects)
 - obesity
 - injuries
 - increased mortality, morbidity and costs to NHS
34. Barton and Grant's health map¹ for the local human habitat (2006) demonstrates the numerous ways in which the built environment affects health, from individual to population-wide influences.



¹Based on the 1981 Dahlgren and Whitehead determinants of health model.

The Impact of Housing on Health

35. Housing affects health in many ways, through the structure of housing; internal conditions such as damp, cold and indoor contamination. The figure below demonstrates the range of impacts housing can have on public health.



The links between public health and housing (Chartered Institute of Environmental Health (2008))

Fulham Court Estate: The Built Environment

36. Fulham Court Estate is a relatively large Council-owned estate located in the South of the borough, close to Fulham Broadway (Town Ward), a small town centre. The estate is characterised by low-rise inward-looking brown-brick buildings, with a lack of greenery and communal open space.
37. There is a small row of shops on the northern boundary of the estate, on Fulham Road, and the estate is reasonably well located with respect to a range of shops in Fulham Broadway located within walking distance (5-10 minutes) There is also a market on North End Road six days a week.
38. The estate is well served in respect of public transport. Tube trains run from Fulham Broadway (District) and Parsons Green (District). A number of bus services operate around the perimeter of the estate and throughout the local area. There are no through-roads on the estate.

39. There is a significant variation in living space, with some units having only small kitchens without eating facilities and others having either a large kitchen or separate dining room. During the 1970s/1980s the Council built an additional storey on the blocks (with the exception of Block A which fronts on to Fulham Road) to create family units, and also provided larger kitchens within some of the flats. The small kitchens present problems in respect of laundry, with washing being dried in other rooms or on balconies.
40. All properties meet Decent Homes standards, which include new kitchens, bathrooms, windows and doors, upgraded heating and insulation. However, the new central heating and hermetically sealed windows have accentuated the problem of condensation, which impacts on health, and has resulted in the perception that the properties are 'damp'.

EVIDENCE AND FINDINGS

How does the built environment affect health, well being and quality of life in the chosen locality?

Which aspects of the built environment should be a priority if health is to be improved?

How can the Council, housing associations and health partners contribute to improving health through the built environment?

Fulham Court Estate Residents

41. The Council was perceived historically as not living up to its commitments, but this has changed. Now residents say there has been a massive difference in engagement, with the Council carrying out the work which it had said it would do.
42. At the beginning of 2010, the Council asked residents of Fulham Court what they thought of plans for a £4 million redesign of their estate. The proposed works aim to integrate estate homes with the surrounding local streets, reducing the isolation of Fulham Court which, in the past, has contributed to crime, vandalism and social separation. The plan is literally to take down dividing barriers across roads and open spaces and physically redesign the landscape to merge tenants' homes better into the surrounding streets.
43. Tenants were also asked for their views on building a children's centre to offer more support for working parents and to help those struggling with parenting. Building work has now started on a new £1 million children's and community centre. The two-storey building in Shottendane Road will replace an ageing portable building and will be available to all residents living nearby. The centre is due to open by summer 2011. It will combine

a ground-floor children's centre for families with children under five and a first-floor community centre, able to host a range of activities. A residents' steering group has been established to ensure people's opinions are listened to during the building's construction and beyond. Residents will have the chance to help brighten up the building by working with an artist on a giant mural on one side. An artist's impression of the centre is given below.

44. Mary Hippolyte, Chair of Fulham Court TRA, said: 'Spending money on the estate is showing people the council is serious about improving it. Bringing down the barriers between the estate and surrounding streets will make a huge difference.'



Fulham Court Community Centre (artist's impression)

Community Activities

45. Community activities are currently limited because of the redevelopment of the community centre and the Balfour Beatty site hut has become a temporary community centre. Tenants and residents continue to hold weekly bingo sessions and, for safety reasons, meet on the estate to go across to the site hut in Lancaster Court.
46. During the summer cooking lessons and other activities were organised for the children.
47. Volunteers from the Doorstep Library, 'the book ladies' work with children on the estate, visiting households once a week to read stories and leave books. For the past three years, the volunteers have made about 27 visits per week and read to the children for roughly 15 minutes. Each child is lent two books per week. They now plan to start work on two other estates during the next 12 months.

48. Katie Butt, who manages the volunteers, says 'the stimulus of reading and the confidence it gave both parents and children improves morale, and thus probably health.'

Shepherds Bush Housing Association

49. Mr Paul Doe, Chief Executive highlighted key findings of research undertaken in 2003 as part of a major re-investment and refurbishment programme, published in 'Housing & Health Uncovered'. The programme provided an opportunity to make an explicit link between housing and health.
50. A major part of the work comprised a questionnaire survey to collect data on tenants' self-perceived health status and their views on how housing affected their health, well being and quality of life. Two groups of tenants were surveyed: those whose homes were being renovated or who were being relocated to new housing; and those whose housing situation was unlikely to change within the period of the study (the 'control' group). In total, some 800 interviews were completed.
51. Following the housing improvements, there was a clear improvement in self-perceived health status amongst the reinvestment and relocated tenants; there were fewer reported current health problems and problems with mobility, undertaking usual activities and pain and discomfort. There was also a decline in levels of anxiety and depression.
52. Additionally, there was an increase in satisfaction with the general area, such as feelings of safety both inside and outside the home, the perceived friendliness of neighbours and feelings of belonging to the community. Initially, there were high levels of optimism for the future but this levelled off in subsequent follow-ups. Both groups of tenants showed rising awareness of the influence of wider health determinants on their health throughout the study.
53. Mr Doe provided two examples of improvements which had increased residents' satisfaction: replacement of gas fires with central heating; and the undertaking of assessment and adaptation of properties, as opposed to waiting for an assessment by an occupational therapist.
54. Mr Doe outlined the following issues:
- The policy across all local authorities was to fill homes to maximum occupancy.
 - 10% of new buildings were required to meet the Lifetime Homes Standard (a set of 16 design criteria that provides a model for building accessible and adaptable homes). Examples of flexibility in

buildings included: 'Adjustable' kitchens which can be lowered for disabled access; and lift shafts created but lifts not provided until required.

- Housing Associations did not know in advance who would be occupying the homes, and therefore some adaptations had to be undertaken after building completion, which was significantly more expensive.
- New buildings were smaller.
- Sound proofing was very expensive and required tall ceilings, but had a significant effect on health, and specifically stress and anxiety. However, there could also be a reverse impact, in that the quality of sound reduction increases the awareness of other noises.

Octavia Housing

55. David Woods, Development Director Octavia Housing outlined the ways in which new housing developments can ensure improvements in wellbeing and the feedback from a tenants satisfaction survey, which identified the issues that adversely affect wellbeing as:

- Noise transmission problems
- Space standards
- Lack of storage space
- Lack of external privacy
- Parking
- Expensive service charges/utility bills
- Antisocial behaviour
- High child density
- Lack of external communal parking space

56. Octavia Housing had developed the award winning **Bourbon Lane, Hammersmith**, made up of 78 affordable homes for families and key workers: 45 homes for general needs rent and 33 homes for shared ownership. The scheme was completed in July 2007, as part of a S106 agreement with White City shopping centre developers, Westfield.



Bourbon Lane, Hammersmith

57. The development comprises eight blocks situated along a new country lane, with entrances to dwellings off shared mews. All family homes have private gardens, and the majority of upper floor flats and maisonettes have roof terraces or balconies.

58. Features of the development include:

- Secured by Design standards, with an Eco-homes rating of Very Good (achieving high levels of sound and thermal insulation and high environmental sustainability); and
- Space standards, which met Homes and Community Agency requirements plus 10%.

Cassidy Medical Centre

59. The Cassidy Road Medical Centre is located within a few minutes walk of the estate and recently Chapel Street and the Hurley Clinic successfully bid for the contract. <http://cassidymedicalcentre.co.uk/>

60. The task group met with Dr Brown, Lead GP and Dr Russell Rock, Chief Executive Officer, Chapel Street. Some of their responses apply equally to both Fulham Court and neighbouring Barclay Close.

61. Dr Brown considered that there were:

- severe mental health problems, consistent with 'difficult to maintain' properties and depression was a big factor; and
- problems with damp, which resulted in respiratory problems.
- problems of social isolation and that it was difficult to build a community, and specific problems with lifts not working and no gritting in the recent bad weather.

62. *The comments in respect of damp were disputed by H&F Homes, which has issued guidance explaining that many of the problems are not due to external factors, but to the ordinary household activities of the residents (such as cooking, bathing and washing clothes), and what residents can do to avoid condensation.*

63. *The guidance states that unless the warm air produced by ordinary household activities can escape to the outside through an open window, air vent or extractor fan, it will find a cold spot within the home where it can condense, and outlines simple steps to reduce or even cut out condensation altogether, for example open a window; cover pots and pans and use an extractor fan; dry washing outside or if not, in the bathroom with the window open; and vent tumble driers outside .*

64. *Overall, the guidance stresses that opening a window is the simplest and most effective way of keeping air moving around the home and reducing damp condensation.*
65. Dr Brown had been informed that it was very easy to buy drugs, and specifically cheap cocaine.
66. Dr Rook informed that initial responses to a community survey indicated that there was perceived rising crime, which was gang related, high levels of debt, and that there were more young families afraid to leave their homes.
67. Dr Rock considered that there was not adequate community space at Fulham Court.
68. The Cassidy Medical Centre is keen to ensure the surgery becomes highly community based and they are intent on improving the general health of the area, rather than just dealing with those who are sick. Dr Russell provided the list below of community services that are being developed with local community groups and members:
- An extensive community health survey across the Fulham area utilising one-to-one interviews and postal surveys.
 - Work with the SPEAR employment programme for young adults, providing work experience opportunities.
 - Foodbank Referral Point providing the poorest families and those facing food crises with three days of free food, emotional support and signposting services.
 - Men's health programme with Chelsea FC working with young adults and older men around issues of health and lifestyle.
 - Working with local authorities on plans for health provision for young families as part of a new Children's Centre in Fulham Court
 - Working with Children's Centre staff on health advice for young families.
 - School visits to see the surgery and meet the doctors.
 - Funding from outside of the PCT/local authority is being sought to develop a broad ranging telecare and community service package for isolated elderly people, vulnerable adults and young families.
 - Looking at services that can be offered in response to the needs reflected in the community survey around debt and finance challenges.

Hammersmith & Fulham Council

69. Senior Housing and Regeneration Officers highlighted the following key issues and developments at Fulham Court:
- Approximately one quarter of residents were lone parents.
 - There were issues of drug misuse, debt and unemployment.
 - The estate comprised nine blocks bordered by high walls and narrow entrance gates, and was surrounded by affluent Victorian/Edwardian street properties.
 - Initiatives to improve the physical environment included: better parking and pedestrian areas; decreased number of access points; and improved landscaping.
 - Resident engagement events had been held including an open day earlier in the year and a residents workshop, which would be held in the following few months. The consultation event included the offer of free health checks. The Children's Centre would facilitate the involvement of the Hammersmith & Fulham Federation of Tenants and Residents Associations (HAFFTRA) in health issues.
 - Issues being addressed included: anti-social behaviour (not just ASBOs); caretaking (estate maintenance at new high standards); repairs; and criminal activity on the estate.
70. It was essential to obtain residents' support to maintain the estate in a good condition, with the inclusion of an educational component, for example, in reporting repairs effectively, residents needed to be able to differentiate between damp and condensation.
71. All properties met Decent Homes standards, which included new kitchens, bathrooms, windows and doors, upgraded heating and insulation. There remained environmental issues such as bin stores and footpaths.
72. In response to questions, the following information was provided:
- There was no one isolated reason for ASBOs.
 - A rent arrears analysis had been undertaken and help given to older people to claim benefits.
 - A significant number of staff lived in the borough, although the Council did not actively recruit in this way.
 - There was a significant amount of crime. In the 1980s the estate had been decanted, and when plans for its sale had been overturned,

homeless families had been re-housed on the estate. This culture was being turned around by building trust with residents.

73. Lessons to be learnt for future developments.
- Cultural issues in respect of the allocations mix.
 - Properties should be of a reasonable size, wind and weather proof and warm.
 - There should be a secure entrance system, CCTV and good lighting; sound proofing; and more open spaces, for example small squares/quads.
 - Services for residents and health and employment initiatives should be brought onto the estate.
74. Senior Planning Officers explained the plan-led system, trickled down from a national level to regional and local policies. Housing was a key national plan and requirement of the London Plan, which contains a target for all homes to meet the Lifetime Homes Standard, making independent living as easy as possible for as long as possible. Homes built to this standard provide accessible and adaptable accommodation, from young families to older people, and individuals with physical impairment. The London Plan includes policies on all aspects of spatial development, from housing to transport to design of urban space.
75. The Council has been an early adopter of Lifetime Home Standards, whereby room standards are larger than Parker Morris standards and homes can be converted to meet disability standards. In addition, the Council requires 10% of dwellings to be built to wheelchair housing standards which means that such dwellings have to be suitable for occupation by a wheelchair user or easily adaptable for such use.
76. The Council is opposed to the inclusion of space standards in the Replacement London Plan and in its response to the consultation stated that the standards should be in best practice guidance and not have the more formal status of planning policy. However, in approving planning applications for new developments, the Council will have to have regard to this policy if it is included in the final version of the London Plan expected in 2011.
77. The requirements of open space are based on the number of children and future needs. The aspiration is 36 sq. m per family unit and 14 sq. m per single person unit.
78. The old co-operative site, Parson Green and the Townmead Estate regeneration scheme are examples of good affordable housing.

CONCLUSIONS AND RECOMMENDATIONS

79. In making its recommendations, the task group has taken into account the following key conclusions:

- Residents place a high value on engagement with the Council and the positive impact of being empowered through consultation. The research undertaken by Shepherds Bush Housing Association also demonstrated the high value placed on engagement, both with residents whose homes were being renovated or who were being reallocated to new housing; and those whose housing situation was unlikely to change within the period of the study (the 'control' group) reporting improvements in their self perceived health status.
- The Council is undertaking estate wide improvements leading to a better physical environment and the development plans for Fulham Court aim to reduce the estate's isolation, which, in the past, has contributed to crime, vandalism and social separation.
- The new community centre and the Cassidy Medical Centre provide opportunities to facilitate community activity and to improve the general health of the area.

80. The Task Group Recommends that:

- The Council's engagement with residents be commended and the involvement of residents in consultations and decision-making, through continuous engagement opportunities, communication and information events, should continue to be facilitated.
- The Council uses physical improvements such as better lighting and CCTV and green spaces, which make it safe for residents to walk or exercise with a view to designing out crime.
- The Council and PCT provide targeted information and advice on health and well-being in areas where it is easily accessible such as GP surgeries and community centres.
- As Planning and Public Health share similar goals to improve the way in which people live and the quality of life, that the transfer of the Public Health function to local authorities be regarded as an opportunity to work together to create healthier built environments.

THE TEN SCRUTINY DEVELOPMENT AREAS

The areas and participating councils are summarised below:

- Chesterfield Borough Council – Health Inequalities in a Rural Area
- North West London Councils – Housing and Health
(London Boroughs of Brent, Ealing, Hammersmith & Fulham, Hillingdon, Hounslow, Kensington & Chelsea and Westminster)
- Bournemouth Borough Council and Dorset County Council – Cardiovascular Disease
- Portsmouth – Alcohol Admissions to Hospital
(East Hampshire District Council, Fareham Borough Council, Gosport Borough Council, Hampshire County Council, Havant Borough Council, Portsmouth City Council and Winchester City Council)
- Sefton Metropolitan Borough Council – Health Inequalities in a Small Deprived Area
- North East – Health Inequalities Suffered by Veterans
(Darlington Borough Council, Durham County Council, Gateshead Metropolitan Borough Council, Hartlepool Borough Council, Middlesbrough Council, Newcastle City Council, North Tyneside Metropolitan Borough Council, Northumberland County Council, Redcar and Cleveland Borough Council, Stockton-on-Tees Borough Council, South Tyneside Borough Council and Sunderland City Council)
- Blackpool Borough Council – Minimum Pricing of Alcohol
- Warwickshire – Antenatal and Post Natal Services for Teenagers
(Nuneaton and Bedworth Borough Council, Rugby Borough Council and Warwickshire County Council)
- Cheshire – Health Inequalities in Small Rural Pockets
(Cheshire East Council and Chester West and Chester Council)
- Staffordshire – Mental Health Promotion, Prevention and Early Intervention
(Cannock Chase District Council, East Staffordshire Borough Council, Lichfield District Council, Newcastle-under-Lyme Borough Council, Stafford Borough Council, Staffordshire Moorlands District Council, South Staffordshire Council and Tamworth Borough Council)

SCRUTINY REVIEW SCOPING TEMPLATE

Review Task Group Members:

Councillors Robert Iggulden (Chairman), Peter Graham and Peter Tobias. Two other members (Councillors Stephen Cowan and Rory Vaughan), who had originally been appointed to the Task Group, subsequently resigned.

Hammersmith & Fulham's Liveability Strand: The location and density of housing developments (i.e. good spatial planning including transport links, access to 'real' open and play spaces, controlling noise pollution, ensuring community safety)

Title of Review	Health & housing – Improving health outcomes through the built environment
Outline purpose of Review - Reason	<p>Currently there are health inequalities that exist across the borough. This review seeks to determine the nature of the relationship between health outcomes and the built environment to determine how the built environment can contribute to achieving good health outcomes in a locality.</p> <p>In order to do this, the review involves consulting with residents on a housing estate in Fulham with poor health outcomes. The idea is to capture the views of residents on the estate on how the built environment affects their sense of health and well being.</p> <p>The housing estate, Fulham Court, has been determined on the advice of NHS Hammersmith & Fulham. It is a neglected area, with poor housing and health problems.</p> <p>Establishing a picture of relationship between the built environment and health in this way will form a basis from which to recommend action that can be taken in respect of the built environment to help improve long term health outcomes for residents.</p> <p>Hammersmith & Fulham is partnering Hounslow on this liveability strand. This will allow consultation with residents in two localities, which will strengthen the evidence base for any recommendations made.</p>
Expected Timescale	May – November 2010

<p>(possible no of meetings?) - Report to Exec/Borough Council</p>	
<p>Terms of Reference</p>	<ul style="list-style-type: none"> • How does the built environment affect health, well being and quality of life in the two chosen localities? • Which aspects of the built environment should be a priority if health is to be improved? • How can the Council, housing associations and health partners contribute to improving health through the built environment?
<p>Key areas of enquiry - Research required</p>	<ul style="list-style-type: none"> • Review of existing evidence on links between built environment and health outcomes. • Existing national and local policy guidance and regulatory framework around spatial planning and health outcomes. • In depth understanding of chosen locality (historical/geographical/cultural/amenities available/transport links etc) • Building a picture of engagement to date with tenants in each locality and what feedback tells us. • Carry out detailed consultation in chosen locality.
<p>How review could be publicised</p>	<p>CfPS Local Government Improvement and Development Conferences (local/sector/national) Launch event</p>
<p>Possible witnesses (written or oral evidence) e.g. council officers, individual residents, community groups, partner organisations, other interested stakeholders, other external organisations, executive members.</p>	<ul style="list-style-type: none"> • Residents in chosen housing locality • Planners • Residents/tenants organisations • Expert witnesses • Housing colleagues • Public health colleagues
<p>Equality & Diversity</p>	<p>This review will seek to engage with a cross representational range of Hammersmith & Fulham residents in terms of ethnicity when carrying out consultation.</p>

Expected Outcomes	<ul style="list-style-type: none"> • Increased local understanding of the relationship between health outcomes and the built environment. • Identification of good practice. • Recommendations to the Council and PCT. • Raised profile of Scrutiny within Council. • In association with the other participating boroughs, the development of a scrutiny tool-kit for investigating health inequality.
Value for Money	No short term savings directly linked to this review.
Possible Sources of Information	Other scrutiny reviews Literature review
Lead Scrutiny Officer	Sue Perrin
Risks	<ul style="list-style-type: none"> • Unwillingness of residents to engage • Scope of review perceived as too small to prove that there is a direct link between health outcomes and housing, which may impact on willingness to implement recommendations. • Review overruns • Lack of interest from OSC Members
What will be included	Review of existing evidence/policy guidance as it relates to health and housing issues residents highlight through the consultation activity which forms part of the review.
What will be excluded	Factors relating to housing and health which residents consulted do not highlight. (These issues may be commented upon/touched on but evidence base in terms of improving health outcomes through the built environment will focus on issues highlighted by residents through consultation activity).
Possible Co-optees	Public health, planning and housing representatives LINKs JSNA project team to be established between PCT and borough
Potential visits	Fulham Court
Possible costs	<ul style="list-style-type: none"> • Consultation activity with residents may require incentives to increase participation rates. • Meeting rooms/refreshments.

Fulham Court Estate

1. Profile

Fulham Court Estate is a relatively large Council-owned estate located in the South of the borough, close to Fulham Broadway (Town Ward), which is a small town centre. The estate is characterised by low-rise brown-brick buildings, with an inward-looking design, with a lack of greenery and communal open space. There is a small row of shops on the northern boundary of the estate, on Fulham Road, and a market takes place on North End Road six days a week.

The estate, which was built in 1933, comprises 356 dwellings, contained in one 4-storey block and eight 5-storey blocks. The majority of housing stock relates to two and three bedroom units (72%), with a breakdown of dwellings by number of bedrooms as follows:

- Studio: 4
- 1 Bedroom: 89
- 2 Bedroom 155
- 3 Bedroom 100
- 4 Bedroom 7
- 5 Bedroom 1

The estate is reasonably well located with respect to public transport, with Fulham Broadway (District) and Parsons Green (District) located within walking distance (5-10 minutes). A number of bus services operate around the perimeter of the estate and throughout the local area. There are no through-roads on the estate.

There is a Tenants and Residents Association.

2. Key facts about the estate and its residents:

- **Deprivation**

Fulham Court is ranked within the top 15% most deprived neighbourhoods in England, and is within the top 5% most deprived nationally with regard to income levels and within the top 10% with regard to barriers to housing and services.

63% of households on Fulham Court Estate do not own a car, which is considerably higher than the Borough (48%) and London (37%) averages.

- **Population**

Fulham Court Estate is home to around 950 residents.

There is a predominance of 'family' households (51%), with a much higher proportion of lone parents with dependent children (20%) than the borough average (7%).

There is a high concentration of young people on the estate (32% of residents aged under 18 years).

- **Tenure**

50 properties have been purchased under the right to buy scheme, and of these, 14 are believed to be privately let.

55% of Council tenants have resided on the estate for ten or more years.

81 households are overcrowded, representing 23% of all households on the estate, which is higher than the average recorded across Council estates.

- **Ethnicity**

Residents are predominately White British (49%) but there are much higher concentrations of residents from Black African and Black Caribbean backgrounds than the borough average.

- **Income & Employment**

The average income is low: 46% of households have annual incomes of less than £20,000 (compared to 35% across other estates).

There are high levels of unemployment and debt, including rent and service charge arrears.

Note: the figures used here are in some cases census based, so may have changed.

3. Estate Improvement

3.1 1960s

Some improvements, mainly involving the re-arrangement of the kitchen and bathroom, and the installation of an electric heater (expensive to run and tenants often resort to other forms of heating, e.g paraffin heaters, or use the electric heat as little as possible, both of which lead to excessive condensation.

3.2 1970s/1980s

An additional storey was build to create family units.

3.3 1986

In 1986, contracts for the sale of block A were exchanged with Barratt, and residents were decanted.

Following the election of a new Council, negotiations took place to release the Council from the contract, in order that the estate could be retained for rented accommodation.

It was agreed that block A was let as a 'design and build' contract to Barratt to provide 30 2-bedroom and 2 1-bedroom flats to modern standards, with new access lobbies, controlled access and some environmental works.

3.4 Decent Homes Standard, 2008

All dwellings have undergone internal improvements to bring them up to the decent homes standard. Internal improvements included kitchen and bathroom modernisation, central heating and electrical upgrades. External improvements included roof renewals, installation of new windows and doors, repairs to underground drainage, structural and fabric repairs, upgrade of CCTV and external and communal redecorations.

3.5 Improvement Strategy, 2009/2013

The key features of the proposals are:

- Altering road layouts to facilitate better parking arrangements; improve street landscaping to match nearby roads; provide better pedestrian access and reduce access points into the estate.
- Integration of Fulham Court and Barclay Close to create an enhanced neighbourhood and remove the physical divisions between the two communities.
- Improving the quality of landscaping to communal areas, including the three courtyards within the main blocks of the estate.
- Providing for a new community building and Children's Centre (for children under five, which will also be open to the wider community) the ground floor will provide for a new children's centre and the upper floor a new community centre for the estate. The centre will be solid build, with partitioned rooms and will have disabled access. Expected completion is in July 2011, and residents are currently using the Balfour Beatty site office for meetings and social activities.

APPENDIX 4

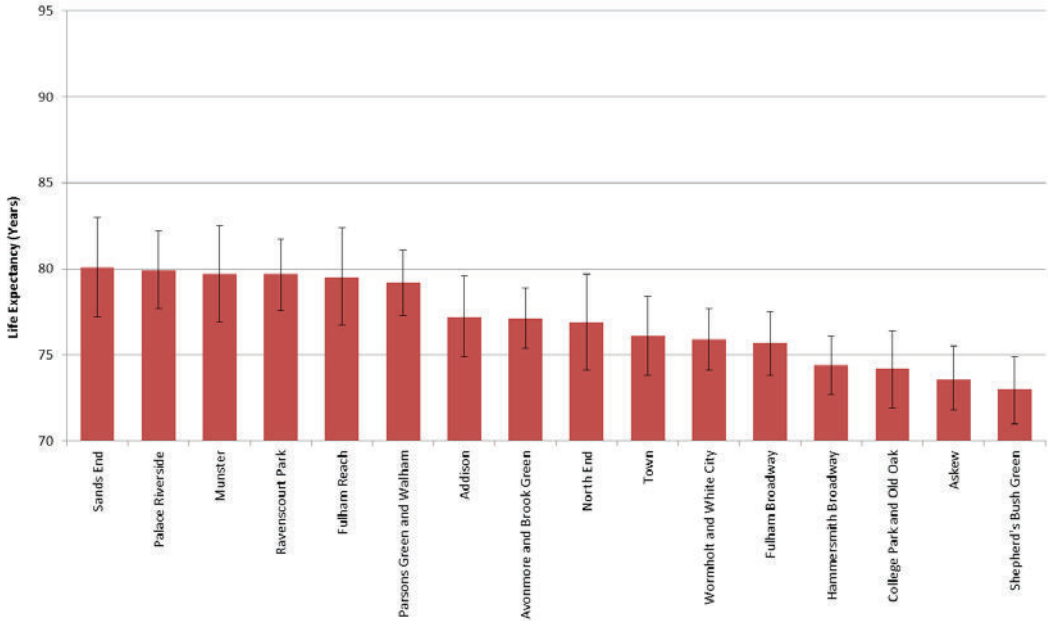
Hammersmith and Fulham Annual Public Health Report, 2010/2011

Extract: Health Inequalities in Hammersmith and Fulham

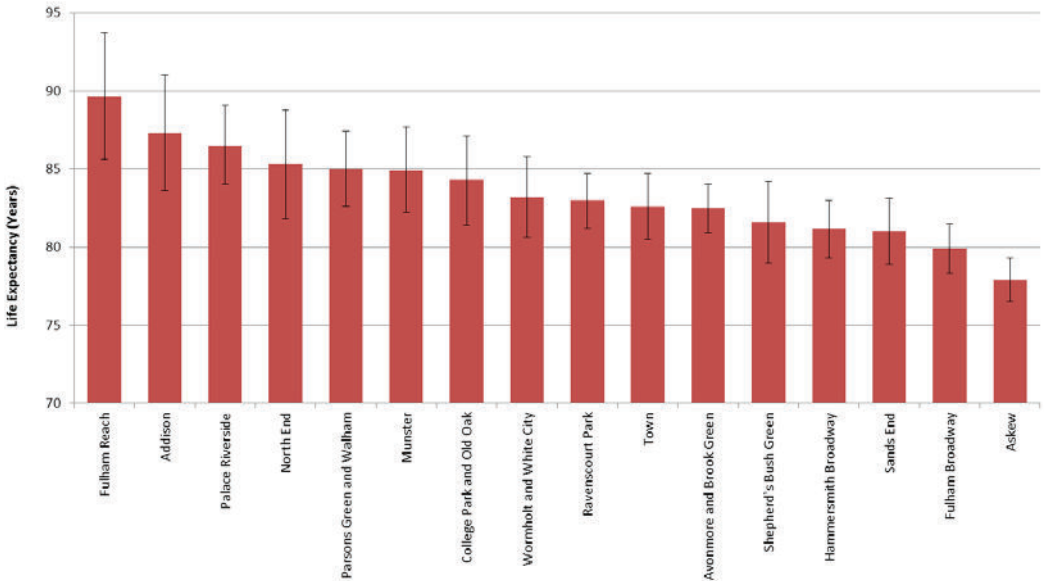
Unequal Life Expectancy in Hammersmith and Fulham

Inequalities in health are commonly described in terms of life expectancy variations. For example, in Hammersmith and Fulham, there is a 7.1 year gap in male life expectancy and a 11.7 year gap in female life expectancy between people living in different wards in the borough (see below).

Male Life Expectancy at Ward Level: 2003/07 (Source: London Health Observatory)



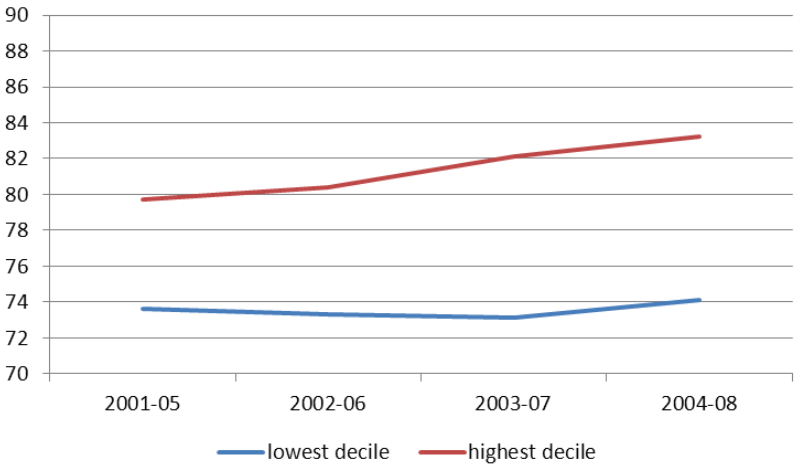
Female Life Expectancy at Ward Level: 2003/07 (Source: London Health Observatory)



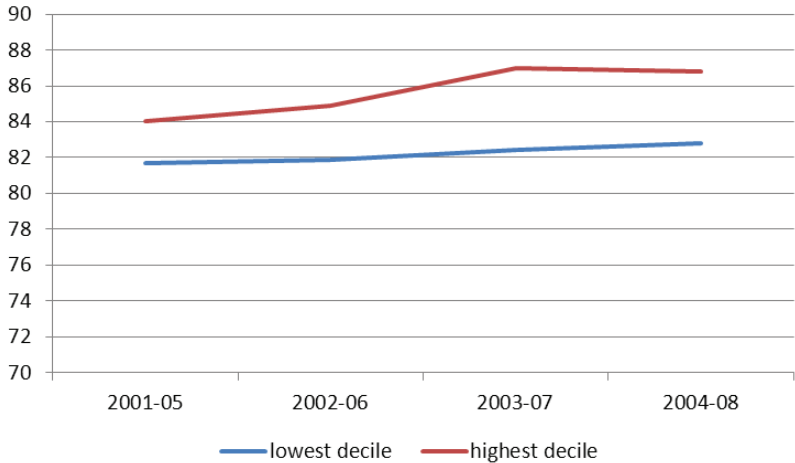
Interestingly, the fact that females in Hammersmith and Fulham have a larger gap in life expectancy across wards than males is not reflected across London, where male life expectancy ranges from 88 years in a ward in Kensington and Chelsea to 71 years in Lewisham Central (a gap of 17 years) and female life expectancy ranges from 76 years in a ward in Newham to 90 years in Knightsbridge (a gap of 14 years).

Although average life expectancy has risen in H&F, the gap between the poorer and richer segments of the population has grown, increasing from 6.1 years in 2001/05 to 9.1 years in 2004/08 for men, and from 2.3 years in 2001/05 to 4 years in 2004/08 for women. The two graphs below show the trends in life expectancy for men and women comparing people in the bottom and top tenth of the socio-economic spectrum.

Trend in Male Life Expectancy in Hammersmith & Fulham (Source: APHO)



Trend in Female Life Expectancy in Hammersmith & Fulham (Source: APHO)

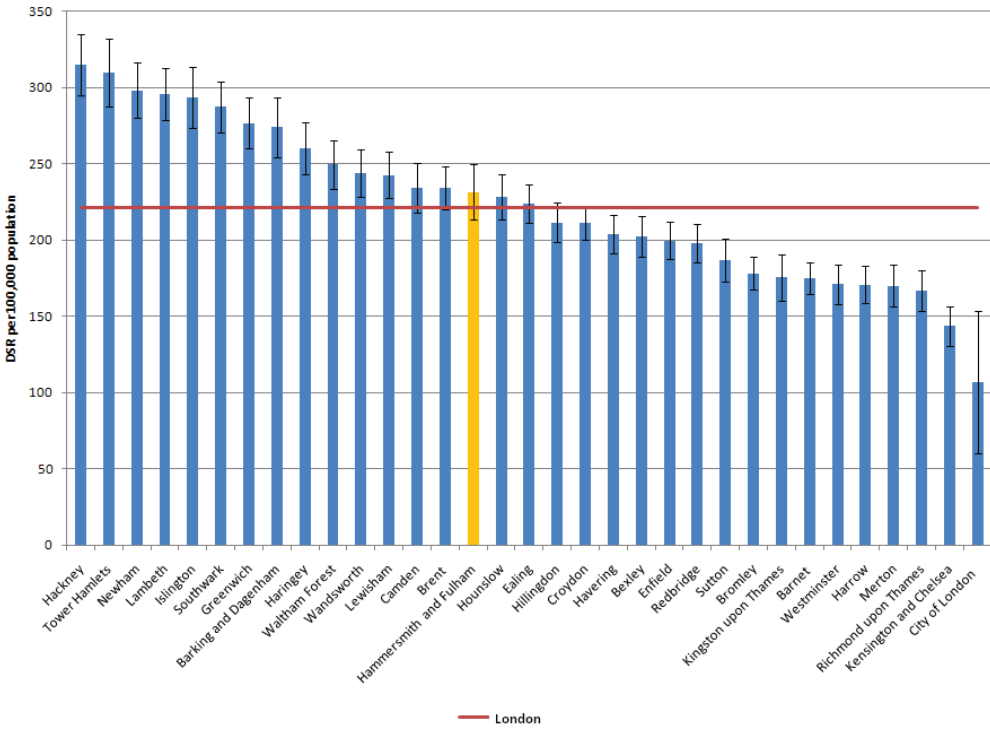


Premature mortality

Underlying the gap in life expectancy is the fact that some men and women, especially those from lower socio-economic status groups, die early. It is therefore worth looking at the causes of premature deaths.

In Hammersmith and Fulham, between 2006 and 2008, there were 643 deaths occurring to adults below the age of 65 years - 414 men (64%) and 229 (36%) women. This translates into a premature mortality rate of 231 deaths per 100,000 population per year which is above the London average. Two of the borough's six statistical neighbours⁵ (Tower Hamlets and Islington) have significantly higher premature mortality rates. If Hammersmith and Fulham had the same premature mortality rate as Kensington and Chelsea (which has one of the lowest rates of premature mortality), there would be approx. 50 fewer premature deaths a year in actual numbers.

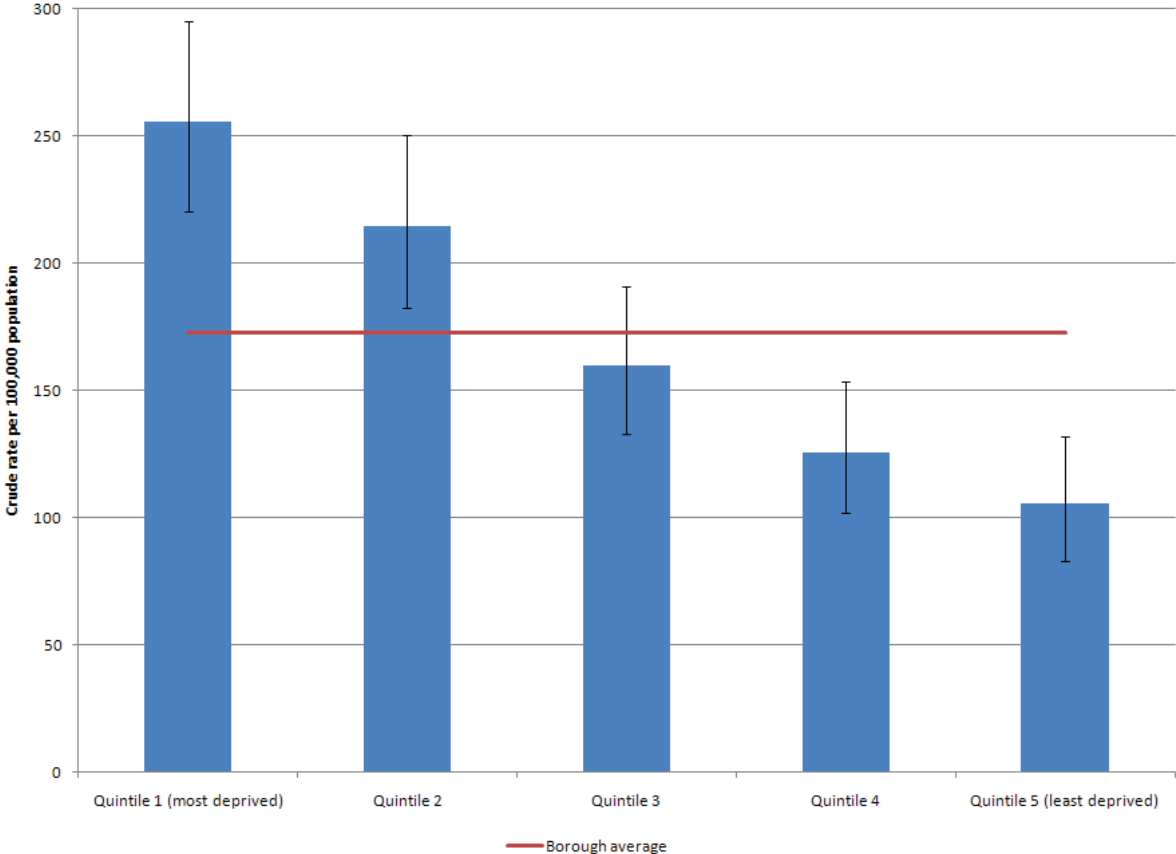
Directly standardised rate per 100,000 of premature mortality from all causes, ages 15-64, 2006-08 (Source: NCHOD)



⁵ ONS Cluster: Camden, Hammersmith and Fulham, Islington, Kensington and Chelsea, Wandsworth, Westminster and Tower Hamlets.

Within H&F, as one would expect, deprived residents have a significantly higher premature mortality rate compared to the least deprived residents as shown in the figure below.

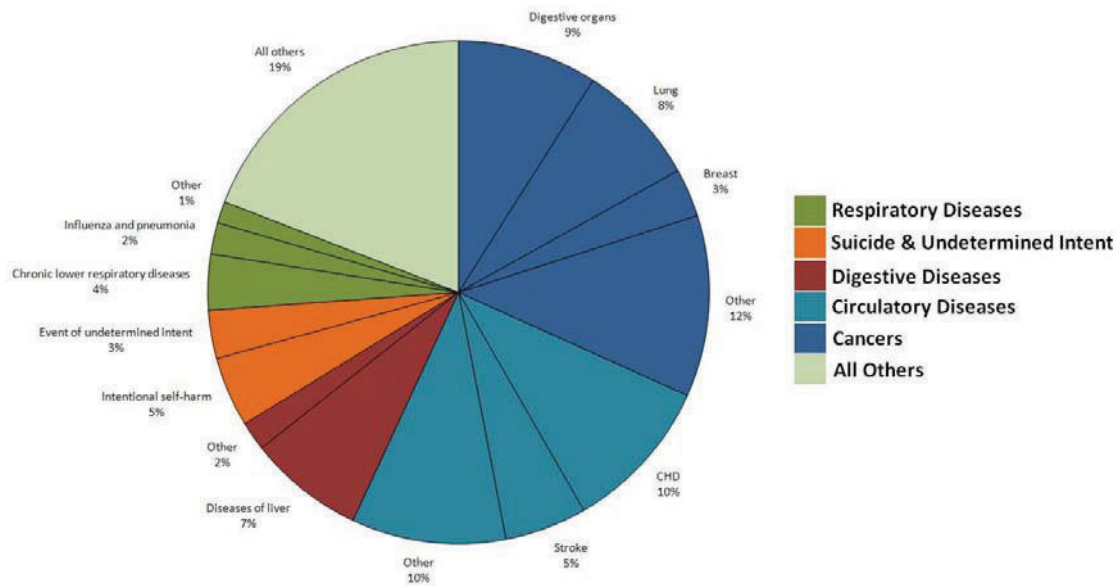
Crude rate per 100,000 of premature mortality from all causes by local deprivation quintiles, ages 15-64, 2006-08 (Source: ONS Mortality Files)



The main causes of premature mortality are: cancers (mainly bowel, lung and breast cancers), circulatory disease and diseases of the digestive system (mainly liver disease). These three sets of diseases make up about two thirds of all premature deaths. Both breast and bowel cancers are now the target of early detection screening programmes; and the risk for all of these diseases is increased by smoking and unhealthy levels of alcohol consumption.

Percentage of premature deaths by underlying cause: 2006-08

(Source: ONS Mortality Files)



While the early detection of disease and quick access to medical care can help prolong life and reduce mortality, social, behavioural and environmental factors that determine vulnerability and susceptibility to these diseases are what primarily determine the overall pattern of premature mortality and health inequalities across society.

Dying younger and suffering longer

Differences in life expectancy and premature mortality rates do not fully describe inequalities in health because they do not capture the severity and length of illness and disability prior to death. However, when health status is measured as a product of both longevity and quality of life, the disparity between the rich and poor is much greater.

For example, across England as a whole, although people in the poorest neighbourhoods die on average 7 years earlier than people in the richest neighbourhoods, the difference in *disability free life expectancy*⁶ is 17 years. This means that not only do poor people generally

⁶ Disability-free life expectancy is the average number of years an individual is expected to live free of disability if current patterns of mortality and disability continue to apply.

die earlier than their richer counterparts, but they live with sickness, illness and disability for a much greater proportion of their life.

In Hammersmith and Fulham the gap in terms of disability free life expectancy between the most deprived area and least deprived area has been estimated to be 9.6 years for males and 12.3 years for females. Across London, the gaps in disability free life expectancy are higher: between the most deprived small area (in Newham) and the least deprived area (in Bromley), it is 19.5 years for males and 15.5 years for females⁷.

Children are not exempt

While inequalities in adult health may provoke equivocal reactions, a decent society would find systemic, unfair and avoidable inequalities in child health to be unacceptable. The reality is that children demonstrate marked inequalities in their state of health.

The Income Deprivation Affecting Children Index (IDACI) is a measure of the percentage of children (under 16) who live in income-deprived families (i.e. in receipt of Income Support, Income based Jobseeker's Allowance, Working Families' Tax Credit or Disabled Person's Tax Credit below a given threshold). The index scores range from 0 (least deprived) to 0.99 (most deprived) and every lower super output area (LSOA) in England has been ranked from 1 (most deprived) to 32,482 (least deprived).

Scores in Hammersmith & Fulham range from 0.77 (Rank - 155) in the most deprived LSOA in the North End ward of the borough to 0.04 (Rank - 28,709) in the least deprived LSOA in Ravenscourt Park ward. The average IDACI score for H&F is 0.36, indicating a high number of children living in families that are income deprived.

Additionally, the Child Well-being Index (CWI) covers the major domains of a child's life that have an impact on his or her well-being. The seven domains are: material well-being, health, education, crime, housing, environment and children in need. By this index, H&F is the 23rd most deprived out of 354 local authorities in England. The relevance of this data is

⁷ ONS experimental stats 1999-2003. Available at <http://www.statistics.gov.uk/CCI/article.asp?ID=2562>

that there is a strong causal relationship between poverty (both in absolute and relative terms) and social deprivation with poor health. This is discussed more in Chapter three. But, what follows now, is a brief description of the state of health inequalities amongst children in H&F.

In H&F, there are about eight child deaths every year. With such small numbers, it is not possible to conduct any statistical analyses of differential rates of infant mortality within the borough. However, across England, where we can analyse much bigger numbers of child deaths, infant mortality rates vary. For example, Pakistani and Black Caribbean babies are twice as likely to die in their first year (9.8 and 9.6 deaths per 1,000 live births, respectively) compared to White British or Bangladeshi babies (4.5 per 1000 and 4.2 per 1000 respectively).

Within H&F, we need to look at other indicators to reveal the existence of child health inequalities. For example, low birth weight babies (<2500 grams) begin their lives at a greater risk of illness compared to babies of normal birthweight. In H&F about 7% of babies born are low birthweight, amounting to around 190 babies per year. The percentage of babies born with a low birthweight is significantly higher in the most deprived areas compared to the least deprived areas. If the low birthweight rate in the most deprived areas (8.1%) was reduced to that of the least deprived areas (4.9%), an estimated 21 fewer babies would be born with low birthweight in the borough each year.

A further illustration of child health inequalities is the difference in rates of 5 year old children with at least one decayed, missing or filled tooth (DMFT). This is a marker of poor dental health, which in turn is a marker of poor nutrition as well as poor child care. Hammersmith and Fulham has one of the highest rates of children with poor dental health, with an average of 1.91 DMFT per child. In one survey of two hundred 5 year olds, it was found that nearly half of all children (44.5%) had a DMFT with an average of 4.1 teeth affected.

Finally, we can also see health inequalities in the pattern of childhood obesity in Hammersmith and Fulham, where about 12% of children in reception (age 4-5) and about 23% in year 6 (age 10-11) are obese. Deprivation is a clear factor in the pattern of obesity. When child weights are analysed according to the 'Income Deprivation Affecting Children

Index' (IDACI), a clear gradient is seen with obesity being statistically more common among children living in deprived areas. Ethnicity is also a factor. Children of 'white' ethnicity have a lower prevalence compared to children in 'other ethnic groups.' In chapter four, we discuss the issue of child obesity in more detail, but before that, chapter three will discuss the challenge of tackling the upstream determinants of health which are necessary if real and sustainable progress is to be made in reducing health inequalities.

ACKNOWLEDGEMENTS

The task group is grateful to the many witnesses who attended meetings and provided information, and would like to particularly thank:

Dr Helene Brown, Lead GP, Cassidy Medical Centre
Dr Russell Rock, CEO, Chapel Street

Paul Doe, Chief Executive, Shepherds Bush Housing Association
David Woods, Development Director Octavia Housing

Mr Mahroof Kazi, JSNA Programme Manager
Dr David McCoy, Interim Director of Public Health, NHS H&F
David Evans, Principal Strategy and Performance Officer
Nicola Kingston, Health Improvement Manager, NHS HF
Ian Ruegg, Principal Enabling Officer, LBHF
Nivene Powell, Service Improvement Manager
Orla Gallagher, Interim Housing Director
Paul Hopkinson, Director of Property Services
Ieuen Bellis, South Team Leader/ Development Manager
Ms Mary Hippolyte, Chairman, Fulham Court Estate, Tenant & Residents Association
Ms Sharon Bruce-Tagoe, Estates Improvement Officer
Mrs Angela O'Connor, Housing Regeneration Project Manager



London Borough of Hammersmith & Fulham

OVERVIEW AND SCRUTINY BOARD

DATE	TITLE	Wards
26 July 2011	Children's Oral Health Task Group report	All

SYNOPSIS

This is the report of the Children's Oral health Task Group. The report contains 14 recommendations to the Cabinet and NHS Primary Care Trust (PCT).

CONTRIBUTORS

Michael Carr
Scrutiny Development
Officer

RECOMMENDATION(S):

The Scrutiny Board is asked to consider and agree the report and recommendations.

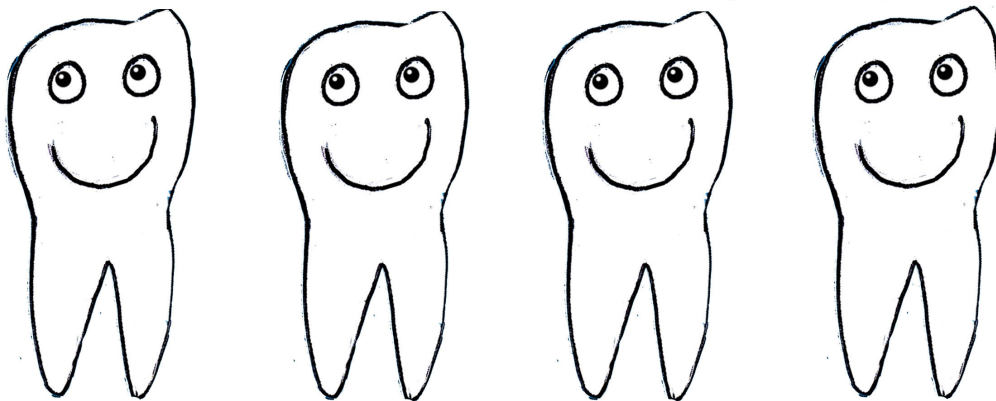
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NEXT STEPS

The Scrutiny report will be presented to the Cabinet and/or Cabinet Members and NHS PCT for consideration and an Executive Response.

Children's Oral Health Task Group



A report of the Children's Oral Health Task Group

Overview & Scrutiny

The London Borough of Hammersmith & Fulham

July 2011

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Foreword

The Coalition's 'Our Programme for Government'* document states that 'The Government believes that we need action to promote public health, and encourage behaviour change to help people live healthier lives. We need an ambitious strategy to prevent ill-health which harnesses innovative techniques to help people take responsibility for their own health'.

Hammersmith and Fulham's aspiration to be 'The Borough of Opportunity' and local health objectives are entirely consistent with this approach. Specific aims include a reduction in health inequalities, giving people more control over their health and enabling health and well-being.

With this report we have an opportunity to improve an important area of public health, as part of a wider attempt to combat health inequalities in the borough. A key finding of the report is that our child oral health statistics mask an even worse situation amongst disadvantaged groups, which is why we have put forward a highly targeted set of proposals.

The direct cost of non-preventative dental treatments such as extractions for children in the borough is over £2,000,000 per year. There is therefore a compelling financial argument for change, in addition to the obvious social and moral arguments.

Our recommendations are both ambitious and innovative. They recognise that we must capture the attention and imagination of our community and call upon the support of varied professionals and stakeholders to achieve this. Above all, I hope that we can enable families to help themselves and in so doing create real and lasting change. There is already a lot of excellent work and many examples of best practice in the borough, and the many parents that I have met want to be assisted to do the right thing for their children.

I would like to thank the witnesses and professionals that have given their time to support this piece of work, many of whom are listed at the back of the report.



Councillor Marcus Ginn
Chairman of the Task Group

* The Coalition: Our programme for government, Crown Copyright 2010

Membership of the Task Group

- ▶ Councillor Marcus Ginn – Chairman



- ▶ Councillor Caroline Needham
- Vice-Chairman



- ▶ Councillor Peter Tobias



Aim and Objectives

The Aim and Objectives of the Task Group are:

Aim

To investigate the high incidence of tooth decay amongst the child population of the borough (0-19 years old), to identify possible reasons for this and identify ways in which Council services, working with partners, can contribute to the promotion of oral health in young people.

Objectives

- ▶ To review the oral health services available for children including new health service initiatives and the reasons for a high level of tooth decay amongst the child population of the borough (0-19 years old).
- ▶ To identify and consider the mechanisms available to improve oral health in the Borough.
- ▶ To identify best practice in children's oral health services nationally, regionally and locally, with particular reference to collaborative working between local authorities, PCTs and other community partners.
- ▶ To consider how Council services, along with partner agencies, can most effectively contribute to the promotion of oral health in young people, in particular, through schools and children's centres.

Executive Summary

The Children's Oral Health Task Group was set up by Hammersmith and Fulham's Overview and Scrutiny Board (OSB) to examine this issue and to report back with findings and recommendations to the Council Cabinet, the PCT and other partner agencies on ways to reduce the numbers of young people being afflicted by what is, in most cases, an entirely preventable disease.

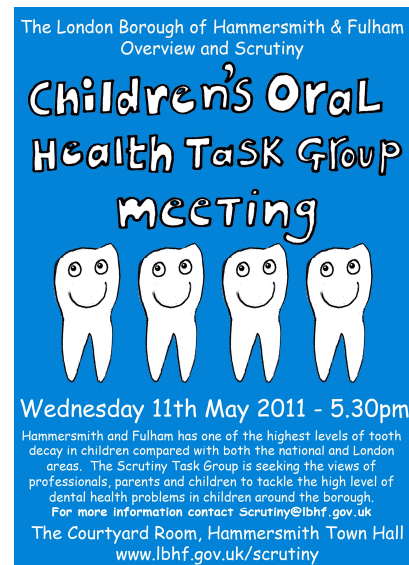
Following a proposal by the Education Select Committee and agreement by the OSB on 21st September 2010, the Task Group met for the first time on 12th January 2011.

The Task Group has collected evidence from a wide selection of stakeholders in the field, as well as written and documentary evidence and field research.

Witnesses and consultees to the inquiry have included H&F Cabinet Members Cllr Carlebach and Cllr Binmore, Barry Cockcroft – the Chief Dental Officer for England, The Borough Youth Forum, local parents and children, The British Dental Association, local community dental practitioners, private sector representatives including Colgate Palmolive, leading academics including Professor Aubrey Sheiham - University College London, local schools and Children's Centres, school nurses and health visitors, the Children's Trust Board and the NHS Inner North West London Primary Care Trust. During our inquiry we have received advice from Claire Robertson – Consultant in Dental Public Health at the North West London PCTs throughout.

“Poor dental health in children can influence oral health later on in adult life and influence a wide range of social and health issues. This is an important investigation to help tackle the problem of poor oral health in children and to look at ways in which the council and its community partners can work more closely to find solutions to improve peoples' quality of life”

*Cllr Marcus Ginn,
Chairman of the Task Group*

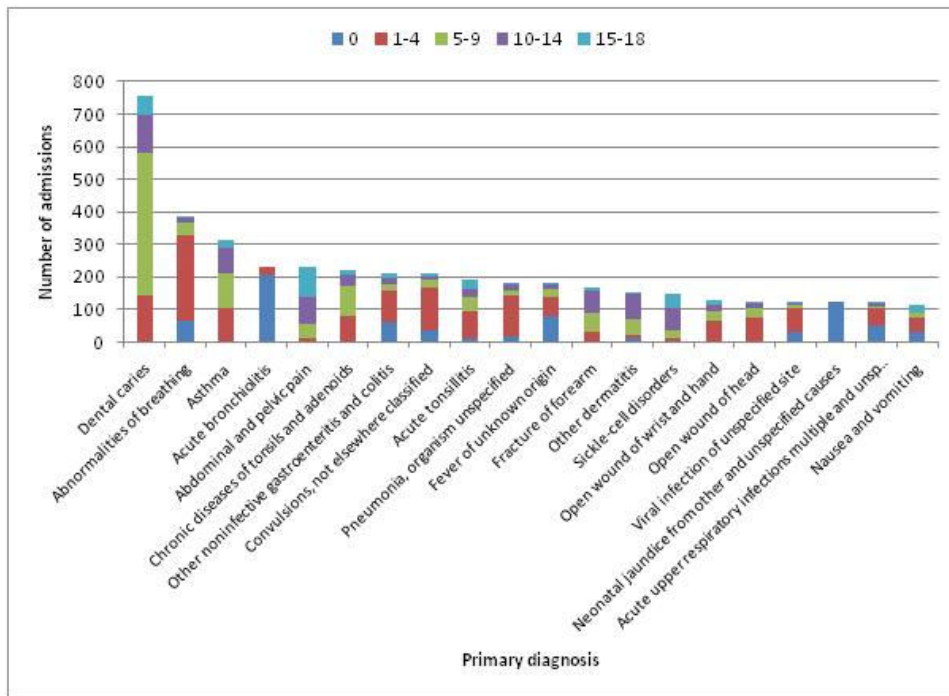


For a full list of witnesses to the inquiry please see Appendix One.

The Cost of Decay

Hammersmith and Fulham has the 3rd highest prevalence of child oral health problems in London. Poor oral health can blight an individual's life, with serious

social and economic implications. It can affect the way a person looks and feels, impair a child’s concentration at school and necessitate time off school for dental repairs. Extractions can be traumatic, particularly for young people, and a pattern of poor oral health during childhood can impact upon later health, wellbeing and life chances. Dental caries is the top cause of admissions of children and young people to Chelsea and Westminster Hospital♥.



Top causes of hospital admissions to children aged 0 – 18 years, 2006/07 – 2008/09♥

During the inquiry we visited Chelsea and Westminster Hospital and interviewed staff in Paediatric Dentistry, including Kate Barnard, Consultant in Paediatric Dentistry. In addition to the social costs, dental health problems are expensive to the public purse. The table below shows the rate of admissions and interventions (mainly teeth extractions and fillings) for children from the borough at Chelsea and Westminster Hospital. The number is increasing.

NHS Hammersmith & Fulham Activity

2006/7 to 2010/11

Year	New Appts	Admissions	Conversion Rate
2006/2007	332	221	66.57%
2007/2008	328	276	84.15%
2008/2009	400	325	81.25%
2009/2010	413	331	80.15%
2010/2011	422	316	74.88%

Numbers of children admitted and treated for extractions and fillings at Chelsea and Westminster NHS Trust.

♥ Source: NHS Secondary Uses Service

The direct cost of these appointments and treatments at Chelsea and Westminster Hospital in 2010-2011 was £354,024 and practically all of these admissions were avoidable through prevention. This cost was in addition to the £1,700,000 cost of non-preventative Primary Care treatments, such as fillings and extractions, incurred during the same period. **The combined cost of these non-preventative treatments was therefore over £2,000,000, 25 times the projected 2012-13 cost of our recommendations.** Much of this spend could be avoided in future years if a higher priority is given to prevention work.

The Strategy

This report outlines 14 recommendations to the Council Cabinet, the NHS PCT and other local partners to improve children's oral health in the Borough. The overarching strategy is:

1. to improve children's oral health for all young people in the Borough (a whole population approach)
2. to target particular groups and communities where decay is more likely or more prevalent (a targeted approach), and
3. to bring together the work going on in different agencies

Within this there are 4 key strands:

- i. **Getting the message across** – effectively communicating with children and families to change behaviour
- ii. **Targeting & Outreach** – targeting resources and bringing services and advice in to communities
- iii. **Dentists** – engaging dental practices in the campaign
- iv. **Partnerships** – building even more effective partnerships among local professionals, communities and parents and children themselves.

Getting the Message Across

Recommendation 1: Keep Smiling – A Children's Oral Health Campaign and *Recommendation 2: Review of Health Information and Advice* aim to get the key messages across, particularly targeted at "hard to reach" and the most "at risk" communities, with a more joined up campaign and targeted events in community settings.

Targeting & Outreach

Recommendation 3: Targeted Fluoride Varnishing Programme and *Recommendation 5: Targeted Provision of Dental Health Packs* will take oral health interventions to at-risk groups at key times in their children's lives. One of the most effective forms of communication is word of mouth and *Recommendation 4: Community Champions, Health Advisors and Parent Volunteers* bolsters targeted community led initiatives to engage with parents and children directly and involve parents themselves.

Recommendations 6 and 7: Targeted Support for Children in Care and for Children with Special Needs recommend further targeted support for children who we recognise as particularly vulnerable and for whom the Council and PCT have special responsibilities.

Dentists

It goes without saying that local dental practices are key partners in delivering children's oral health and the Children's Oral Health Campaign. We urge as many local practices as possible to actively join in the campaign and help to engage more children and families, as well as make links with local schools, nurseries, children's centres, health centres and medical centres.

Recommendation 8: Child Friendly Dentists aims to build upon the pilot to increase access to children's dentistry and bring local dentists further into partnership with local communities. We would like to see as many dentists as possible sign up to being a 'Child Friendly Dentist'.

Partnerships

Building local partnerships is pivotal to making different strands of work combine to have a real impact upon children's oral health. Everyone in contact with children and young people can make a difference, including health visitors, after school and breakfast clubs and of course parents and young people themselves. The issue should also concern local retailers who sell sugary sweets and drinks and we urge everyone to get involved in this campaign.

We are asking commercial companies such as toothpaste brands to help sponsor the campaign and to offer the wealth of advice they have in getting the message across and engaging children and families.

Recommendation 12: 'Keep Smiling' Oral Health Campaign for Professionals - Using Professionals to Influence Behaviour aims to bring professional groups together in delivering the programme and to identify and provide for associated training needs. Children's oral health can be impacted upon even before birth and *Recommendation 11: Maternity and Early Years* is directed at health visitors and midwives involved in delivering advice to new parents.

We recognise that Schools and Children's Centres have a very important role to play, as they are centres for young people. We have recommended some key elements of the campaign for schools and children's centres in Recommendation 10 and several schools have already agreed to pilot the programme. We urge other schools, nurseries and children's centres to get involved, including secondary schools and especially schools in areas where there is the greatest socio-demographic challenge. We would like to see school councils involved too, as well as the Borough Youth Forum, which has played an active role in our inquiry already.

Water Fluoridation

We have also considered the options for water fluoridation, examined evidence in favour and against the proposition and interviewed representatives from Thames Water.

We have noted that there are a number of hurdles to introducing water fluoridation, starting with building a consensus amongst London boroughs, some out of London councils, the health authorities and the general public. Belying the seemingly straight forward case for fluoridation, there are in fact some fairly complex issues around public confidence in the long term medical effects of compounded exposure to fluoride and the rights of the individual in the face of state intervention (you cannot “opt out” of fluoridated tap water).

Despite this, we believe that there are substantial public health benefits to water fluoridation and negligible proven public health risks. We are therefore recommending that the political, financial and public health implications of water fluoridation are further investigated and that the Council seek to build a coalition to instigate possible public consultation. We envisage that this would begin with a debate at Council.

The Executive Response and Implementation

This report summarises the salient points in the investigation and presents recommendations to the H&F Cabinet, NHS and other local decision makers. The estimated budget implications for each recommendation are detailed at the end of this report.

It is anticipated that the agreed scrutiny report and recommendations will be presented to the Cabinet, NHS PCT and other decision makers, who will be invited to provide an Executive Response to the report and executive decisions for each recommendation.

It is also anticipated that the Executive Response and executive decisions will be presented to the Council’s Education Select Committee, which will monitor the implementation of the agreed recommendations and outcomes for children and young people. It is requested that in conjunction with the Executive Response, that the implementing agencies provide a joint Action Plan which details for each agreed recommendation (executive decision): the agreed hypothecated budget and resources, an implementation timetable (including when it will happen and when it will be fully in place) and key measurable outputs.

With the work already undertaken through the Scrutiny Task Group to engage partners working with children and young people and the positive response we have received to this initiative; the Children’s Oral Health Campaign has already begun. We hope that the Cabinet, the NHS PCT, local dental practices, schools, Children’s Centres and other professions, local communities and parents and

children themselves will be willing to take this campaign forward. We commend these recommendations to you.

Summary of Recommendations

Getting the Message Across

Recommendation 1: Keep Smiling – A Children’s Oral Health Campaign

It is recommended that the Council and the PCT initiate a local campaign to highlight the issue of children’s oral health. The campaign should focus upon key issues including decay prevention, diet, teeth brushing and visiting the dentist and speak to parents and young people. It should be branded, have a name, a logo and a master set of key publicity messages. The campaign should include events such as an oral health events week in 2011, an annual Children’s Oral Health Day and year round community events which are targeted at the borough’s most high-risk areas.

Recommendation 2: Review of Health Information and Advice

It is recommended that the PCT review health information and advice to define key messages and to make sure that there is consistent advice from professionals across the spectrum of children’s agencies. Particular attention should be paid to advice to professionals, the use of child-centred communication and the need to use community languages.

Targeting and Outreach

Recommendation 3: Targeted Fluoride Varnishing Programme

It is recommended that a targeted programme should be launched to provide fluoride varnishing for children aged 3–5 from the most at-risk groups in the borough. The programme should be delivered in schools, children’s centres, community centres and supermarkets to maximise coverage of target geographical areas, as well as “drop in” fluoride varnishing sessions in dental practices.

Recommendation 4: Community Champions, Health Advisors and Parent Volunteers

It is recommended that the Community Champions and Health Advocate schemes be continued and enhanced to include targeted community led action to raise awareness of oral health, recruit parent volunteers from the local community and register children with local dentists.

Recommendation 5: Targeted Provision of Dental Health Packs (Fluoride Toothpaste, Toothbrushes and Baby Beakers)

It is recommended that fluoride toothpaste and toothbrushes be distributed regularly to targeted groups, through health visitors, Community Champions and events, and that free baby beakers be distributed at age 8 months to 1 year to at-risk groups to encourage the reduced use of feeding bottles containing sugary drinks.

Recommendation 6: Targeted Support for Children in Care

It is recommended that the following steps are taken to promote oral health amongst children in care:

- i. Incorporate dental screening into mandatory 28 day health checks
- ii. Sign-post H&F foster parents to Child Friendly Dentists
- iii. Follow up and monitor the registration of all looked after children
- iv. Encourage one H&F dentist to take the position of 'Looked After Children Champion' and to educate other dentists in the borough about the high level of sensitivity required for these children
- v. Include Keep Smiling campaign in the 'Rocket Club' and other targeted points of contact
- vi. Lobby the Government to make the disclosure of dental reports (for looked after children) free, as part of the NHS dental contract.
- vii. Send a Brushing for Life Pack to all looked after children, sponsored by Colgate or another commercial partner
- viii. Add oral health improvements to the 'Independent Reviewer's' agenda.

Recommendation 7: Targeted Support for Children with Special Needs

It is recommended that good practice is maintained including joint-working with schools and Chelsea & Westminster Hospital, and that Child Development Service contracts are amended to include oral health promotion.

Dentists**Recommendation 8: Child Friendly Dentists**

That dentists who would like to be known as 'Child Friendly' display a logo and appear on a list which is distributed to professionals, stakeholders and parents. These H&F dentists should gain the necessary paediatric training from Chelsea & Westminster Hospital and be encouraged to open at 'child friendly' times such as on Saturday mornings. In return their services could be promoted to families in the Borough.

Partnerships**Recommendation 9: Commercial Partnerships**

It is recommended that a commercial operator in the field of dental care products, such as Colgate or Glaxo Smith Kline, be approached to sponsor report recommendations including (1) Keep Smiling and (5) Targeted Provision of Dental Health Packs.

Recommendation 10: Chuck Sweets Off the Check-Out

It is recommended that supermarkets, high street shops and leisure centres be asked to play their part and to "chuck sweets off the checkout" as part of a local campaign to promote healthier diets.

Recommendation 11: Schools and Children's Centres

It is recommended that schools, nurseries and children's centres implement a range of the following measures:

- i.* Gain parental consent for dental inspections and fluoride varnishing
- ii.* Supervised tooth brushing
- iii.* The use of a chart for children to record teeth brushing at home
- iv.* The school nurse to provide oral health advice and sign-post at-risk families to dentists during the universal age 4-5 health check and at later dates
- v.* A fluoride varnishing programme
- vi.* A more proactive Healthy Food Policy, including the provision of healthy snacks (fruit, water, etc) as well as a prohibition on sugary products
- vii.* Making water available throughout the day
- viii.* Establish links with at least one dental practice and take school classes to the dentist or bring the dentist into school
- ix.* Inclusion of oral health care education in the school curriculum
- x.* Oral Health educational events for children and parents.

Recommendation 12: 'Keep Smiling' Oral Health Campaign for Professionals - Using Professionals to Influence Behaviour

It is recommended that GP medical practices improve their links with dentists and that other professionals who are able to pass on oral health advice be trained by the Oral Health Promotion team. Professional groups include:

- ▶ Teaching staff and learning mentors
- ▶ Social Workers
- ▶ School Nurses
- ▶ Health Visitors
- ▶ Youth Services
- ▶ Midwives
- ▶ Child-care workers and child-minders.

Service specifications for relevant professionals, including health visitors and school nurses, should be amended to include oral health actions.

Recommendation 13: Maternity and Early Years

It is recommended that health visitors and midwives be trained to provide oral health advice to new parents on the key stages of infant oral health development and health services, Key stages include a child's first tooth and registration from age from age 1 with a local dental practice, free NHS dental treatment for new and pregnant mothers and children and health advice on avoiding "teat bottles" and sugary liquids and foods.

Water Fluoridation

Recommendation 14: Further Consideration of Water Fluoridation

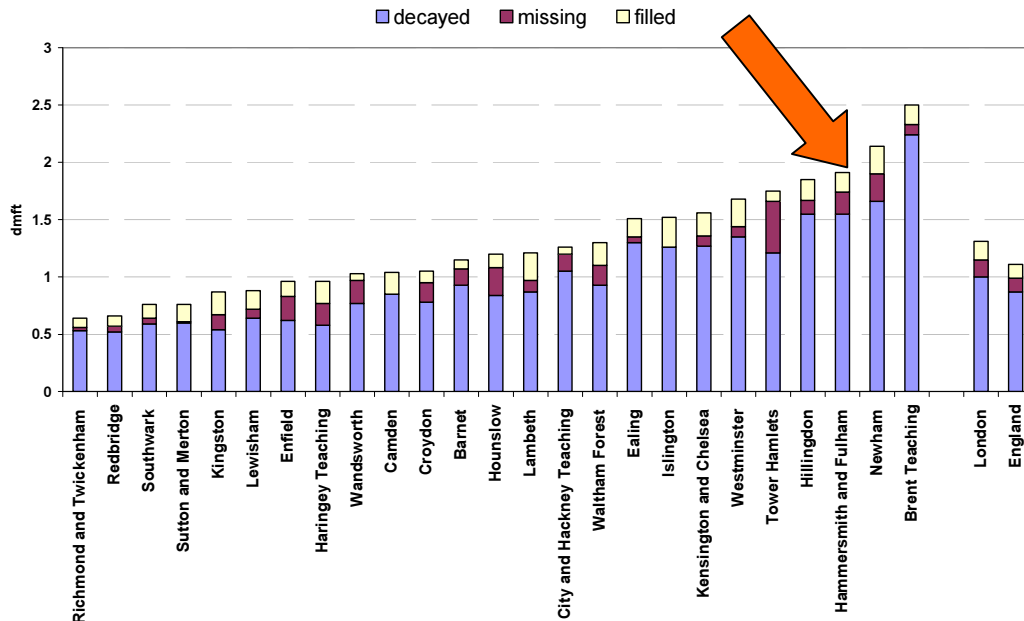
It is recommended that the Council considers the political, financial and public health implications of water fluoridation and seeks to build a coalition of councils

and health partners to instigate possible public consultation on the introduction of water fluoridation in the future.

For details of the budget and resource implications of these recommendations, please see Appendix Two.

Introduction

Hammersmith and Fulham has an unacceptably high level of tooth decay in children. The percentage of five year olds experiencing tooth decay was 44.5% in 2007-8 – higher than London (32.7%) and England (30.9%) and the 3rd highest rate of decayed, missing and filled teeth (dmft) in London for this age group* .

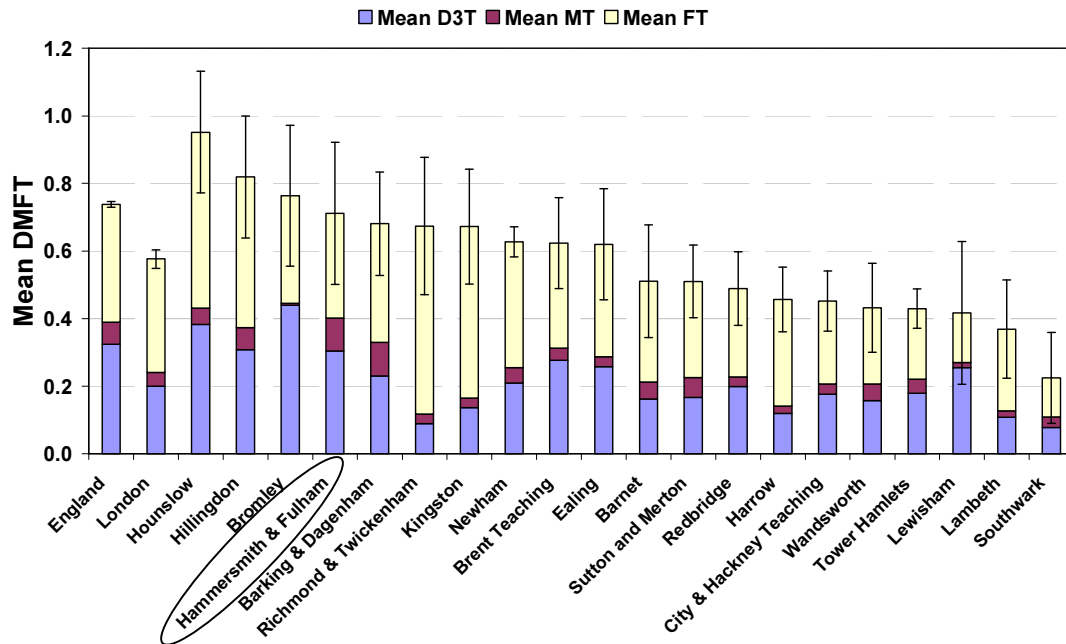


At an early stage in the research process we asked why H&F performs so badly on this measurement of child oral health. We advise a note of caution: these statistics are based upon 'sampling' research in each London borough, rather than 'universal screening'. Nevertheless, they are a useful indication of the scale of the problem in the borough, even if not an exact measurement.

Poor oral health is generally linked to socio-demographic factors including poverty, population transience and overcrowding, with which this inner-city borough must contend to a high degree. We perform better on many of these demographic measurements than on dmft amongst children however, which could suggest more subtle demographic influences, problems with local oral health services or in the sampling research. Regardless of the exact scale of the problem, there is agreement that children's oral health must be improved and the Task Group has focused upon how this can be achieved.

* Source: British Association for the Study of Community Dentistry (BASCD) 2007-08

Mean DMFT 12 years, London PCTs, London SHA & England BASCD Survey 2008-09



‘Choosing Better Oral Health’[^] was published in 2005 by the Department of Health. In 2007, the Department of Health also published ‘Delivering Better Oral Health’^{*} which provided the evidence base for oral health promotion initiatives. The two documents provide a guide to PCTs in developing oral health improvement programmes.

There are two basic approaches to achieving health improvement, the ‘targeted’ or ‘high-risk’ approach and the ‘population’ approach. The ‘population’ approach is designed to reduce the level of risk in the whole population. The ‘targeted’ approach involves targeting preventive strategies at identified groups who are at high-risk of dental disease, for example, people living in areas of material and social deprivation, people who have learning disabilities and people in long term institutional care[♦].

Evidence suggests that a combination of ‘targeted’ and ‘population’ approaches is likely to be most effective[▼]. We have taken account of both approaches in our inquiry, as reflected in the recommendations put forward in this report.

Tooth decay occurs throughout populations and is not confined to subgroups, although it is most severe in certain groups. Strategies limited to individuals ‘at risk’ would therefore fail to deal with the majority of new decay[•].

[^] Department of Health *Choosing Better Oral Health. An oral Health plan for England. 2005*
^{*} *Delivering Better Oral Health, Department of Health. 2007*
[♦] *Choosing Better Oral Health, Department of Health 2007*
[▼] *Strategies in the design of preventive programs. Fejerskov O. Adv Dent Res. 1995 Jul;9(2):82-8*

The pattern of children's oral health often appears in an uneven distribution across the population. Although the overall rate of tooth decay may not be high compared to some international comparisons, high incidents of tooth decay appear in specific population areas. Targeting allows us to use the finite resources we have to tackle the populations where there appear to be particular issues. Patterns of oral health decay, like other health issues, are often married to social deprivation or may follow particular ethnic communities and groups.

In targeting children's oral health intervention programmes it is also important to consider the different needs and character of different ages of children from birth to adulthood. In our inquiry we have considered children and young people across the age ranges up to nineteen. We recognised, however, that a focus for a lot of the intervention work is upon younger age groups, where prevention can have earlier impact and where positive habits can be encouraged that will last as a child gets older.

“When it comes to children's teeth, it's important to set good habits early, as studies have proved that tooth decay is relatively easy to prevent. Our aim is to raise awareness of the importance of dental care and the importance of starting good habits early”

Navdeep Pooni - Oral Health Promoter, Central London Community Health Care NHS Trust

During the inquiry we have considered community based programmes as these seem to be a common and effective approach in providing targeted intervention. Community-based prevention needs to address the particular needs of the local population. A strategy that is effective, cost-effective and appropriate at one time and place may not be in another.

Fluoride forms the basis for most community based caries prevention strategies as it has been shown to prevent decay^{*}. This can be delivered in a variety of ways including supervised tooth brushing programmes ('targeted' approach) and water fluoridation ('population' approach).

Oral health improvement programmes also work in partnership with generic health improvement initiatives to address common risk factors, such as smoking and diet to achieve maximum impact on people's health^{*}. 'Choosing Better Oral Health' identifies 6 key areas for action to achieve sustainable improvements in oral health:

^{*} *The limitations of a 'high-risk' approach for the prevention of dental caries. Community Dent Oral Epidemiol. Batchelor P, Sheiham A. 2002 Aug;30(4):302-12*

^{*} *Fluoride toothpastes for preventing dental caries in children and adolescents - Marinho VCC, Higgins JPT, Logan S, Sheiham A. Cochrane Database of Systematic Reviews 2003, Issue 1. Art. No.:CD002278. DOI: 10.1002/14651858.CD002278*

^{*} *The common risk factor approach: a rational basis for promoting oral health - Sheiham A, Watt RG, Community Dent Oral Epidemiol. 2000 Dec;28(6):399-406.*

- i. Increasing the use of Fluoride
- ii. Improving diet and reducing sugar
- iii. Encouraging preventive dental care
- iv. Reducing smoking / sensible alcohol use
- v. Increasing early detection of oral cancer
- vi. Reducing dental injuries.

In children's oral health multi-agency partnerships are required to make intervention effective. We have considered a wide range of programmes in place and engaged with a spectrum of organisations and individuals involved in children's services. It is hoped that the momentum for further and enhanced partnerships between agencies and disciplines will have a visible impact upon the scourge of poor child oral health in our Borough.

1. Getting the Message Across

1.1 The biggest impact on reducing the number of children with oral health problems will come from changing the behaviour of children and families themselves. We need to communicate key messages on children's oral health care, especially to the population groups that we can estimate as being at high risk. Key messages are:

- ▶ brushing teeth properly twice a day with fluoride toothpaste
- ▶ minimising sugary foods and drinks and
- ▶ visiting a dentist regularly.

If we can get these messages heard and understood by the families and children most likely to develop oral health problems, we can make a real impact on the level of children's tooth decay and extractions in the Borough.

1.2 During the inquiry we heard evidence from Ray McAndrew - Associate Medical Director for NHS Dental Services and Clinical Director of the Community and Salaried Dental Service. Mr McAndrew is also Honorary Clinical Teacher at the University of Glasgow. His role includes clinical governance and advice to the Board on Clinical Strategy. Mr McAndrew has contributed to a number of Paediatric Oral Health Promotion initiatives which have helped to contribute to a 20% reduction in Dental caries in 5 year olds in Glasgow in the last 10 years , including the redesign of the Board's Paediatric Dental Service and the Child Smile programme in Glasgow.

1.3 Mr McAndrew told us in evidence that Glasgow had recovered from the worst oral health in the UK and that there has been a 20% improvement in the last 10 years, through a series of government programmes and interventions such as the roll out of Oral Health Action Teams and the Child Smile programme.



1.4 The Child Smile programme in Scotland is very impressive but was also expensive. There are a lot of things within the programme that could be done that are not expensive. We were particularly impressed by the community action work for example.

1.5 For more about the Child Smile programme see www.child-smile.org.uk

“don't waste money on techniques on how to brush your teeth” – “keep it simple, keep it consistent, and keep it reliable”

Ray McAndrew - Associate Medical Director for NHS Dental Services

1.6 Mr McAndrew said we need to get the key messages across such as “Spit don't rinse” (maximising exposure of teeth enamel to fluoride toothpaste). He advised not to waste resources on techniques on how to brush your teeth but to keep the message simple, direct and consistent.

1.7 In summary:

- ▶ Leaflets don't work
- ▶ Change the environment to make it easier for people to have the right behaviour
- ▶ Invest in parents and parent peers – this is how most people receive advice on childcare.

An Oral Health Campaign

1.8 To engage parents, children and all key stakeholders from the outset, we recommend an oral health campaign. The campaign should focus upon the prevention of tooth decay, healthier low sugar diets, oral care and visiting the dentist. The campaign needs to be effectively marketed and high profile. It should have a clear and popular appellation, a catchy strapline, a recognisable badge or logo and produce a master set of key publicity messages for use by all participating agencies. Key publicity messages and logos can be produced in targeted community languages but with exactly the same look and feel.



1.9 The campaign should be led by Hammersmith and Fulham Council and the PCT, but should involve as wide a range of community organisations as possible, including all local dental practices and particularly the Child Friendly Dentists, all local schools, nurseries and children's centres, health centres and GP medical practices, the Borough Youth Forum, commercial operators (eg Colgate) and local supermarkets and retailers.

Recommendation 1: Keep Smiling – A Children's Oral Health Campaign

It is recommended that the Council and the PCT initiate a local campaign to highlight the issue of children's oral health. The campaign should focus upon key issues including decay prevention, diet, teeth brushing and visiting the dentist and speak to parents and young people. It should be branded, have a name, a logo and a master set of key publicity messages. The campaign should include events such as an oral health events week in 2011, an annual Children's Oral Health Day and year round community events which are targeted at the borough's most high-risk areas.

1.10 Children's Oral Health Campaign events should be held in community centres, supermarkets, schools and imaginative locations to engage parents and promote children's oral health. Events could include dental varnishing, mass registration of children and families with dentists and the distribution of toothbrushes. A logo design competition should be run between H&F nurseries and schools, to engage children and raise awareness of oral health issues.

- 1.11 Key campaign messages could include: “Keep Smiling – Children are seen FREE at NHS Dentists”, “Keep Smiling – No sweets and fizzies”, with key messages appearing in key community languages with the same branding. **An expensive advertising campaign is not recommended, as evidence shows that it would not produce a significant return on investment.** Promotional materials should be used at existing contact points and made available to professionals. All health and social care professionals involved with children and young families need to be involved.
- 1.12 Improving children’s oral health is everyone’s business, and the campaign needs to identify the role played by all stakeholders including local dental practices, children’s centre staff, schools, social workers, health visitors, school nurses, ‘Looked After Children’ nurses, Community Champions, Health Advocates, GPs, the Borough Youth Forum and parents and children. Support should be sought from a commercial partner, such as Colgate, to help design and produce communications materials.
- 1.13 Invitations to participate in the campaign should be sent to all school governors and head teachers of local schools (including breakfast and after school clubs), local shops and supermarkets, children’s centres and nurseries, health centres and GP practices, dental practices and local libraries, community health champions, CITAS and the Borough Youth Forum. As a minimum, these stakeholders can participate by displaying linked oral health promotion material in waiting rooms, reception areas, and shop fronts. They should also be invited to host oral health promotion events such as oral health promotion days and dental varnishing sessions. All organisations should be invited to participate in oral health events such as Teeth Week.
- 1.14 Children’s oral health events should provide a focus for the Children’s Oral Health Campaign and a range of targeted events around the Borough to promote the key children’s oral health messages and register as many children with a local dentist as possible. Events should target ‘at-risk’ communities and groups, sponsored where possible by Colgate (or another commercial operator) and repeated where found to be effective.



Child Centred Communication

- 1.15 We need to get the message across to children themselves and different communications need to be used for children and young people at different ages, starting with nursery age children all the way up to adulthood. The right pictures and images can be effective if focused upon the age relevant audience and can cut across language barriers. During our inquiry we used interactive surveys for young children, including drawing picture boxes, which we found helped to engage and inform them about oral health, as well help us see their perspectives.



- 1.16 It is suggested that the Borough Youth Forum be invited to be involved in the development and review of Children's Oral Health publicity and campaign material. They helped us to develop some of the key messages and images in this report.

Health Messages

- 1.17 With the wide range of different health messages and different agencies involved in supporting and promoting children's health as they grow up, it is important that the key health information and advice is consistent and "joined up". For Children's Oral Health, this starts even before a child is born and when a mother is receiving support and advice from midwives and health visitors.
- 1.18 NHS dental treatment is free for pregnant women and so this is a good opportunity to encourage prospective mothers to register with a local dental practice, where she will hopefully later register her child. Children with parents who visit the dentist are much more likely to be taken to visit the dentist themselves. Health visitors can also take the opportunity re-enforce health advice on discouraging sugary drinks for babies and young children, especially in the "teat" bottles and beakers, providing teeth friendly drinking beakers as part of the promotion.

“ Posters showing the effects of poor dental hygiene stuck around the schools would probably have quite a profound affect on unsuspecting pupils ”

Josie Durley, aged 15

- 1.19 'Delivering Better Oral Health in Dental Practices: Prevention Toolkit'* provides the evidence base for all dental public health messages and is the tool for training by the Oral Health Provider and following it will ensure messages are consistent.
- 1.20 There is an identified need for increased oral health promotion capacity to train the professionals delivering key oral health prevention messages; including teachers, children's centre staff, health visiting teams and staff in early year's settings. The possibility of "buying in" additional resources from other Boroughs also covered by the CLCH Provider should be investigated to increase capacity within existing budgets.
- 1.21 Personal Social and health Education (PSHE) oral health is part of the National Curriculum and there is a need to ensure schools and PSHE teachers have appropriate resources available in local schools.
- 1.22 Other routine advice given out through health centres, dentists, GPs, schools, nurseries and children's centres, the Children's Oral Health Campaign,

* Delivering Better Oral Health - An evidence-based toolkit for prevention 2nd Edition, DoH and British Association for the Study of Community Dentistry 2009.

Community Health Champions, the Brush for Life Packs, other healthy eating advice and health advice translated into community languages, all need to be consistent and clear. Examples where advice may need clarification include feeding from a beaker or bottle, clarity about registering and visiting a dentist from an early age and healthy eating.

Recommendation 2: Review of Health Information and Advice

It is recommended that the PCT review health information and advice to define key messages and to make sure that there is consistent advice from professionals across the spectrum of children's agencies. Particular attention should be paid to advice to professionals, the use of child-centred communication and the need to use community languages.

- 1.23 In getting the key messages across we need to make sure that we identify all of the main audiences and that we have relevant communication resources aimed at them. This includes parents and children generally, but we need to make sure that we target all sections of the population and particularly those groups that we can estimate as being of high risk or where there are barriers to communication which compromise their understanding of basic oral health guidance.
- 1.24 Particular regard should be given to the need for targeted communication to be in appropriate minority languages. During our inquiry we interviewed Malika Hamiddou from the Community Interpreting, Translation and Access Service (CITAS), who explained some of the issues for minority language speakers in accessing information and ways in which this can be overcome. Targeting and outreach is dealt with further in the next chapter.
- 1.25 For more information about CITAS see www.citas.org.uk

2. Targeting & Outreach

- 2.1 Statistical evidence indicates that children's oral health in Hammersmith and Fulham is amongst the worst in London. The more deprived members of our community will have the worst oral health. Resources should therefore be targeted at these groups[▼]. There is a well established correlation between areas of deprivation and a wide range of health issues, including oral health.

Fluoride Varnishing

- 2.2 Fluoride varnish is a golden gel containing a highly concentrated form of fluoride, which can be applied to children's teeth using a soft brush. The varnish sets quickly and has a pleasant taste and a fruity smell.
- 2.3 Fluoride varnish provides an effective prevention of decay in permanent teeth and health guidelines advise that it should be applied to the teeth at least twice-yearly for pre-school children assessed as being at increased risk of dental decay^{*}. There is a strong evidence base that fluoride varnishing improves child oral health.
- 2.4 There are several fluoride varnishing projects being carried out around the Borough, including the Old Oak Community Centre and the Normand Croft Early Years Centre. We are recommending a targeted programme of fluoride varnishing for children aged 3 –5 years, starting with children's centres, health centres, nurseries and schools in the most "high risk" community settings.

Recommendation 3: Targeted Fluoride Varnishing Programme

It is recommended that a targeted programme should be launched to provide fluoride varnishing for children aged 3–5 from the most at-risk groups in the borough. The programme should be delivered in schools, children's centres, community centres and supermarkets to maximise coverage of target geographical areas, as well as "drop in" fluoride varnishing sessions in dental practices.

- 2.5 Proxy measures such as obesity and child poverty should be used to decide which areas should be targeted. Appropriate targeting would be according to one of three variables as a proxy measure for high risk of poor oral health: deprivation, percentage of children receiving free school meals, and top quintile for obese and overweight children.
- 2.6 Fluoride varnishing should be an on-going program, as it is most effective if repeated twice annually. For any Fluoride varnish programme to be successful it should not be done in isolation. It requires an integrated approach with very

▼ London Strategic Health Authority and England BASCD Survey 2008-2009

* Scottish Intercollegiate Guidelines Network Guideline 83: Prevention and Management of Dental Decay in the Pre-School Child, 2005 [SIGN 83 Guideline](#).

active community and school engagement to increase uptake alongside promotion of public health messages and sign posting to services for continuing care.

Community Champions

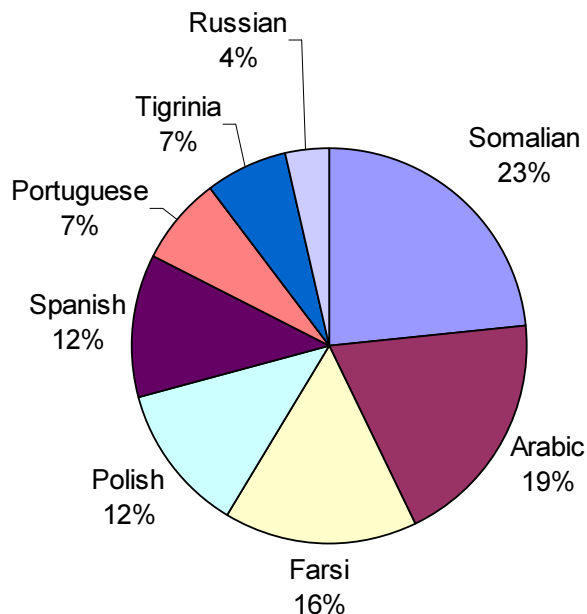
- 2.7 During the inquiry we interviewed Suzanne Iwai and Lornia Polis – Community Health Champions on the White City Estate, Shepherds Bush. The Community Health Champions (now known as “Community Champions”) scheme has been running in Hammersmith and Fulham for the past 3 years, as a strategy to signpost health services, information and advice to targeted populations in community settings to improve access. The Community Champions are people living in the local community with direct links to people living locally, often able to break down cultural and language barriers to signposting local health services.
- 2.8 The key roles of the Community Champions are:
- ▶ Signposting local services
 - ▶ Community networking events
 - ▶ Helping to facilitate events and community activities
 - ▶ Providing some training for health and well being e.g. stop smoking sessions.
- 2.9 Information days are held as part of the project, at which as many of the local service providers as possible attend. These include “fun” activities for children and families.
- 2.10 One of the areas currently using the Community Champions project is the White City Estate in Shepherds Bush. It was estimated that up to 30% of local residents on the White City Estate cannot read. The best way to campaign is often community awareness activities which could include community awareness events for children’s oral health.
- 2.11 The Community Champions are engaged through Well London, which is a project aimed at building stronger local communities by getting people working together to improve their health and well-being. The Community Champions project is funded by Well London in partnership with the PCT (which funds the co-ordinator post to manage the volunteers) and the White City Residents Association which provides the office. We have also heard in evidence about Health Advocates, with a similar role of translating and building links with the community, being managed through CITAS, funded by the PCT.
- 2.12 We recommend that the Community Champions and Health Advisors programmes be continued and enhanced to include community led action events to raise awareness of children’s oral health and register children with local dentists. These could coincide with proposals for community children’s oral health to promote oral health to children and families around the Borough. Ideally, a Community Champion should be recruited for all key language groups where there is an identified language barrier to understanding.

Recommendation 4: Community Champions, Health Advisors and Parent Volunteers

It is recommended that the Community Champions and Health Advocate schemes be continued and enhanced to include targeted community led action to raise awareness of oral health, recruit parent volunteers from the local community and register children with local dentists.

- 2.13 Community Champions should be assisted to organise ‘Motivational Interviewing’ of parents and ‘Small Group Discussions’, both of which have proven oral health benefits. This work will particularly benefit ‘hard to reach’ immigrant groups including the Somali, Arabic, Farsi and Polish speaking populations. A list of dentists conversant in community languages should be compiled and Brushing for Life packs be made available in all key languages. Community Champions should also recruit a list of Parent Volunteers’ to assist them.
- 2.14 To provide an estimate of the main minority language needs in Hammersmith and Fulham, CITAS have provided us with the numbers of translation requests through them for 2010. These are:

Somalian	754
Arabic	616
Farsi	513
Polish	390
Spanish	378
Portuguese	228
Tigrinia	216
Russian	118



More accurate data for Children’s translation needs may be available from schools.

- 2.14 The aim of involving the Community Champions is part of the strategy to target high risk populations. Pockets of high deprivation tend to correspond with cultural and language barriers to information and access and a higher risk of poor health.
- 2.15 As part of the strategy to break down cultural and language barriers to local health services, we are also recommending that a list of dentists conversant in community languages should be compiled and that Brushing For Life packs be made available in all key languages.

Community Children's Oral Health Events

- 2.16 One way to target communities that may be "high risk" is to hold community focused health promotion days. In evidence we have heard that talking to people directly and where possible and appropriate, in their own community language or dialect is the most effective way of getting key messages across. It is also another opportunity to provide children's oral health promotion packs to targeted families.
- 2.17 We are recommending that oral health awareness events be run as assertive, targeted outreach community based programmes in identified communities, including the White City estate, Edward Woods, Fulham Court, Gibbs Green; to target areas with high levels of children with dmft or not registered with a dental practice, to provide an assertive public education programme and to register children and families with local dental practices.
- 2.18 During the inquiry we interviewed Kelly Nizzer – Senior Contracts Manager for Dental, Pharmacy and Ophthalmic Services at NHS North West London. She told us said it was important to make a link with where the most at risk communities are (eg most deprived communities). She explained that the community projects on dental care they ran in Hounslow had taken health advice and dental varnishing to community settings including Asda supermarket, where an oral health promoter would approach parents in store. More than 280 children had received fluoride varnish in this way. Parents also received a voucher and a list of all the dental practices in the area. Dental nurses are still stationed at Asda in Hounslow.

Children's Oral Health Promotion Packs

- 2.19 There are a small number of families where children do not even possess a toothbrush and toothpaste, either for reasons of poverty, ignorance or neglect. These children are amongst the most at risk of oral health problems, and in such cases we believe that it is a cost effective solution to provide toothbrushes and toothpaste directly. This is also a direct and clear message to parents and children that children's oral health is important.
- 2.20 Health visitors are currently distributing Brushing for Life packs to families and children at one and two and a half years of age when children have their developmental reviews. Brushing for Life is a Government initiative to reduce the inequalities in children's oral health in the most disadvantaged areas of the country. The scheme provides children in areas with highest levels of dental decay a free pack of fluoride toothpaste and a toothbrush - supported by advice



on oral hygiene. Future funding for these packs and training needs to be identified.

- 2.21 The distribution could take place via health visitors assigned to visit new parents, who should be able to communicate the key messages on oral health care directly. An assessment of translation and communication needs should be undertaken prior to the visit, so that appropriate translation materials are available at the time. Written material used in conjunction with visits should include visually clear key messages on oral hygiene, where to find local dental practices, Child Friendly Dentists and that children are seen free at NHS dentists.

Recommendation 5: Targeted Provision of Dental Health Packs (Fluoride Toothpaste, Toothbrushes and Baby Beakers)

It is recommended that fluoride toothpaste and toothbrushes be distributed regularly to targeted groups, through health visitors, Community Champions and events, and that free baby beakers be distributed at age 8 months to 1 year to at-risk groups to encourage the reduced use of feeding bottles containing sugary drinks.

- 2.22 Colgate (or another commercial partner) should be encouraged to fund this recommendation.
- 2.23 We have heard in evidence that baby beakers and bottles with teats can contribute to early tooth decay, especially where babies suckle on the beaker for long periods of time and where they are being given sugary drinks. Health advice is to encourage parents to use teat-less baby feeders and to discourage sugary drinks. In order to encourage this and to re-enforce this message we believe it is cost effective to provide free teat-less baby cups to parents with babies between 8 months to 1 year of age, targeted to high risk groups.

Children in Care

- 2.24 Children in care are a group of young people for whom the council has particular responsibility as Corporate Parent. In particular the Council must make sure that they do not fall off the radar of health services. During our investigation, we heard from Lin Graham-Ray, a Nurse Consultant for Looked after Children for the London Borough of Hammersmith & Fulham. She was able to highlight some of the issues for looked after children in accessing health services.
- 2.25 One of the problems is that most looked after children for which Hammersmith and Fulham Council is responsible are resident outside of the Borough, which can make co-ordination and communication more challenging. Another is that current regulations allow dentists to charge prohibitively high fees for copies of the children and young people's dental records, which could be used to monitor their oral health.

Recommendation 6: Targeted Support for Children in Care

It is recommended that the following steps are taken to promote oral health amongst children in care:

- i. Incorporate dental screening into mandatory 28 day health checks
- ii. Sign-post H&F foster parents to Child Friendly Dentists
- iii. Follow up and monitor the registration of all looked after children
- iv. Encourage one H&F dentist to take the position of 'Looked After Children Champion' and to educate other dentists in the borough about the high level of sensitivity required for these children
- v. Hold Keep Smiling campaign events in the 'Rocket Club' and other targeted points of contact
- vi. Lobby the Government to make the disclosure of dental reports (for looked after children) free, as part of the NHS

Children With Special Needs

- 2.26 Children's with special needs or "disabled" children are one group that are at risk of oral health problems and during the inquiry the good practice of joint working between Chelsea and Westminster NHS Trust and schools has been noted.
- 2.27 Special efforts should to be made to target early prevention advice and support to these children.

Recommendation 7: Targeted Support for Children with Special Needs

It is recommended that good practice is maintained including joint-working with schools and Chelsea & Westminster hospital, and that Child Development Service contracts are amended to include oral health promotion.

3. Dentists



Kids are seen FREE at
NHS dentists

- 3.1 One of the key ways in which we can improve the dental health of children is to encourage them to visit the dentist regularly. Children can start visiting the dentist from 1 year old. Forging the habit of visiting the dentist from an early age ensures that a child's oral health development is regularly inspected, introduces children to the concept of visiting the dentist and breaks down dental phobias.
- 3.2 During our inquiry we interviewed Henrik Overgaard-Nielsen – Chairman of the Ealing, Hammersmith and Hounslow Local Dental Committee and we were also able to visit his practice “NHS Dentist” in Fulham. We have heard in evidence that Hammersmith and Fulham has enough capacity in terms of the number of dental practices operating, but not all dentists are reaching the child population. Hammersmith and Fulham has 45 NHS dental practices including community dental practices[♦].
- “Children need to get used to attend their local dental practice so both children and their parents are aware of how to look after their teeth throughout their lives. It is the involvement of the local high street dentists that will change the oral health of the population of Hammersmith and Fulham”*
- Henrik Overgaard-Nielsen –
Chairman of the Ealing, Hammersmith and Hounslow Local Dental Committee*
- 3.3 Attendance at dental practices is influenced by a wide variety of factors including information about dental services, parents' perceptions of dentists and their own fears and worries and a lack of appreciation of the importance of dental care for children.
- 3.4 As with oral health generally, there are links between accessing dentists and to economic deprivation, as well as linguistic and cultural barriers. We have heard in evidence that people from more deprived socio-economic groups, from BME communities or living in more deprived areas tend to be less likely to attend dentists, especially for prevention, than people who are more affluent, or white, or who live in a less deprived area. (Currently, social and ethnicity data collected by dental practices is incomplete and therefore we are unable to draw any more definite conclusions about “high risk” sections of the population).
- 3.5 Some parents may still be worried about the cost of treatment, if they do not understand that children are seen free at NHS dentists. They may be reluctant to take their children if they do not attend a dentist themselves and some only seek healthcare when there is a problem and not for prevention. We need to get the message across that in oral health “prevention is better than cure” so that children are not only seen by a dentist when there is a problem.

[♦] NHS Choices – www.nhs.uk

“ I go to the dentist because my teeth hurt, to get my teeth cleaned or taken out”

Teenager from the H&F Borough Youth Forum

- 3.6 We need to encourage more children and families to register with a dentist and more importantly, to visit a dentist regularly. This is a key part of the preventative strategy to encourage every child to receive a regular dental screening and to highlight any dental problems at an early stage. To achieve this, we need to improve the awareness of free NHS dental services for children, improve the awareness of the importance of children visiting a dentist regularly, make dental practices more attractive and accessible to children and families and to do all of this whilst targeting those children who are least likely to be registered or visiting a dentist and most likely to suffer from oral health problems.

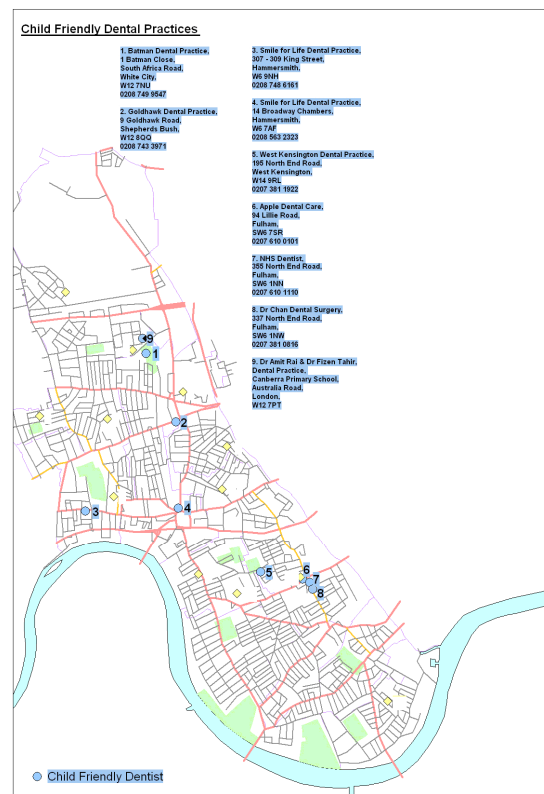
Child Friendly Dentists

- 3.7 One way to encourage more children and families to register and visit the dentist is by making dental practices more child friendly. This can include making the whole experience of visiting the dentist more attractive to children, such as by training dentists and dental nurses and other staff (including reception staff) on working with children, making the waiting room more child focused and by making access points easier to navigate with pushchairs and young children.



- 3.8 The Child Friendly Dentist scheme was designed as a quality initiative to support practices through training, chairside mentoring from the consultant in children’s dentistry at the Chelsea and Westminster NHS Trust and audit. NHS Hammersmith and Fulham has trained special child-friendly dentists as part of a local pilot to improve access by providing more “child friendly” dentists to choose from.

- 3.9 Ten local dentists, based in seven practices across the Borough have been given additional training and undergone extra security checks. As well as check-ups and treatment they can give parents and children advice on brushing, flossing and which foods and drinks to avoid. From 1st April 2011 the scheme was aligned to the similar scheme in Kensington and Chelsea and further work is going on to develop links with children’s centres and schools, although the life of the pilot has now officially expired.



- 3.10 We have found the child friendly dentist pilot to be generally a good scheme and one which provides extra choice to children and families in a way that directly focuses on encouraging children and families to visit the dentist. We do believe however that the scheme could be further enhanced in some simple and low cost ways to make dentists even more child focused places and by promoting child friendly dentists more effectively to children and families.
- 3.11 We are recommending that the Child Friendly Dentist pilot be built upon by expanding the number of local dental practices who wish to become 'Child Friendly', by promoting the child friendly dentists more actively in places where children and families will notice and by asking dentists who have previously been, or in future would like to be known as 'Child Friendly' to provide clearly displayed "Child Friendly Dentist" logos and other promotional material in their window and anywhere else they advertise their services to the public.

Recommendation 8: Child Friendly Dentists

That dentists who would like to be known as 'Child Friendly' display a logo and appear on a list which is distributed to professionals, stakeholders and parents. These H&F dentists should gain the necessary paediatric training from Chelsea & Westminster Hospital and be encouraged to open at 'child friendly' times such as on Saturday mornings. In return their services could be promoted to families in the Borough.

- 3.12 The list of participating dental practices should be published and made available through children's centres, schools, nurseries, public libraries and other venues where parents and young children congregate, as well as through Community Champions and oral health events. A Child Friendly Dentist logo should be advertised by participating dental practices by display in their windows and on published materials.

- 3.13 We believe a Child Friendly Dentist:
- ▶ Is an attractive and child centred place for children to come
 - ▶ Has staff trained to deal with children
 - ▶ Provides fun and educational things to do for children in the waiting room
 - ▶ Opens after school and at weekends
 - ▶ Displays the Child Friendly Dentist logo to let people know it's a Child Friendly Dentist.



Zara, aged 7 and a half

- 3.14 Annual top up training and on going chairside mentoring should be provided to dental practices.

“ the opening times were during work/school hours when it should be opened later and/or weekends ”

Chikira Smith Richards aged 16

3.15 A snap-shot survey was conducted during the inquiry by the Oral health Promotion Service of 29 local dental practices. Of the 29 practices surveyed, 16 were open on Saturdays and of these only 6 see children by appointment (for NHS treatment). These are:

- ▶ Batman Dental Practice, 1 Batman Close White City Estate, Shepherds Bush
- ▶ The Care Dental Practice, 118-120 Hammersmith Road, Hammersmith
- ▶ Fulham Dental Centre, 377 North End Road, Fulham
- ▶ Goldhawk Dental Practice, 9 Goldhawk Road, Shepherds Bush
- ▶ Ghauri Dental Practice, 1 Wormholt Road, Shepherds Bush
- ▶ NHS Dentist, 355 North End Road, Fulham. ♥

10 of them were open on Saturdays for private patients only. All NHS dentists must be available to treat children as part of their NHS contract.

“Letters, emails or texts should be sent to young people reminding them to go to the dentist and explaining why going to the dentist is so important”

Julia Simons aged 15

♥ Oral Health Promotion Service, Central London Community Health Care NHS Trust - www.clch.nhs.uk

4. Partnerships

- 4.1 Central to the effectiveness of all of the projects and good work being carried out by the wide variety of different agencies and sectors involved in improving children's oral health is effective partnerships and co-ordination. As part of our evidence gathering we have made site visits to important examples of multi-agency collaboration around the Borough, such as the dental screening and fluoride varnishing project being run by the Normand Croft Early Years Centre and NHS Dentist in Fulham.
- 4.2 We would like to see even closer collaboration between the different agencies involved in a concerted effort to tackle children's oral health problems, building on the instances of best practice collaboration around the borough and with particular focus on identifying and targeting children and families most at risk.

Parents, Children and Young People

- 4.3 Parents and children are key partners in this themselves and engaging and involving parents and families will be key to getting the message across and changing the behaviours that will really impact on children's oral health. During our inquiry we engaged with parents and children at visits to local children's centres and health centres, including the Canberra Centre for Health, the Normand Croft School and children's centre and the White City Health Centre. It is important that parents and children themselves are engaged and involved in the children's oral health campaign.
- 4.4 During the inquiry we interviewed a focus group of young people from the Borough Youth Forum (BYF). They then held the same focus groups with young people from their school councils. Representatives from the BYF also attended our Children's Oral Health Forum. The BYF is a 'voice' for young people in Hammersmith and Fulham. They plan community based projects and initiatives, develop different methods to obtain and present the views of young people to decision makers, and they work with the Council and health services to give their opinion on policies, activities and services in the borough.
- 4.5 They told us that communications about dentists needed to be focused more on the youth populations and that more could be done to target where young people are, like schools and other places young people congregate. It is important also not to forget about the older children and teenagers, as most programmes focus on young children. Schools could use school newsletters to remind parents to make dental checks for their children during half term and school holidays.

Commercial Partnerships

- 4.6 We would also like to see the commercial sector involved, both suppliers of preventative care like Colgate toothpaste and local retailers. Kensington and Chelsea have partnered with Glaxo Smith Kline in a similar targeted campaign.

During the scrutiny inquiry we have interviewed representatives from Colgate, which may be able to assist in oral health promotion campaigns, both with resources and a wealth of expertise from the commercial sector.

Recommendation 9: Commercial Partnerships

It is recommended that a commercial operator in the field of dental care products, such as Colgate or Glaxo Smith Klien, be approached to sponsor report recommendations including (1) Keep Smiling and (5) Targeted Provision of Dental Health Packs.

- 4.7 In approaching a commercial operator for sponsorship and support we need to submit them with a project proposal detailing the assistance we will request from them.

Chuck Sweets Off the Checkout

- 4.8 In 1992 a campaign called “Chuck Sweets off the Checkout!” was launched to campaign for supermarkets to voluntarily remove sweets and fizzy drinks from their checkouts and queue lines, as evidence suggested that this is deliberately aimed at encouraging impulse buying of high sugar snacks and drinks, especially to children*.



Chuck Sweets Off the Checkout 2011
[Facebook page](#)

- 4.9 At the end of a shopping trip, children often nag their parents for the sweets, chocolates, crisps and soft drinks displayed at the checkout. Such tempting displays are deliberately placed where customers are a 'captive market' as they queue up to pay, activating pester power and increasing sales of snack products.
- 4.10 The campaign was run by Lona Lidington, a community dietician based in South West London. It was supported by the National Oral Health Promotion Group and also received funding from the Department of Health.
- 4.11 We agree with the principles of the campaign, that with big corporate business comes big corporate responsibility to the local community and we are asking the main supermarkets, as well as other local retailers, to remove the temptation to impulse buy by removing sweets and fizzy drinks from their check-outs and queues. We would like to see the Council and the PCT lead a local campaign to ask local retailers to play their part in reducing oral health decay, as well as the other related problems of child obesity and increased risk of diabetes, by reducing the amount of sugary snacks children consume.

* The Food Magazine, published by the Food Commission 2011 - www.foodmagazine.org.uk/articles/chuck_snacks_off_checkout

Recommendation 10: Chuck Sweets Off the Check-Out

It is recommended that supermarkets, high street shops and leisure centres be asked to play their part and to “chuck sweets off the checkout” as part of a local campaign to promote healthier diets.

- 4.12 This should include a written invitation to participate from the Cabinet Member and a public petition, which asks supermarkets and other high street retailers to join the local campaign by making sure sweets and fizzy drinks are removed to another part of the shop to discourage impulse buying of sugary snacks.

Sugar Free Education

- 4.13 During the inquiry we addressed at meeting of the Hammersmith and Fulham Head Teachers Forum, to talk and listen to head teachers from around the borough. We have also interviewed Jan Gouldstone – Senior Advisor Personal and Sexual Health Education (PSHE) and Citizenship / Healthy School Programme Co-ordinator. We have noted the widespread good practice and progress towards healthy schools and healthy diets in Hammersmith and Fulham schools. All schools have adopted school food policies and in most cases this includes the discouragement of sugary drinks and snacks in the canteen and at break times. Some schools seem to go further than others, especially in terms of enforcement of the policy, to include an effective ban on sugary drinks and snacks at pre-school breakfast clubs, in packed lunches and at after-school clubs.
- 4.14 We would like to see an effective ban on sugary drinks and snacks throughout the school period, including breakfast clubs and after-school clubs, where healthy alternatives could be readily available and encouraged. We would like to encourage schools, nurseries and children’s centres sign up to Guidance issued by the Local Education Authority and the PCT.
- 4.15 Where possible we would like to encourage Healthy Tuck Shops to be established in schools where pupils can purchase healthy food and drinks to make sure alternatives are available and to discourage purchase of unhealthy alternatives from local retailers or from being brought in.

The School Dentist

- 4.16 If children do not come to the dentist we need to bring the dentist (or other health professionals) to the children, with more assertive outreach to make sure that every child receives some kind of oral health check to flag up oral health problems and make referrals and to encourage more children to be registered and to visit the dentist.

“ Target schools, i.e. do projects on bad teeth and include sessions in either science or PSHE” Chikira Smith Richards, aged 16

- 4.17 There is already work underway to promote oral health and dental services in some children's centres, health centres and schools and we would like to see this good practice expanded to provide more oral health screening, fluoride varnishing and referrals to local dentists in these community based settings. This includes making links between local dental practices and children's centres, nurseries and schools and bringing the local dental practice and oral health promoters physically into these settings.
- 4.18 We believe that all schools should establish links with at least one dental practice and that wherever possible programmed Oral Health Days should take place in each school at least once a year. Where it is not possible for a local dental practice to make school visits then either the Community Dental Service could be requested to visit the school or arrangements made with local dental practices to arrange school trips to the dentist.

Brushing Teeth

- 4.19 NHS advice is for people to brush their teeth twice a day at least two minutes in the morning and last thing at night before going to bed[^]. When we have a situation where some children are not brushing their teeth at all, it could help if children had the opportunity to brush their teeth at school, nursery and children's centre. In fact, cleaning teeth should be part of a child's health, hygiene and grooming routine.

“Supervised tooth brushing programs in childcare settings have achieved up to 40 percent reduction in tooth decay

*Evidence based oral health promotion,
Dept. of Health, Australia*

It is suggested that schools, nurseries and children's centres could run teeth brushing demonstrations where children complete their own personal record chart at home and bring it into school as part of the 'Keep Smiling' programme.

Piloting the Way

- 4.20 We would like to see more opportunities for dental health professionals to carry out dental health screenings and fluoride varnishing in children's centres and schools and other child and family settings, especially in targeted "high risk" and relatively deprived areas of the Borough.

“ I think the dentist visiting my school is convenient/quick. ... I think that awareness of this should be raised and everyone should take part in how it works ”

Heanguen Chi, aged 16

- 4.21 To lead the way on this, we have asked schools and children's centres to volunteer to pilot as centres for integrated oral health action, which could include

[^] www.nhs.uk/Livewell/dentalhealth/Pages/Teethcleaningguide.aspx

participation in the Children's Oral Health Campaign, fluoride varnishing projects, bringing school classes to the dentist or vice versa, forging links with local dental practitioners and the availability of teeth cleaning facilities. Schools including Randolph Beresford, Bentworth, St Stephens and The Oratory have already agreed to 'pilot' the programme. Other schools and children's centres, particularly within more deprived areas of the borough, should be encouraged to join in. Pilot programmes should be tailored to the local needs of schools.

Recommendation 11: Schools and Children's Centres

It is recommended that schools, nurseries and children's centres implement a range of the following measures:

- i. gain parental consent for dental inspections and fluoride varnishing
- ii. supervised tooth brushing
- iii. the use of a chart for children to record teeth brushing at home
- iv. the school nurse to provide oral health advice and sign-post at-risk families to dentists during the universal age 4-5 health check and at later dates
- v. a fluoride varnishing programme
- vi. a more proactive Healthy Food Policy, including the provision of healthy snacks (fruit, water, etc) as well as a prohibition on sugary products
- vii. making water available throughout the day
- viii. establish links with at least one dental practice and take school classes to the dentist or bring the dentist into school
- ix. inclusion of oral health care education in the school curriculum
- x. oral Health educational events for children and parents.

GPs and Medical Centres

- 4.22 Integrated health services help patients navigate the appropriate pathways through the NHS health care system, improving information and choice and identifying potential health concerns at an early stage. Although General Medical Practitioners (GPs) often do an excellent job in informing and referring patients with general health concerns, there is often no link between GPs and medical centres and dental practitioners. This could result in unnecessary gaps in patient referral to a dentist and there may be occasions where a GP may easily highlight potential concerns and refer a patient to a dentist, or ask if a child is registered with a dentist as part of all round family health advice.
- 4.23 GP waiting rooms could also do more to inform patients about local dentists and improve awareness of the importance of children's oral care, as one of the key community settings where people find out about local health services.

Recommendation 12: ‘Keep Smiling’ Oral Health Campaign for Professionals - Using Professionals to Influence Behaviour

It is recommended that GP medical practices improve their links with dentists and that other professionals who are able to pass on oral health advice be trained by the Oral Health Promotion team.

Professional groups include:

- ▶ Teaching staff and learning mentors
- ▶ Social Workers
- ▶ School Nurses
- ▶ Health Visitors
- ▶ Youth Services
- ▶ Midwives
- ▶ Child-care workers and child-minders.

Service specifications for relevant professionals, including health visitors and school nurses, should be amended to include oral health actions.

4.24 During the inquiry we addressed a meeting of the School Nurses Forum to engage with school nurses in the children’s oral health agenda and to listen to their ideas. We believe that school nurses can play an important role in educating children about oral health and signposting services. The Chairman of the Task Group will write to the Chairman of the GP Consortia, requesting an opportunity to address a meeting to present the findings of this inquiry and to broach the subject of inter-agency health linkages.

4.25 Existing ‘Oral Health Promotion’ capacity can be used to train the above list of professionals.

Maternity and Early Years

4.26 The Personal Child Health Record or “Red Book” is a guide issued to new mothers on the key stages of infant growth, development and health services. At the moment, oral health development and dental services are apparently missing from the current edition. Yet we believe that this stage is an important early opportunity to highlight children’s dental health.

“ Good oral health is important in preschool children. Evidence shows that poor dental health can have a serious impact on health and wellbeing ”

Navdeep Pooni - Oral Health Promoter, Central London Community Health Care NHS Trust

Recommendation 13: Maternity and Early Years

It is recommended that health visitors and midwives be trained to provide oral health advice to new parents on the key stages of infant oral health development and health services, Key stages include a child’s first tooth and registration from age from age 1 with a local dental practice, free NHS dental treatment for new and pregnant mothers and children and health advice on avoiding “teat bottles” and sugary liquids and foods.

“ Home visits using primary health workers who integrate oral health promotion into their general work may be as effective as employing specialised oral health promoters ”

Evidence based oral health promotion, Dept of Health,

Service Specifications and Monitoring

- 4.27 It is important to make sure that the strategies and programmes we are rolling out are making a difference on the ground and to make sure that the programmes are being effectively integrated within the mainstream service provisions across all partner agencies involved. We suggest that within the service specifications for commissioned children’s services there are elements for school nurses, health visitors and oral health and that there are specific mechanisms for monitoring these.

5. Water Fluoridation

“Community water fluoridation is safe and cost-effective and should be introduced and maintained wherever it is socially acceptable and feasible”

*World Health Organisation Expert Committee on Oral Health Status and Fluoride Use, Fluorides and Oral Health**.

- 5.1 Applying fluoride to teeth can help prevent tooth decay. Fluoride protects the teeth by inhibiting the demineralisation of teeth enamel, which causes tooth decay caused by the action of bacteria in the mouth producing corrosive organic acids and thus helps to protect against tooth decay and the development of tooth cavities.
- 5.2 There are many ways in which fluoride is used to provide protection for teeth, principally by the application of fluoride toothpaste, which is common in most high street brands of toothpaste. Dentists and dental health nurses can also apply fluoride through fluoride varnishing. Another method sometimes used to apply fluoride is through water fluoridation.
- 5.3 During the inquiry we interviewed representatives from Thames Water to discuss the pros and cons and feasibility of water fluoridation in London.

What is Water Fluoridation?

- 5.4 Water fluoridation is the controlled addition of fluoride to a public water supply, which is used in some parts of the UK and some countries to reduce tooth decay. Fluoridation does not affect the appearance, taste or smell of drinking water. Fluoridated water operates on tooth surfaces: in the mouth it creates low levels of fluoride in saliva, which reduces the rate at which tooth enamel demineralises and increases the rate at which it remineralises in the early stages of the development of tooth cavities.
- 5.5 There is a great deal of evidence that water fluoridation prevents cavities in both children and adults[♦] with some studies estimating an 18–40% reduction in cavities when water fluoridation is used by children who already have access to toothpaste and other sources of fluoride Centres for Disease Control and Prevention[♥].

* WHO Technical Report Series No. 846. Geneva: World Health Organisation 1994

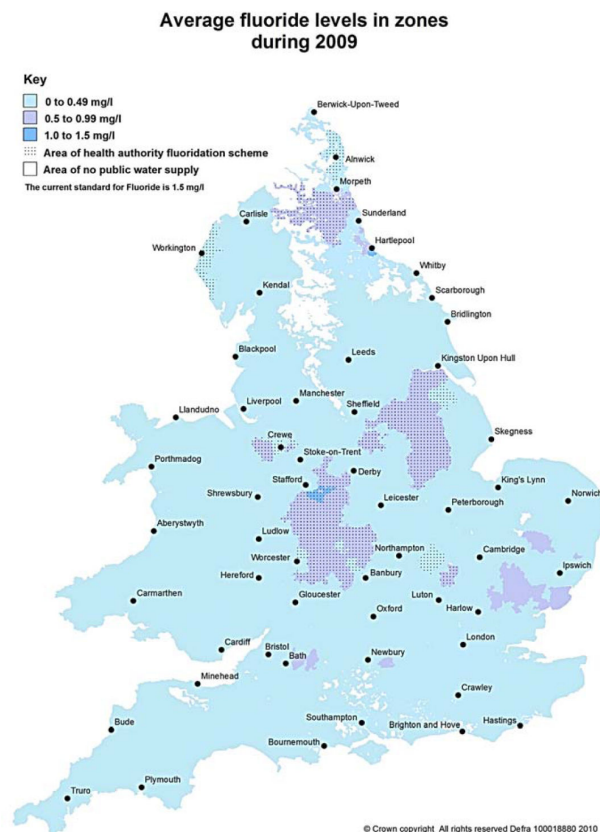
♦ Parnell C, Whelton H, O'Mullane D. Water fluoridation 2009

♥ - [Recommendations for using fluoride to prevent and control dental caries in the United States](#) 2007

The Case for Water Fluoridation

- 5.6 One way of measuring the effectiveness of water fluoridation is to compare the rate of tooth decay in areas that have fluoridated water to unfluoridated areas. Comparing Manchester and Birmingham, which have similar levels of deprivation, gives one indication of the effectiveness of water fluoridation on reducing tooth decay. In one study, Birmingham, which is fluoridated, had a 0.98 dmft rate compared with 2.47 dmft in non-fluoridated Manchester[▲].
- 5.7 In the NHS Dental Survey of twelve year olds in 2008-09, the average dmft for 12 year olds in the Heart of Birmingham PCT was just 0.61. Five year olds in Manchester have the second highest dmft in the country. Fluoridated Sandwell near Birmingham has lower than the national average and five year olds from the Heart of Birmingham had higher than national rates of dmft, but were below those from Manchester[•].
- 5.8 The diagram below shows the areas of England with water fluoridation and water fluoridation levels.

Figure Source: DEFRA



[▲] British Fluoridation Society - *One in a million: The facts about water fluoridation*. 2nd edition

[•] Source: NHS Dental Epidemiology Survey, from evidence submitted by Inner North West London PCTs

The Case Against

- 5.9 There is no clear evidence of significant adverse effects of water fluoridation on public health. Over consumption of fluoride has been shown to cause a condition known as “dental fluorosis” in some cases, which can alter the appearance of developing teeth, but this condition is usually mild and not usually considered to be an aesthetic or public-health concern.
- 5.10 There are however significant concerns raised by those who deem water fluoridation treatment as “mass medication”, over the diminution of individual choice in favour of the state ascribed public health benefits to the wider population. This is, however, not an issue unique to water fluoridation, as water companies already have to treat water supplies in various ways in response to intermittent public health issues and maintaining the quality of the water supply.

The Costs

- 5.11 Water fluoridation is a public health measure to improve dental health and at present it is paid for entirely by the National Health Service; locally, the health authority is billed by the water company for the entire cost of fluoridating supplies. Current changes in legislation may, however, involve local authorities becoming responsible for some of the costs of fluoridation.

Governance

- 5.12 Under current legislation, Strategic Health Authorities (SHAs) have the duty to initiate the move to water fluoridation with public and stakeholder consultation. The Health and Social Care Bill currently passing through Parliament is expected to abolish SHAs and introduce new arrangements for instigating and consulting on possible water fluoridation of an area.
- 5.13 It is most likely that the new arrangements will require local authorities to initiate moves towards water fluoridation in their area. Thames Water supplies and treats water to most of London, including Hammersmith and Fulham and to areas outside of Greater London. It is not possible to introduce water fluoridation in one area of Thames Water supply and treatment without affecting the levels of fluoride in adjoining areas.

The Next Steps

- 5.14 Because the supply of water in the Thames Water area will affect several local authority areas both within and outside of Greater London, this is likely to require the consent of nearly all London boroughs, neighbouring local authorities and possibly the Greater London Authority. A widespread public consultation and feasibility study would also be required. So even if a wide consensus is built to introduce water fluoridation in the Thames Water area, it is not likely to happen any time soon.

- 5.15 From our preliminary inquiry into water fluoridation we have found that there is a great deal of evidence to suggest that, as one part of the overall strategy, it could make a significant contribution to protecting children's teeth against decay. We are therefore recommending that the Council considers in more detail the political, financial and public health implications of water fluoridation and upon the basis of this, seeks to build a coalition, firstly with Westminster, Kensington and Chelsea and then London wide.

Recommendation 14: Further Consideration of Water Fluoridation

It is recommended that the Council considers the political, financial and public health implications of water fluoridation and seeks to build a coalition of councils and health partners to instigate possible public consultation on the introduction of water fluoridation in the future.

- 5.16 It is suggested that this issue be debated at a meeting of the full Council in 2011.

6. Implementation and Evaluation

- 6.1 It is requested that, should agreement be gained for implementation of the Task Group's recommendations, mechanisms are put in place to monitor implementation of the agreed recommendations and resulting outcomes. Implementation of the report's recommendations should be monitored on a regular basis and from an early stage. Outcomes will take longer to become clear, and it is therefore suggested that these are measured over a longer time-frame.

Implementation of the Task Group's recommendations

- 6.2 It is requested that H&F Council and the PCT produce a joint 'Action Plan' detailing how and when the agreed recommendations will be implemented. The Action Plan should detail, for each agreed recommendation (executive decision): the agreed hypothecated budget and resources, an implementation timetable (including when it will happen and when it will be fully in place) and key measurable outputs.
- 6.3 It is requested that a brief progress report on implementation be made to the Task Group Chairman on a quarterly basis for (a minimum of) twelve months, to assess the success of the role-out of these proposals against the Action Plan. At the end of this time (after 12 months) it is requested that a review of implementation is undertaken at a meeting of the Education Select Committee and their findings reported to the Overview and Scrutiny Board and to Cabinet.

Outcomes: the impact of reforms upon child oral health in H&F

- 6.4 The best way of measuring improvements would be to carry out a borough-wide screening programme for dmft in 2011, followed by later screenings. This would be hugely expensive to deliver however, and the Task Group considers practical prevention actions to be a more cost effective use of limited budget. This is especially the case given that proxy measures including obesity and poverty can be used to effectively target at-risk population areas.
- 6.5 Progress can therefore be assessed in the following ways:
- a. The number of H&F admissions to C&W hospital for paediatric dental care *year-on-year*
 - b. The number of paediatric 'non-prevention' treatments carried out in H&F NHS dental surgeries *year-on-year*
 - c. Levels of dmft amongst H&F children when next sample measured on a London-wide basis. *vs 2007/8*

Appendix One

Witnesses

The following people and groups were interviewed during the scrutiny inquiry:

Hammersmith and Fulham Council

Councillor Helen Binmore - Cabinet Members for Childrens Services	Hammersmith and Fulham Council
Councillor Joe Carlebach – Cabinet Member for Community Care	Hammersmith and Fulham Council
Councillor Donald Johnson - Chairman of the Education Select Committee	Hammersmith and Fulham Council
Andrew Christie – Director of Children’s Services, London Borough of Hammersmith and Fulham	Hammersmith and Fulham Council
Carole Bell, Assistant director, Commissioning, Performance & Partnerships,	Hammersmith and Fulham Council
Jan Goulstone - Senior adviser PSHE and citizenship / Healthy School Programme coordinator, School Improvement and Standards, Children’s Services Department, London Borough of Hammersmith & Fulham	Hammersmith and Fulham Council
	The Children’s Trust Board, Hammersmith & Fulham

The Department of Health

Barry Cockcroft - Chief Dental Officer for England	The Department of Health
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The Borough Youth Forum - Hammersmith and Fulham

Brenda Whinnett - Children & Young People's Officer	Hammersmith and Fulham Council
Josie Durley (aged 15) – Borough Youth Forum Representative	The Borough Youth Forum
Fred Gill (aged 15) – Borough Youth Forum Representative	The Borough Youth Forum
Julia Simons (aged15) – Borough Youth Forum Representative	The Borough Youth Forum
Mustafa Hussein (aged 16) – Borough Youth Forum Representative	The Borough Youth Forum
Chikira Smith Richards (aged 16) – Borough Youth Forum Representative	The Borough Youth Forum

National Health Service (NHS)

Claire Robertson - Consultant in Dental Public Health	North West London Primary Care Trusts
Marie Trueman Children's Commissioning Manager	Inner North West London Primary Care Trusts

Julia Mason - Children's Commissioning Manager	North West & North Central London Westminster PCT
Christine Mead - Self Care Development Manager	Hammersmith & Fulham PCT
Navdeep Pooni - Oral Health Promoter Hammersmith and Fulham	Inner North West London Primary Care Trusts
Jennifer Allan - General Manager, Paediatrics	Chelsea and Westminster NHS Trust
Kate Barnard - Consultant in Paediatric Dentistry	Chelsea and Westminster NHS Trust
Helen Byrne - Interim Divisional Director of Operations	Chelsea and Westminster NHS Trust
Victoria Wilson - Senior Dental Nurse	Chelsea and Westminster NHS Trust
Huda Yusef - Specialist Registrar Dental Public Health	Inner North West London Primary Care Trusts
Kelly Nizzer - Senior Contracts Manager Dental, Pharmacy and Ophthalmic Services	NHS North West London

Community and Voluntary Organisations

Malika Hamiddou – the Community Interpreting	Translation and Access Service (CITAS)
Suzanne Iwai – Community Health Champion (White City)	
Saumu Lwembe - Stakeholder Development Officer (manages health champions and health trainers)	
Koss Mohammed White City Volunteer Coordinator	Well London
Lornia Polius – Community Health Champion (White City)	

Commercial Sector

Colgate (Colgate Palmolive UK Ltd)	
Rhona Wilkie (Colgate Professional Relations Manager)	Colgate Palmolive UK Ltd
Anousheh Alavi (Colgate Scientific Affairs Manager UK & Ireland) - Colgate Palmolive UK Ltd	Colgate Palmolive UK Ltd
Elizabeth Sale Local & Regional Government Liaison Manager	Thames Water
Steve White - Drinking Water Strategy Manager.	Thames Water

Dentists

Henrik Overgaard-Nielsen – Chairman of the Ealing, Hammersmith and Hounslow Local Dental Committee	NHS Dentist, Fulham.
Dr Denis Chan – H&F dentist	

National Dental Associations

Paul Ashley	British Society of Paediatric Dentistry
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Schools

Michele Barrett – Head Teacher - Vanessa Nursery School

Marie Thomas – school nurse

School Nurses Forum

The Head Teachers' Forum – Hammersmith and Fulham

The School Nurses Forum – Hammersmith and Fulham

Health Visitors

Angela Ainslie –
health visitor

Pamela Tynan –
health visitor manager (White City)

Accademics

Professor Aubrey Sheiham

Dept of Epidemiology and Public Health at
University College London (UCL)

National and International Best Practice

Child Smiles

Ray McAndrews

Glasgow PCT

Site Visits

School visits
the Old Oak Children's Centre
Normand Croft School and Children's Centre
The British Dental Association

Budget Implications

a) Direct Costs Associated with the Existing Problem

Before looking at the details of proposed resources for intervention, we should consider the existing costs of the problems we have; all of which are in principal, entirely avoidable through intervention and education.

The table below outlines some of the main direct financial costs to the NHS for teeth extractions and fillings in hospital and at dental practices.

Problem	Cost		Cost Detail	Budget Holder
	10-11			
C&W Hospital 'New Appointments & Admissions' for H&F patients (2010/11)	£354,024		Outpatient Appointment (New or Follow-Up) £156. Daycase Admission £912 C&W take circa 95% of H&F paediatric admissions [CR]	PCT
Primary Care treatments (non-prevention, including extractions) in H&F [2010-11]	£1,700,000		Request from business services authority. No of extractions and their cost. CR to find.	PCT. Delegated to NW Lon Primary Care Team, on behalf of H&F
	£2,054,024			

b) Costs Associated with Proposals [Excluding Utilisation of Existing - Budgeted For - Resources)

Proposal	Cost		Cost Detail	Budget Holder
	11-12	12-13		
<u>Getting the Message Across</u>				
Keep Smiling	£3,000	£3,000	Design and printing costs. Colgate happy to contribute.	Public Health / Commercial Sponsor.
Review of Oral Health Information and Advice	£0	£0		
<u>Targeting & Outreach</u>				
Targeted Fluoride Varnishing Programme	n/a	£50,000	2 applications of FV for 5,000 children	PCT
Community Champions and Health Advocates	£0	£10,000	Additional CC's and HA's. Oral health training for both groups.	Public Health.
Targeted Provision of Dental Health Packs	£1,000	£3,000	11-12 beakers to be provided and paid for by the council or Public Health. Subsequent provision of all to be sponsored by corporate partner. Business case to be made to PCT for ongoing BFL pack budget.	Council / Commercial Sponsor / PCT
Targeted Support for Children in Care	£0	£0	BFL packs provided by corporate partner.	
Targeted Support for Children with Special Needs	£0	£0		
<u>Dentists</u>				
Child Friendly Dentists	£0	£0	C&W training already within budget if taken in dentist's own time.	
<u>Partnerships</u>				
Commercial Partnerships	£0	£0	Will provide funds	Commercial partner

Chuck Sweets Off the Check-Out	£0	£0		
Schools and children's centres	£0	£0	Costs budgeted for in other proposals	
Keep smiling - for professionals	£0	£10,000	Training from Oral Health Promoter. Use budgeted Oral Health Promotion capacity in 11-12 and make business case to PCT for expanded program in 12-13.	Public Health
Maternity and Early Years	£0	£0		
Service Specifications	£0	£0		
<i>Water Fluoridation</i>				
Further Consideration of Water Fluoridation	£0	£0		
<i>Programme Manager</i>				
Program Manager	£0	£0	From existing capacity within Children's Services. Support from PCT and ongoing 'scrutiny' function.	Council

TOTAL COSTS	£4,000	£76,000
Proposed costs as % of current direct costs of poor oral health	1%	4%

BUDGET HOLDER	BUDGET	
	11-12	12-13
PCT / Public Health	£3,000	£76,000
Council	£1,000	£0
Commercial Partner	£0	N/A
Other	£0	£0
Totals	£4,000	£76,000

Acknowledgements

Thank you to everyone who has given up their time to support this Scrutiny Task Group, including Claire Robertson of North West London PCTs, Carole Bell of Hammersmith and Fulham Council and the young people at the Borough Youth Forum. Thank you to everyone who has participated by speaking to us at our numerous visits around the Borough and filled in our questionnaires.

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OVERVIEW AND SCRUTINY BOARD – UPDATE FOR 26 JULY 2011

EDUCATION SELECT COMMITTEE – 7 JUNE 2011

1. **Membership**

The Chairman welcomed Councillor Marcus Ginn onto the Committee and thanked his predecessor Councillor Michael Adam for all his work.

Councillor Caroline Needham was re-appointed as the Vice Chairman.

2. **Development of a Strategic Plan For Children**

The report provided a summary of key evidence regarding the needs of the children and young people of Hammersmith and Fulham and draft priorities for the next three years, which were set out in section 2 of the report. The purpose of the plan was to supersede the 2008-11 Children and Young Peoples' Plan (CYPP).

The draft plan had been considered at the Children's Trust Board and would go back to the Board when the priorities had been identified and finalised. Young people had been consulted on the plan through the Borough Youth Forum (BYF) and their comments had been incorporated.

The Committee discussed the draft plan, in particular focusing on the draft priorities, child poverty, play provision, youth provision, children's health and attainment. It recommended that the draft plan included information on what play provision was available in the borough, that play provision in parks be discussed with Residents Services and this information be included in the plan and that a report on play provision be included on the Committee's list of work programme items.

3. **Update on Combining Children's Services with Westminster City Council and The Royal Borough of Kensington and Chelsea**

A further update report on the tri borough proposals was presented to the Committee. The next stage for the proposals was for the Cabinets in June to consider the range of proposals. For the Children's Services proposals, there would be a reduction of 50% of senior posts and 45% reduction in back office posts across the three boroughs. There would be a 30% reduction in support staff posts. Youth offending services would be merged across the three boroughs; there was one court which the three boroughs provided services to so by merging the services it would create efficiencies. Adoption services would be merged which would increase the number of placements and would be a better use of resources; there

were some foster carers who were not used and it would be in the best interests of the children to find placements. It was also hoped to reduce the amount of placements in the independent sector which was at a higher cost. It was more likely to find a foster match across a bigger pool of placements. There would be one Local Safeguarding Children's Board with one chair which would create efficiencies, as officers would only need to go to one board instead of two or three and training would be shared. The total target savings over three years was £11.5m and Hammersmith and Fulham's share was closer to £5m.

The Committee discussed the proposals, the sovereignty arrangements, social enterprises, efficiencies in the proposals, scrutiny of the joint services and the schools of choice agenda.

4. Update on Borough Youth Forum Event

The Chairman introduced the report which highlighted the event organised by the Borough Youth Forum (BYF) with members of the Committee on 19 May 2011 as an engagement exercise. The Chairman, Councillors Chumney, Graham and Needham and Fiona Cook attended the event, along with officers and also Councillor Robert Iggulden, who was interested in youth engagement.

It was an enjoyable evening and was well attended. The young people set the agenda, chaired the meeting and engaged Members and officers in a 'name game' icebreaker, which gave the opportunity for everyone to get to know each others' names. There were also group discussions on how BYF and Members could support each other in the future and clear recommendations for continued mutual support were identified. The Chairman thanked Brenda Whinnett, Children and Young People's Involvement Officer, for organising the event with the BYF.

It was agreed that similar events would be held in the future and it was suggested that another one be planned later in the year. The Chairman asked that Members reached out to colleagues to publicise the event.

The Committee made the following recommendations:

- (1) A DVD of the BYF's work be prepared and shown at future Committee meetings to update members on the views of the BYF and to look at any areas they could work together;
- (2) The BYF be used as expert witnesses at Committee meetings where appropriate;
- (3) The BYF be considered to be used to help write and conduct questionnaires, where appropriate; and

- (4) A list of schools where large numbers of the borough's pupils attend outside Hammersmith and Fulham could be produced, to help engage with harder to reach young people.

5. Work Programme and Forward Plan

The issue of child poverty and the impact of housing in the borough was raised by some members as a potential task group topic. The Chairman agreed to mention this suggestion to the Overview and Scrutiny Board, prior to any further development of the idea and focus area.

The next meeting on 7 September would be a health themed meeting and the following items were scheduled:

- Paediatric Audiology Services
- Presentation from the Director of Public Health on children's health and the PCT arrangements
- Report from the Task Group on Oral Health in Children.

It was agreed that the BYF would be involved in the September meeting by asking for their views on health issues that affected young people and their priorities, views and concerns and this be fed back to the Committee at the meeting via a DVD prepared by the BYF. The Committee also agreed the following items to be included on the work programme list:

- The Views of Children in Care report and the Report by the Chair of the Local Safeguarding Children's Board on safeguarding in Hammersmith and Fulham, be included on the work programme as annual report items;
- an annual report be presented to the Committee on the work of foster carers and the Committee to receive a presentation on a "day in the life of a..." foster carer.

Councillor Donald Johnson
Chairman of the Education Select Committee

Agenda Item 10



London Borough of Hammersmith & Fulham

OVERVIEW & SCRUTINY BOARD

DATE	TRI-BOROUGH IMPLEMENTATION PLANS	Wards
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26TH July 2011

The Royal Borough of Kensington and Chelsea, the London Borough of Hammersmith & Fulham and the City of Westminster considered the report, '*bold ideas for challenging times*' at their cabinet meetings in February. A further report containing worked up proposals was considered by the three Boroughs in May.

All

This report provides detailed business cases for the integration of Children's Services, Environment Services, and Adult Social Care Departments, and elements of Corporate Services and boroughs' Libraries Services. It also outlines proposals for the appointment of a Joint Chief Executive and Head of Paid Service for the Royal Borough of Kensington and Chelsea and the London Borough of Hammersmith and Fulham.

CONTRIBUTORS	<u>RECOMMENDATION(S):</u>
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All departments

The Committee is invited to review and comment upon the report to Cabinet.

NEXT STEPS

The Committee's comments and recommendations will be submitted to the appropriate decision maker(s) for consideration.

Cabinet

20 JUNE 2011

LEADER

Councillor Stephen Greenhalgh

TRI-BOROUGH IMPLEMENTATION PLANS

Wards:

All

The Royal Borough of Kensington and Chelsea, the London Borough of Hammersmith & Fulham and the City of Westminster considered the report, *'bold ideas for challenging times'* at their cabinet meetings in February. A further report containing worked up proposals was considered by the three Boroughs in May.

This report provides detailed business cases for the integration of Children's Services, Environment Services, and Adult Social Care Departments, and elements of Corporate Services and boroughs' Libraries Services. It also outlines proposals for the appointment of a Joint Chief Executive and Head of Paid Service for the Royal Borough of Kensington and Chelsea and the London Borough of Hammersmith and Fulham.

CONTRIBUTORS

All departments

Recommendations:

That the recommendations set out in section 3 of this report be approved.

That the proposed appointment of a joint Chief Executive with Royal Borough of Kensington and Chelsea as set out in section 4 of this report be agreed and noted.

That this report be referred to Council for debate.

1. OVERVIEW

- 1.1 Chief Executives agreed to provide to June Cabinets detailed business cases for the integration of Children's Services, Adult Social Care departments, elements of Corporate Services and boroughs' Libraries Services.
- 1.2 Business cases can be found annexed to this document. These have been cleared by Leaders and relevant Cabinet portfolio holders. They outline how, through integration, boroughs can look to save over £33m, drastically reducing borough overhead costs; over 35% around management overheads for Adult Social Care, Children's services and Environment Services, for example. Savings estimates have been endorsed by borough Finance Directors as robust. All work to develop tri-borough proposals to date has been undertaken in house without costly external capacity support.
- 1.3 Boroughs will retain sovereignty over services. Directors will work with boroughs individually to set out strategy and priorities. Directors will then look to take advantage of opportunities to jointly procure and deliver services in order to drive down costs and improve service standards, although Members will always be able to specify delivery on a single borough basis.
- 1.4 Members further recognise other benefits from joint working:
 - By working together Members will be able to better compare and contrast performance on behalf of their boroughs and challenge officers on asserted best practice, strengthening political leadership.
 - Services can be improved:
 - By providing the scale necessary to retain specialist expertise; for example, for those with complex needs, such as autism.
 - By providing the opportunity to join up services to residents who work and spend leisure time across borough boundaries; for example, through a single cross-borough Library card.

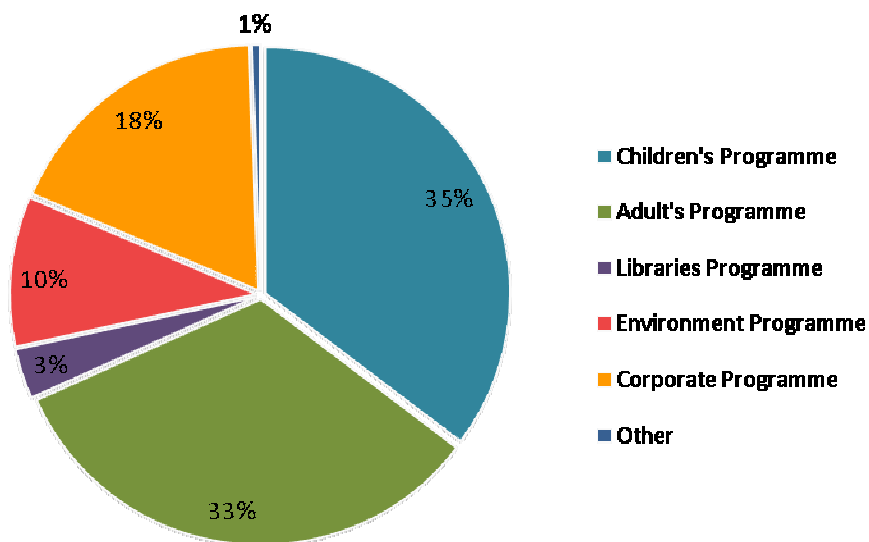
2. ONGOING MEMBER OVERSIGHT

- 2.1 Due to financial pressures, the need to realise the benefits of combined services rapidly and in full is recognised. Implementation of any agreed proposals will require close Member oversight to refine further the joint service model.
- 2.2 Should Members agree to business case recommendations, officers would look to establish robust governance arrangements for ongoing Member control of programme implementation. This will ensure that Members can effectively manage ongoing decision making and officers can be properly held to account for timely delivery of savings and wider benefits.

Tri-borough Savings Summary

Service Area	Savings £m by 2015/16
Children's Programme	11.8
Adult's Programme	11.0
Libraries Programme	1.1
Environment Programme	3.3
Corporate Programme	6.0
Other	0.2
Total	33.4

Savings by Programme



Savings - Attributed by Borough¹

	WCC	H&F	RBKC
Children's Services	£2.50m	£5.30m	£4.00m
Adult Social Care	£3.55m	£5.30m	£2.09m
Libraries	£0.45m	£0.27m	£0.39m
Other	£0.00m	£0.12m	£0.12m
TOTAL	£6.50m	£10.99m	£6.60m

¹ Attribution around Environment and Corporate services is being further considered.

Programme	Service Area	Savings £m by 2015/16
Children's Services	Single Management Team	1.1
Children's Services	Single Adoption and Fostering Team	0.2
Children's Services	Single Youth Offending Team	0.6
Children's Services	Single Local Safeguarding Children Board	0.2
Children's Services	Education Services (GF)	2.2
Children's Services	Education Services (DSG)	1.0
Children's Services	Commissioning Staff	1.9
Children's Services	Finance Staff	0.5
Children's Services	Reduced costs from private fostering providers	0.7
Children's Services	Fostering - trading placements	0.2
Children's Services	Combined procurement of supported accommodation for care leavers	0.4
Children's Services	Possible further savings	2.9
Adult Social Care	Commissioning, Finance and In House services	2.9
Adult Social Care	Overheads (training, project management	0.7
Adult Social Care	IT	0.4
Adult Social Care	CLCH Integration - Management	0.2
Adult Social Care	CLCH Integration - Impact on demand	3.8
Adult Social Care	Joint commissioning and support services with GP consortia	1.0
Adult Social Care	Procurement	2.0
Libraries	Single Management Structure	0.3
Libraries	Service Efficiency	0.2
Libraries	Integrated core service	0.6
Environment	Shared Management	1.3
Environment	Services	1.7
Environment	Support	0.3
Corporate	HR	1.2
Corporate	Finance and procurement	2.3
Corporate	Property /Asset Management	0.0
Corporate	Business Intelligence	0.5
Corporate	IT Systems	2.0
None	Chief Executive leadership	0.2
Total		33.5

Nb. The £0.1m savings difference between the high level and detailed summary reflects rounding differences.

3. SUMMARY OF RECOMMENDATIONS

Cabinet is requested to agree the recommendations outlined below which are detailed in appendix 1 to 4 attached to the report.

3.1 Children's Services

- To agree the business case as a basis for moving forward.
- To set up a joint steering group of two Members of each participating Borough to supervise further refinement and implementation of the proposals.
- To endorse the financial implications in the Business Case and to include these in the financial planning for each Borough.
- To note that the Royal Borough of Kensington and Chelsea and City of Westminster will appoint Andrew Christie as Designate Director of Children's Services, subject to a final Member interview before 31st December 2011.
- To proceed to formal exchange of documentation between the three boroughs by the end March 2012.
- To refer the proposals for further comment by scrutiny committees and for further formal consultation with the trade unions.

3.2 Adult Social Care

- To agree to appoint across the three boroughs a joint Director of Adult Social Care.
- To set up a joint steering group of two Members of each participating Borough to supervise further refinement and implementation of the proposals.
- To agree to continue Local Authority control of budget management ensuring budgetary control remains with the Councils.
- To agree proposals for the establishment of a joint Adult Social Care Commissioning Department including support functions.
- To agree to negotiations with Central London Community Healthcare to establish integrated health and social care services both for assessment and long term support. These services are to be borough specific where appropriate and tailored to local needs and include gate keeping mechanisms to ensure effective financial and quality control.
- To agree the development of a legal agreement with Central London Community Healthcare ensuring service standards and accountability are clear.

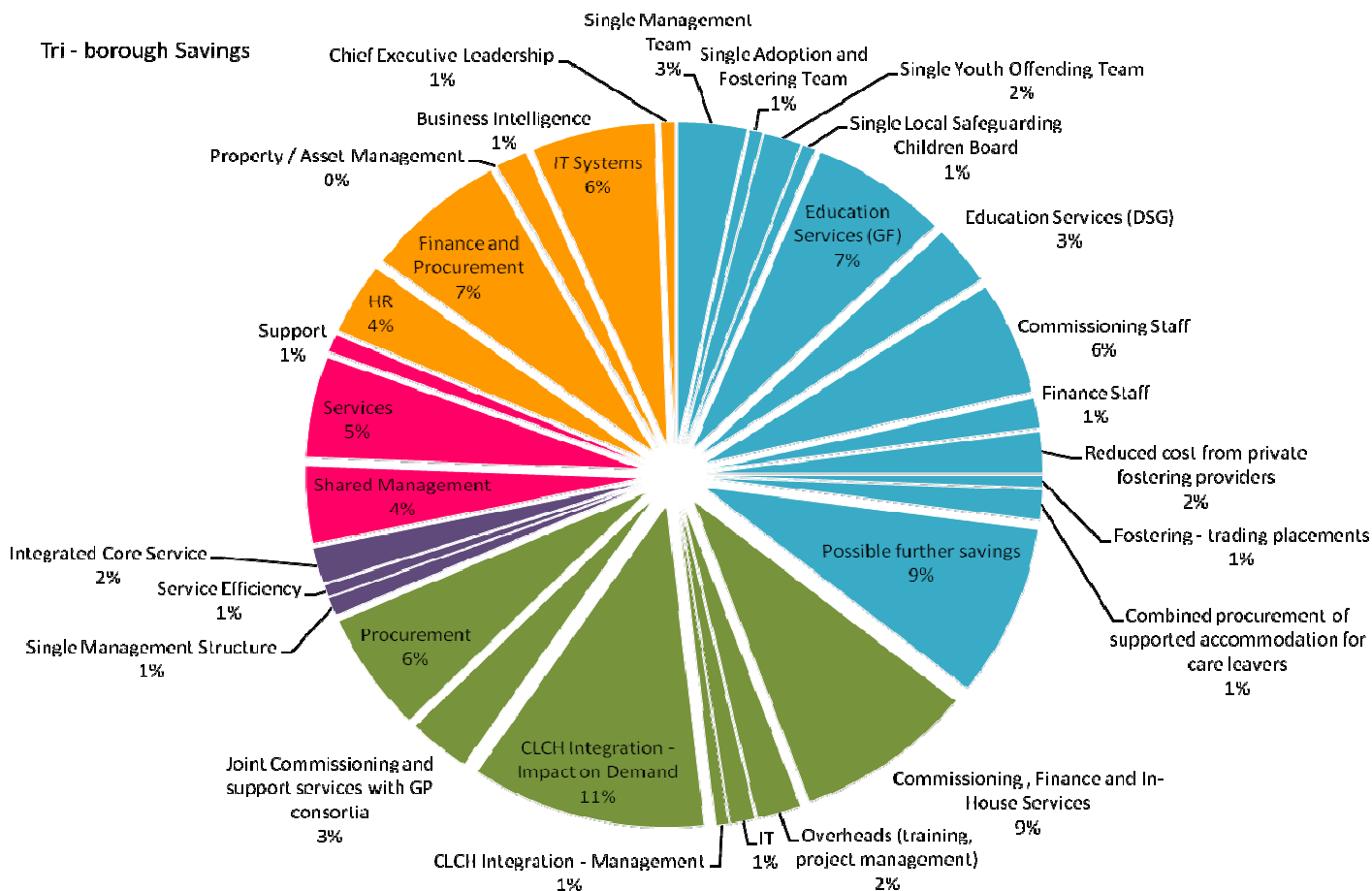
- To agree to the establishment of a single Operational Assistant Director across three boroughs reporting to the Chief Executive of Central London Community Healthcare and the Director of Adults Social Services.
- To refer the proposals for further comment by scrutiny committees and for further formal consultation with the trade unions.

3.3 Libraries Service

- To note and agree the business case and thereby agree to create an integrated library service across the three boroughs.
- To set up a joint steering group of two Members of each participating Borough to supervise further refinement and implementation of the proposals.
- To note the financial projections in the business case and to incorporate these, as amended and refined at lower levels of detail into the budget planning process for 2012/13.
- To establish and implement a procedure for appointment to the senior management structures to be effective from November 2011.
- To refer the proposals for further comment by scrutiny committees and to authorise formal consultation with trade unions and communication with staff.

3.4 Environment Services

- That each council's Cabinet should agree these plans as the basis for forward planning and agree to refine them further and begin implementation.
- That the Cabinets agree to set up a joint Member Steering Group with delegated authority to supervise the further refinement and implementation of these plans.
- That subject further to consideration of the timing of staff departures the savings should be incorporated into projected budget plans.
- That processes begin to appoint to the proposed revised Chief Officer positions.
- To proceed to a formal exchange of documentation between the Royal Borough of Kensington and Chelsea and London Borough of Hammersmith and Fulham by the end of March 2012.
- To refer the plans for further comment by scrutiny committees and for further formal consultation with trade unions.



4. PROPOSED APPOINTMENT OF JOINT CHIEF EXECUTIVE & HEAD OF PAID SERVICE

4.1 Part of the Tri-borough initiative is a proposal to appoint a joint chief executive and head of paid service for the Royal Borough of Kensington and Chelsea and the London Borough of Hammersmith and Fulham. This will serve to strengthen the combined services managerial relationships and minimise the risks of the tri-borough benefits not being fully realised. It will also further reduce the senior management costs of both councils.

4.2 Hammersmith and Fulham and the Royal Borough have agreed to share a Chief Executive post holder from the retirement of Mr Geoff Alltimes, the current incumbent, at Hammersmith and Fulham planned for October 2011. Mr Derek Myers is the current Royal Borough post holder as Town Clerk and Chief Executive. He holds the statutory offices of Head of Paid Service and Electoral Registration Officer.

4.3 The proposal is that Mr Myers is interviewed by an Appointments Panel in Hammersmith and Fulham and if approved, is recommended to a full Council meeting in accordance with the Officer Employment Procedure Rules and the

relevant regulations. S.113 of the Local Government Act 1972 allows the sharing of officers at any level.

- 4.4 Mr Myers would continue to be employed by the Royal Borough on his current terms and conditions but Hammersmith and Fulham would contribute half of his costs including on costs. A formal agreement will be entered into on similar terms to those already in place in respect of other shared posts with the Royal Borough. Mr Myers has been consulted on this proposal and agrees it is viable and appropriate.
- 4.5 Some consequential adjustments would be made to the responsibilities of other Chief Officers in Kensington and Chelsea and Hammersmith and Fulham, which will be confirmed in due course. The joint post holder would continue to be responsible for all the staff of both councils including the proposed Tri-borough joint posts of Director of Children's Services and Director of Adult Social Care.
- 4.6 A consequent saving would be made in Hammersmith and Fulham of approximately £120,000. This arrangement will be the first joint Chief Executive post for two unitary councils in England. The arrangement would be subject to review as with other joint posts in recent years, and could be ended with agreed notice by either Council at their discretion. The City of Westminster may wish to keep its current position under review so if a Tri-borough appointment is proposed, this arrangement will be reviewed at that stage.

5. COMMENTS OF THE DIRECTOR OF FINANCE AND CORPORATE SERVICES

- 5.1 The three Section 151 officers from the three boroughs have reviewed all the business plans in detail and concur with the figures included in those plans as the best now available. Where projections have been made of future savings, the Directors of Finance consider these to have been made on the basis of prudent assumptions, often supported by experience from elsewhere. Where costs of change have been identified, these are considered to be reasonable. Future budget estimates and cost attributions have also been reviewed and the Directors of Finance can confirm consistency and accuracy of the approaches taken and support the methodologies employed.
- 5.2 The Directors of Finance, along with the Chief Executive from Westminster, are also sponsoring the various Corporate Services workstreams, and in particular, the Project Athena Managed Solutions workstream (see report elsewhere on this agenda). Project Athena Managed Solutions projects savings of £4 million from 2014/15 rising to £5.9 million in 2015/16.
- 5.3 Taking into account the more thorough analysis of the potential savings in the production of the Project Athena business case, this pushes the potential savings in Finance (part of the Corporate Services savings) up to £1.8 million from £1.3 million. The IT savings figure also needs to be increased by £1.4 million to reflect the corporate IT savings that were at one stage included in the Adult Social Care business case.

- 5.4 Project Athena will deliver across corporate services savings of around £6m – a significant reduction of the cost base of HR (18%), IT (10%) and Finance (11.5%) services. Substantial additional savings will be sought from both consolidation of the remaining in-house strategic capacity and more widely, for example around accommodation. Initial analysis outlined in the May tri-borough Cabinet report suggests further savings of around £7m may be achievable, as outlined in the table below. We will work to rapidly draw up plans in more detail, in consultation with portfolio holders.

	2012/13 £m cumulative	2013/14 £m cumulative	2014/15 £m cumulative
Finance	0.0	0.0	**1.8
HR	0.0	0.0	*1.4
IT (excluding business systems)	0.7	0.9	6.4
Property and FM	0.0	2.0	3.0
Legal	0.0	0.0	0.3
Total	0.7	2.9	12.9

* On top of savings of £1 million being delivered in Finance in H&F over 2011/12 and 2012/13, savings of £1.5 million already built into WCC's budget for 2011/12, and £1.082 million savings to be made through Tri-borough Finance savings in Children's and Adult's Services.

** On top of savings of £1.2 million in savings in WCC being delivered in 2010/11 and 2011/12.

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

6.1 The legal implications and possible models for shared services have been set out in detail in earlier reports. The proposals will, if adopted, be developed using s.113 of the Local Government Act 1972 (the power to place staff at the disposal of other authorities) and in the case of health bodies, s.75 of the NHS Act 2006. The arrangements will be formalised by an agreement between the Boroughs which will include detailed financial, HR and data sharing protocols and provisions in relation to the sharing of staff, assignment of liabilities, management arrangements, dispute resolution and termination. The sovereignty guarantee will also be enshrined in the agreement. Different agreements will be required for each service although they are expected to be broadly similar.

6.2 As will all Council functions, Cabinet must have due regard to the public sector equality duty ("PSED") now contained in Section 149 of the Equalities Act 2010 Act which provides (so far as relevant) as follows:

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

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

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

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

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

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

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

The expanded protected characteristics under the Equality Act are as follows:-

- age;
- disability;
- gender reassignment; pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

6.3 Officers are of the view that the proposals will have no negative impact on protected groups at this stage and indeed the purpose of the proposals is to protect front line services. Officers are mindful however that the PSED is an on-going duty and due regard will continue to be given to the PSED as proposals are developed and implemented and appropriate action taken.

6.4 The job losses that are part of this change will result in staff being put at risk of redundancy. Senior staff intend all redundancy selection decisions to be fair and objective.

7. COMMENTS OF THE ASSISTANT DIRECTOR (PROCUREMENT & IT STRATEGY)

7.1 The Assistant Director (Procurement & IT Strategy) has been consulted on the report and supports the recommendations. It will be important to ensure any resultant joint procurement exercises arising from the recommendations comply with EU Procurement Regulations and Requirements and each Council's Contracting Standing Orders. To support this, all three Councils have established a Tri Borough Procurement Strategy Board which meets monthly and will have the following responsibilities:

- To identify opportunities for collaborative contracting
- To identify, share and implement best practice
- To move towards common procurement documentation, processes and procedures
- To address key procurement risks and issues arising from the Tri Borough Shared Services Programme
- To adopt shared approaches on procurement policies where this is feasible
- To share procurement training where this is desirable
- To move towards adopting the same e Procurement technologies
- To collaborate on supplier and contract management
- To promote positive relationships between procurement staff and other key stakeholders in all three organisations
- To support the London Procurement Strategy

7.2 Additionally all three Councils are working to establish a Tri Borough Protocol for Joint Contracts which will govern procurement activity for all tri-borough contracts. This is necessary to guide individuals working within the three boroughs in their dealings with each other and suppliers to ensure optimum efficiency and the highest standards of professional conduct commensurate with the key corporate objectives of each borough.

LOCAL GOVERNMENT ACT 2000 LIST OF BACKGROUND PAPERS

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

Children's Services

Tri-Borough Service Plans and Proposals

Cabinet Meeting

20 June 2011

Children's Tri-Borough Model

Introduction

At its heart, the Tri-Borough Children's Service would have:

- A single commissioning function arranging social care and family support services to prevent family failure. This commissioning function would be responsible for £80m of existing commissioned spend across the 3 Councils. But the plan would be to extend the extent that services are commissioned to deliver improvements in cost and quality.
- A single education commissioning function responsible for raising standards and preventing failure in 153 schools; working with more than 1,800 children with statements of special educational needs, and having oversight of a combined Dedicated Schools Grant spend of (£277m)
- 3 Borough based delivery units with responsibility for protecting children, supporting families and delivering early help in the most efficient manner possible. However, where appropriate, specialist services will be combined to share overheads and expertise (e.g. Youth Offending Service)

Each borough would retain its 'sovereign' capacity to commission a variation to the common service level or specific provision. The Tri-Borough Service would follow an annual 'Commissioning Cycle' with each Lead member agreeing with the Director of Children's Services the Borough's commissioning intentions for the following year (and beyond) within the context of the Council's financial and strategic requirements. These requirements would be captured in the relevant Borough's Children's Plan which would in effect become the 'Mandate' for the Tri-Borough Service. Progress against this Plan would be monitored and the Lead member kept informed through regular briefings with performance reports. The Plan would be reviewed as reset as required (see diagram: "The Borough's Children's Plan: Annual Commissioning Cycle" in Appendix A).

The Children's Tri-Borough Model is being designed to maximize the contribution to spending targets by:

- reducing management, support service and overhead costs.

- making more efficient use of shared resources (e.g. pooling foster carers)
- procuring at scale (e.g. supported accommodation for care leavers)
- Improving practice by comparing inputs and outputs (e.g. the rates of children in care achieved by each authority)
- Whilst maintaining the ability for each Borough to specify its own service level.

Currently the money is spent across the 3 Boroughs with each Council discharging its statutory responsibilities towards the school system, protecting children, promoting family life and raising standards of educational attainment.

The 3 Councils gross spend on Children's Services (including schools) in 2011/12 was £536m. The 3 Councils have plans to reduce this spend to £525m.

The 3 Councils also seek to avoid the cost of failure. Intervening where necessary to prevent schools from failing or to lift them out of an 'Ofsted category' is a complex business. Intervention in families with complex needs is expensive and to do so effectively is difficult. All 3 Councils are committed to the principle that prevention is better than attempted cure.

The Children's Service Business Case

The Children's Services Business Case sets out savings of £11.8m to be achieved by 2014/15. In the course of challenge to these proposals by senior members of the 3 Councils, it was determined that the Business Case also needed to identify the "additionality" the proposed model would bring to the Councils. This "additionality" needed to include savings highlighted to date plus possible "knock on" savings such as the corresponding reductions in support costs to staff exiting the organisation.

The key information highlighted in this paper includes on a service by service basis:

- The existing structures (staff and costs) for the proposed services.
- The revised structures for the proposed services.
- The "additionality" these changes bring in terms of savings to the Councils.
- The attribution method used for cost and savings in each case.
- A summary of how the business will work under the new structure and the potential for additional savings/rationalization in the future.

This paper summarises the additionality the Tri-Borough model brings to the Councils and potential improvements that could take place in the future with the revised structures.

Savings Proposed

The savings of £11.8m that have been proposed can be divided into:

Assured savings – where agreement to Tri-borough working will confidently yield the savings on implementation.

Projected savings - where savings are more likely given the “compare and contrast” potential of Tri-borough working, and because of the potential for seeking savings from aggregated procurement, but where figures can only be estimated at this stage.

Possible savings - where professional opinion suggests that savings are possible from reducing duplication, harmonising pay and conditions and optimising practice, but where more detailed work has not yet been completed.

A cautious approach has been adopted in the calculation of “projected” and “possible” savings.

Table 1 Assured savings

	H&F	RBKC	CoW	Total	Attrib
	£m	£m	£m	£m	
Single management team	0.68	0.34	0.07	1.09	C
Single adoption and fostering team (reduced staffing)	0.07	0.065	0.065	0.20	A
Single Youth Offending Team (reduced staffing)	0.27	0.14	0.16	0.57	A
Single local Children’s safeguarding Board (admin overhead)	0.07	0.05	0.07	0.19	A
Education Services (GF)	1.52	0.58	0.15	2.25	D
Education Services (DSG)	0.42	0.49	0.056	0.97	D
Commissioning Staff	0.70	0.80	0.40	1.90	A
Finance Staff	0.17	0.17	0.17	0.51	B
Sub Total	3.90	2.64	1.14	7.68	

Table 1 Projected savings

	H&F	RBKC	CoW	Total	
	£m	£m	£m	£m	
Reduced costs from private fostering providers	0.23	0.23	0.23	0.69	B
Fostering – trading with other councils	0.067	0.067	0.067	0.20	B
Projected savings from combined procurement of supported accommodation for care leavers (current spend £3.9m)	0.16	0.12	0.12	0.40	
Sub Total	0.46	0.42	0.42	1.30	

Table 1 Possible savings

	H&F	RBKC	CoW	Total	
	£m	£m	£m	£m	
Further finance savings	0.08	0.08	0.09	0.25	B
Procurement – general fund savings (£50m) at £2%	0.33	0.34	0.33	1.00	B
Procurement DSG services (£30m) at 2%	0.20	0.20	0.20	0.60	B
Other middle mgt savings from social care delivery	0.34	0.33	0.33	1.00	B
Sub Total	0.95	0.95	0.95	2.85	

Total Projected and Possible Savings	Assured, and	5.30	4.00	2.50	11.80
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Notes:

A - Costs were attributed based on the relative size of net controllable staffing budget 2011/12.

B - Savings apportioned equally across the three boroughs.

C – Costs apportioned equally across the three boroughs.

D – Savings based upon where proposed fte reductions have been made in the respective boroughs starting baseline

The above table also uses the revised apportionments for Educational Services.

All totals are the 4 year ongoing savings for those services specified.

There is scope to deliver additional savings with the model through the following initiatives:

Single Management Team

- Changes can be made to the Single Management Team as needs arise.

Fostering and Adoption

- Better procurement of high cost external placements
- The potential to outsource the merged provision at a later date

Youth Offending Team

- the potential to collaborate on 'a payment by results' project offering alternatives to custody as part of the Government's wish to trial alternative approaches
- the ability to spread the risk should the Government press ahead with its plan to devolve financial responsibility to local authorities for custodial provision for young people.

Education Services

- the potential for the growth of the Social Enterprise as a trading entity, delivering a further return to the participating Councils
- the outsourcing of the Statutory Delivery component as a social enterprise or joint venture or just straightforwardly outsourced with the possibility of further reducing overheads

Commissioning

- the scope of commissioned services to be extended to include additional services currently being directly managed such as the adoption service, the fostering service, and services for disabled children and their families.

These options have not been fully assessed at this time.

Single Management Team

Overview of the Service

The Service will be managed by one management team with one post responsible for Education, one responsible for Commissioning other services and one post responsible for providing the financial support. However, within these services there will be senior officers with a specific brief in respect of each borough, ensuring that Members in each Borough can rely upon senior officers with specialist expertise AND knowledge and understanding of local circumstances. Each borough will have a Director responsible for the delivery of child protection, children in the care of the local authority and family support services. With the appointment of one DCS, there will be an individual with technical expertise and unambiguous accountability for Children's Services serving each borough

The new model offers the following additional possibilities:

- Changes can be made to the Single Management Team as needs arise.

Summary Financial Position

Assured Savings

Staffing budgets	H&F	RBKC	CoW	Total
	£m	£m	£m	£m
Starting Position	1.122	0.777	0.504	2.403
Closing Position	0.438	0.438	0.438	1.314
Additionality	0.684	0.339	0.065	1.089

Staffing	H&F	RBKC	CoW	Total
	fte	fte	fte	fte
Starting Position	12.5	9.0	5	26.5
Closing Position	4.67	4.67	4.67	14
Additionality	7.83	4.33	0.33	12.5

Attribution methodology –

Costs of the Service are evenly attributed across the three boroughs

Single Fostering & Adoption Team

Overview of the Service

The overall proposition is to reduce staffing by 5 fte (4%, £200k). This is in order to maintain capacity so that the focus of savings can be on the higher cost of placement in the independent sector.

There is currently a high vacancy rate (37%) in the current in house provision in all three Councils. The proposed placement savings is to reduce this vacancy factor and make better use of in house staff and providers before using more expensive external providers. The differential between the two is currently estimated at £15k per placement. By taking advantage of these factors, a savings of £680k can be made and high quality services can be maintained to clients. The Councils presently spends £6.1m on independent sector placements. The in-house budget for placements in 2011/12 is £5.6m.

The advantages of the tri borough model are:

- There is a greater pool of available carers to match against client needs.
- The ability sell surplus capacity to other Council's (£200k additional income).

The new model offers the following additional possibilities of

- Better procurement of high cost external placements
- The potential to outsource the merged provision at a later date

Summary Financial Position

Assured Savings

Staffing budgets	H&F	RBKC	CoW	Total
	£m	£m	£m	£m
Starting Position	1.694	1.000	1.254	3.948
Closing Position	1.624	0.935	1.189	3.748
Additionality	0.070	0.065	0.065	0.200

Staffing	H&F	RBKC	CoW	Total
	fte	fte	fte	fte
Starting Position	33	29	28.5	90.5
Closing Position				85.5
Additionality				5.0

Projected savings

IFA Placements	H&F	RBKC	CoW	Total
	£m	£m	£m	£m
Starting Position	2.287	1.240	2.601	6.128
Closing Position	2.057	1.010	2.371	5.438
Additionality	0.230	0.230	0.230	0.690

External Trading	H&F	RBKC	CoW	Total
	£m	£m	£m	£m
Proposed Income	0.067	0.067	0.067	0.200

Attribution methodology

- Staffing costs were attributed based upon the relative size of net controllable staffing budget 2011/12.
- Placement cost savings and the sales of capacity to other Councils are apportioned equally across the three boroughs.

Single Youth Offending Team

Overview of the Service

The merged service will meet the full range of responsibilities designed to reduce youth offending; provide the required service to Youth Justice Court including remand arrangements and pre-sentencing reports; and undertake the delivery of the required community sentence arrangements. At present the 3 Boroughs each provide a court service to the West London Court which covers the 3 Boroughs. The new arrangement will put in place one court Team also delivering some specialist services. Otherwise each Borough will continue to have a dedicated team, albeit under one management structure.

The new model offers the following additional possibilities:

- the potential to collaborate on 'a payment by results' project offering alternatives to custody as part of the Government's wish to trial alternative approaches
- the ability to spread the risk should the Government press ahead with its plan to devolve financial responsibility to local authorities for custodial provision for young people.

Summary Financial Position

Assured savings

Staffing budgets	H&F	RBKC	CoW	Total
	£m	£m	£m	£m
Starting Position	1.218	0.711	0.906	2.835
Closing Position	0.943	0.574	0.751	2.268
Additionality	0.275	0.137	0.155	0.567

Staffing	H&F	RBKC	CoW	Total
	Fte	Fte	fte	fte
Starting Position	27.5	18.5	19.5	65.5
Closing Position	22.1	15.8	16.5	54.4
Additionality	5.4	2.7	3.0	11.1

Attribution methodology

- Staffing costs were attributed based upon the relative size of net controllable staffing budget 2011/12.

Single Local Childrens Safeguarding Board (LCSB)

Overview of the Service

At present each Borough runs its own LSCB which has responsibility for ensuring that all the key agencies work together effectively to safeguard children. Merging the 3 LSCBs will deliver efficiencies for partners (some of whom have, under the current arrangements, to be represented at all 3 Boards); in support arrangements and in the provision of multi-agency training.

The new structure gives the ability to operate a single board across the three boroughs, which will cut down on administration and support costs. Overall, there will be a savings of 1.7 fte (£69k), but more importantly a reduction of £121k in other support costs. This brings a combined savings of £190k.

Summary Financial Position

Assured Savings

Gross expenditure	H&F	RBKC	CoW	Total
	£m	£m	£m	£m
Starting Position	0.162	0.105	0.136	0.403
Closing Position	0.092	0.055	0.066	0.213
Additionality	0.070	0.050	0.070	0.190

Staffing	H&F	RBKC	CoW	Total
	fte	fte	fte	fte
Starting Position	2.5	1.5	1.5	5.5
Closing Position	1.88	1.04	0.88	3.8
Additionality	0.62	0.46	0.62	1.7

Attribution methodology

- Staffing costs were attributed based upon the relative size of net controllable staffing budget 2011/12.
- Other savings were attributed based on the same principals.

Education Services

Overview of the Service

Education services under the new structure is split into 5 distinct areas, with funding coming from a combination of General Fund, DSG Sources and service bought back by schools:

- Schools Funded
- Social Enterprise
- Alternative Provision
- Statutory Delivery
- Senior Commissioning

The City of Westminster position is lower due to restructuring that has been carried out

The new model offers the following additional possibilities:

- the potential for the growth of the Social Enterprise as a trading entity, delivering a further return to the participating Councils
- the outsourcing of the Statutory Delivery component as a social enterprise or joint venture or just straightforwardly outsourced with the possibility of further reducing overheads

Summary Financial Position

Assured Savings

General Fund/Other	H&F	RBKC	CoW	Total
	£m	£m	£m	£m
Starting Position	3.602	3.062	2.618	9.282
Closing Position	2.082	2.481	2,470	7.033
Additionality	1.520	0.581	0.148	2.249

DSG	H&F	RBKC	CoW	Total
	£m	£m	£m	£m
Starting Position	6.972	2.609	0.919	10.500
Closing Position	6.551	2.115	0.863	9.529
Additionality	0.421	0.494	0.056	0.971

Staffing Summary	H&F	RBKC	CoW	Total
	fte	fte	fte	fte
Starting Position	194.05	117.62	72.20	383.88
Closing Position	172.45	98.92	68.2	339.57
Additionality	21.6	18.7	4.0	44.3

Attribution Method

- Based upon where proposed fte reductions have been made in the respective boroughs.

Commissioning

Overview of the Service

In the first instance the Commissioning unit would have responsibility for the £80m. spend of services already commissioned by the 3 Councils. Immediate priorities would include:

- the procurement of Transport (including home to school, contact for children in care and adult service users attending day centres) – total spend £7.5m
- procurement of placements (foster care and residential) for children in care – total spend £14.7m
- supported accommodation for care leavers – total spend £3.9m

Total projected savings £1m of General Fund spend and £0.6m from DSG, calculated at 2% of the total spend (based upon specialist advice from procurement consultants commissioned by WCC. Spend on staffing of this function will be reduced from £4.4m to £2.5m; with the headcount reduced from 85 to 46.

The new model offers the following additional possibilities:

- the scope of commissioned services to be extended to include additional services currently being directly managed such as the adoption service, the fostering service, and services for disabled children and their families.

Summary Financial Position

Assured Savings

Staffing budgets	H&F	RBKC	CoW	Total
	£m	£m	£m	£m
Starting Position	1.493	1.706	1.199	4.398
Closing Position	0.793	0.906	0.799	2.498
Additionality	0.700	0.80	0.40	1.900

Staffing	H&F	RBKC	CoW	Total
	fte	fte	fte	Fte
Starting Position	29.7	35.2	20.5	85.4
Closing Position	15.2	18.6	12.2	46
Additionality	14.5	16.6	8.3	39.4

With commissioning being combined, sharing of best best practice should enhance the potential of what is possible. At the moment a 2% reduction is assumed on these budgets. With inflation running at over 3% at the moment, the magnitude of these reductions is significantly more than 2% in cash terms.

Projected savings

Care Leavers	H&F	RBKC	CoW	Total
	£m	£m	£m	£m
Proposed savings	0.160	0.120	0.120	0.400

Possible Savings

Commissioning Budgets	H&F	RBKC	CoW	Total
	£m	£m	£m	£m
Starting Position	31.586	19.727	27.374	78.687
Closing Position	31.053	19.193	26.841	77.087
Additionality (G/F)	0.333	0.334	0.333	1.000
Additionality (DSG)	0.200	0.200	0.200	0.600

Attribution methodology –

- Staffing costs were attributed based upon the relative size of net controllable staffing budget 2011/12.
- Commissioning budgets are apportioned equally across the three boroughs.

Note, There are already savings targets proposed for Fostering & Adoption at Westminster. When undertaking the detailed savings plans in this area there needs to be reference to those already put forward to avoid any risk of double counting.

Finance

Overview of the Service

Both WCC and LBHF are re-organising their finance functions in 2011/12 to a business partner/transaction centre model. This change, along with rationalisation of local systems and processes is leading to staffing savings before any implementation of tri-borough working.

The tri borough model takes the Children's business partners, and locates them in one unit (in multiple locations) supporting their customers and the Director of Children's Services. It is assumed that this consolidation will add resilience to the service and remove duplication. A 30% reduction in terms of cost and fte's is assumed in the business plan (£510k, 9fte).

In finance in particular, there is a significant dependence on the systems being used and the reduction in numbers assumes that by 2014/15 all parts of Children's Services will be running off the same system. If this does not happen this and other savings will be difficult to achieve.

If all systems are implemented properly, and work as expected, there is a possibility that up to 50% of the staffing compared to the original numbers can be removed. This would lead to an additional savings for each council of £80k per year, which converts to just over 3 fte's. This reduction, which is over the 33% Assured level reductions highlighted below, are classed as "Possible Savings".

Financial Position

Assured Savings

Staffing budgets	H&F	RBKC	CoW	Total
	£m	£m	£m	£m
Starting Position	0.530	0.490	0.482	1.502
Closing Position	0.360	0.320	0.312	0.992
Additionality	.170	.170	.170	0.510

Staffing	H&F	RBKC	CoW	Total
	fte	fte	fte	fte
Starting Position	9	10	9	28
Closing Position	6	7	6	19
Additionality	3	3	3	9

Attribution methodology –

- Staffing budgets are apportioned equally across the three boroughs in both cases. There is a potential duplication here with possible future savings within existing business plans.

Other Middle Management savings from Social Care

There is approximately £6m of staffing costs across the three boroughs that relate to Social Care. These costs and structures are yet to be reviewed. As part of the Children's savings plans it is assumed that these costs can be reduced by £1m (17%). At the moment, the savings are attributed evenly across the three boroughs. This savings is listed in the possible savings options at the moment due to the fact that the detailed work that has been undertaken in other areas is still to happen here to establish Tri-Borough structures.

Possible additional scope for Savings

This paper concentrates on the savings that can be made from those services assessed. There are additional savings that can be made from the possibilities highlighted in each operational section in this report.

Reviewing these proposals, along with services that have yet to be included, has the potential to increase the quantum of the overall savings figures. As an example, if a similar approach is taken to the management structure of staff dealing with disabled children as with the Youth Offending Services, there is the potential to deliver another £700k of savings.

In terms of indirect cost savings, this report highlights the reduction of 114 staff. The reduction will potentially free up office accommodation as well as reducing ICT costs. The average cost per person for office accommodation is £3-6,000, and the cost per computer of £1,500.

At a reduction of 114 fte, this has the potential to save between £648k and £855k, although this will be dependent on the release of office space.

Costs

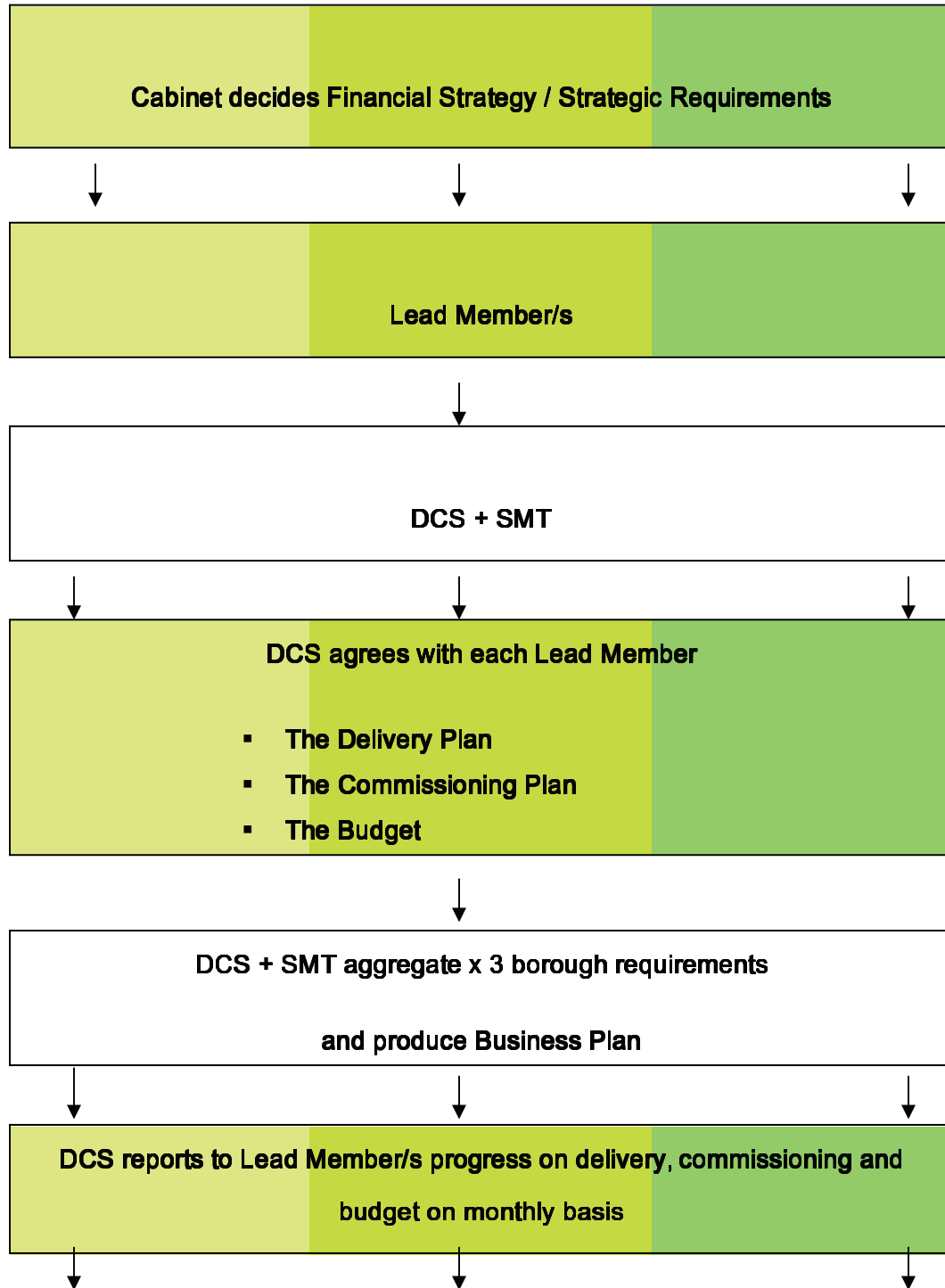
The following costs are estimated to implement the business model:

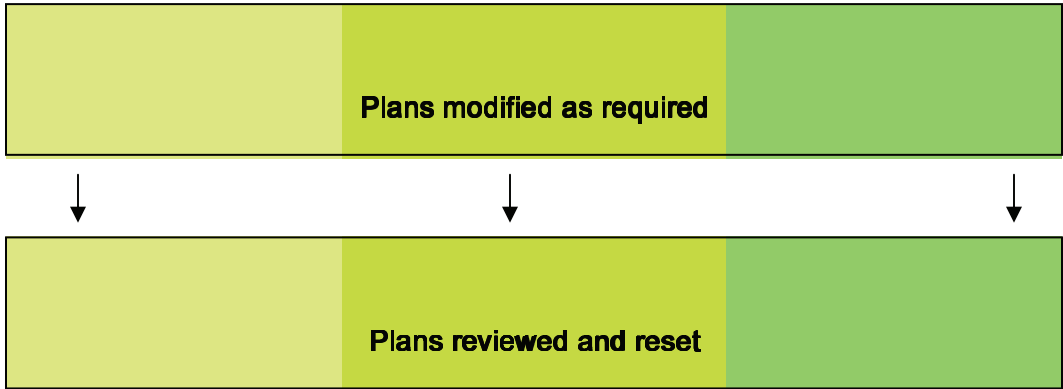
- Cost of staff exiting – it is estimated that there will be 70 staff receiving exit compensation at £25k per head – total cost £1.75m
- Cost of change process – staff will need to be freed up to manage the changes agreed. It has been agreed that all such “costs of change management” will be met from existing budgets or earmarked reserves. However, it is assumed these costs will be £250k per year for 3 years.
- Costs of new ICT – At some point a Tri-borough Children’s service will need a common record system. There will be an integration cost which is not known at the present time, although no account has yet been taken of reduced IT operating costs when one system is achieved.

H&F

K&C

WCC





3 Borough Children’s Service – Member/Officer Working Arrangements

Fortnightly Lead Member Briefing x 3

Attendees (as required)

DCS
Borough Director of Family Services
Director of Resources; Borough Accountant
Director of Schools; Borough Schools Commissioner (Standards); Borough Head of Education for Vulnerable Children
Director of Family Services Commissioning; Borough Commissioning Lead; Relevant Commissioning Manager

Joint Lead Member Briefing

DCS
Directors
Relevant specialist staff

‘Informal’ Cabinet / Cabinet Briefing / Leaders’ Group & Cabinet Meetings

DCS
As for Lead Member Briefing – as required

Scrutiny Committee x 3

As for Lead Member Briefing – as required

Adult Social Care

Tri-Borough Service Plans and Proposals

Cabinet Meeting

20 June 2011

Senior Responsible Owner: Geoff Alltimes

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ASC Programme – report to June Cabinets

1. Executive summary

Adult Social Care Programme - Full Year Savings Summary

	Full Year Savings £000s	Costs of Transition (i.e. one-off) £000s
Commissioning, Finance and Inhouse Services	2906	-1033
Overheads (Training, Project management)	656	
IT	428	
CLCH Integration - Management	241	-38
CLCH Integration - Impact on Demand	3784	
Joint Commissioning and support services with GP consortia	1000	
Procurement savings	1935	
Total	10950	-1070

Phasing and Breakdown by Borough

	Savings £000s				Costs of Transition £000s
	2011/12	2012/13	2013/14	2014/15	
LBHF	63	1026	4031	5303	-461
RBKC	31	601	1230	2094	-225
Westminster	52	1321	2325	3554	-383
Total	146	2949	7586	10950	-1070

Boroughs expect to deliver savings of £10.95m by 2014/15, while meeting residents aspirations for quality seamless services.

Savings will be delivered by combining services. If proposals are agreed, boroughs will have in place:

- A joint commissioning team led by a single Director of Adult Social Care, reducing back office costs and overheads by 38% and facilitating savings from joint procurement.
- A single integrated provider organisation combining adult social care and community health services, reducing service duplication and reducing demand as well as the intensity and length of expensive care.
- Joint Commissioning: GP consortia will need to establish their own commissioning support organisations from 2013/14. They will need to develop shared arrangements with other consortia in order to be able to commission at scale (e.g. acute hospital commissioning). Our aspiration for a shared single commissioning support organisation allows for expertise and associated costs to be shared. This would realise efficiency savings for both the NHS and social care. Our estimate is that this would generate for boroughs a further £1m of savings.

2. Recommendations

- To agree to appoint across the three boroughs a joint Director of Adult Social Care.
- To set up a joint steering group of two Members of each participating Borough to supervise further refinement and implementation of the proposals.
- To agree to continue Local Authority control of budget management ensuring budgetary control remains with the Councils.
- To agree proposals for the establishment of a joint Adult Social Care Commissioning Department including support functions.
- To agree to negotiations with Central London Community Healthcare to establish integrated health and social care services both for assessment and long term support. These services are to be borough specific where appropriate and tailored to local needs and include gate keeping mechanisms to ensure effective financial and quality control.
- To agree the development of a legal agreement with Central London Community Healthcare ensuring service standards and accountability are clear.
- To agree to the establishment of a single Operational Assistant Director across three boroughs reporting to the Chief Executive of Central London Community Healthcare and the Director of Adults Social Services.
- To refer the proposals for further comment by scrutiny committees and for further formal consultation with the trade unions.

3. Introduction and context

Boroughs' Adult Social Care (ASC) Departments are responsible for arranging services to eligible residents over 18 who need support due to old age, long-term illness or disability.

Boroughs current spend £306m¹ on Adult Social Care services each year. After assessing need and eligibility, services are procured from private, independent and third sector providers, or delivered in-house.

Total Gross Expenditure Budgets 2011/12

Sum of Expenditure Budget Forecast 2011/12 £000s	
Borough	Total
LBHF	104953
RBKC	71618
Westminster	129958
Grand Total	306528

A combination of budgetary and demographic pressures means boroughs face an unprecedented challenge to sustain the quantum and quality of services.

As the table below highlights, boroughs face significant financial pressures during a period of rising inflation.

ASC – Budget reductions to be found	
Borough	Budget reductions by 2014/15
H&F	16%
RBKC	13% overall borough reduction
WCC	13.4% to 2013/14

At the same time as budgets are reducing, demand is rising. Boroughs' changing demography means that an increasing number of residents will require support in the future. The Kings Fund highlight that Adult Social Care has enjoyed an average annual rise of 5.1% since 1994, but much of this has been absorbed by demographic pressures². An increasing proportion of support required will be more complex in nature, and therefore more costly to provide.

Boroughs wish as a priority to protect services provided to residents. This is possible through lowering overheads, reducing demand for expensive care, lowering the cost of providing necessary care through economies of scale on procuring services and reducing duplication and costs in the delivery of services. This report outlines how, by combining departments, boroughs can deliver these aims while retaining sovereignty over services.

¹ Gross of income

² Social care funding and the NHS: An impending crisis? Richard Humphries, March 2011

3.1. Savings overview

Boroughs expect to deliver savings of £10.95m by 2014/15, while meeting residents aspirations for quality seamless services.

Savings will be delivered by combining services. If proposals are agreed, boroughs will have in place:

- A joint commissioning team led by a single Director of Adult Social Care, reducing back office costs and overheads by 38% and allowing for savings from joint procurement.
- A single integrated provider organisation combining adult social care and community health services, reducing service duplication and reducing demand as well as the intensity and length of expensive care.
- Joint Commissioning: GP consortia will need to establish their own commissioning support organisation from 2013/14. They will need to develop shared arrangements with other consortia in order to be able to commission at scale (e.g. acute hospital commissioning). Our aspiration for a shared single commissioning support organisation allows for expertise and associated costs to be shared. This would realise efficiency savings for both the NHS and social care. Our estimate is that this would generate for boroughs a further £1m of savings.

Adult Social Care Programme - Full Year Savings Summary

	Full Year Savings £000s	Costs of Transition (i.e. one-off) £000s
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CLCH Integration - Impact on Demand	3784	
Joint Commissioning and support services with GP consortia	1000	
Procurement savings	1935	
Total	10950	-1070

Savings Risk Profile

	£000s
Assured	4231
Projected	1935
Possible	4784
Total	10950

The savings set out above have been further analysed to give a “confidence level”.

Assured: where agreement to tri-borough working will confidently yield the savings upon implementation. Savings from combining commissioning departments, CLCH management integration, overheads and ASC IT procurement are highlighted here.

Projected: Where savings are likely, but where figures can only be estimated at this stage. Savings from joint procurement are expressed here.

Possible: Where professional opinion suggests that savings are possible from reducing duplication, optimising practice and avoiding costs – savings from integrating assessment and care management teams is highlighted here.

Phasing and Breakdown by Borough

	Savings £000s				Costs of Transition £000s
	2011/12	2012/13	2013/14	2014/15	
LBHF	63	1026	4031	5303	-461
RBKC	31	601	1230	2094	-225
Westminster	52	1321	2325	3554	-383
Total	146	2949	7586	10950	-1070

Source of Saving By Borough and Year

	2011/12	2012/13	2013/14	2014/15	Costs of Transition £000s
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LBHF

Commissioning, Finance and Inhouse Services	63	778	778	1258	-447
Overheads (Training, Project management)	0	0	0	252	0
IT	0	0	0	0	0
CLCH Integration - Management	0	93	93	93	-14
CLCH Integration - Impact on Demand	0	0	2900	2900	0
Joint Commissioning and support services with GP consortia	0	0	0	433	0
Procurement savings	0	155	260	367	0
Total	63	1026	4031	5303	-461

RBKC

Commissioning, Finance and Inhouse Services	31	379	379	612	-217
Overheads (Training, Project management)	0	0	0	196	0
IT	0	0	0	0	0
CLCH Integration - Management	0	51	51	51	-8
CLCH Integration - Impact on Demand	0	0	250	250	0
Joint Commissioning and support services with GP consortia	0	0	0	211	0
Procurement savings	0	171	550	773	0
Total	31	601	1230	2094	-225

Westminster

Commissioning, Finance and Inhouse Services	52	641	641	1036	-368
Overheads (Training, Project management)	0	0	0	207	0
IT	0	321	428	428	0
CLCH Integration - Management	0	97	97	97	-15
CLCH Integration - Impact on Demand	0	0	634	634	0
Joint Commissioning and support services with GP consortia	0	0	0	357	0
Procurement savings	0	262	525	795	0
Total	52	1321	2325	3554	-383

ASC Tri borough Return on Investment

£000s	Year 0	Year 1	Year 2	Year 3	Year 4
Cash In-Flows	0	146	2949	7586	10950
Cash Out-Flows	0	517	150	403	0
Net Cash-Flow	0	(371)	2,799	7,182	10,950

Cumulative Cash-Flow	0	(371)	2,428	9,611	20,561
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Payback (non discounted) 1.1 Years
 4 Yr NPV (DR 4.0%) £ 17,977

3.2. Savings attribution methodology

Savings are realised as lower operating costs. Savings and costs are attributed to boroughs in proportion to what they spend currently in 2011/12. This is a fair method and is likely to satisfy audit testing.

Other services are commissioned or procured, or relate to staff that work within a particular locality. Costs here are easily charged back to particular boroughs.

3.3. Summary of investment requirements

There are four sorts of costs in implementing a tri-borough service:

Staff exits costs – Actual costs depend on who exactly is made redundant, but current estimates based on detailed work around the commissioning structure are £695k. This is calculated by taking the number of posts deleted x 50% (assuming half are redeployed) x £25,000 (an average redundancy payment).

IT – WCC and RBKC have already agreed to procure a new ASC IT system. Costs will become clear in late June/July once the tender analysis is underway. Both boroughs have set aside capital for this investment, £1.3m in WCC and £0.75m in RBKC, based on the expectation of a payback from savings (see IT Savings section).

Redesigning assessment and care management services – these changes to reduce care costs will be highly complex. External support will be required to deliver within desired timescales. A clear picture of these costs is being considered. As with IT, an advantage of combined working is that these costs can be shared, in this case between the boroughs and the NHS.

Project management costs: Combining departments will require support and some staff will need to be freed up to manage the change ahead. This can partly be achieved through controlling the phasing of departures. Nevertheless, some costs will be incurred, which are estimated at £375k over 3 years.

4. Integrated commissioning

4.1. Case for change

Boroughs' currently employ 130 FTE staff at a cost of £7.1m to procure and manage services and in roles that support that core activity, for example around finance, analysis and IT.³

A further group of staff is employed to assess and manage care. These are considered separately.

Reflecting boroughs' legal duties, many of the services provided by boroughs are similar or identical and procured from the same organisations (see procurement section).

Consequently, the roles and skill sets within boroughs' commissioning teams are broadly replicated. By combining functions and teams, efficiencies can be made as, for example, managing three boroughs' contracts with the same organisation does not triple the workload.

Larger overall staff reductions can also be made more safely; the combined workforce remains larger than any individual borough's, thus ensuring a critical mass of staff are available to oversee the very complex care-redesign work ahead, as well as ensuring there is sufficient resilience to addresses pinch points.

Providing services to a larger combined population will also allow for specialist expertise to be retained to commission support to smaller groups with complex needs such as people with autism, services for people with dual diagnosis, services for people with brain injuries and services for people with high level mental health needs.

4.2. Analysis of savings

Savings and service improvements would be realised in two phases.

In phase one boroughs propose to create a joint commissioning team or department led by a single Director of Adult Social Care responsible for commissioning relationships for health and social care across the three boroughs. This will include finance, business intelligence and other services necessary to support the commissioning structure and front line services. This will reduce the workforce from 130 to 81 FTEs or 38%, leading to a saving of £2,756k⁴, while retaining service

³ Service configurations differ to an extent. For example certain commissioning staff in WCC are employed through a corporate commissioning team. Analysis has identified those who, directly or indirectly, are employed to deliver for borough ASC Departments.

⁴ The salaries for posts costed in the new structures are assumed to be similar to current equivalent posts, with the addition of LBHF's employer oncosts.

quality and ensuring capacity is retained to better and more rapidly achieve considerable reductions in unit cost.

In phase two boroughs aspire, in consultation and agreement with GP consortia to create a single commissioning support organisation for both adult social care and NHS GP Commissioning. Through sharing with consortia the cost of a combined commissioning organisation, boroughs believe there are further savings of up to a further £1m, as well as benefits from better joining up of services.

The section below outlines a detailed operating model for phase one i.e. a combined borough commissioning team. Work around a single commissioning support organisation will depend on further discussion with GP consortia.

4.3. Operating Model

The chart below outlines a combined structure for ASC commissioning. It will deliver a year 1 saving in staff costs.

Design of the structure has been informed by key principles:

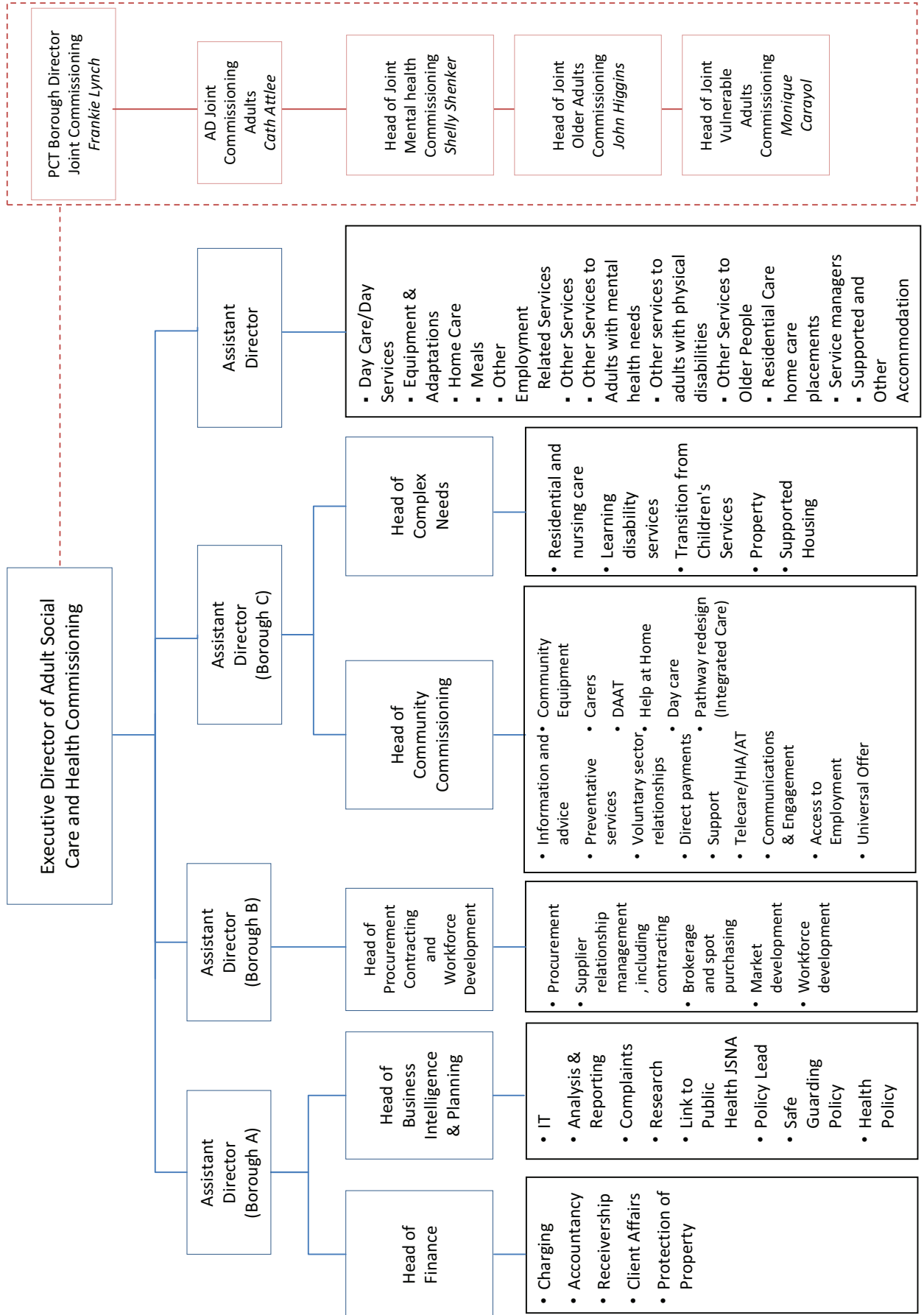
- The Service represents the leanest management and overhead budget immediately possible (further savings can be later realised via combining commissioning with GP consortia).
- The Service has the capacity to commission services in the most cost effective manner to deliver upon the required outcomes;
- The Service is able to respond to the Government's agenda, and the policy agenda of the 3 councils;
- The Service is resilient, particularly in regard to ensuring the most vulnerable adults are properly protected;
- The Service is organised in a manner that ensures that costs are controlled.

The new proposed structure is detailed in table 1 below; it is configured around six broad service groups. Alongside their functional responsibilities each Assistant Director will act as the key link for one of the three Boroughs (nominally represented here as Borough A, B or C). Further details around the roles of each of the groups can be found at appendix A1 – 4, alongside organograms and detailed staff costings for each group:

Procurement contracting and workforce development: will manage all procurement exercises. They will be responsible along with the commissioners for developing the social care market and maintaining ongoing relationships with contractors. They will work with commissioners to develop specifications for services and ensure contracts are appropriately monitored. They will also ensure that there is a suitable adequately trained workforce across all providers **Overall saving: 15.5 FTEs or £697k (35%)**

Table 1: Structure for Tri-Borough and NHS Integrated Commissioning

Version: 8 June 2011



Commissioning: This team will commission all services which support people who are living in the community with social care needs. There is potential that DAATs could be managed through this team, however, it seems to be government policy that they will eventually be managed within Public Health in local government

Preventative Services Commissioning will ensure that all 3 boroughs have a robust preventive offer for all adult social care user groups and build on the strong relationships which exist between the voluntary sector, community groups and the 3 Councils. **Overall saving for complex needs and wider commissioning:** 10.1 FTEs or £503k (35%)

Complex Needs: This directorate would commission services for a range of people including those with autism, dual diagnosis, brain injuries and high level mental health needs. The responsibility for property issues will be with these teams as most of the buildings based services will be commissioned by this team. **Overall saving for complex needs and wider commissioning:** 10.1 FTEs or £503k (35%)

Business intelligence and planning are some of the key functions necessary both to inform commissioners and also to ensure the performance of the service is appropriately managed and reported both internally to Councils and elected members and externally to regulators. **Overall saving:** 7 FTEs or £401k (36%).

Finance will support the commissioning and statutory adult social care functions of the 3 Councils. In Westminster this will mean some disentangling of current centralised arrangements. With the synergies across the 3 boroughs of such support services it is more likely that efficiencies will be delivered this way⁵. **Overall saving:** 15 FTEs or £543k (38%).

The savings in finance depend upon three things:

- Adopting common computer systems (e.g. general ledger, where there is a dependency on Project Athena)
- Having common policies, as far as possible (e.g. charging policies)
- Standardising business processes (e.g. budget setting, budget reporting)

Costs of computer systems may include redesigning systems, new user licences, and re-writing interfaces, amongst other things. No allowance has been made for these costs yet.

Directly managed services: Each of the three councils still directly manages some social care services. These services have a combined value of just under £22m and include day care, day services and residential care home placements in each of the three boroughs. The strategic direction continues to be to outsource services and there are plans to do this as at different stages of implementation.

⁵ Frontline client finance services (such as staff who look after client's money on their behalf) will remain within the Department. These are non-management function funded by user contributions. They have therefore not been considered as part of this management reduction exercise. Services will instead be re-designed as part of the review of frontline assessment and care management services.

Whilst the services remain within the councils they will need sound management. It is proposed that one senior manager will be designated to manage these services together as a specific management role reporting to the DASC. Once suitable arrangements are made for the remaining services, this role would cease, potentially saving £125k by 2014/15.

Other key service relationships:

Public health: A single service led by a Joint Director of Public Health has been established across the boroughs. In the short term, the combined commissioning department will ensure priorities and funding are aligned. Once full details of the transfer of public health functions to Local Government are known, boroughs will make detailed plans for integration.

Joint Commissioning: The 3 boroughs and the PCT sub-cluster already have agreed joint commissioning arrangements (mental health, older people, other vulnerable adults), these have responsibility for all areas where there is a clear advantage from doing so. They ensure services are commissioned across organisational boundaries and that best use is made of pooled budget arrangements.

4.4. Protecting sovereignty

One commissioning team is more than capable of procuring services to multiple specifications, as highlighted in the box below. Because of increased scale, services can be procured at lower cost.

Box 1: Joint commissioning to different specifications

Kensington and Chelsea tendered for a community equipment loan service on behalf of a consortium of 8 boroughs to achieve greater volumes and lower unit costs. As well as a saving on procurement costs, each borough was able to use this contract to make savings – 15% in LBHF, and can still tailor it to suit local factors. It is now being used by 13 boroughs with 4 others planning to join.

Each borough will have a senior manager at Assistant Director Level nominated to work with them to ensure availability to elected members and representation of Adult Social Care within the core functions of the Councils. Members will continue to meet regularly with the Executive Director. See appendix B for an outline of the proposed annual cycle for agreeing with Members priorities and oversight of their delivery

Members already find it valuable to meet together to discuss opportunities for collaboration and to compare and contrast current service delivery methods. This new way of working, in combined services, offers advantages to strengthen political leadership and accountability because a team approach by Cabinet Members will provide them with more opportunity to compare and contrast performance on behalf of their boroughs and to challenge officers on asserted best practice.

4.5. Health and wellbeing boards

Boroughs will wish to consider once the Government's Health proposals are settled the right configuration to ensure cooperation where it would be advantageous to do so.

5. Combined procurement of services

5.1. The case for change

Tri-borough ASC contractual spend is approximately £200m and the three boroughs contract many of the same providers to deliver similar services.

Combined procurement offers opportunities to reduce costs in several ways, including through reduced transaction costs from doing things once instead of three times, and by adopting the most efficient of each borough’s contracting practices in the tri-borough arrangements.

The most significant cost reduction comes from lower contract prices driven by the greater purchasing power of three boroughs. For example, the six Boroughs of the West London Alliance (which includes H&F) have made a £4.2m saving in Home Care contracts through joint procurement arrangements. However, the care market is fragile and this brings risks to achieving the savings targets, even with a tri borough approach.

In those cases where joint procurement does not prove advantageous, boroughs can procure separately; there are no downsides to having additional procurement options.

Boroughs would look for additional procurement savings through joint commissioning with GP consortia, though it is too early to estimate possible savings.

As highlighted above in box one, savings can be made even if services are procured to different specifications.

5.2. Savings analysis

Analysis of the prices paid to common providers of similar services across the three boroughs suggests that savings can be realised by bringing prices closer to the tri-borough average price. The tables below shows the projected savings for older people’s and mental health residential and nursing spot purchased placements if each borough paid no more than the current average price paid to that care home across the three boroughs:

Older People

		Number of OP spot purchased placements	Annual savings from adoption of average price
Annual	H&F	301	£102,436
Annual	K&C	177	£147,566
Annual	Westminster	290	£543,029.
	Total	768	£793,031

Mental Health

		Number of MH spot purchased placements	Annual savings from adoption of average price
			50% of actual savings *
Annual	H&F	128	£64,119.
Annual	K&C	72	£68,552.
Annual	Westminster	151	£252,112
	Total	351	£ 384,783
Total OP and MH		1119	£1,177,814

50% of savings have been used as the nature of mental health placements for H&F and RBKC. WCC have asked for a lower figure. It should be noted that mental health prices are more variable than older people and the number of homes is far less. The 50% allows placements at varying needs to be considered.

The tables above and below are based on the premise that, if a borough pays less than the average price, their price paid would not increase to the average price level.

A similar analysis of homecare prices also suggests savings can be realised by bringing prices closer to the tri-borough average:

Home Care

		Number of homecare Hours	Annual savings from adoption of average price
Annual	H&F	583,652	£0
Annual	K&C	420,082	£357,070
Annual	Westminster	898,838	£0
	Total		£357,000

Homecare prices should be compared with caution as service specifications and monitoring arrangements differ, for example, RBKC contracts include service development and e-monitoring and billing considerations and requirement to pay workers the London Living Wage – approx £1 above West London Alliance (WLA) rate. The e- monitoring has saved RBKC over £1 million over three years.

Whilst homecare and residential care represent the largest ASC spend areas, there will be opportunities to realise savings across all contracts as they come up for renewal. Complete alignment of the three boroughs procurement programmes will take several years, however, there are 217 adult social care contracts across the three boroughs with a value of £80 million which come up for renewal between now and 2014.

It is already common practice to jointly procure services across the three boroughs where possible. Current joint tenders include the Drug Intervention Programme, Direct Payment Support Services, Meals on Wheels, and Supporting People (which is being procured under a framework agreement across the tri-borough and west

London). LBHF expects a £200k annual saving on Supporting People prices through this framework agreement, and RBKC expects a similar saving.

5.3. Timeline

The rate of annual turnover in residential and nursing care (approximately 30%) and homecare (approximately 36%), and the expected timeframe for completion of planned tenders over the next few years provide some indication of likely phasing of savings. These indications are shown in the tables below:

Phasing by Service

	2012/13	2013/14	2014/15
Residential Care(OP and MH)	£388,678	£777,357	£1,177,814
Homecare	£0	£257,070	£357,070
SP & other contracts	£200,000	£300,000	£400,000
Total	£588,678	£1,334,357	£1,934,884

Phasing by Borough

	2012/13	2013/14	2014/15
LBHF	£154,963	£259,926	£366,555
RBKC	£171,318	£549,637	£773,188
WCC	£262,396	£524,793	£795,141
Total	£588,678	£1,334,357	£1,934,884

5.4. IT savings

Westminster and Kensington and Chelsea are jointly procuring an adult social care IT system. Existing systems had become costly and difficult to maintain, and the technology used has limitations in being able to meet the demands from personalising services.

Systems are being purchased via a Framework Agreement available to all London Boroughs. This means that Hammersmith & Fulham are able to buy into the framework when their current system needs replacement.

The procurement exercise is likely to reach contract award in July/August 2011 and the expected implementation timetable for the new service is estimated to fall in the first quarter of 2012.

Westminster is expecting to release savings of £428k per year through a reduction in IT costs from this process. RBKC is looking to enable more direct user based

transactions, reducing back office support and through streamlining processes and mobile working. RBKC is anticipating that up to £250k per year can be saved in the two years following implementation through reducing staffing costs. A clearer estimate on IT savings will be available once tenders have been considered.

Further savings of up to £1.4m around ASC IT and associated support are being delivered through the Corporate Services programme. The June Corporate Services Cabinet report will outline the business case in more detail

Boroughs are commencing work with CLCH and other providers to ensure systems are aligned and compatible.

6. Delivery of services

6.1. Assessment and care management

The case for change

In general, councils only provide services to people in need of care and attention which is not otherwise available to them. There is a statutory requirement to assess people's needs for services against transparent eligibility criteria before determining which service or services to provide and in what amounts. The need for services provided by boroughs is usually reviewed at least yearly. Services include reablement, occupational therapy and support for older and disabled people and people with learning disabilities.

This process is known as assessment and care management. Boroughs currently employ 409 staff at a cost of £17.4m to provide these services.

CLCH Integration Workstream Staffing Budgets

		Borough Data						Total Sum of Budgeted FTE 2011/12	Total Sum of Pay Budget Forecast 2011/12 £000s
		LBHF		RBKC		Westminster			
Status with Potential Provider	Service	Sum of Budgeted FTE 2011/12	Sum of Pay Budget Forecast 2011/12 £000s	Sum of Budgeted FTE 2011/12	Sum of Pay Budget Forecast 2011/12 £000s	Sum of Budgeted FTE 2011/12	Sum of Pay Budget Forecast 2011/12 £000s		
CLCH	Assessment & Care Management	74	3826	122	4291	121	6285	317	14402
	HIV/AIDS	0	0	3	58			3	58
	Home Care	2	63					2	63
	Lone Adults					2	84	2	84
	Occupational Therapy	20	0	25	868			45	868
	Other Employment Related Services	0	0					0	0
	Other Services	3	142					3	142
	Other Services to Adults with Learning disabilities	0	0		0			0	0
	Other Services to Older People				0			0	0
	Reablement	26	1095					26	1095
	Service Managers	6	232	1	85			7	317
	Strategic Management					2	192	2	192
	Supported and Other Accommodation.	0	0					0	0
	Senior Managers	1	95	2	108			3	203
CLCH Total		130	5452	153	5410	125	6561	409	17423
Grand Total		130	5452	153	5410	125	6561	409	17423

The NHS separately has a duty to assess health needs, such as for community nursing care, and employs staff across the boroughs through the local community healthcare provider, Central London Community Health (CLCH).

Boroughs and NHS assessments and care arrangements are currently made in isolation. Yet people in need of support tend to be frail because of their health deteriorating in older age or because of disabilities or illnesses. They are, therefore, often in need of health care services as well as social care services.

Feedback from people who use both services tell of duplication, multiple visits by different workers, all asking very similar questions and lack of co-ordination of their care. This is wasteful of resources and frustrating to the service user.

Equally significantly, a service commissioned by one organisation can often have a positive or negative impact on the budget of the other. An example of this would be

how a change in investment in community nursing by the NHS will impact on the level of care provision which the local authority needs to commission to support individuals in the community. Currently, no party is incentivised to make savings to the healthcare system as a whole, as the benefit of increased investment is often not realised by that organisation. This means that investment in interventions to reduce overall the demand for care and in particular the most expensive care (such as hospital in-patient care) is not optimised.

By working together and sharing the costs and savings from reducing demand for services, especially more expensive intensive forms of support, residents can be better supported and costs can be reduced significantly.

Boroughs propose to achieve these savings and service benefits by combining NHS and borough assessment teams. Joint teams would provide holistic assessments of support to individuals in need. Redesigned assessment and care processes would ensure care staff can i.) put in place preventative programmes to avoid the need for expensive acute support and ii.) reduce the length and intensity of support where it is required. A combined service also means savings from fewer managers.

Attempts over many years to achieve similar results through agreements around working practices have not proved to be successful, although savings have been made in some areas.

Even within the NHS, assessments are currently undertaken in different ways by different professional groups. In community health services nursing teams are not integrated with therapy services so there can be multiple assessments carried out on one individual. Community health services in CLCH are moving to a single point of access for all services which means that assessments will be carried out by the most appropriate professional and duplication will be reduced.

It makes sense, including because of the scale and the speed of the savings required, to take the opportunity to combine teams more widely across health and social care. There is a significant body of evidence around the success of this approach, as outlined in the box below. This approach has wider support, such as from the Independent Westminster Social Care Commission⁶.

⁶ A Vision for the Future Health & Social Wellbeing of a City – Final Report of the Independent Westminster Social Care Commission, April 2011.

Box 2: Achieving the savings - the evidence base for integrated provision

- In Torbay, the local council and the PCT established a care trust which brought responsibilities for health and adult social care into one organisation. It has a single budget for health and social care, and teams are able to use this budget flexibly to meet patients' needs. A priority has been to **increase spending on intermediate care services that enable patients to be supported at home and help to avoid inappropriate hospital admissions**. The results can be seen in:
 - Reduced use of hospital beds (daily average number of occupied beds fell from 750 in 1998-9 to 502 in 2009-10)
 - Low use of emergency bed days among people aged ≥65 (1920/100000 population compared with regional average of 2698/100000 population in 2009-10)
 - Minimal delayed transfers of care.
- The Care Quality Commission report that a focus on better coordination of services has led to a **reduction in delayed transfers of care from acute hospitals** from 3,600 a week in 2003/4 to 2,200 a week in 2008/9. A total of 148,000 people had access to services that helped them to avoid being admitted to hospital as an emergency, compared to 80,000 in 2004. A further 157,000 had access to services that helped them to return home quickly from hospital, compared to 112,000 five years ago (Care Quality Commission 2010).
- The Milton Keynes Rapid Assessment and Intervention Team, jointly funded by the Council and PCT, has shown that, over a 12-month period, 722 hospital admissions and 100 **admissions to residential or nursing home care were avoided**. Total savings to health and social care were £3m.
- The Rapid Response Service in Salford offers **intermediate care** through a pooled budget. In 2007/8 at least £1 million was saved (£689,000 to health and £378,000 to social care) as a result of **diversion from hospital and residential placements**.
- A systematic review and critical appraisal of a range of **prevention / early intervention** programmes – the Supporting People, POPP and LinkAge Plus programmes – suggested that these integrated approaches could generate resource savings of between £1.20 and £2.65 for every £1 spent (Turning Point 2010) along with improvement in older people's quality of life.

6.2. Proposed operating model

CLCH will be commissioned to work with Councils to combine teams and redesign care processes. It is proposed that there is some integration between health and social care staff into joint teams. The services will be divided into two complementary parts which will include gate keeping mechanisms to ensure effective financial and quality control.

6.3. Assessment

It is proposed to have a new joint assessment and reablement service accountable to boroughs as well as the NHS. Boroughs would control charging policies and assessment criteria and therefore retain control over demand. GP consortia would want to put in place similar arrangements once handed budgetary responsibility.

The staff in these front line integrated teams would consist of qualified and unqualified social care staff, occupational therapists and physiotherapists. These teams would be able to assess an individual's requirements and provide necessary short term therapy input to ensure people are able to be as independent as possible. Disability equipment would be provided to maintain independence. A continuing push towards individual budgets will mean over time that less services are arranged directly by assessment staff, creating a clear distinction between the assessor gatekeeper role and ongoing care management.

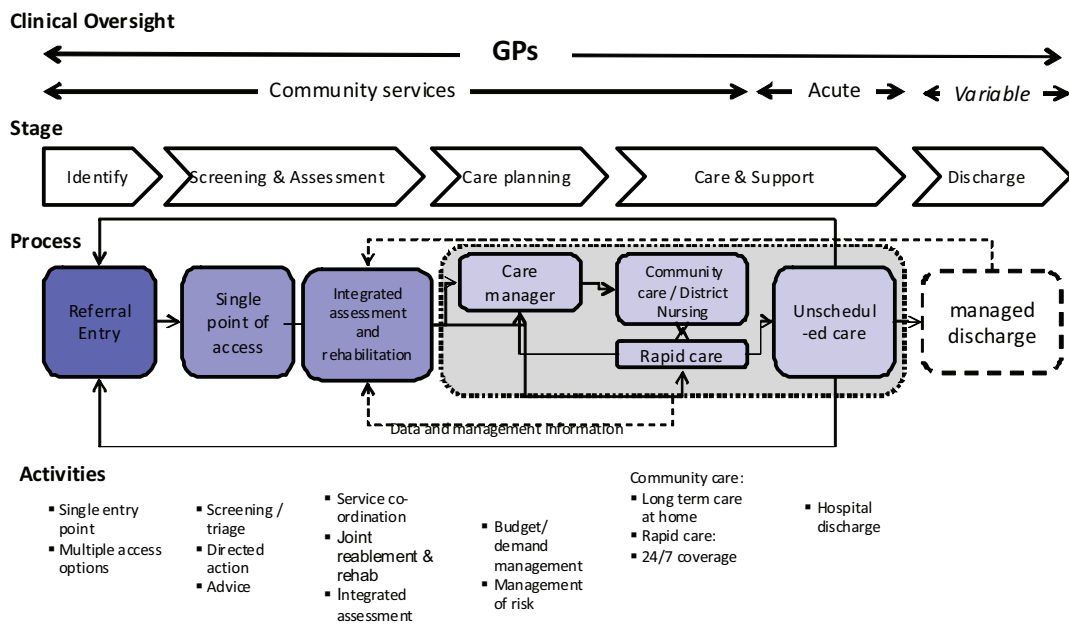
Personal budgets or care packages would be organised for people who require ongoing care after the period of assessment. Research shows that teams operating in this way only have to fund ongoing care for approximately 50% referred for assessment.

6.4. Teams for people with long term conditions

For people with long term conditions or who are considered to be vulnerable and at risk; joint teams of social workers, district nurses and community matrons would provide ongoing support, advice and nursing care. These teams would ensure people are kept safe, out of residential and nursing care and only admitted to hospital when absolutely necessary. These teams would work closely with GPs to identify those most at risk and target services at them. 3 out of the 4 local GP Practice Based Commissioning clusters have expressed an interest in this type of service through the Integrated Care Pilot which is just starting in North West London. This pilot also involves hospital clinicians providing support to people in the community and primary care teams.

The diagram below outlines how a redesigned integrated structure would operate.

Integrated Assessment – a new model of care delivery model for adults



Box 3: Building on existing models

The model being developed for integrated health and social care provider services is based on the models which have started to be developed across the 3 Councils.

In Hammersmith Continuity of Care model being developed with partners is predicated on the assumption that many hospital and nursing home admissions could be prevented – and better patient outcomes achieved - through more timely and targeted intervention with at-risk individuals.

In Westminster the joint reablement service ensures that all people who are referred to health and social care receive an assessment designed to maximise their independence. Over 50% do not require ongoing services after a period of work with the therapists in the reablement team and the provision of some disability equipment .

In RBKC, the Council in partnership with Kensington and Chelsea PCT and the Community Health Services have developed a range of preventative services which include a joint Intermediate Care Team and a specialist re-ablement team, both of which are focused on enabling people to regain their full potential for independence particularly after a hospital admission. This involves all professionals working in a joined up way to support people back to their maximum independence in order to improve an individual's quality of life and reduce the demand for long term on-going services

Integration with community health services will enable all assessments to be carried out efficiently with a focus on maintaining independence. Integration of social care and community health services will re-shape the health and care system so that it is designed to maintain peoples independence and effectively manage long term conditions in less expensive community settings.

This means in the first instance entering into a contractual partnership agreement with CLCH⁷ around line management (but not employment) of borough assessment and care management staff⁸. As for all service delivery contracts, the partnership agreement would set out borough expectations around quantum, type and quality of services. This will be tailored to each boroughs priorities and care budget envelope.

The Chief Executive of CLCH would be held jointly accountable for service delivery with the Director of Adult Social Care. One Assistant Director would manage social care across the three boroughs with three heads of service reporting to them responsible for individual borough services.

In addition to regular performance monitoring reports to the Director of Adult Social Care, there would be a Governance Board to oversee the performance of the partnership. This would consist of the three Cabinet Members together with non-executive directors of the health partner; the Director of Adult Social Care and the Chief Executive of the health partner. Boroughs hope to have this arrangement in place by October 2011. Members would sign off the draft partnership agreement to ensure it is sufficiently robust.

This model replicates the successful mental health trust arrangements boroughs have in place – see box 4 below.

6.5. Budgetary Control

The commissioning and purchasing budgets would be retained by the commissioners. Councils would retain responsibility for gatekeeping access to services. All significant expenditure such as residential and nursing home placements and large care packages would be sanctioned by the commissioners through the funding panels which currently exist in each borough, who would also ensure that funding from NHS Continuing Care budgets are accessed where possible. This model takes account of the proposals for GPs to be allocated budgets for commissioning services. Wherever possible it would be appropriate for these budgets to be managed jointly.

Boroughs will set reduced budgets around which services will be redesigned. The NHS has set CLCH a target of 6% p/a savings reductions and boroughs would look to CLCH to achieve the same for social care. Intensive work over the following months will see assessment and care processes redesigned and equivalent work around frontline finance i.e. client affairs and charging, although this service would remain with boroughs. This work will be informed and developed in conjunction with GP consortia who will eventually take on health commissioning responsibilities, and by wider partners such as Hospital Trusts. In the first year of operation we would look to these teams, with new GP referral procedures, to keep more people at home in the community, making bigger savings in the placement and packages budgets.

⁷ Under s75 of the National Health Services Act 2006, as successfully used to deliver combined Mental Health services

⁸ Learning disabilities services are already jointly delivered with CLCH. The plan here is to bring together the three community teams across the three boroughs into a single management arrangement in CLCH

Once redesign work is complete, and subject to Member agreement, boroughs will modify the partnership agreement to take account of its findings e.g. agreed cost and savings sharing methodologies and common eligibility and assessment protocols across the healthcare system. It will also consider whether staff reductions can be made by reducing duplication. The revised agreement will commit and hold CLCH to account for implementing the redesign work and making the associated savings.

Like any other contractual agreement, should standards fall short, Members can take action, including if necessary terminating the agreement.

It is foreseen that combined teams will be borough based, with specialists working across boroughs. Members will, as now, control priorities and spend within their own budget envelopes.

At this point boroughs would also be able to make management savings. There are currently 9.8 FTE managers across the boroughs – it is estimated that this can be reduced to 6.8, delivering savings of £241k.

Box 4 – Mental Health Trust Partnership Arrangements

Mental health services have been delivered in partnership with health providers for many years. Boroughs spend £51m (gross) on services. In all three boroughs, mental health social workers are managed by mental health trust managers as part of multi disciplinary teams.

Agreements are in place using the powers of s75 of the National Health Services Act 2006 to ensure clarity about roles and responsibilities between the local authority and the mental health trusts. Like in all commissioning relationships, objectives and budget envelope are clearly outlined and costs are monitored and controlled through regular reports and meetings between commissioners and counterparts within trusts.

6.6. Impact of service demand: savings analysis

Hammersmith and Fulham have estimated savings of £1.7m per annum to the council from changing the way in which nursing home placements are utilised and £2m to the NHS from reducing hospital admissions. RBKC estimate a 250k saving around duplicate staffing and £250k saving from adopting a variety of measures including a preventative approach to long term social care provision. WCC analysis suggests a £200k saving from increasing reablement / rehabilitation support to avoid the need for more costly care and £434k savings from reducing admissions to residential care to levels in neighbouring boroughs.

6.7. Market testing

At present CLCH exclusively provides health assessment and care management services for the NHS across the three boroughs. The Government plans as part of its health reforms to open this service to wider competition, although at present no

timescales have been set. Consistent with wider commissioning principles, boroughs will wish to consider in consultation with partners e.g. GP Consortia the right point to test the market in terms of price and quality, which will be reflected in agreements with CLCH.

6.8. Timeline

October 2011: Line management of assessment and care management staff transferred to joint management with CLCH

April 2012: Redesign work complete. Boroughs enter into agreement with CLCH over the provision of future services and delivery of the savings. Any agreed management savings / staff transfer arrangement implemented.

Date tbc: Testing the market for integrated assessment and care management services can only take place once the Foundation Trust application process ends. The latest date CLCH can achieve trust status is 2014; they are aiming for 2013.

7. Operating model – Member and resident perspectives

The transformation of commissioning and care provision as outlined above is ambitious and will keep boroughs at the cutting edge of health and social care work. Below we consider what the sum of changes means for Members and residents. This outline is indicative and will be informed by Members views and the results of the assessment and care redesign work.

7.1. Member perspective (also see appendix B)

As well as meeting weekly with the Assistant Director responsible for oversight of borough affairs and bi-weekly with the joint DASC, Members would engage with other Assistant Directors as appropriate to discuss day-to-day issues and priorities.

Monthly performance and budget reports across the three boroughs for commissioned and directly provided services allows Members to ensure borough service provision remains sound and provides the opportunity to compare and contrast relative performance and challenge officials on service standards and price.

Bi-monthly meetings with the Chief Executive of CLCH provides assurance on service delivery, and an opportunity to consider future challenges and solutions.

Periodic meetings with Members across boroughs allows portfolio holders to consider opportunities for future collaboration, both to look for ways to lower investment and service costs and to share ideas around priorities and best practice. Comparison across boroughs of performance and delivery models means Members are now better able to challenge officers around strategies.

Around Budget setting, Members will agree with the DASC their strategies, priorities and budget envelopes in Borough Business Plans. Directors will aggregate these documents into a Departmental Delivery Plan, looking to take full advantage of opportunities to jointly provide and procure services to reduce costs and improve quality. In approving the Delivery Plan, Members would always be able to stipulate a desire to commission services on a single borough basis.

7.2. Resident perspective

Regardless of whether a resident approaches their borough, GP or are referred via another route such as the hospital, they will be contacted by a care assessor who will remain their key worker throughout.

The key workers will assess need and eligibility. The resident will only need 'tell their story once', rather than to multiple organisations.

The key worker will coordinate the right mix of health and social care related support. This may include preventative support – such as occupational therapy to prevent problems becoming acute – better for the resident and cheaper for the health system.

Alternatively, where appropriate residents may elect to select the right mix of care support themselves, advised as necessary by the key worker.

Care wherever possible will be provided in residents' own homes, providing additional comfort for the individual and helping to reduce costs to the health system.

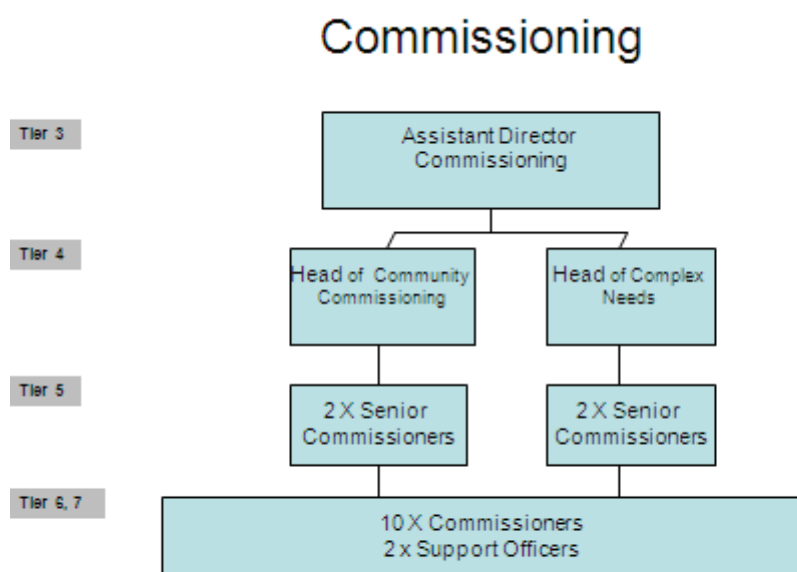
Should problems re-occur, a single comprehensive set of records will ensure further support properly takes account of all factors in considering care needs.

8. Timetable for ASC Integration Process

This timetable sets out the process for integration between the three boroughs adult social care provision and CLCH, up until April 2012.

• End of May 2011	Business Plan completed
• 2 nd June	CLCH Board Meeting – Heads of Terms & Option Appraisal
• June	OSC – K&C and Westminster
• Mid June	Boro Exec discussions Due Diligence paper completed
• End of June	Cabinet Meetings
• Early July	Staff consultation Appointment process for joint DASS commences Operations Service – senior appointments
• Early July	Member process agreed for AD appointment. Permanent AD in CLCH Provider AD Commissioning ADs Head of LD Services
• Late July	Appointments process started
• 4 th August	CLCH Board Meeting: Sec 75 agreed
• September	Cabinet Approval of S75 agreement with CLCH Senior appointments made Service Redesign starts (CLCH) Commissioning Implementation starts
• October	Operations Service transfers to CLCH
• December	DASS starts
• Feb 2012	Review of service redesign Cabinet reports CLCH Board reports
• April 2012	Implementation of new CLCH structure

Appendix A1



Name of Directorate: Commissioning

Name of Business Group: Complex Need and Community Services

Aims of the Business Group:

- Managing relationships with other departments and partners
- Leading user engagement
- Leading consultations especially around
 - Policy
 - Eligibility criteria
 - Closure of services / facilities
- Working to / with politicians

Roles required at tier 6 and 7 to deliver the different function for this group.

Senior Commissioners × 4

Key functions to be performed:

- Deputise for Head
- Provide knowledge and leadership on all elements of commissioning cycle
- Lead on complex, major projects
- Developing strategy
- Understanding national picture and best practice on all key areas
- Project Lead
- Cross Council work

Commissioners x 10

Key functions to be performed:

- Knowledge of all elements of commissioning cycle
- Project Management skills
- Analysis skills
- Strategic thinkers
- Relationship Managers
- Specialist in one or more areas

Commissioning Support Officers x 2

Key functions to be performed:

- Managing small projects
- Financial understanding
- Engagement with service users
- Organisational skills
- Strong administrative skills

Principles and Fundamentals of Function

- Ability to work quickly on priorities of the time
- Bring together different specialists
- The "Heads of" will need an understanding of both history and strategy
- People underneath will work on projects
- Importance of user engagement - critical in developing and maintaining goodwill

Assumptions

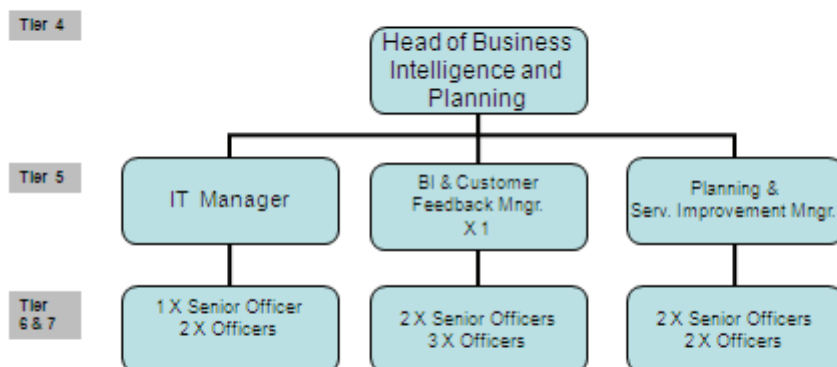
- Single Procurement Process
- Rational Decision Making Process
- Commissioning Framework Across 3 Boroughs (massive undertaking)

Financial breakdown for Commissioning

							Phasing				
	Current FTE	Commissioning Roles	Range	Mid Point	With On Costs	Total Costs plus on-cost @100%	Savings	2011/12	2012/13	2013/14	2014/15
	WCC	0 Assistant Director									
		2 Head of LD, Generic)	£55-£68k	61.5	76.875	154					
		7 Commissioners	£33-£41k	37	46.25	324					
		2 SP Commissioner	£33-£41k	37	46.25	93					
	Sub-Total	11				570					
	LBHF	0 Assisrant Director									
		1 Head of Commissioning	£55-£68k	61.5	78.72	79					
		3 Senior Commisssuioners	£42-51k	46.5	59.52	179					
		3 Commissioners	£33-£41k	37	47.36	142					
		1 Project Manager	£33-£41k	37	47.36	47					
		1 Project Support	£22k -£30k	26	33.28	33					
		0.5 Admin	£22k -£30k	26	33.28	17					
	Sub-Total	9.5				497					
	RBKC	2 Senior Commissioner	£42-51k	46.5	57.66	115					
		4 Commissioners	£33-£41k	37	45.88	184					
		1.6 SP Commissioners	£33-£41k	37	45.88	73					
	Sub-Total	7.6				372					
	Total Current	28.1				1439					
	New Merged Commissioning New FTE										
		2 Heads of	£55-£68k	61.5	78.72	157					
		4 Seniors	£42-51k	46.5	59.52	238					
		10 Commissioners	£33-£41k	37	47.36	474					
		2 Commissioning Support	£22k -£30k	26	33.28	67					
	Total New	18				936	503	-503	503	-503	503
	% Reduction					35%					

Appendix A2

Business Intelligence and Planning



Name of Directorate: Finance and Business Intelligence

Name of Business Group: Business Intelligence and Planning

Units in the Business Group is listed below.

1. Business Intelligence and Customer Feedback

Aim of the unit: Driving and supporting the Commissioning Cycle.

Key functions to be performed under this unit:

- Analysis and provision of data as evidence all commissioning contract.
- Contract Monitoring – against performance indicators so data available for negotiation and reviewing relationship management.
- Voluntary Sector Contract Monitoring
- Needs Assessment
- Value for Money reviews
- Demand Modelling
- Monitoring quality outcome and service improvement.
- Providing data for Health & Safety Care.
- Reporting to individual Boroughs/Members.
- Safeguarding – performing quality assurance.

1.1 Customer Feedback

Aim of unit: To monitor customer feedback and manage resolution of complaints from all areas of ASC services including Provider organisations.

Key functions to be performed under this unit:

- Collate customer feedback.
- User Surveys (from carer)
- Supporting consultation.
- Manage statutory complaints – Local Government Ombudsman
- Service improvement.

2. Planning and Service Improvement

Aim of the unit: Ensure national policies are practically reflected in commissioning and front line services. Furthermore undertake strategic business planning for the ASC as a whole and supporting feedback to scrutiny committees in the three boroughs.

Key functions to be performed under this unit:

- Providing position on national government policy /legislation.
- Research / Information partnership “Health well being” strategy.
- Policy implementation – overview across ASC.
- Facilitating integration and corporate partnership work (Health & Well Being Board).
- Strategic Business Planning – aligned with Business Intelligence.
- Supporting Scrutiny Teams to provide reports and feedback.

3. ASC IT Development and Support

Aim of area: Identify business needs, develop IT strategy, create implementation options, and provide support

Key functions to be performed under this unit:

- Co-ordinate IT commissioning for ASC
- Undertaking needs analysis and identify business system problems
- Co-ordinating data sharing with new emerging local NHS structures and IT relationship management.
- User acceptance of upgrades
- Partnership arrangement with corporate IT and external suppliers.
- Reporting - business object report.

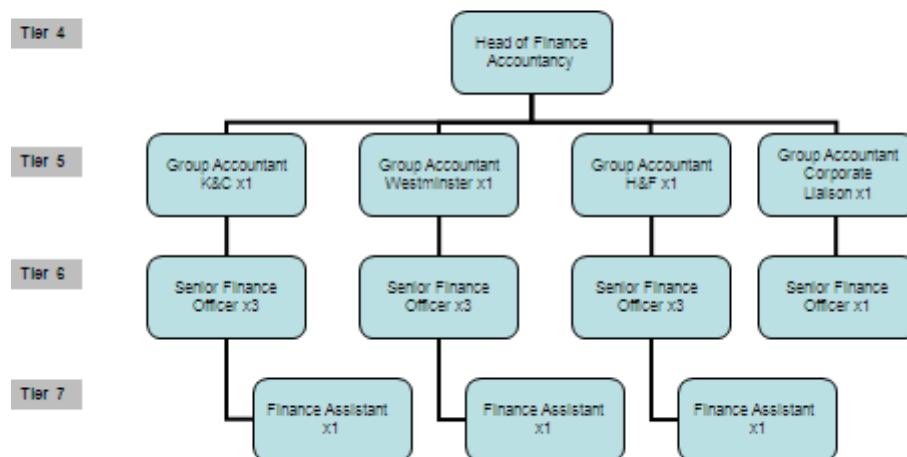
4. Breakdown of financial savings – Business Intelligence and Planning.

							Phasing				
	Current FTE	Business Intelligence and Planning	Range	Mid Point	With On Costs	Total Costs plus on-cost £'000	Saving	2011/12	2012/13	2013/14	2014/15
	16	Analysis Performance and Policy				837					
	3	Complaints				103					
	4	IT Support				178					
Total Current	23					1118					
	New FTE										
Tier 4	1	Head Of	£55-£68k	61.5	78.72	79					
Tier 5	1	IT Manager	£42-£51k	46.5	59.52	60					
Tier 5	1	Business Intelligence and customer feedback manager	£42-£51k	46.5	59.52	60					
Tier 5	1	Planning and service improvement manager	£42-£51k	46.5	59.52	60					
Sub-total of FTE	4					257					
Tier 6	1	IT Officer	£33-£38k	35.5	45.44	45					
Tier 6	2	Business Intelligence Senior	£33-£38k	35.5	45.44	91					
Tier 6	2	Planning and Service Improvement Senior	£33-£38k	35.5	45.44	91					
Sub-total of FTE	5					227					
Tier 7	2	IT Officers	£22k-£30k	26	33.28	67					
Tier 7	3	Business Intelligence Customer Feedback Officer	£22k-£30k	26	33.28	100					
Tier 7	2	Planning and Service Improvement Officer	£22k-£30k	26	33.28	67					
Sub-total of FTE	7					233					
Total New	16					717	401				401
% Reduction						36%					

Appendix A3

This diagram excludes Client Affairs and Charging as both of these areas are connected to frontline service delivery.

Finance - Accountancy



Name of Directorate: Finance and Business Intelligence

Name of Business Group: Finance

Business Unit: Accountancy

1. Accountancy

Aim of unit: Financial management support for the ASC business and fulfilling requirements delegated from the Director of Finance to the Assistant Director.

Main Functions:

- Closing Accounts
- Budget Process
- Liaise with Auditors
- Financial support to budget holders
- Budget Monitoring
- Financial Planning
- ASC unit costing
- Stats

- Information to Corporate
- Financial Appraisals
- FOI Requests
- Home Care payments (providers)
- SP payments
- Code maintenance of GL system
- Raising debt invoices
- Invoicing PCT for nursing
- Monitoring section 75 agreements
- Capital Budgets
- Open book accounting

Note:

To ensure borough finances are properly managed, it is envisaged that the (Assistant) Director of Finance (indicative 'Borough A' in table 1) would be a qualified accountant".

The savings in finance depend upon three things:

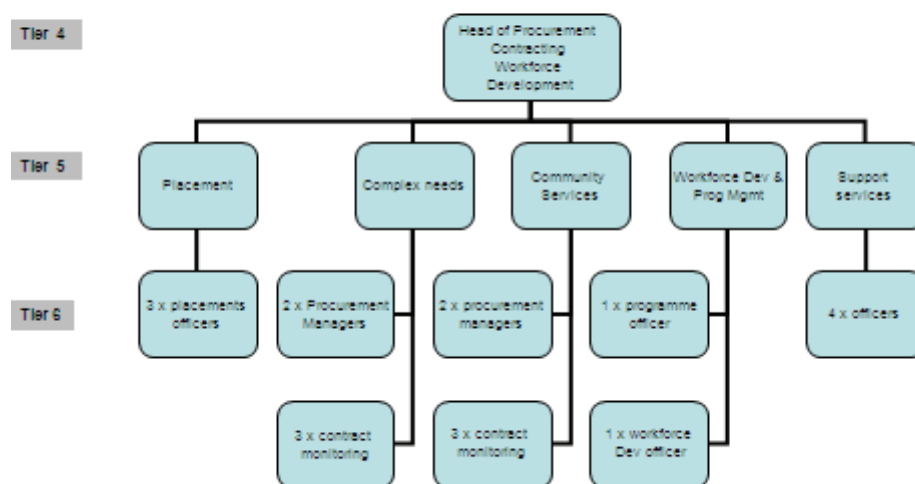
- Adopting common computer systems (e.g. general ledger, where there is a dependency on Project Athena)
- Having common policies, as far as possible (e.g. charging policies)
- Standardising business processes (e.g. budget setting, budget reporting)

2. Breakdown of financial savings - Accountancy

		Finance	Range	Mid Point	With On Costs	Total Costs plus on- cost £'000	Phasing					
							Savings	2011/12	2012/13	2013/14	2014/15	
		Accountancy - Current Structure										
	FTE											
WCC	1	Finance Manager	£61-£85k	68	85	85						
	3	Group Accountant	£42-59k	47	58.75	176						
	2	Principal Accountancy Ass	£23-46	31	38.75	78						
	4	Senior Finance Officer	£23-46	31	38.75	155						
	2	Finance Assistant	£23-46	31	38.75	78						
Sub-total	12					571						
LBHF	1.75	Finance Manager	£47-72k	59	75.52	132						
	3	Group Accountant	£41-48k	45	57.6	173						
	3	Principal Accountancy Ass	£31-£41	36	46.08	138						
	2	Senior Finance Officer	£23-£32k	27	34.56	69						
	0	Finance Assistant										
Sub-total	9.75					512						
RBKC	0.5	Finance Manager	£50-70	60	74.4	37						
	1	Group Accountant	£40-£50	45	55.8	56						
	3	Principal Accountancy Ass	£35-40K	37	45.88	138						
	1	Senior Finance Officer	£28-£32	30	37.2	37						
	2	Finance Assistant	£23-£27	25	31	62						
Sub-total	7.5					330						
Total Current	29.25					1413						
		Accountancy New Structure										
	FTE											
	1	Head of Finance (Accounta	£47-72k	59	75.52	76						
	4	Group Accountant	£41-48k	45	57.6	230						
	10	Senior Finance Officer	£31-£41	36	46.08	461						
	3	Finance Officer	£23-£32k	27	34.56	104						
Total New	18					870						
Current StrutureTotal	29.25					1413						
New Structure Total	18					870	543	0	0	0	543	
Reduction	38%					38%						

Appendix A4

Procurement, Contracting & workforce development



Name of Business Group: Procurement and Workforce Development

Functions for different units in the Business Group is listed below.

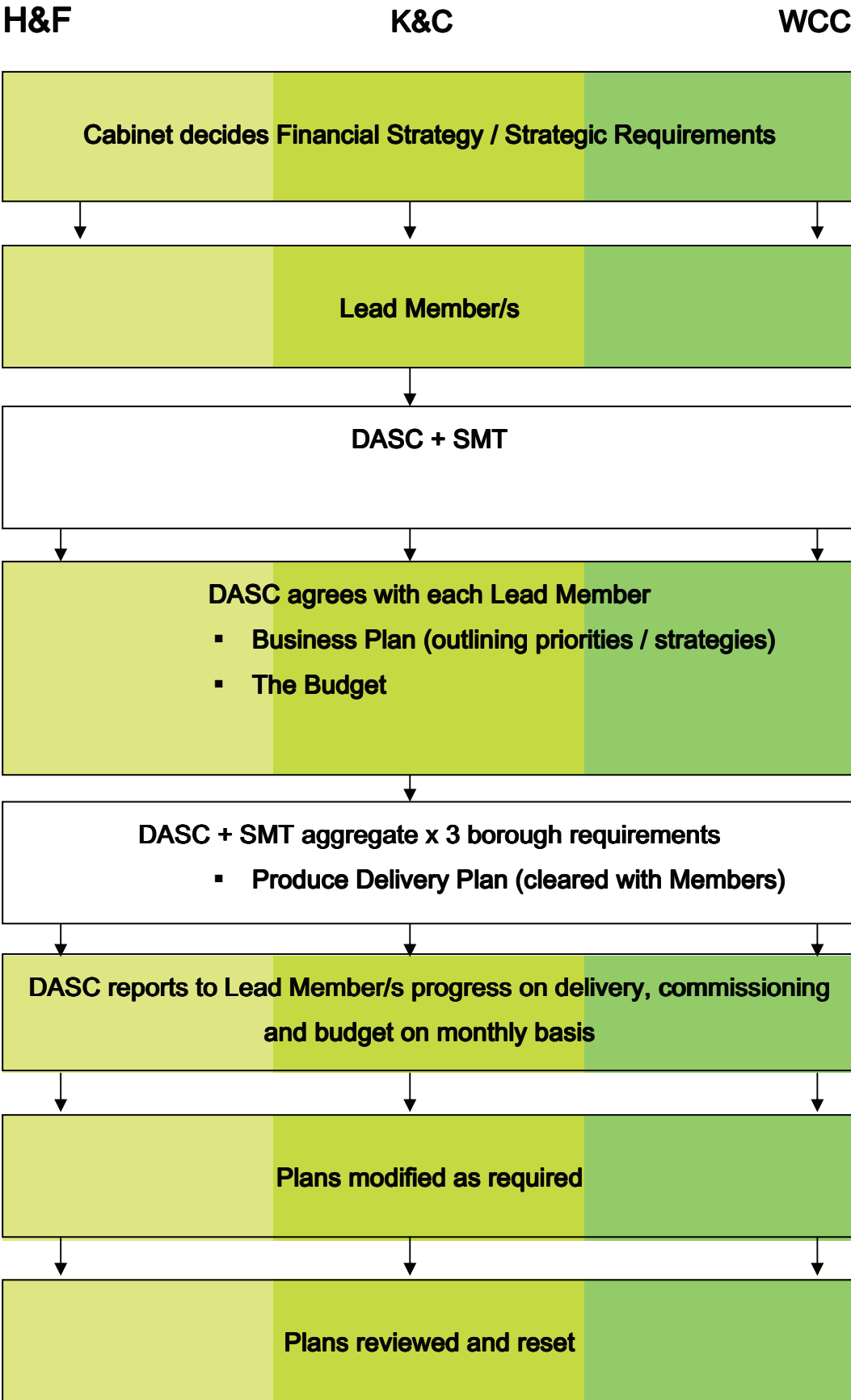
1. Main functions for Placements, Complex Needs, Community Services, Workforce Development, and Support Services.

- Spot purchasing (likely to increase with three borough working) – embedded in the team (Homecare and Residential).
- Contract and care management performance monitoring
 - In partnership with the Commissioners
 - Procurement to lead with input from other functions (e.g. client side, commissioners, others)
 - Proportionate and risk-based
- Market Development
 - social enterprise creation
 - provider forums
- Workforce Development
 - provider workforce e.g. DOLs and safeguarding – requires cross-development
 - staff development
 - supports commissioning hub development
- Strategy Development
- Procurement to contract management

2. Breakdown of financial savings – Procurement and Workforce Development.

		Procurement	Range	Mid Point	With On Costs	Total Costs plus on-cost £'000	Phasing				
							Savings	2011/12	2012/13	2013/14	2014/15
	Current Structure FTE										
WCC	1 Tier 4			64	80	80					
	6 Tier 5		£40-£43k	42.5	53.125	319					
	5 Tier 6		£33-£36	34	42.5	213					
Sub total	12					611					
LBHF	1 Tier 4			64	81.92	82					
	3 Tier 5		£40-£43k	42.5	54.4	163					
	7 Tier 6		£33-£36	34	43.52	305					
Sub total	11					550					
RBKC	1.5 Tier 4			64	79.36	119					
	3 Tier 5		£40-£43k	42.5	52.7	158					
	13 Tier 6		£33-£36	34	42.16	548					
Sub total	17.5					825					
Total Current	40.5					1986					
	New Structure FTE										
	1 Head of Proc. and Workforce Devp.			68	87.04	87					
	5 PO 5			50	64	320					
	4 PO 4			42	53.76	215					
	11 PO 2 & PO 3			35	44.8	493					
	4 PO 1			34	43.52	174					
Total New	25					1289	697	697	697	697	
Procurement % Savings						35%					

Appendix B: Adult Social Care Annual Cycle



**Integrated Tri-borough Library Service
Tri-Borough Service Plans and Proposals**

Cabinet Meeting

20 June 2011

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1. Executive summary

Business case recommendations

- To note and agree the business case and thereby agree to create an integrated library service across the three boroughs.
- To set up a joint steering group of two Members of each participating Borough to supervise further refinement and implementation of the proposals.
- To note the financial projections in the business case and to incorporate these, as amended and refined at lower levels of detail into the budget planning process for 2012/13.
- To establish and implement a procedure for appointment to the senior management structures to be effective from November 2011.
- To refer the proposals for further comment by scrutiny committees and to authorise formal consultation with Trade Unions and communication with staff.

Background

In February 2011 Hammersmith and Fulham, Kensington and Chelsea and Westminster City Council agreed a number of tri-borough proposals including exploring the creation of an integrated libraries and archives service.

The provision of public libraries is a statutory responsibility for local authorities under the 1964 Public Libraries Act. Public libraries provide access to a wide range of materials, information, knowledge and services to meet the present and future reading, learning and information needs of local communities. They are very popular and heavily used (5 million physical visits in the three boroughs last year).

As well as keeping a good stock of books and computers for customer use, modern libraries are fundamental to inspiring and enabling learning and reading. Libraries support the delivery of priorities relating to well-being and health, skills and learning, and active and sustainable communities. For many residents and visitors, the local library is the face of the council in their community.

Libraries offer a universal service that contributes to many outcomes and aspirations in the wider strategic plans of each of the boroughs, such as supporting children to enjoy and achieve, and to make a positive contribution and helping older people enjoy a better quality of life and well-being. Libraries can assist businesses, entrepreneurs, and the local economy, through information and events and they support improving health through health information programmes such as books on prescription initiative.

Libraries already work in partnership with many organisations, bringing them into the library, and taking the library service into other settings. This means that our libraries can act as an access and entry point into a wide range of other council and agency services, offering information and support to meet community needs.

What a tri-borough library service will look like

A single managed library service will provide a unique opportunity to sustain excellent frontline services and deliver customer outcomes, whilst also ensuring that local sovereignty is preserved.

The creation of a single library service will help insure the resilience and sustainability of the public library offer in each tri-borough authority.

Specific customer benefits that will be realised through the initial combined management structure and service remodelling include:

- Individual libraries becoming the gateway to a wider tri-borough service offering, enabling users to access a wider range of books and other materials including the specialist collections held by each borough. Users will also benefit from the differing specialist expertise and experience of staff.
- Consistency of service standards across the three boroughs - customers will receive a high quality customer experience regardless of geographical location or access channel (face-to-face, telephone or web).

A tri-borough library service will be delivered in four phases. Phase 1 will see the creation and approval of a detailed business case. Phase 2 will see the implementation of a single management structure and design of a single operational structure. During phase 3 a single operational structure will be implemented and during phase 4 alternatives for new delivery or trading options will be considered.

Savings proposals

This business case outlines a set of verified proposals that will provide savings opportunities for each of the tri-borough partners. A summary of savings opportunities can be found in the table below.

	Financial Savings (£)			Grand Total
	2011/12	2012/13	2013/14	
Single management structure*	-	315,934		315,934
Service efficiency	-	173,754	57,918	231,672
Integrated core service	-	420,115	140,039	560,154
Total		909,803	197,957	1,107,760

In addition to the financial savings outlined in this business case there are a number of areas where additional savings could potentially be gained following the implementation of a tri-borough library service. These areas are detailed in this business case but require further work to realise their financial benefits.

All proposals outlined in this business case do not preclude the implementation of any future delivery models, options for which will be considered as part of phase 4.

Single management structure

A single management structure will combine the strategic management of each authority's library service within one management team of four, reducing the number of existing management posts by six.

Service efficiency

Using a detailed transactional model and applying local operational and professional knowledge the number of staff required to operate each of the tri-borough libraries to the required service level can be established. Currently the model outlines that 174 posts are required to run a basic integrated tri-borough lending service (not including reference or specialist services), 8 posts less than the current combined staffing establishment.

Integrated core service

An outline target operating model for the combined service has been drafted. This model provides a basic service offer that will be implemented across all authorities. Additional services can then be commissioned locally by individual authorities.

Additional savings areas

Following the introduction of an integrated tri-borough library service a number of additional savings areas may be realised. These include savings from the provision of an integrated home library service, provision of an integrated archives service, rationalisation of office and book storage space and harmonising contracts and joint procurement.

As integrated tri-borough library service would also help to attract inward investment and provide a greater opportunity to gain external funding.

Salary harmonisation

Analysis has been carried out to identify if savings can be made through harmonising salaries across authorities. A harmonisation arrangement would provide all employees across tri-borough the same terms and conditions. £427,766 can be saved if all staff across the tri-borough library service are harmonised to the lowest salary point for their role.

Whilst salary harmonisation is a logical development it is not appropriate to do this just for libraries. Therefore it would need to be implemented in line with overall tri-borough procedures and timescales. Also there are significant risks in pursuing salary harmonisation in the absence of a proper consideration of different roles and responsibilities. These risks include reduction in quality of service, recruitment difficulties, and significant HR challenges. Therefore salary harmonisation will not be considered at the present time but will be investigated as part of Phase 4, when outsourcing options are considered.

1. Business case recommendations

- To note and agree the business case and thereby agree to create an integrated library service across the three boroughs.
- To set up a joint steering group of two Members of each participating Borough to supervise further refinement and implementation of the proposals.
- To note the financial projections in the business case and to incorporate these, as amended and refined at lower levels of detail into the budget planning process for 2012/13.
- To establish and implement a procedure for appointment to the senior management structures to be effective from November 2011.
- To refer the proposals for further comment by scrutiny committees and to authorise formal consultation with Trade Unions and communication with staff.

2. Introduction

In August 2010 as part of the government's Future Libraries Programme, Hammersmith and Fulham and Kensington and Chelsea gained project support to explore the feasibility of a shared library service to be delivered or commissioned jointly across boroughs. This included investigating alternative models for delivering library services in what could be an innovative way for both authorities, and which could provide a model for other London boroughs. In late 2010 following the announcement of the tri-borough programme Westminster City Council joined Hammersmith and Fulham and Kensington and Chelsea to identify if an integrated library service could be delivered across all three boroughs.

With the help of external project support, a number of areas where potential savings may be found were identified:

1. the creation of a single joint management structure;
2. sharing specialist and support staff;
3. wider staff rationalisation and improved productivity;
4. harmonising contracts and joint procurement;
5. achieving the move to on-line service provision in an integrated way;
6. rationalising arrangements for storage, the home library service and transport across the three boroughs;
7. adopting a tri borough perspective in relation to the use of assets and buildings

In February 2011 Hammersmith and Fulham, Kensington and Chelsea and Westminster Councils published proposals for combining services. The proposals outlined that some services could be more efficiently managed at greater scale and management structures for the delivery of services are triplicated across the boroughs, and could potentially be rationalised. The proposals included the creation of a single integrated library service across the three boroughs, with local branding and delivery in line with local community needs and requirements. It was anticipated that £1,500K - £1,820K could potentially be saved from these areas.

This business case outlines a set of verified proposals that will provide savings opportunities for each of the tri-borough partners over a three year period.

In addition to the savings outlined in this business case there are a number of areas where additional savings could potentially be gained following the implementation of a tri-borough library service. These areas require further work to realise their financial benefits and include salary harmonisation, provision of an integrated home library service, provision of an integrated archives service, rationalisation of office space and harmonising contracts and joint procurement.

All assumptions and figures used in this report are based on the position following implementation of 2011/12 budget changes. To deliver the savings outlined by this business case there is no requirement to further reduce the existing number of library buildings or change opening hours.

From April 2012 options will be considered for transferring the integrated library service to an external management organisation. This may take the form of a charitable trust, social enterprise, joint venture or through private sector management. The options outlined in this business case do not preclude the implementation of any future delivery models.

3. Background

Public library services are currently delivered across the tri-borough area from 24 library buildings open 1,197 hours a week¹.

Libraries across the area vary greatly in size and opening hours. There is one central library (Kensington); seven 'district' libraries (Marylebone, Hammersmith, Fulham, Charing Cross, Paddington, Chelsea and Victoria) and a range of mid size and small community libraries. Between 2009 and the end of 2010 three brand new libraries opened: at Church Street, NW8, Pimlico, and Shepherds Bush (as part of the Westfield shopping centre). In addition Askew Road, Brompton and Notting Hill Gate libraries underwent large scale refurbishments. Opening hours are tailored to meet the needs of the communities they serve with six being open over 60 hours a week and five open for seven days a week.

17 of the 24 sites are equipped with self service technology and 17 buildings are WiFi enabled.

Currently 4 million items are loaned to 158,000 members every year. These include books, DVDs, CDs, talking books, newspapers, magazines and PC games. An extensive range of activities to promote reading, distribute information and encourage learning are also available across the tri-borough area. Activities include outreach programmes volunteering opportunities and events for preschool children. These activities are supported by 461 PC terminals.

In addition to the 24 service points home library services deliver material across the tri-borough area to 1,098 people who are unable to visit a library. Hammersmith and Fulham also provide a service at Wormwood Scrubs prison and Westminster manages a school's library service.

¹ This figure will reduce to 21 by December 2011 following the closure of St James Library in Westminster and the handover of Barons Court and Sands End in Hammersmith and Fulham to the community.

A detailed breakdown of current service levels can be found in appendix 1. Appendix 2 shows the locations of each library

4. Scope for an integrated tri-borough library service

The assumption is that all “core offer” services will be integrated – unless there are strong arguments to the contrary. Each authority will retain sovereignty over policy-making but there is an assumption that unless there are considered reasons to set unique expectations, boroughs ought to standardise specifications because these ought to deliver better prices.

Boroughs will take the opportunity to radically redesign services, drawing on each authority’s strengths.

It is anticipated that each borough will have the capacity to locally commission services on top of the proposed core offer. Examples of the locally commissioned services include the Bengali Outreach Service, Prisons Library Services, services to children’s centres and study support. Partner organisations (such as the PCT) may also commission services across the tri-borough area e.g. Bibliotherapy. Further details of locally commissioned services are outlined in section 5.2.

Arts and Culture are not currently in scope as part of the integrated Tri-borough Library service.

5. Integrated tri-borough library service

5.1 Vision and objectives

Under the terms of the 1964 Public Libraries and Museums Act, public library provision is a statutory duty for local authorities. The duty requires authorities to provide a comprehensive and efficient library service for everyone who lives, works and studies in the area, and to take into account their general and specific needs.

Public libraries are one of the cornerstones of modern communities, providing unbiased and unparalleled access to a wide range of materials, information, knowledge and services, both on-line and during stated opening hours. They are very popular and heavily used (5 million physical visits across the tri-borough area in 2010/11).

The development of online digital information and media formats is one of the biggest challenges facing libraries, not because it threatens their existence, but because it is an integral part of a modern service; the challenge comes from keeping up to date with the technology investment and the content management.

As well as keeping a good stock of books and computers for customer use, modern libraries are fundamental to inspiring and enabling learning and reading. They also provide space for the wider range of activities and events for individuals and groups that now take place. These activities are a vital part of a modern library service, contributing directly to individual and community well-being and development. They include pre-school storytelling sessions, homework clubs, author talks, arts and creative events, PC tutorials, adult learning and skills classes for individuals or groups, sessions delivered by partner agencies, such as the National Health Service and Jobcentre plus or by community groups.

Public libraries are places where people can go to read and borrow books, and to learn. This simple but powerful statement will continue to be at the heart of the service for many years to come. Through this and other activities, libraries empower, inform and enrich the people and communities they serve through a range of services and collections delivered by well trained staff through community based buildings and online.

Libraries are freely available to everyone in the community, and aim to meet their present and future reading, learning and information needs.

Libraries have the potential to support the delivery of priorities relating to well-being and health, skills and learning, and active and sustainable communities. Most of our public libraries are located in local neighbourhoods and communities, and open when residents and others need them. They offer services targeted to meet local needs and priorities. For many residents and visitors, the local library is the face of the council and its customer services.

Libraries offer a universal service that contributes to many of the outcomes and aspirations in the wider strategic plans of each of the boroughs, such as supporting children to enjoy and achieve, and to make a positive contribution; helping older people enjoy a better quality of life and well-being; libraries can assist businesses, entrepreneurs, and the local economy, through information and events; they support improving health through health information and initiatives such as books on prescription.

We need to make sure that our libraries retain their core purpose of enriching people's lives by giving residents and users access to books and other information. Libraries can act as an access and entry point into a wide range of other council and agency services, offering information and support to meet community needs.

To achieve these outcomes, library services need to be visible, attractive and appealing, designed to increase participation and reach out to new audiences as well as retaining existing users. By sharing these ambitions for the service across the three boroughs, there is a greater opportunity to achieve economies of scale, increase income opportunities, attract inward investment, and maintain existing services.

In developing this business case, an overall vision and set of objectives have been established as shown overleaf:

Vision for the tri-borough library service

Libraries are freely available to everyone in the community, and aim to meet their present and future reading, learning and information needs. The key elements of an integrated library service are:

Reading	everything starts with reading, libraries help children and adults to become proficient readers for life and promote the love of reading for pleasure
Learning	libraries will support formal education at every stage and be a major provider of informal and self-directed learning for all
Digital	libraries will create and providing access to digital resources, and help people to bridge the digital divide through support and training
Information	libraries will provide the gateway to the world's knowledge (about anything and everything) and to local community information, with intelligent interpretation
Community	libraries will provide a physical, accessible, safe indoor presence in the heart of local communities, a meeting place for local people and organisations, a destination or venue for cultural events and activities
Access point for other services	either online or through surgeries or permanently shared location – as a trusted brand with expert staff, a natural place where people will go to seek advice and support and to transact

In addition an integrated service could provide:

Heritage/sense of place	libraries will keep the record of times gone by – the history of people and communities, helping to create identity and cohesion
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The programme objectives for an integrated tri-borough library service are:

- The creation of a single combined library service with local branding and in line with local community needs, that maximises value gained from public expenditure, strengthens the place of libraries in the community and maintains and improves the quality of core services.
- The generation of significant savings through the creation of a combined library service and to minimise the impact of budget cuts to frontline services
- To explore and determine the scope for the creation of a single combined archives service.
- To engage with commercial partners to increase income opportunities for libraries.

An integrated library service will be implemented via a phased approach further details of which can be found in section 10.

A set of design principles have been agreed to shape the structure of the new integrated tri-borough library service; these are outlined in appendix 3.

5.2 What will a tri-borough library service look like?

A tri-borough library service will deliver the following core services from 21 buildings.

Reading

- Provision of resources to support adult reading
- Selection of events to support children's literacy
- Reader development activities
- Programme of outreach to meet local need

Learning

- Provision of resources to support adult and children's learning
- Learning activities to improve adult literacy and IT skills
- Employment related learning activities

Digital

- Creation of digital content (e.g. community databases)
- Providing access to on-line digital resources
- Learning activities to improve digital literacy (getting online and navigating around)
- Access to PCs
- Access to Wi-Fi enabled buildings

Information

- Access to information resources and knowledgeable staff
- Provision of local and council information
- Improved access to special collections
- Access to local historical resources

Community

- Provision of venues for community and partner organisations to meet

A single managed library service will provide a unique opportunity to sustain excellent frontline services and deliver customer outcomes, whilst also ensuring that local sovereignty is preserved (for example each local authority will decide on the number and opening hours of libraries and the level of corporate engagement).

Specific customer benefits that will be realised through the initial combined management structure and service remodelling include:

- Individual libraries becoming the gateway to a wider tri-borough service offering, enabling users to access a wider range of books and other materials including the specialist collections held by each borough; and to benefit from the differing specialist expertise and experience of staff.
- Consistency of service standards across the three boroughs - customers will receive a quality customer experience regardless of geographical location or access channel (face-to-face, telephone or web);

Tri-borough working also offers the opportunity to exploit the joint commercial potential of library assets and services to generate additional income. Libraries across the three boroughs attract significant visitor numbers every day and many of them are in prime locations that would be attractive to retailers and other commercial outfits.

There is also potential income to be secured as a result of our knowledge and experience of pursuing a tri-borough service. Successful delivery of a combined service provides a compelling platform from which to trade both service delivery skills and capability as well as a consultancy offer.

A variety of services will be commissioned locally; examples of locally commissioned services are shown below. This is not an exhaustive list and is likely to be expanded to include services for children, families and vulnerable adults.

Service	Commissioning Authority
Chinese services	Westminster City Council
Prison services	Hammersmith and Fulham
Music Library	Westminster City Council
Business information	Westminster City Council
Bengali services	Westminster City Council
Specialist reference collections	Westminster City Council
Schools Library Service	Westminster City Council
Early years provision in community settings	Kensington and Chelsea

Whilst it is anticipated the library service may be managed as a single service with shared infrastructure and capability, the new model and associated structures will ensure that the current localised service offering and opening times provided by libraries in each of the respective boroughs will be delivered in line with the sovereignty guarantee.

An initial Equalities Impact Assessment has been carried out and this has identified no negative impacts for customer and community groups, and a number of positive benefits. For staff, there are no negative impacts in relation to the equality groups. The Equalities Impact Assessment will be repeated at various key stages during the implementation process as the new operating model and structure are developed and as other delivery options are assessed.

6. Current financial position and savings proposals

6.1 Current financial position

The table below sets out the current financial position in relation to the library service for each of the tri-borough authorities. This information is based on the budget position for 2011/12 and reflects any savings already committed by individual authorities.

2011/12 Budget	Hammersmith & Fulham	Westminster	Kensington & Chelsea	Combined
Total budget	£3,501,966	£12,155,241	£6,633,270	£22,270,477
Total uncontrollable budget	£938,900	£4,842,047	£2,195,620	£7,976,567
Total controllable budget	£2,563,066	£7,313,194	£4,437,650	£14,313,910
Total salary budget	£1,866,966	£4,946,727	£2,964,310	£9,758,503
Total full time equivalent posts	59.3	154	85	298
Total opening hours	231	687	279	1,197

6.2 Summary of savings proposals

The following table summarises the financial savings associated with each option in this business case.

	Financial Savings (£)			Grand Total
	2011/12	2012/13	2013/14	
Single management structure*	-	315,934		315,934
Service efficiency	-	173,754	57,918	231,672
Integrated core service	-	420,115	140,039	560,154
Total		909,803	197,957	1,107,760

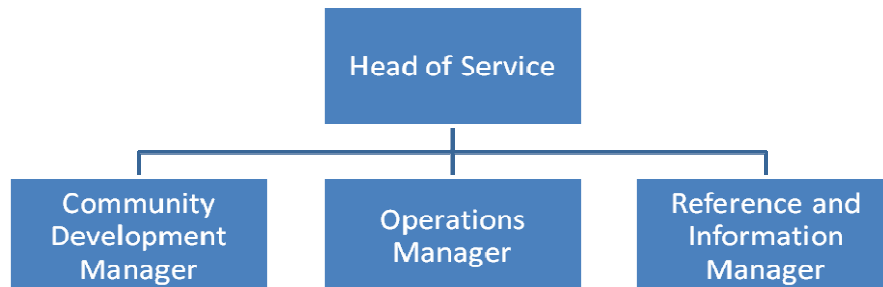
Details of how these savings are broken down by individual authorities are shown overleaf.

Each of these savings is described in detail from section 6.3 onwards. Details of how these savings and costs could be apportioned are outlined in section seven.

Financial savings (£) breakdown												
	Current cost	Post Tri-borough cost	Total savings	Hammersmith & Fulham			Westminster			Kensington & Chelsea		
				Pre tri-borough	Post tri-borough	Saving	Pre tri-borough	Post tri-borough	Saving	Pre tri-borough	Post tri-borough	Saving
Single management structure	6,15,934	300,000	315,934	71,282	100,000	-28,718	262,652	100,000	162,652	282,000	100,000	182,000
Service efficiency	5,038,866	4,807,194	231,672	1,042,524	984,606	57,918	2,577,351	2,519,433	57,918	1,418,991	1,303,155	115,836
Integrated core service	2,912,031	2,351,876	560,155	705,021	463,728	241,293	1,154,891	926,195	228,696	1,052,119	961,953	90,166
Total	8,566,831	7,459,070	1,107,761	1,818,827	1,548,334	270,493	3,994,894	3,545,628	449,266	2,753,110	2,365,108	388,002

6.3 Single management structure

A single integrated library service across all three authorities will be led by a single management structure. One Head of Service will oversee a team of 3 senior managers as outlined below.



The Management team will have the following responsibilities

Head of Service

- To set the overall strategic direction of the service
- To lead on strategic planning and development
- To hold accountability for operational performance and delivery
- To hold financial accountability for the service
- Responsibility for the business development of the service
- Member Liaison

Operations Manager

- To lead on day to day service operations to ensure delivery in line with targets and specifications
- To prioritise and deliver key initiatives
- To ensure the allocation and management of financial resources for frontline services in the team
- To provide operational leadership for library premises improvement, through identifying and meeting customer and community priorities

Community Development Manager

- To develop partnerships and joint working arrangements with both internal and external partners to help promote reading and learning.
- To lead, drive and motivate managers and staff in the Community Development team through setting targets, improving services and processes, planning work and managing costs.
- To lead the co-ordination and development of professional services to adults and children
- To lead the strategic development of stock for lending libraries.

Reference and Information Manager

- To develop, coordinate and direct Reference and Information services including physical and on-line resources, web services and digital content development.
- Develop, coordinate and direct specialist collections and services.
- To be responsible for the digital and information provision across the tri-borough area.
- To improve access to digital resources through delivery of support and training.
- To lead the strategic development of reference for lending libraries.
- Development of stock for reference and information services.

To allow the creation of single management team the following posts will be deleted.

Posts to be deleted		
Post	FTE	Salary range £ (inc oncosts)
Head of Service Total	2.05	190,820
Senior Management Total	8.00	425,114
Total deleted	10.05	615,934
Posts to be created		
Post	FTE	Salary £ (inc oncosts)
Head of Service	1.00	90,000 – 120,000
Operations Manager	1.00	50,000 – 80,000
Community Development Manager	1.00	50,000 – 80,000
Reference and Information Manager	1.00	50,000 – 80,000
Total created (based on midpoint)	4.00	300,000
Total Savings (based on midpoint)	6.05	315,934

It is intended that Westminster City Council will employ the posts in the single management structure but no decision has been made as to where they will be based. Reducing staffing numbers will create additional savings from office space and overhead costs. Further work is required to establish the level of these savings.

6.4 Service efficiency

A detailed transactional model has been used to establish the number of staff that will be required for each of the tri-borough **lending** libraries. All three authorities have had the opportunity to refine the model to ensure it reflects best practice and addresses local circumstances. Further development and analysis will be required to refine the model to ensure it works for each authority.

The model is based on a retail approach and looks at all tasks carried out in a lending library. All tasks are site based. Each task has been broken down by:

- Indicative time taken to carry out
- Frequency
- Volume

This has then been combined with a range of transactional data (including membership numbers, visitor footfall, opening hours, service points and building size and design) to predict the number of hours required to open, run basic services and close each library building. This has then been translated into full time equivalent posts.

The model assumes that the take up of self-service by customers is running at 90% or more, and that all operational processes (such as timetabling, cash management, enquiry and customer management) are at optimum efficiency, and it assumes sickness levels at 3%. These assumptions are not currently the case in all libraries but should be achievable in the longer term, building on existing best practice.

The model does not factor in specific local environmental factors, such as a high incidence of anti-social behaviour at particular sites, or an above average level of events or activities, which will require additional staff cover. Neither does it allow for peaks and troughs in demand. However, it does give a minimum base point against which staffing levels can be flexed in accordance with demand.

A summary of the output from the model is shown below. This data reflects the staffing levels generated by the model adjusted to take into account local issues and professional knowledge.

Average salary costs are based on all non management front line staff and include on costs.

Authority	Opening Hours	Existing Lending FTE	Adjusted Model Lending FTE	Difference	Cost Saving (£)
Hammersmith & Fulham	231	36	34	-2	57,918
Westminster	586	89	87	-2	57,918
Kensington & Chelsea	279	49	45	-4	115,836
Total	1,099	174	166	-8	231,672

6.5 Integrated core service

The combined existing structures across the tri-borough libraries is made up of 297 full time equivalent posts costing £9,778,003. The core service areas excluding locally commissioned services (e.g. Archives, Home Library Service, Prison Service) cost £8,566,831 and are made up of 259 full time equivalent posts.

An indicative target operating model has been drafted to show how an integrated core service could work. This model comprises **231.5** full time equivalent posts.

If all staff in the new tri-borough integrated core service are employed by Westminster the total salary cost (based on Westminster Salaries) is estimated at £7,459,070. A detailed breakdown of the salary figures for the integrated core service is shown in Appendix 4.

The difference between the cost of the indicative target operating model and existing structures (including adjustment for on-costs) is **£1,107,761** this figure includes the verified savings for the creation of a single management structure (£315,934) and the savings associated with service efficiency (£231,672). Therefore the savings associated with the creation of an integrated core service are £560,155.

This is broken down as shown in the table below.

Authority	Full Staffing budget (£)	Full Staffing FTE	Staffing budget excluding locally commissioned roles (£)	FTE posts excluding locally commissioned roles
Hammersmith and Fulham	1,866,966	58	1,818,827	53
Westminster City Council	4,946,727	154	3,994,894	127
Kensington and Chelsea	2,964,310	85	2,753,110	79
Total	9,778,003	297	8,566,831	259
Integrated core service			7,459,070	231.5
Difference / Savings			1,107,761	27.5

6.6 Additional savings areas

Archives

The archive collections of the three boroughs hold local government archival collections and local history resources. The archival collections comprise a unique and irreplaceable historical asset, being the records of the lives of the people in the boroughs and the land it occupies.

The 'archives' services across the tri-borough area are different in scale and focus. Hammersmith and Fulham have recently implemented a 'Big Society' model that sees opening hours considerably reduced and services supported largely by volunteers. Kensington and Chelsea focus primarily on the provision of local studies through the

Kensington Central Library. Westminster provides a comprehensive service housed in a purpose-built archives centre supported by considerable archive expertise.

A number of broad options have been looked at to understand if an integrated archives service could provide service improvements, improved access, consistent high quality and an improved service offer whilst providing savings. These options did not show any significant savings for the tri-borough partners.

As there are no significant savings to be gained from providing an integrated tri-borough archives this will remain as a locally commissioned service area for each authority managed through the libraries structure.

Other

Once an integrated tri-borough library service is introduced a number of additional savings may be realised. These may include savings from the provision of an integrated Home Library Service, provision of an integrated archives service, rationalisation of office space and harmonising contracts and joint procurement.

Staff harmonisation

Library service salaries currently vary widely across the three boroughs at all levels. Pay structures and employee terms and conditions are also different across each authority.

Analysis has been carried out to identify if savings can be made through harmonising salaries across authorities. A harmonisation arrangement would provide all employees across tri-borough with the same terms and conditions.

At this stage no consideration has been given to harmonisation of actual duties and responsibilities carried out, creating generic job roles where possible. At present, the salary differentials may reflect different requirements in terms of skills and responsibilities from posts with the same job title.

Analysis was carried out by grouping all posts into 11 categories. Roles were then categorised based on existing structure charts and salary bands. Front and back office roles have been separated and grouped in like for like role categories. Staff in scope for the single management structure have been excluded as savings have been calculated separately.

The effect of levelling all posts down to the lowest salary level (0%), up to the highest point (100%) and at steps in-between has been calculated and is shown in Appendix 5.

This analysis shows that savings are only achievable in the bottom 20 percentile of the salary spread.

A saving of £427,766 can be achieved if all staff in scope are levelled down to the lowest salary. This will affect 231 members of staff in total across all authorities as shown below.

	Hammersmith & Fulham	Westminster	Kensington & Chelsea
Total Staff affected	20	143	68
Percentage of Staff affected	32%	98%	85%

Whilst salary harmonisation is a logical development it is not appropriate to do this just for libraries so would need to be implemented in line with overall tri-borough procedures

and timescales. Also there are significant risks in pursuing harmonisation in the absence of a proper consideration of different roles and responsibilities. These risks include reduction in quality of service, recruitment difficulties, and significant HR challenges.

Therefore salary harmonisation will not be implemented at the present time but as part of Phase 4, when outsourcing options are considered

As part of the agreed Chief Executive's protocols, in the short term, most front line staff will still be employed on their existing borough's terms and conditions.

7. Apportionment of future costs and savings

The future costs and savings of a tri-borough library service has been apportioned in the following way:

- The cost of the single management structure going forward has been apportioned by an even split across all three authorities.
- The reductions from the service efficiency model have been apportioned to the authority that they are deleted from.
- The cost of the integrated core service has been apportioned by the number of libraries, weighted by size on a 1-4 scale.

The table below shows the costs and savings of the tri-borough library service apportioned by authority.

Apportionment of future costs and savings				
	Hammersmith & Fulham	Westminster	Kensington & Chelsea	Total
Current cost of staffing	£1,818,827	£3,994,894	£2,753,110	£8,566,831
Cost of staffing in tri-borough	£1,548,334	£3,545,628	£2,365,108	£7,459,070
Savings gained through tri-borough	£270,493	£449,266	£388,002	£1,107,761
Percentage saving on controllable budget	10.6%	6.1%	8.7%	7.7%
Percentage saving on staffing budget	14.8%	11.2%	14%	12.9%

8. Investment requirements

The following investment costs will be required to realise the savings outlined in section 6.

Item	Cost	Details	Frequency
Redundancy payments	£687,500	Based on an average of £25k per FTE X27.5	One-Off
Self service implementation	Allocated in existing capital budgets		
Project management	£103,200	Based on project resource at £400 per day for 12 months	One-Off
Capital Ambition funding	-£30,000	External funding bid	One-Off

There are no immediate IT implementation costs required. Integration of systems will be required to establish a single library card but can be done over time and when savings opportunities arise.

The table below gives details of how redundancy costs would be apportioned: Redundancies differ across each local authority, however it is only fair to share these costs in proportion to the savings derived for each local authority. This ensures the benefits match the redundancy costs, which is reflected by the Holgate adjustment.

Redundancies				
	Kensington & Chelsea	Westminster	Hammersmith & Fulham	Total
Current structure costs	£2,753,110	£3,994,894	£1,818,827	£8,566,831
New structure costs	£2,365,108	£3,545,628	£1,548,334	£7,459,070
Savings-annual	£388,002	£449,266	£270,493	£1,107,761
<i>% savings</i>	35%	41%	24%	100%
Redundancy costs	£209,387	£337,335	£140,778	£687,500
Holgate adjustment	£31,415	-£58,511	£27,096	0
Share of redundancies	£240,802	£278,824	£167,874	£687,500
<i>Share of redundancies %</i>	35%	41%	24%	100%
Current structure FTE posts	79	127	53	259

9. Return on investment

The table below shows the return on investment for an integrated tri-borough library service.

Return on investment (£)						
	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
Cash in-flows	0	0	909,804	1,107,761	1,107,761	1,107,761
Cash out-Flows	79,200	711,500	-	-	-	-
Net Cash-flow	-79,200	-711,500	909,804	1,107,761	1,107,761	1,107,761
Cumulative cash-flow	-79,200	-790,700	119,104	1,226,865	2,334,626	3,442,387
Payback (years)	1.9					

10. Implementation

An integrated tri-borough library service will be delivered in four phases as outlined below:

2011/12												2012/13							
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q4	Q1	Q2	Q3	Q4					
Phase 1												Phase 3							
<ul style="list-style-type: none"> • Definition and scope of workstream agreed • Programme mobilised • Production and sign-off of business case • Approval to proceed onto Phase 2 • Planning for Phase 2 • Mobilisation for Phase 2 • Feasibility report for archives 												<ul style="list-style-type: none"> • Operating model design for the creation of a single management structure • Implementation of a single management structure • Realisation of business benefits from a single management structure • Detailed design to create a single operational structure and staff group for a combined library service • Approval to proceed to Phase 3 • Planning for Phase 3 • Mobilisation for Phase 3 • Options appraisal for new delivery/trading options 				<ul style="list-style-type: none"> • Implementation and rollout of single operational structure for a combined library service • Realisation of benefits from single combined library service • Detailed design for preferred delivery/trading option • Production and sign-off of business case for preferred delivery/trading option • Approval to proceed to implementation • Implementation and rollout of new delivery model • Realisation of benefits of new delivery model 			

11. Risks

The following are potential risks to what is a significant frontline, public facing service across all three boroughs. Actions to limit these potential risks are suggested, for inclusion in any implementation plan of a single library service.

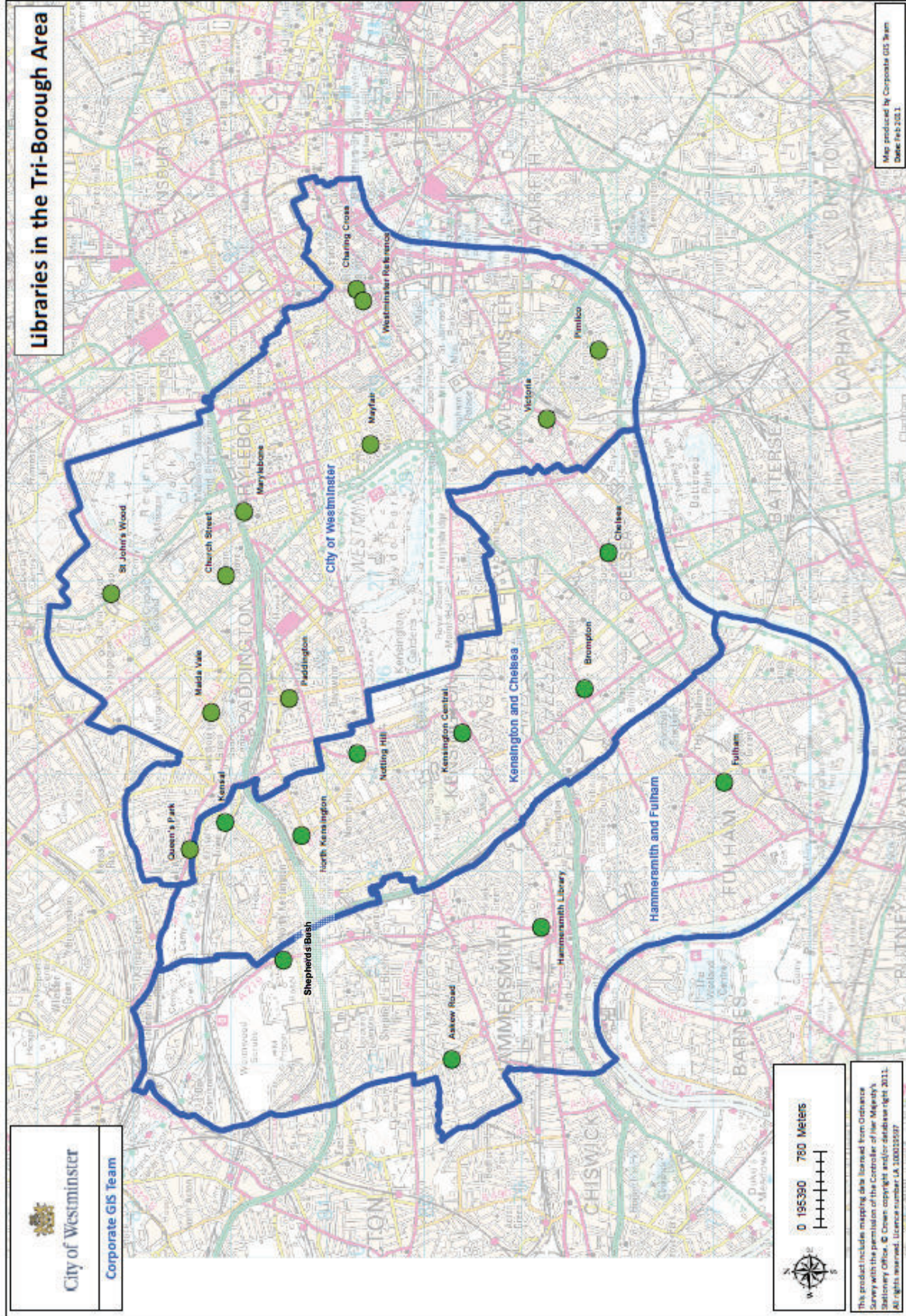
Likelihood - 1 (unlikely) – 3 (highly likely) Severity - 1 (minimal) – 3 (severe)

Risk	Impact	Action to mitigate	Likelihood	Severity of impact	Risk
Speed of implementation not sufficiently considered.	Staff morale and turnover impacted leading to a reduction in service / deterioration in quality of customer service.	Careful, planned implementation with a comprehensive stakeholder engagement plan in place to manage the period of change.	1	2	3
Not getting governance and structure right and commissioning arrangements unclear.	Single service with duplication, not realising economies of scale and inefficient service offer.	Clarity over which services are commissioned by each borough, and to what level.	1	3	3
Failure to resolve different aspirations across the three boroughs	Failure to agree core service specification and cost base leading to a delay in implementation	Establishment of robust governance arrangements from the start	2	2	4
Cost, resource, effort and time required to deliver a single service.	Cost outweighed by benefits.	Build in key milestones to agree progress to the next step, based on robust data. Thoughtful and planned implementation with clarity over potential (cashable) benefits.	1	1	2
Level of savings overestimated in business case.	Savings (or level of savings) not realised by any of the tri-boroughs.	Detailed estimation of savings required for each borough, and a plan of implementation.	1	2	3
Complexity of funding arrangements in any borough makes cashable savings difficult to realise.		Outcome of “corporate” tri-borough business case to be used in drafting full business case and implementation plan.	2	2	4
Corporate recharges insufficiently flexible.		Planning and implementation to be modelled to enable ‘variables’ to be taken into account when calculating savings.	2	2	4
Immediate action by individual authorities affects level of anticipated savings via a single service.			1	3	4

Appendix 1 – Existing library service provision

	Kensington and Chelsea	Westminster	Hammersmith and Fulham
No of library buildings	6	12 – reducing to 11 by end 2011	6 – reducing to 4 by end of 2011
Total opening hours (per week)	279	For 12 libraries 687 For 11 libraries 644	For 6 libraries 327 For 4 libraries 231
Libraries open on a Sunday	1	5	2
No of free access Public PCs	111	230	120
Home Library Service	Yes	Yes	Yes
Home Library Service members	304	619	175
Prison Library Service	No	No	Yes
Annual loans	922,054	2,400,000	670,000
Annual visits	1,185,535	2,500,000	1,100,000
Online Visits	266,000	2,500,000	257,266
Membership	40,035	86,991	30,926
No. of staff	85	167.44	69.5
Members of staff paid more than £60K	1	1	0
Self Service	3	11	2
Wi-Fi	4	12	1

Appendix 2 – Tri-borough library locations



Appendix 3 – Top 10 design principles

No.	Theme	Design Principle:
1	Sovereignty	Any design should be done so in full consideration of the Sovereignty Guarantee as laid out in the Tri-borough Proposal Report February 2011
2	Tri-borough	Departments should outline proposals for a 50% cut in managerial posts and 50% reduction in overheads and advise around any associated risks
3	Operating Model	The combined library service structure should be future-proofed as far as is possible and be agile and flexible to meet an ever changing environment.
4	Operating Model	Should have the minimum number of management tiers possible from top to bottom (say maximum of 5)
5	Operating Model	Optimum spans of control (say optimum target of 1:6 but could be more if deemed necessary/appropriate)
6	Operating Model	Back office functions to be minimised in terms of numbers and space occupancy
7	Customer	An ability to respond to local needs and circumstances, based on an assessment of local needs
8	Customer	A preference for an improved customer experience (e.g. one library card for all 3 boroughs) that may involve a change in relationship with increased self service but capable of at least maintaining the current levels of customer experience at less cost than can be delivered by the three boroughs individually
9	Finance	An ability to move to a unified set of contracts and a single property/assets strategy
10	Tri-borough	Boroughs will take the opportunity to radically redesign services drawing on each authority's strength

Appendix 4 – Staffing costs for integrated core service

Post	FTE	Cost per FTE (£)	Total cost (£)
Head of Service	1.0	105,000	105,000
Operations Manager	1.0	65,000	65,000
Reference & Information Manager	1.0	65,000	65,000
Stock Manager	1.0	50,118	50,118
Contract Manager	1.0	35,989	35,989
Stock Librarian	2.0	35,989	71,978
Cataloguer	0.5	17,995	8,997
Community Development Manager	1.0	65,000	65,000
Stock Assistants	2.0	27,184	54,368
Children's Co-ordinator	1.0	34,112	34,112
Adult Learning Co-ordinator	1.0	34,112	34,112
Health Information Co-ordinator	1.0	34,112	34,112
Bookstart Co-ordinator	1.0	27,184	27,184
Area Manager	4.0	42,810	171,240
Customer Services Manager	14.0	40,505	567,070
Librarian	18.0	35,989	647,802
Senior Customer Service Assistant Lending	78.0	30,261	2,360,358
Customer Services Assistant	9.0	28,959	260,630
Customer Services Assistant Lending	52.0	27,184	1,413,568
Reference Library Manager	1.0	42,810	42,810
Reference Librarian	1.0	35,989	35,989
Enquiry team Librarian	2.0	35,989	71,978
Reference Librarian	3.0	35,989	107,967
Online service coordinator	1.5	35,989	53,984
Senior Customer Service Assistant Reference	10.5	30,261	317,741
Customer Services Assistant Reference	5.0	27,184	135,920
Executive Assistant	1.0	30,261	30,261
Admin Assistant	3.0	30,261	90,783
Additional Posts	14.0	35,714	500,000
Total	231.5		7,459,072

Appendix 5 – Effect of Salary harmonisation

Role Category	100%	80%	60%	50%	40%	28%	20%	0%
Managers – Other	£3,318	£1,659	£0	£830	£1,659	£2,665	£3,318	£4,977
Area Manager	£20,432	£11,234	£2,036	£2,563	£7,162	£12,742	£16,360	£25,558
Site / Team / Customer Service Manager	£113,984	£77,659	£41,334	£23,172	£5,010	£17,028	£31,315	£67,639
Librarians	£162,932	£122,352	£81,772	£61,482	£41,192	£16,572	£611	£39,969
SLA / CSA Plus	£367,631	£282,109	£196,587	£153,826	£111,065	£59,179	£25,542	£59,980
Admin Manager	£4,062	£363	£3,336	£5,186	£7,035	£9,280	£10,735	£14,434
Outreach Workers	£9,779	£7,010	£4,241	£2,856	£1,471	£209	£1,298	£4,067
Admin Assistant	£31,249	£22,218	£13,187	£8,672	£4,156	£1,323	£4,875	£13,906
Library Assistant/ CSA	£388,413	£272,326	£156,238	£98,195	£40,151	£30,278	£75,937	£192,024
Weekend Assistants	£3,781	£2,279	£777	£26	£725	£1,636	£2,227	£3,729
Shelvers	£1,719	£1,079	£438	£118	£202	£591	£843	£1,483
Potential Saving / Cost	£1,107,301	£800,287	£493,274	£339,767	£186,261	£0	£120,753	£427,766

Environment Services
Tri-Borough Service Plans and Proposals

Cabinet Meeting

20 June 2011

ENVIRONMENTAL SERVICES PORTFOLIO

Proposals for combining the management of services provided by Kensington and Chelsea and Hammersmith and Fulham Councils.

Recommendations

1. That each council's Cabinet should agree these plans as the basis for forward planning and agree to further refine them and begin implementation.
2. That the Cabinets agree to set up a joint Member Steering Group with delegated authority to supervise further refinement and implementation of the proposals.
3. That subject to further consideration of the timing of staff departures the savings should be incorporated into projected budget plans.
4. That processes begin to appoint to the proposed revised Chief Officer positions.
5. To proceed to a formal exchange of documentation between the two boroughs by the end of March 2012.
6. To refer the plans for further comment by Scrutiny committees and for further formal consultation with trade unions.

1. SUMMARY

- 1.1 This report recommends a Bi-Borough approach between Hammersmith & Fulham (H&F) and the Royal Borough of Kensington & Chelsea (RBKC) with a new senior management structure by June 2012 and the introduction of combined services fully complete by 31 March 2014.
- 1.2 This report sets out the services, proposed structure, key borough principles, implementation and delivery vehicles, programme governance, estimated savings and timelines.
- 1.3 There are 29.5 senior management staff in scope between RBKC and H&F. This report proposes reducing senior management numbers to 15.5 over three years with a 48% reduction in the

three top tiers of senior management across the two boroughs, reducing senior management costs by £1.33m, less £175K attributed to capital and other sources in the tier three transport and highways posts at H&F. The indicative senior management savings are based on mid-point indicative figures and will vary according to the staff selected for redundancy.

	Current FTE	Current RBKC	H&F	Current cost RBKC	Current costs H&F	Proposed FTE	Cost of proposed	Share of new costs at 50%	Total savings	RBKC attribution	H&F attribution
Tier Director	2.5	1	1.5	157,297	311,829	1.5	281,475	140,737	187,651	16,560	171,091
Tier Assistant Directors	6	2.5	3.5	355,344	377,372	4	488,476	244,238	244,240	111,106	133,134
Tier Heads of Service	21	10	11	842,687	866,495	10	813,900	406,950	895,282	435,737	459,545
Total	29.5			1,355,328	1,555,696	15.5	£1,584M	791,926	1,327,173	563,403	763,770

- 1.4 This paper proposes timescales reflecting the new agreed Tri-Borough HR protocol.
- 1.5 We will continue to explore Tri-borough work where appropriate. This paper proposes that the Emergency Planning and Business Continuity Service could be a Tri-Borough service from the outset. The proposed interim management structure in this paper is designed to allow scope for Westminster City Council (WCC) to participate in joint Environment Services from 2014 (or earlier if appropriate). WCC have a range of outsourced services and currently are content to maintain their current management arrangements.
- 1.6 This report differs from previous proposals in that it includes:
- A revised implementation timetable
 - Governance proposals
 - Proposals to give staff capacity to manage service reviews without disrupting existing levels of service delivery
 - A discussion of where joint staff will be employed
 - A broad indication of possible savings from the further service reviews and from an assumption that we will want to further rationalise support functions - principally finance support staff.

2. BACKGROUND

- 2.1 Current responsibilities for the environment family of services (and others currently out of scope across the various business units and departments providing environmental services at RBKC and H&F) are as follows:

RBKC:

Transport, Environment & Leisure Services	Parks and parks police; leisure centres; sports development with adults; arts; heritage and museums; events; waste management / recycling / street cleaning; some elements of community safety; street enforcement; markets; highways; transport policy; parking; licensing; environment policy; climate change; ecology; tourism.
--	--

Planning and Borough Development	All planning functions inc. building control
Housing, Health and Adult Social Services	Environmental health & trading standards
Family and Children's Services	Libraries
Policy and Partnerships Unit	Community safety; Emergency and Contingency Planning

H&F:

Environment Services	Planning, Building Control, Highways, Transport Policy, Parking, Environmental Health & Trading Standards, Licensing, Environment Policy, Corporate Health and Safety, Carbon Reduction/Climate Change, (plus Asset Management, Property Services, Facilities Management, Building Works and New Ways of Doing Business Corporate Transformation Programme)
Residents' Services	Libraries, Leisure and Leisure Centres, Sports development, Culture, Heritage, Arts, Events, Waste Management/Re-cycling/Street Cleaning, Street Operations (i.e. Community Safety, Wardens, Enforcement, Markets, Parks Constabulary) Emergency Planning, Corporate Resilience, Public Conveniences, Mortuary, Coroners Court, Registrars, Fleet Transport (plus Corporate Workforce, Customer Transformation Board, Market Management)

2.2 Scope of Services considered.

At earlier stages in the exercise it was decided to separate "libraries" from this set of services. Proposals for a Tri-borough Libraries services have now been developed separately.

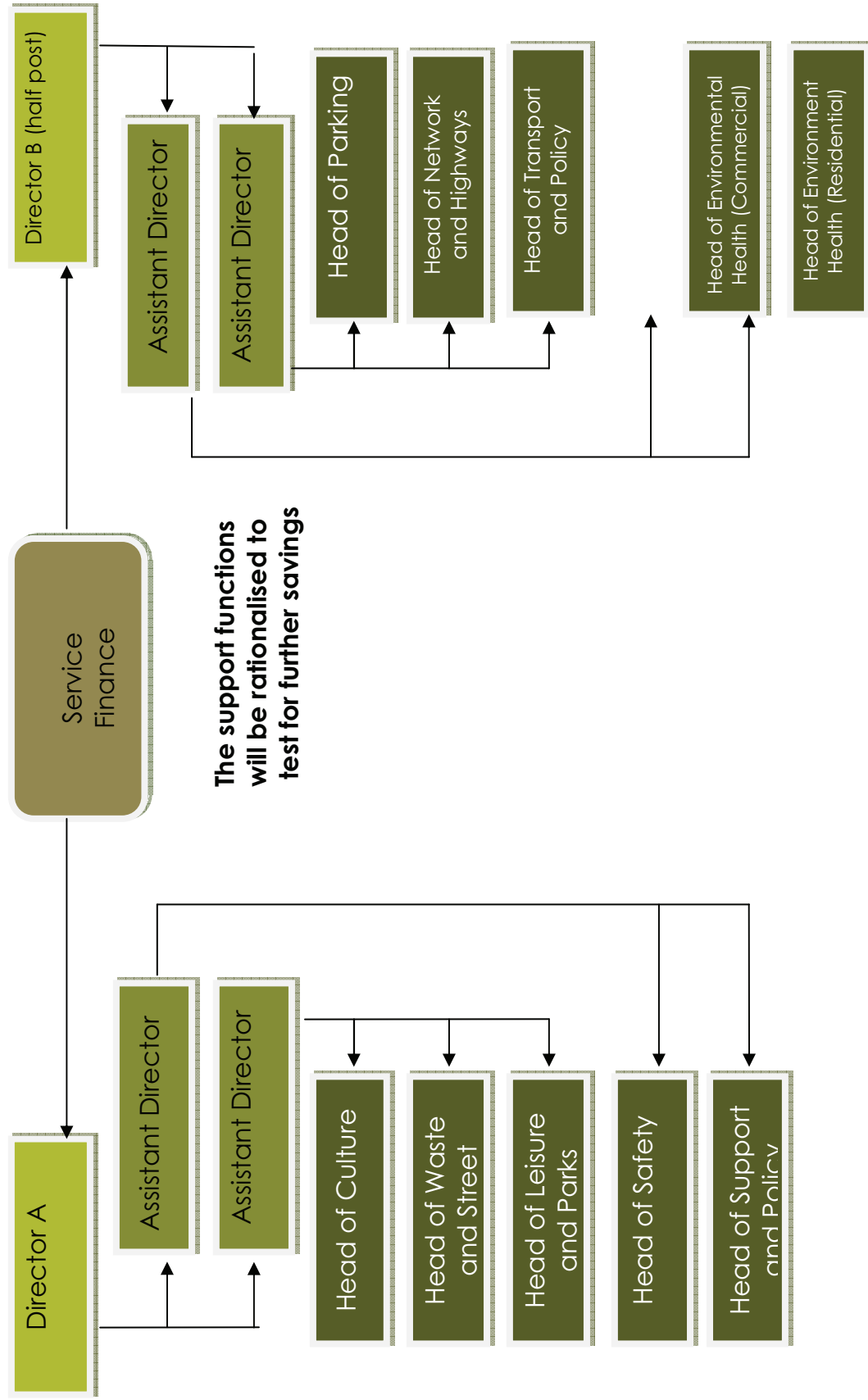
It was also decided to keep planning functions as wholly separate functions in each council.

Licensing was another service where the assumption was that each council should keep its own service but the May Progress Report re-opened that debate and this report suggests that an option to integrate the management of two distinct licensing teams might be efficient whilst capable of maintaining each council's distinct policy framework.

The current Senior Management cohort of the two councils in scope is as follows

		FTE
Tier 1	Director	2.5
Tier 2	Assistant Directors	6.0
Tier 3	Heads of Service	21.0
Total		29.5

3.0 PROPOSED SENIOR MANAGEMENT STRUCTURE



3.1 Proposed remit of Director A: (title to be confirmed)

Combined services:

Culture	Carnival, Opera, Arts, Museums and Heritage, Filming, Events
Waste and Street Enforcement	Domestic Waste, Trade waste, Street Cleaning, Recycling, Disposal, Graffiti, Clinical waste, Street Enforcement, Markets
Leisure and Parks	Sports, parks, grounds maintenance, Leisure Centres, cemeteries, ecology
Community Safety	ASB, DAT, Community Safety Policy and delivery, Parks Police/Constabulary, Neighbourhood Wardens and Policing, CCTV, Security, Coroners, Mortuary, Fleet Transport, Registrars
Support and Policy	Emergency planning, Resilience; Service delivery planning, performance management, workforce development, equalities, FOI/EIR, Data Protection, Research and Consultation, Communications, Policy Development, Finance

And also:

RBKC services	Carnival; Opera, Museums and Heritage, Ecology
H&F services	Graffiti; Neighbourhood Wardens; Fleet Transport; Registrars

3.2 Proposed remit of Director B (title to be confirmed)

Combined services:

Parking	All parking functions, operation and back of house except permits administration
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Network and Highways	All maintenance, project management, network management and construction functions
Transport and Policy	Policy, capital programme and liaison with TFL
Environmental Health Commercial	Food safety team (including infectious disease and water supplies), training services, Trading Standards, all licensing functions
Environmental Health Residential	Private sector housing, noise and nuisance, environmental quality team, pest control team

And also:

RBKC Services	Licensing, Environmental Health training
Hammersmith and Fulham	This existing set of services: Planning, Building Control, Asset Management, Property Services, Building Works, Facilities Management (subject to outcome of corporate services property work stream), Technical support, IT liaison, Business planning, Change management & Transformation activity, Licensing

3.3 More work still needs to be done to agree the appropriate home for the Community and Public Health role of RBKC Environmental Health Services, corporate climate change work and climate change staff. The model for Community Safety needs further analysis and discussion with police interests.

3.4 As discussed above, this report proposes the combined management of licensing. Although previously out of scope due to sensitivities of place, officers believe that a service tailored to the local expectations of each borough can be most efficiently delivered under common senior management. A post of Head of Licensing at level 3 could be maintained during the transitional period to allow extra capacity in this area.

3.5 The proposed Senior Management structure represents a 48% reduction in the top three tiers of Senior Management

		Current	Proposed
		FTE	FTE
Tier 1	Director	2.5	1.5
Tier 2	Assistant Directors	6	4
Tier 3	Heads of Service	21	10
Total		29.5	15.5

4. BOROUGH PRINCIPLES

4.1 There are different sovereignty priorities across RBKC and H&F and the proposed model will ensure that services are provided to meet local priorities and resident/customer expectations whilst enabling efficiency options to be explored and delivered where appropriate.

4.2 The key agreed principles which will underpin service delivery are:

- The structure will respect the sovereignty guarantee;
- Policy priorities and values for each Borough will be respected and delivered;
- The principle will be shared management charged with delivering an agreed set of services for each borough. Over time some of these services may be to a common specification but the important principle is that each council will continue to set out its own priorities, budget levels and expectations.

The proposal will create two resilient and supportive management teams reducing senior management costs by 48% by 1 April 2014.

4.3 The key values and priorities for each Borough will be as follows (but not necessarily mutually exclusive):

<p>RBKC</p> <ul style="list-style-type: none"> • Protecting and enhancing the value of the streetscape as set out in our streetscape policy • Promoting the borough’s position in London’s cultural life • Protecting and improving our parks and open spaces as places for everyone to enjoy • Improving the health of people living in North Kensington,

<p>improving and protecting the health of all through the Environmental Health Team</p> <ul style="list-style-type: none"> • Helping people feel safe • Keeping under review the balance of charges and subsidies for commercial waste, cemeteries, leisure centres, markets
<p>H&F</p> <ul style="list-style-type: none"> • Reducing crime and anti-social behaviour • Sustaining a cleaner greener borough • Reducing council tax and providing value for money <p>In addition H&F is currently working to the 3 R's as driving principles which are:</p> <ul style="list-style-type: none"> • Reforming public services without impacting on front line services and provision to residents/customers • Restructuring to reduce management • Reducing the use of assets and therefore building costs

5. TIMELINES

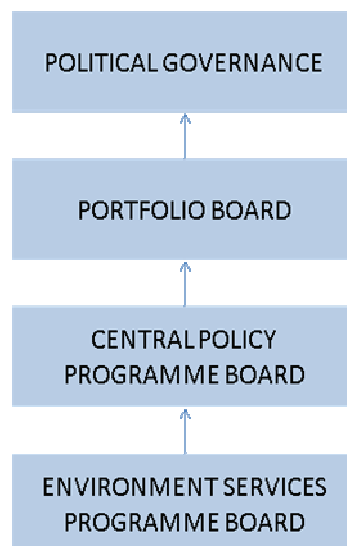
5.1 This paper proposes that the shared Directors and Assistant Directors are recruited and in post by 1 April 2012. Appointments to Heads of Service would follow as soon as practical. Some senior management staff would be retained through to a later date to provide capacity for operational senior managers to deliver services and manage change and to ensure the delivery of key responsibilities such as the Olympics. The paper proposes that the combined service then seeks to review options for further savings and service improvement by looking at how each council delivers services and how some further alignment or synergies might be achieved. The full new service would be completed by April 2014.

5.2 Earlier work suggested that such reviews of how services are delivered might yield further savings of up to £1.7m. This figure is not reliable but serves as a responsible estimate of the possible savings from the compare and contrast work possible once services are reporting to senior staff who can look across the current arrangements. Both councils need to make further reductions and both councils currently have systems in place to analyse current spend and bring forward options for reduced

expenditure for the 2012/13 budgets and beyond. These service reviews will therefore need to be seen in this context.

6. GOVERNANCE AND IMPLEMENTATION

- 6.1 This paper proposes Cabinet Member involvement in supervising the further refinement and the implementation of these plans. Meeting periodically, such a group can also consider opportunities for joint procurement or further joint posts and also ensure Cabinet Members collaborate to share learning and test out new ideas to maximise the benefits of collaboration.
- 6.2 An **Environment Programme Board** will be the officer body, chaired by Derek Myers, Chief Executive RBKC, charged with delivering the new structure.
- 6.3 The overall Tri-borough initiative will be supervised by a Board made up of the three Leaders of the three Councils.
- 6.4 An officer group will ensure we plan carefully the IT changes, HR issues and other common infrastructure issues, such as office accommodation, that will need to evolve to support the planned management integration.
- 6.5 In addition, the support of the Environment Services Programme Board ties the departmental change process into the corporate Tri-Borough programme. The diagram below sets out the wider programme management process.



- 6.7 The Environment Member Group (see paragraph 6.1 above) should not replace the current Cabinet Member meetings with senior staff, though the frequency of and attendance at such meetings will need to be realistic.

7. WHO EMPLOYS THE JOINT STAFF?

- 7.1 Of the proposed two Director posts, Director B (principally Transportation and Highways) will also continue to manage an important portfolio for H&F - including planning and a variety of other services. This confirms that this post should stay on the H&F payroll. It is assumed that for simplicity RBKC will pay half the costs.

Similarly the two Assistant Director posts and eventually the new Head of Service group of managers will be hosted for employment purposes by H&F.

We are currently evaluating the costs and benefits of where to host the second Director (principally Culture, Waste, Leisure and Safety), who also will retain responsibility for some H&F additional services. We will make a recommendation to the Member Group in due course.

- 7.2 Having the new service hosted in one council does not mean that the entire management team will work in the town hall of the host council. We should expect the general office systems to be able to connect residents, customers and councillors to the senior staff seamlessly, no matter where they are located. Any change in management remits and personnel should appear no different to customers and residents than is the case when staff leave and are replaced with new people.
- 7.3 While it might make sense to bring the Directors and Assistant Directors of the new service together in one place, Service Heads may need to be close to their teams, who may be brought together in either of the two councils, and, in any case, some staff may need to be peripatetic.
- 7.4 All other staff will stay on their current terms and conditions for at least two years. During that time we will fully examine options for standardising terms and conditions. The principle is that taxpayers

in one borough should not expect to pay more for comparable staff than those in another borough without good reason.

8 INDICATIVE COST SAVINGS

- 8.1 The current cost of the senior management teams in both councils is shown in Table One

Table One. Current management costs

	H&F	RBKC	TOTAL
	£	£	£
Tier 1	311,829	157,297	469,126
Tier 2	377,372	355,344	732,716
Tier 3	866,495*	842,687	1,709,182
TOTAL	1,555,696	1,355,328	2,911,024

* less £175K attributed to capital and other sources in the tier three transport and highways posts at H&F.

- 8.2 The proposed savings are based on the mid-point salaries, and will of course be dependent on the actual salaries and protected salaries of those appointed to the new posts. Table Two shows indicative costs for the proposed structure:

Table Two. Indicative cost of combined management

	Mid point	FTE	TOTAL
	£		£
Tier 1	187,650	1.5	281,475
Tier 2	122,119	4.0	488,476
Tier 3	81,390	10.0	813,900
TOTAL		15.5	£1,583,851

- 8.3 Costs and savings will be apportioned on the agreed protocol. Until the new senior management cohort has been appointed, alongside the transition support team, the extent and allocation of savings cannot be considered firm. We expect that the majority of senior management savings can be begun in 2012/13, though the intention is to retain some capacity until 2013/14.
- 8.4 Earlier work on the joint services has shown possible savings of £1.7m, but this needs to be tested through the examination of individual business cases. A better understanding of the individual

service savings, and the case for combining services, will emerge through future work.

- 8.5 At present there are 14.5 service based finance staff across the three existing departments in the two councils. Initially IT and finance systems will stay separate. It might be possible to reduce this number by say 30%, saving approximately £270K. The business case for staffing reductions in service finance staff will be tested and shaped through the service review process, but at the end of the timetabled period, to ensure there is sufficient financial capacity in the new service to manage the demands of transformation. These figures do not include finance staff who will be the subject of review inside the parking services review.
- 8.6 Developing joined up operational IT systems for the new service is included in the work of the corporate work stream. No proposals or savings have been identified in this report as they will be included in the Corporate Services proposals.
- 8.7 Table Four indicates the possible savings deliverable between 2012 and 2014.

Table Four. - Environment Savings

	Up to £
Management -Assured	1,330,000*
Services - Possible	1,700,000
Support - Possible	270,000
Total	3,300,000

*less £175K attributed to capital and other sources in the tier three transport and highways posts at H&F

9.0 SCRUTINY ARRANGEMENTS

- 9.1 If Cabinet agrees these plans then they will be referred to Scrutiny arrangements in each borough for further consideration.
- 9.2 They will also be the subject of further consultation with trade unions.
- 9.3 Public consultation on the principles of Tri-borough working has already been completed.

- 9.4 The plans will benefit from further refinement and it is recognised that the implementation of these plans will require further decisions to be made, issues resolved and new protocols developed.
- 9.5 Insights and suggestions from Scrutiny committees will therefore be valuable as we proceed.

10. AREAS WHERE FURTHER DECISIONS WILL BE NEEDED.

1. How to resolve the hosting arrangements for senior management team A.
2. How to allocate savings across the projected budget years 2012/13, 2013/14 and 2014/15.
3. Work on confirming each borough's particular expectations - called in other Tri-borough Services the "mandate".
4. How to rationalise support service costs whilst ensuring sufficient staff are retained to ensure good financial control of separate budgets.
5. How revised Member briefing and accountability diaried meetings are to be scheduled.

11. HANDLING POSSIBLE CONFLICTS OF INTEREST

- 11.1 Keeping planning functions separate will help ensure conflicts of interest on land use issues are not ignored or fudged.
- 11.2 It is conceivable that other issues may arise where the two councils are either seeking to achieve different objectives or are competing for a scarce resource.
- 11.3 It will be for politicians in both councils to ensure such clear local interests are not compromised and for the joint Chief Executive to ensure that both councils are not in want of sufficient independent advice on how to secure their objectives.

- 11.4 The separate Monitoring Officer, in each council is an additional safeguard to ensure each council can continue to make proper decisions, based on local merits.
- 11.5 If necessary, and on the request of either Cabinet, additional external advice can be sought. It is recognised that such costs can be seen as an off-set to the savings achieved from joint management but it is argued that any such costs would be exceptional.

12. RISKS

	Risk	Level	Mitigation
1	Failure to achieve savings	M	Savings levels in this report are indicative, more or less may be achieved within a range of +- 10%. Management savings are dependent on the individual salaries of the new management team, and the extent of the allocation to other funding sources for highways staff in H&F. The figures shown for service reductions need to be tested in business cases and by scrutiny through the review process described in this report.
2	Failure to meet timetable	M	Building capacity into the process by delaying some staff departures helps ensure that the timetable in this report can be delivered.
3	Service quality reductions	M	Retaining some capacity frees up the new Management team to concentrate on the demanding business of understanding Bi-Borough service delivery and ensuring that service quality and standards do not deteriorate during the transition period.

4	Loss of local knowledge in the officer group	M	Building in support capacity for the change programme will give senior staff time to acquire local knowledge held by Councillors and their officer colleagues.
5	Conflicts of interest arise	L	See mitigation strategies at paragraph 11.



London Borough of Hammersmith & Fulham

OVERVIEW & SCRUTINY BOARD

DATE	LOCAL GOVERNMENT RESOURCE REVIEW	Wards
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26TH July 2011

The Secretary of State announced the latest local government resource review on 17 March 2011. This report provides a briefing on the review.

All

In summary the review is intended to:

- Consider the way local government is funded “with a view to giving local authorities greater financial autonomy whilst insuring that all authorities will have adequate resources to meet the needs of their communities”;

- “Look at ways to reduce the reliance of local government on central government funding” and so will;

- “Include consideration of changes to the business rates system” including;

- ▶ “Focus in particular on the optimum model for incentivising local government to promote growth by retention business rates”

- ▶ “Examining the scope for further financial freedoms for local authorities, while standing up for and protecting the interest of local taxpayers...”

CONTRIBUTORS

All departments

RECOMMENDATION(S):

The Committee is invited to review and comment upon the report.

NEXT STEPS

The Committee’s comments and recommendations will be submitted to the appropriate decision maker(s) for consideration.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	NONE STATED.		

1 BACKGROUND – THE LOCAL GOVERNMENT RESOURCE REVIEW

- 1.1 The Secretary of State announced the latest local government resource review on 17 March 2011 with an associated press release which included the review's terms of reference. A summary of the main changes to local government finance systems post 1945 is set out in Annex I and the terms of reference are set out in Annex II.
- 1.2 In summary the review is intended to:
- Consider the way local government is funded “with a view to giving local authorities greater financial autonomy whilst insuring that all authorities will have adequate resources to meet the needs of their communities”;
 - “Look at ways to reduce the reliance of local government on central government funding” and so will;
 - “Include consideration of changes to the business rates system” including;
 - “Focus in particular on the optimum model for incentivising local government to promote growth by retention business rates”
 - “Examining the scope for further financial freedoms for local authorities, while standing up for and protecting the interest of local taxpayers...”
- 1.3 In essence the review may, as a minimum, seek to allow Councils to retain locally some fraction of the growth in business rates for their areas for a period of years as an incentive to assist the growth of their business base. More far reaching reform may also be under consideration such as enabling regions, such as London, or individual authorities to opt out of the Formula Grant system in return for retaining the vast majority of business rates income.
- 1.4 The review will also consider a range of other issues including Tax Increment Financing. These are new borrowing powers against future business rate revenues to fund key infrastructure and other capital projects to support local driven economic development and growth. It may also cover how Council Tax Benefit will be localised.
- 1.5 To date there is nothing in the public domain on the outcome of discussions with local government representatives and interested parties. It is understood that there has been one meeting between the responsible Department for Communities and Local Government official and local government representative bodies.
- 1.6 The review is due to report in July 2011 and it is assumed that any reforms, if proposed and agreed, will potentially be implemented in 2013/14 after the December 2010 two year local government finance settlement has ended.
- 1.7 The Council Leader is very involved in this subject and has been asked to lead on this subject by the Conservative group at London councils and is being involved in discussions and the commissioning of reports by London councils to explore several options. A key aim of the Hammersmith and Fulham approach is to enable

Boroughs to retain as much as their own business rates growth as possible – redistribution of resources should be kept to a bare minimum.

2 OVERVIEW AND IMPACT ON LBHF

- 2.1 £20 billion of national non-domestic rates is collected locally and then redistributed to local authorities through the local government formula grant distribution system (currently the 'four block' model) in an attempt to balance spending need with available resources. This represents 20 per cent of local government funding.
- 2.2 Hammersmith and Fulham have long argued that the current formula grant distribution system is incomprehensible and not fit for purpose. This Council is a grant 'floor' authority which means that it receives a below average grant settlement (for example in 2011/12 grant to Hammersmith and Fulham will reduce by 11.3% compared to the national average of 9.9%). Were the 'floor' arrangements not in place this authority would be £30m worse-off (as our notional formula grant allocation is significantly below our actual allocation). Unless radical changes are made to the formula grant system this authority will be at the 'floor' for the foreseeable future.
- 2.3 There is a huge variation in net contributors to and net benefactors from the system. For 2011/12, businesses in Hammersmith and Fulham are due to pay £173 million in business rates, of which the Council will receive £124.5 million back as Formula Grant (of which £95.1m is redistributed business rates and £29.4m revenue support grant). Nationally total business rates are expected to exceed total formula grant by approx £2.5bn in 2013/14 and £5.0bn in 2014/15.
- 2.4 For London overall the total amount of business rates forecast to be collected will exceed the total amount of grant distributed within the current two year grant settlement. This raises the prospect that London could seek to become self-funding from 2013/14 onwards. London could sit outside the formula grant system and develop its own regional system for deciding how business rate income should be distributed (pooled) between the boroughs. London Councils are currently working up a model on how this might operate which seeks to incentivise individual boroughs to promote business rates growth whilst taking account of need. As an overriding principle, London, as a region would seek to be more self-sufficient in respect of local government finance and less reliant on funding decisions made by central government.
- 2.5 The initial modelling produced by London Councils requires a significant redistribution of business rates growth between boroughs. Whilst boroughs would keep a proportion of their own growth the rest would be shared across London. It is argued that this would enable boroughs that have a low business rates base to share in the benefits of the scheme but also mean that risk would be shared. Hammersmith and Fulham has concerns that this redistribution acts as a brake on incentivisation. Boroughs should retain as much growth as possible. This authority is developing a model with London Councils under which:
 - No Borough would be worse under any new system than the old system from day 1.
 - There would be 5 (possibly 6) super boroughs (Westminster, Tower Hamlets, City of London, Camden and Hillingdon) that would retain 10% of their

business rates growth with the balance going toward funding the Greater London Authority and subsidising other regions.

- All other boroughs would retain 100% of their growth for a 5 year period.

- 2.6 Alternatives to a regional approach could be adopted. For example, the think-tank Localis have suggested that councils should be able to buy their way out of the Formula Grant system on a negotiated basis for an initial period of between three and five years and should then benefit from the net difference from the business rates they are able to collect over the same period (a downside of the Localis approach could be that central government would thus still determine what the appropriate base position would be for each authority). The localis approach has been largely rejected due to the complexity of its implementation.
- 2.7 A more minimalist approach could also be adopted. For example the Government have already outlined a possible Business Increase bonus (BIB) which would allow councils to keep a proportion, rather than all, of any growth in a tax base over a fixed timeframe.
- 2.8 It should be noted that the resource review does not provide for local authorities to increase the business rates multiplier. Any increase in funding would come from growing the business rates base. Powers being considered as part of the Localism Bill mean that local authorities would be able to reduce the effective multiplier but not increase it.
- 2.9 There are risks as well as rewards associated with a greater share of and more control over funding raised locally. In the present system all the risks associated with future yield (at least for the settlement period) rests with central government. Individual local authority funding allocations are effectively guaranteed. Business rate yields can go down as well as up.
- 2.10 In addition, there is not always a directly causal relationship between local government actions and changes in business rate yields.

3. CONCLUSION

3.1 The key points are that:

- The case for radical reform of the existing Formula Grant system is compelling. It is immensely complex and subject to central government interference. Moreover the current system will condemn this authority to receiving poor grant settlements for the foreseeable future.
- This review does represent a potentially radical change for local government resourcing. There will be many views contributed, but it does provide an opportunity for councils to control and raise a much larger proportion of the money they spend directly from their locality. This is to be welcomed, particularly, for an authority such as Hammersmith and Fulham that is actively seeking to regenerate large parts of the borough.

- Any final proposals are unlikely to be simple and transparent due to inherent tensions between
 - Simplicity and fairness;
 - Sharing resources on the basis of needs, set against rewarding 'good' behaviour by Councils; and
 - Local and national control of a major share of public expenditure, all within a challenging economic environment. But the alternative would be to continue with the current top-down dependency culture whilst not incentivising councils to promote economic growth.

3.2 It is recommended that Hammersmith and Fulham welcomes in principle the potential retention of a much greater proportion of business rates locally. There does need to be a fair trade-off between potential gain and risk but this is an opportunity to move away from the current centralist system. This authority continues to press for any system to keep redistribution of resources to a minimum.

3.3 There are a number of models for taking forward the resource review which have different pros and cons. Government thinking is not yet known. Officers will keep a close watching brief on developments and contribute, in consultation with Members, if and when possible and appropriate either as an individual borough or through its regional representative – London Councils.

Annex I

History of Local Government Funding

Local government accounts for 25 per cent of total public spending. Around 25 per cent of local government spending is funded locally through the Council Tax and charges.

Before 1900, most of the spending of local bodies was financed locally. There were few grants from central government. Various rates were levied for specific services e.g. highway rates, poor rates and school rates.

Following the abolition of the separate poor rate in 1929, rates became a single unified tax. By then, sizeable central government grants were being paid to encourage different areas to provide services of a consistent standard. These were usually made for specific purposes rather than as general (unhypothesized) financial support for local spending.

1945	Nearly 80 per cent of central government grants were in the form of specific grants. The remaining 20 per cent was an unhypothesized "Block Grant". Approximately equal amounts of funding were obtained from government grants and local rates.
1948	Transfer of responsibility for the setting of rateable values of all properties to the Inland Revenue Valuation Office (now the Valuation Office Agency). Previously, each local authority set its own rateable values, resulting in substantial differences between average rateable values for similar properties in different parts of the country.
1948	Block Grant paid only to authorities whose means or rate resources were below the national average and renamed Exchequer Equalisation Grant.
1958	Many specific grants replaced by "General Grant", a new form of unhypothesized block grant, therefore specific grants accounted for less than 30 per cent of government grants. Exchequer Equalisation Grant is renamed Rate Efficiency Grant.
1966	General Grant, Rate Deficiency Grant and specific grants for school meals and milk incorporated into Rate Support Grant (RSG) with three elements: domestic, needs and resources.
1974	Following structural reorganisation, the proportions of resources and domestic elements of RSG increased. Needs element paid to upper tier; resources and domestic elements payable to lower tiers. More specific grants incorporated into RSG. About 20 per cent of government grants were specific grants. Around 37 per cent of funding is from local rates.
1981	Needs and resources elements of RSG became "Block Grant" – payable to both upper and lower tiers – and calculated to penalise high spending authorities for the first time. Its distribution was based on each authority's Grant-Related Expenditure (GRE) as calculated by the Department of the Environment.
1984	Rate limitation (capping) introduced (cash spending limit). During the 1980s, the method of grant allocation was adjusted to provide a disincentive to over-spending.

1986	The government published a Green Paper, Paying for Local Government, which considered ways of improving the system.
1989	Non-domestic rating revaluation. New national rating system came into effect from April 1990.
1990	Domestic rates were abolished and the Community Charge (or "Poll Tax") and nationally determined uniform non-domestic rates introduced. Revenue Support Grant replaced Rate Support Grant. Aggregate External Finance (AEF) replaced Aggregate Exchequer Grant (AEG). Standard Spending Assessments (SSAs) replaced GREAs. Ring-fenced housing revenue account introduced. Districts collected RSG for the area and passed a portion of this and of community charge to county councils.
1991	An additional £140 per charge payer was provided in central government support, thereby increasing the proportion of local government spending funded by central government.
1993	Council Tax replaced the Community Charge as the local domestic tax.
1998	The white paper Modern Local Government – In Touch with the People announced a three year review programme for Revenue Grant Distribution aimed at improving its fairness and equity.
1999	Pre-announced universal capping limits were discontinued to be replaced with reserve powers, which allowed local authorities' budgets to be looked at over more than one year. Non-domestic rating revaluation. New rateable values came into effect from April 2000. Central support protection grant introduced to ensure minimum levels of grant support for billing and precepting authorities.
2000	Modernising Local Government Finance: A Green Paper consulted on options for reform of the revenue grant distribution system. For authorities with education and social services responsibilities damping of changes in grant support now based on the floor and ceiling mechanism.
2002	A new Formula Grant distribution system introduced based on Formula Spending Shares (FSS) instead of SSAs from 2003/04.
2003	The Local Government Bill 2003 received Royal Assent on 18 September, which included new borrowing freedoms, powers to charge for discretionary services, new trading powers and the introduction of a fixed 10-yearly cycle for Council Tax revaluation.
2006	A new four block grant distribution system was introduced for 2006/07 (consisting of a needs assessment, a resources element, a central allocation and a floor damping block). Schools funding was transferred to the Dedicated Schools Grant. For the first time, two years of grant allocations were announced at the same time (2006/07 and 2007/08).
2007	The Lyons Inquiry considered the future of local government finance as part of a broader remit of reports. Radical change is ruled out in the short to medium term. More details on this can be found in a the local report to Cabinet in June 2007: http://cmis/CMISWebPublic/Binary.ashx?Document=21978 http://cmis/CMISWebPublic/Binary.ashx?Document=21979 The first three year settlement (2008/09 – 2010/11) was issued in late 2007.

2008	Area Based Grant (ABG) a new non-ringfenced grant was introduced from 2008/09 replacing a number of grants previously reported as specific grants.
2010	<p>The coalition government announced a Coalition Agreement setting out that it would, amongst other proposals, review local government finance, phase out the ring fencing of grants, review the Housing Revenue Account and freeze Council Tax for at least one year.</p> <p>Following the government's 2010 'emergency' Budget and Spending Review, a two year settlement for local government (for the 2011/12 and 2012/13 financial years) was announced on the 16 December 2010. A large number of grants end (including Area Based Grant) or are simplified and all local authority funding allocations are reduced based on a government defined measure of spending power.</p>
2011	<p>The government formally announces the Review of Local Government Finance and proposals for a new housing finance system (due to be in place from 1 April 2012).</p> <p>Council tax is confirmed as frozen for English local authorities for 2011/12.</p>

Based on the Department for Communities and Local Government Local Government Finance Statistics No 20, June 2010 (Annex C5, pages 208-210).

Annex II

Terms of Reference

Phase 1

The first phase of the Review will consider the way in which local authorities are funded, with a view to giving local authorities greater financial autonomy and strengthening the incentives to support growth in the private sector and regeneration of local economies.

It will look at ways to reduce the reliance of local government on central government funding, increase local accountability and ensure that the benefits of economic growth are reflected in the resources authorities have.

The review will include consideration of changes to the business rates system, and focus in particular on:

- a) the optimum model for incentivising local authorities to promote growth by retaining business rates, whilst ensuring that all authorities have adequate resources to meet the needs of their communities and to deliver the commitments set out in the Spending Review;
- b) the extent to which these proposals can set local authorities free from dependency on central funding;
- c) considering how to fund authorities where locally raised funding would be insufficient to meet budget requirements and control council tax levels, as well as councils who do not collect business rates, such as upper tier authorities, recognising that some parts of the country are currently more dependent on government funding;
- d) reviewing the scope for greater transparency and localisation of the equalisation process;
- e) the position of councils whose business rate yield would be significantly higher than their current spending;
- f) how to ensure appropriate protections are in place for business, within a framework of devolving power to the lowest level possible;
- g) how to deliver Tax Increment Financing proposals against a context of greater retention of business rate revenues;
- h) how various aspects of the business rate system, including business rate revaluation and reliefs, should be treated;
- i) examining the scope for further financial freedoms for local authorities, while standing up for and protecting the interests of local taxpayers, and
- j) The wider implications of rates retention for related policies, including the work of the Commission on the Funding of Care and Support and the Government's other

incentive schemes (the New Homes Bonus and the commitment to allow communities to keep the business rates for renewable energy projects).

The Review will take account of the responses made to the questions in "Local growth: realising every place's potential". It will also conduct extensive engagement with interested parties, including businesses of all sizes, to ensure that all views and perspectives are taken into account.

Following the announcements at the Spending Review and through introduction of the Welfare Reform Bill that Government will localise Council Tax Benefit, the Review will also consider the design of the new scheme (to be launched in 2013-14) and what flexibilities local authorities should have to help keep overall council tax levels down.

The first phase of the Review will conclude by July 2011, followed by the necessary steps to implement the concluded reforms.

Phase 2

The second phase of the Local Government Resource Review will commence in April 2011 and will focus on Community Budgets. It will be taken forward in parallel with the continued roll out of these Budgets. Detailed Terms of Reference will be published shortly.



London Borough of Hammersmith & Fulham

OVERVIEW & SCRUTINY BOARD

DATE	TITLE	Wards
26 July 2011	Annual Complaints Review 1 April 2010 to 31 March 2011	All

SYNOPSIS

The purpose of the report is to show the volume and types of complaints being made to the Council and how effectively the Council is managing these.

The report is being submitted to the Committee for review and comment.

CONTRIBUTORS

Lyn Anthony, Head of Executive Services

James Filus, Corporate Customer & Complaints Manager

RECOMMENDATION(S):

To review the Annual Complaints Review and to comment on the recommendations.

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NEXT STEPS

The report will be published via the Council's website.

1. EXECUTIVE SUMMARY

2121 complaints were received during the reporting period across all three Stages of the complaints procedure. 1884 of these complaints were considered at Stage 1, 180 at Stage 2 and 57 at Stage 3.

The number of Stage 1 and Stage 2 complaints for the previous reporting year is not known. 91 Stage 3 complaints were investigated by the Corporate Complaints Manager between 1 April 2009 and 31 March 2010; meaning that the number of Stage 3 complaints reduced by 37% this reporting year.

Complaints against H&F Homes accounted for 59% of the total complaints made across all three Stages of the complaints procedure. Finance and Corporate Services account for the second largest proportion of complaints at 14%.

60% of the complaints made concerned the delay or failure to provide a service or take action. The majority of these complaints concerned the Council's Repairs service and the Decent Homes programme.

55% of complaints made to the Council were either upheld or partially upheld. The remaining 45% of complaints were not upheld.

Across all services, 68% of Stage 1 complaints were responded to within deadline. However, only 38% of Stage 2 complaints were replied to on time. Where complaints are independently investigated by the h&f InTouch team, 73% of complaints were responded to within deadline. Only 27.5% of the new complaints received by the Council were acknowledged.

Approximately 10% of the complaints made at Stage 1 were escalated to Stage 2 and 30% of these were escalated to Stage 3.

The Local Government Ombudsman made 103 enquiries of the Council during the reporting year. This is an increase on the 75 enquiries made in the previous year.

98 decisions were made by the Ombudsman during the reporting period. The Council 'locally settled' 31 complaints, which accounted for 32% of the decisions made. This is an increase from the 23% of 'local settlement' decisions in the previous year.

A total of £12,062.88 in compensation was recorded as being paid across all three Stages of the complaints procedure and in those complaints investigated by the Ombudsman. The largest proportion of compensation was paid by H&F Homes (65%) and most common reason for paying compensation were delay, distress and inconvenience.

The cost of recording, investigating and responding to complaints has been conservatively estimated as being £156,857.38.

Two of the four performance measures used to monitor the complaints procedure were achieved. The Council did not acknowledge or respond to 80% of the complaints made on time; however, 37% of customers stated that they were satisfied with the complaints procedure (which is in excess of the 30% target) and the Ombudsman did not issue any maladministration decisions against the Council

2. INTRODUCTION

The purpose of the report is to show the volume and types of complaints being made to the Council and how effectively the Council is managing these.

3. RECOMMENDATIONS

In light of the findings of the report, the following recommendations have been made:

1. It is **recommended** that the low proportion of complaints being acknowledged is addressed by services and efforts are made to improve on this. A monthly report on the number of complaints being acknowledged against the total received, by service, will now be produced and circulated by the h&f InTouch team until such time that performance increases and remains or exceeds consistently within the required 80%.
2. It is **recommended** that the low proportion of Stage 2 complaints being responded to on time is addressed by services and efforts are made to improve on this.
3. It is **recommended** that wherever a complaint is made regarding the delay in delivering a service, the service that lead to the complaint must be completed before the complaint is responded to. Where this is not practicable, a clear schedule for the service should be sent out to the customer, alongside confirmation of the name of the officer responsible for monitoring this schedule. This will assist in managing the complainant's expectations and ensure accountability.
4. It is **recommended** that where compensation is to be offered, the guidance from the Local Government Ombudsman is consulted and any offer is made in light of, and with specific reference within the response to the complainant, this guidance.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	H&F Corporate Complaints First annual reportt	Lyn Anthony James Filus	Room 229

HAMMERSMITH & FULHAM COUNCIL

Annual Complaints Review

1 April 2010 to 31 March 2011

Lyn Anthony
Head of Executive Services

For further information contact
James Filus
Corporate Customer & Complaints Manager
Ext 2020

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1. BACKGROUND

The h&f InTouch team has been in operation since 1 April 2010. The team, managed by the Council's Corporate Complaints Manager, is currently staffed by three officers, who provide a frontline service to residents and other customers. h&f InTouch are responsible for the following:

- Management and oversight of the Council's complaints procedure and the policy governing this procedure;
- Responding to enquiries made of the Council by the Local Government Ombudsman;
- Providing advice and guidance about the complaints procedure to residents and customers;
- Training officers on the complaints procedure and the system used to manage complaints – iCasework;
- Recording requests for information made under the Freedom of Information Act 2000; and
- Governance of the Council's Potentially Violent Service Users records.

This report will cover both the performance of the h&f InTouch team and Council in respect of complaints received between 1 April 2010 and 31 March 2011, and also enquiries received from the Local Government Ombudsman during this same period.

This report does not include 'statutory complaints' – i.e. complaints about the provision of adult or children's social care – as these are outside of the h&f InTouch team's remit. A separate report on these services will be produced by the Customer Care and Complaints Manager responsible for these complaints.

2. H&F INTOUCH PERFORMANCE

The overall aim of the h&f InTouch team is to make the Council's complaints procedure more efficient, and therefore better experience, for our residents and customers. The team focuses on the quality of responses to complaints, intervening where possible to prevent complaints from escalating.

iCasework was implemented across the Council, alongside the h&f InTouch team, on 1 April 2010. iCasework allows feedback to be recorded and monitored, from receipt to resolution, using a unique reference number. There are over 900 front and back office staff registered and trained to use iCasework.

The Council has a three Stage complaints procedure, as set out in the Corporate Complaints Policy. h&f InTouch record all complaints and take a greater level of involvement in a complaint, should it progress through the Stages. This can be illustrated as follows:

Stage 1: Advice, guidance and intervention; recording complaints and referral to service concerned for investigation.

Stage 2: Advice, guidance and intervention; determining review requests; referral to service concerned for further directed investigation, or notifying customer that the complaint has been adequately responded to.

Stage 3: Advice, guidance and intervention; determining review requests; notifying customer that the complaint has been adequately responded to, or an independent investigation by the h&f InTouch team.

The h&f InTouch team aims to record all work within a maximum of 2 working days, from the time of receipt. During the reporting period the h&f InTouch team received over 6100 emails – email being the majority means of contact (see Appendix 1) – and a random sample of 10% of the emails undertaken during the reporting period confirmed that, on average, all matters were being recorded within 1 working day of receipt.

The h&f InTouch team also assists the Information Management Team, by recording all new Requests for Information made to the Council on iCasework; a total of 1045 new Requests were recorded during the reporting period, again, this was within 1 working days of receipt in most cases.

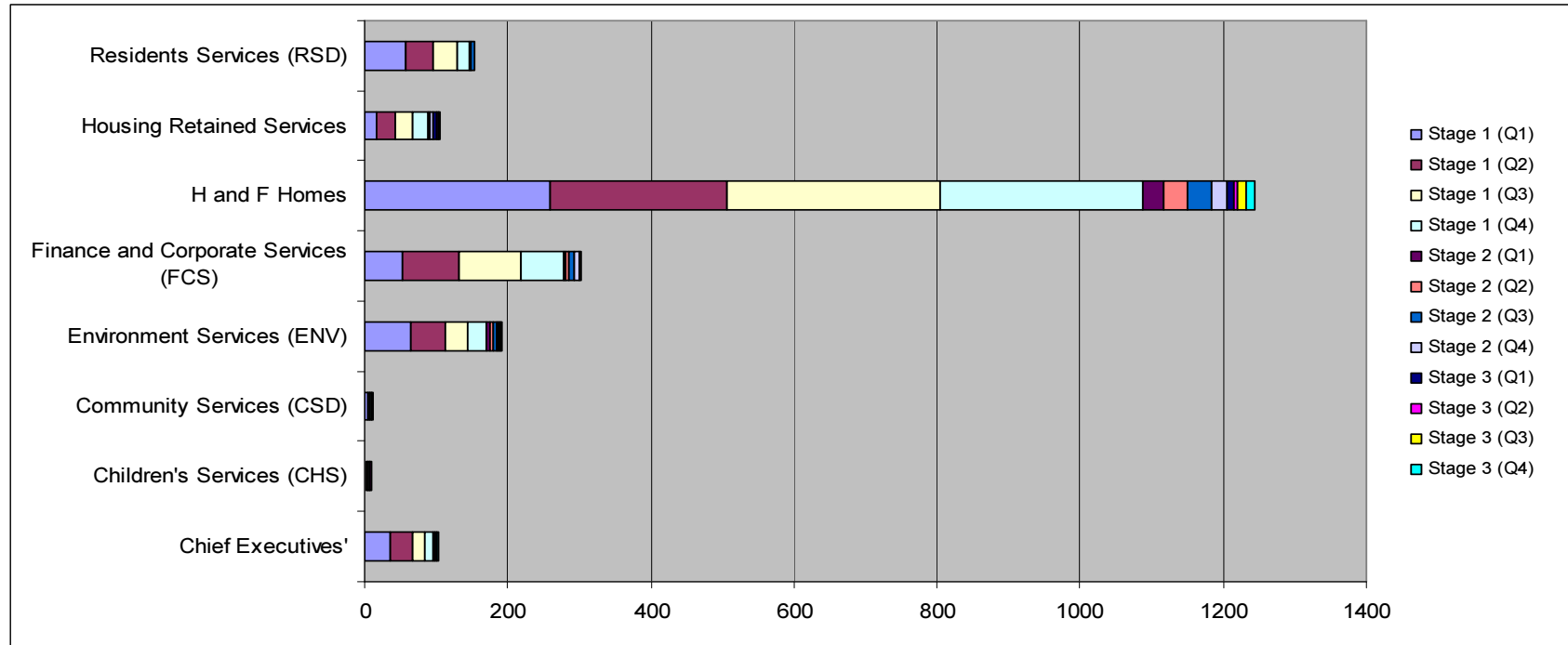
3. COUNCIL'S PERFORMANCE

For the reporting period, a total of 2121 complaints have been recorded by the h&f InTouch team across the three Stages of the Council's complaints procedure. The complaints can be broken down, across the Stages, as follows:

Period	Stage 1	Stage 2	Stage 3	Total
1 Apr – 30 Jun (Q1)	496	41	17	554
1 Jul – 31 Aug (Q2)	468	52	8	528
1 Sept – 31 Dec (Q3)	496	52	14	562
1 Jan – 31 Mar (Q4)	424	35	18	477
Total	1884	180	57	2121

The recording of complaints against each of the Council's service areas can be shown as follows. Please note that complaints recorded against 'Chief Executives' are those that were considered to have insufficient information, or should be dealt with outside of the complaints procedure (e.g. a Housing Benefit appeal) and were registered against the h&f InTouch team for record keeping purposes.

Service area	Stage 1				Stage 2				Stage 3				Total
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Chief Executives'	36	31	17	12	1	2	1	2	0	0	0	2	104
Children's Services (CHS)	1	1	2	4	0	0	0	0	0	2	0	0	10
Community Services (CSD)	4	2	2	1	2	0	1	0	0	0	0	0	12
Environment Services (ENV)	66	46	31	27	5	6	5	0	2	0	1	2	191
Finance and Corporate Services (FCS)	54	78	87	60	2	5	8	5	1	0	2	0	302
H and F Homes	260	246	299	282	30	34	33	22	10	4	11	12	1243
Housing Retained Services	18	25	24	21	0	3	1	5	4	2	0	2	105
Residents Services (RSD)	57	39	34	17	1	2	3	1	0	0	0	0	154
Total	496	468	496	424	41	52	52	35	17	8	14	18	2121



The Council has not completed an annual report on complaints since the reporting year 2006-07, due to differing recording practices in each of the Council's services. The report completed that year stated that a total of 834 complaints were received, which was a significant decrease on the 1380 complaints reported in the previous year (i.e. 2005-06). Taking these figures at face value, the total of 2121 complaints represents a significant increase, which can most likely be attributed to having a single, consistent, corporate approach to recording and managing complaints and also the introduction of iCasework.

Although there has not been an annual report, the number of Stage 3 complaints has been monitored each year. During the year 2009-10, a total of 91 Stage 3 complaints were investigated by the Corporate Complaints Manager. The total for the reporting year of 57 represents a significant reduction (37.36%) and demonstrates a positive impact of the intervention role of the h&f InTouch team.

4. TIMELINESS

The timeliness of the responses to complaints responded to within the reporting period, by service, can be shown as follows:

Service area	Stage 1	Stage 2
Children's Services (CHS)	63%	n/a
Community Services (CSD)	67%	100%
Environment Services (ENV)	78%	50%
Finance and Corporate Services (FCS)	74%	77%
H and F Homes	70%	37%
Housing Retained Services	68%	43%
Residents Services (RSD)	88%	57%

Across all services, 67.6% of Stage 1 complaints were responded to within deadline; however, only 38.2% of Stage 2 complaints were within deadline. Where complaints were independently investigated at Stage 3 of the complaints procedure, by the h&f InTouch team, 73% of complaints were responded to within deadline.

The Corporate Complaints Policy has a target timeliness of 80% for all complaints, so improvements are required at Stages 1 and 3, but significant improvements are necessary at Stage 2 (see Recommendations).

5. OUTCOMES

The outcomes, or decisions, of those complaints made during the reporting period can be shown as follows:

Outcome	Stage 1	Stage 2	Stage 3	Total	%
Not Upheld	732	61	27	820	45
Partially upheld	475	62	12	549	30
Resolved immediately	6	0	0	6	0
Upheld	408	39	10	457	25
Total	1621	162	49	1832	
%	89	9	2		

*Please note that the number of decisions will not match the number of complaints received, some of these complaints are currently ongoing and therefore an outcome has not been determined.

6. ESCALATION

When a customer is not satisfied with the outcome to their complaint, they can appeal to the h&f InTouch team for further investigation at either Stage 2 or Stage 3 of the complaints procedure.

The table below shows the percentage of complaints that were escalated during the reporting period. A complaint that has a Stage 1 decision in April 2010, but is recorded at Stage 2 in May would show as escalating in April – as this is when the decision that is being challenged was first made.

Period	Stage 1	Stage 2	Stage 3
Apr-10	28%	0%	50%
May-10	14%	50%	25%
Jun-10	11%	27%	57%
Jul-10	12%	0%	50%
Aug-10	13%	54%	50%
Sep-10	14%	19%	50%
Oct-10	12%	47%	57%
Nov-10	13%	22%	43%
Dec-10	8%	25%	0%
Jan-11	8%	22%	0%
Feb-11	5%	29%	0%
Mar-11	3%	11%	0%

It is logical that the rate of escalation reduces over time, as the decisions that are being challenged are more recent and there is still an opportunity to escalate the complaint. If the same information is compiled in six months time, the percentage rates will likely increase the values shown in previous months.

Nevertheless, the escalation rates, on average, are consistent with the volumes of the complaints made at each Stage, as a percentage of the total – i.e. approximately 10% of all complaints received escalate to Stage 2, 30% of these escalate to Stage 3 and 30% of Stage 3 complaints escalate to the Local Government Ombudsman.

The following table shows the percentage of customer complaints escalating, by service:

Service area	Stage 1	Stage 2	Stage 3
Children's Services (CHS)	0%	0%	50%*
Community Services (CSD)	33%	0%	n/a
Environment Services (ENV)	11%	29%	20%
Finance and Corporate Services (FCS)	9%	15%	66%
H and F Homes	12%	25%	35%
Housing Retained Services	12%	57%	28%
Residents Services (RSD)	5%	0%	n/a

*The complaints considered at Stage 3 for Children's Services were considered at Stages 1 and 2 prior to the reporting year commencing. It is for this reason that two Stage 3 complaints are recorded without showing at Stages 1 or 2.

7. CATEGORIES

iCasework allows the Council to 'categorise' a customer complaint, meaning that we can record what particular service/team was the subject of the complaint and what 'problem' led to the complaint being made. The table below shows the top 10 categories of customer complaints for the reporting period:

Category	Typical category usage	Total	%
Programme of maintenance	Decent Homes - H&F Homes	226	14
Repairs - general	Day-to-day repairs - H&F Homes	185	12
Gas servicing	Boiler breakdowns - H&F Homes	102	6
Repairs - leaks and floods	Repairs following leaks - H&F Homes	97	6
Car parking	Removal of vehicles from estates - H&F Homes	94	6
Individual account enquiries	Council Tax - Finance & Corporate Services	76	5
Repairs - damp proofing	Repairs following damp - H&F Homes	44	3
Housing benefit current claim	Housing Benefit - Finance & Corporate Services	39	2
Repairs - roof	Repairs following leaks - H&F Homes	38	2
Caretaking	Estates caretaking – H&F Homes	35	2

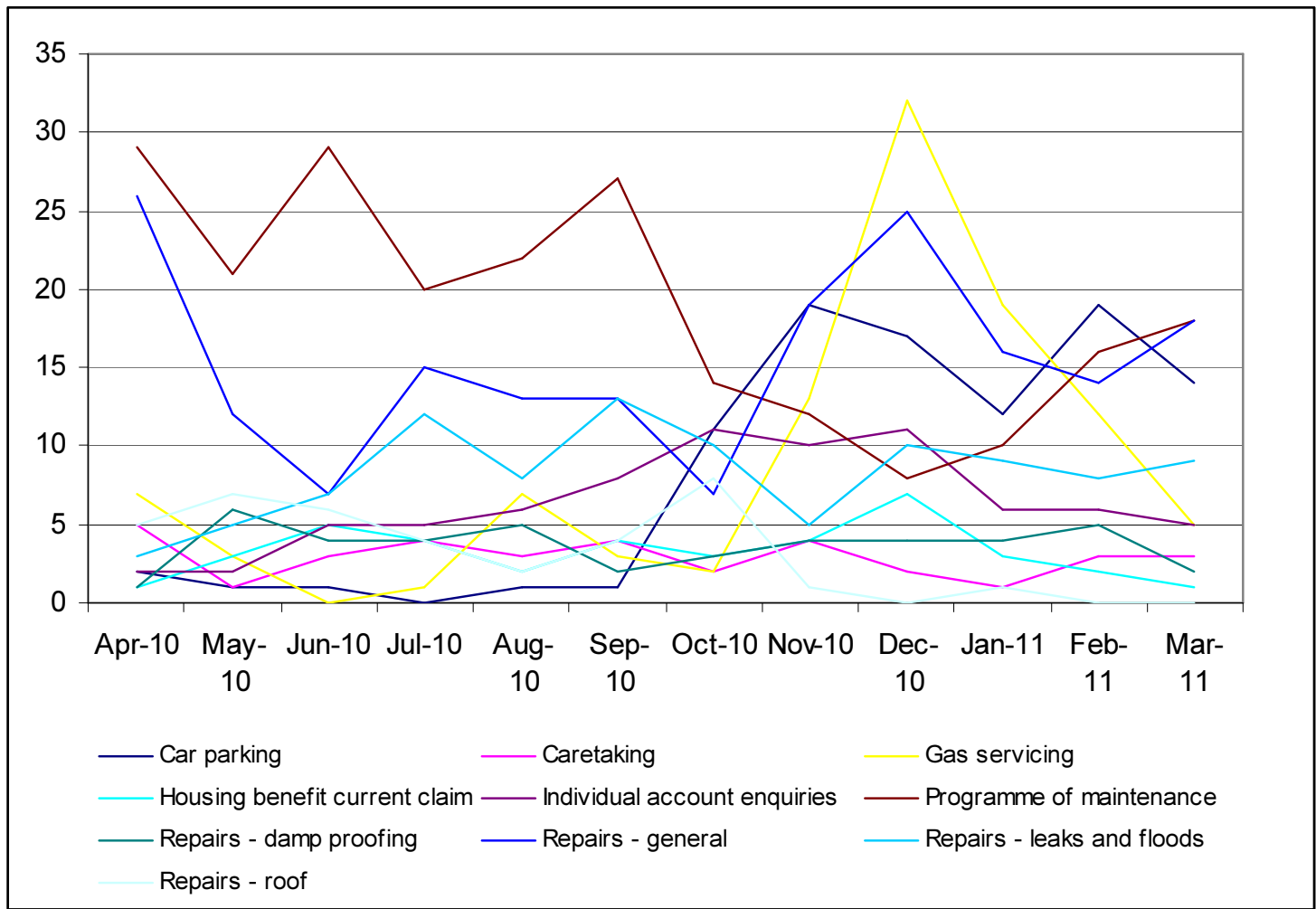
The table below shows the top ten 'problems' that residents and customers informed the h&f InTouch team that they had experienced:

Problem	Total	%
Delay in delivering a service	369	39
Failure or refusal to deliver a service	91	10
Delay in taking action	57	6
Failure or refusal to take action	43	5
Inadequate or incorrect advice given	43	5
Other quality issue	41	4
Loss or damage to property	30	3
Unreasonable decision	30	3
Other delay problem	24	3
Inappropriate action taken	21	2

The problem type 'Delay in delivering a service' is dominant. Shown across the categories of complaints, it has been mostly been used in complaints concerning Repairs and Gas servicing.

Problem	Delay in delivering a service
Repairs – general	117
Gas servicing	71
Repairs – leaks and floods	71
Programme of maintenance	37
Repairs – damp proofing	27
Repairs – roof	19
Individual account enquiries	12
Caretaking	7
Housing benefit current claim	7
Car parking	1
Total	369

The following graph shows the top ten categories of complaint, by month, over the reporting period:



8. OMBUDSMAN COMPLAINTS

In addition to recording all corporate customer complaints, the h&f InTouch team also manage the Council's responses to the Local Government Ombudsman. During the reporting period, a total of 103 complaints were referred from the Ombudsman for investigation. This is an increase on the previous year's total of 75.

Period	Enquiries made
Q1	19
Q2	27
Q3	23
Q4	34
Total	103

During the reporting period, the Ombudsman determined 98 complaints against the Council, which is an increase on the 62 decisions made in the previous year. The decisions can be shown, as follows:

Outcome	2010-11	%	2009-10	%
Local settlement	31	32	14	23
No evidence of maladministration	31	32	25	40
Ombudsman's discretion	21	21	13	21
Outside jurisdiction	15	15	9	15
Maladministration	0	0	1	2
Total decisions*	98	100	62	100

*The number of decisions does not necessarily match the number of enquiries, as some investigations are still ongoing.

Although it should not be seen as negative to settle a complaint, it can be costly to do this at the point the Ombudsman is involved. Nationally, the average percentage of Local settlement decisions, against the total number of decisions, is around 27%; the Council is broadly consistent with this average, but the proportion of Local settlements has increased on the previous year.

Information on the amount of compensation paid following complaints to the Ombudsman can be found at later in this report (Appendix 2).

The Council is provided with 28 days to respond to each enquiry. A total of 1814 days were taken to respond to the 61 enquiries that the Council was asked to comment on; therefore, an average of 29.8 days was taken for each enquiry. This is an improvement on the average of 30.3 days in the previous year, but is not within the Ombudsman's target.

The above information is consistent with the Ombudsman's records, as stated in the Ombudsman's annual review for the same reporting period.

9. COMPENSATION

iCasework enables the Council to record and report on the volume of compensation being paid at each Stage of the complaints procedure and those complaints made to the Ombudsman. For the reporting period, a total of £12,062.88 compensation is recorded as being paid. The following table shows the amounts paid across each of the Council's services for the reporting period:

Service	Amount
Community Services	£175.00
Environment Services	£30.00
Finance & Corporate Services	£75.00
H&F Homes	£7,898.39
Housing Retained Services	£2,360.00
Residents Services	£1,524.49
Total	£12,062.88

A table showing each of the payments made, and the noted reason for the payment, is available at Appendix 2. A summary of these reasons can be seen below:

Reason	Amount
Delay	£5834.39
Distress and inconvenience	£3388.99
Goodwill	£655
Other	£1400.5
Right to Repair	£124
Time and Trouble	£660
Total	£12062.88

10. CASE DIGEST

Each quarter, the top three customer complaints which have either resulted in significant settlements, or can be used for corporate learning, are summarised in the quarterly complaints report. The same model is being followed in this annual report. Further information regarding these cases can be provided on request by the Corporate Complaints Manager.

Direct payments of Housing Benefit

Having pursued his complaint through each Stage of the Council's complaints procedure, a landlord complained to the Local Government Ombudsman that the Council had failed to deal with his request for direct payment – under the eight week rule; following the landlord's request, a payment of £1,260 in Housing Benefit was paid to his tenant. It was the landlord's view that this particular payment should have been paid to him.

Although the Council had offered £630 compensation at Stage 2 of the complaints procedure, and issued a cheque for this amount, the landlord remained of the view that he should be compensated for the full amount – i.e. £1,260 – and returned the cheque.

Following an investigation by the Ombudsman, which included interviews with Council officers, the Council later settled this complaint by paying the complainant £1,260 compensation and by agreeing to improve the processes for dealing with such requests from a landlord.

Delay in completing repairs and installing a wash-hand basin

Having complained at Stage 1 of the complaints procedure, a tenant complained to the Local Government Ombudsman that the Council had failed to complete repairs to address problems with mould and tiling at the property.

The tenant also complained that the Council had unreasonably refused to install a wash-hand basin into the downstairs toilet, which was considered necessary by the tenant, due to a health problem.

Previously, the tenant had been informed that it was not possible to install the wash-hand basin, due to size restrictions in the downstairs toilet. However, an inspection from an Occupational Therapist confirmed that the installation was possible and this subsequently went ahead.

The Ombudsman found that the Council had delayed unreasonably and recommended that the Council pay the tenant £1250 in compensation and completes the outstanding repairs. The Council agreed to settle the complaint on this basis.

Engagement party at Fulham Town Hall

A customer complained that his engagement party at the Concert Hall, Fulham Town Hall, was ruined due to the heating failing and he sought compensation for this.

The complaint was considered at Stage 1 of the complaints procedure and was partially upheld. The customer was offered a goodwill gesture of 20% of the booking fee. However, this was not considered adequate by the customer, who requested further consideration of the complaint at Stage 2.

Following further investigation of the complaint, the decision was reached to offer 100% of the booking fee – equal to £1,054 – to the customer; this was subsequently accepted and the customer was satisfied..

11. OVERALL PERFORMANCE

The Corporate Complaints Policy sets out four corporate targets for measuring of performance of how complaints are managed. These are as follows:

1. Complaints acknowledged within timescale – 80%
2. Complaints fully responded to within timescale – 80%
3. Complainant's satisfaction with the complaints process – 30%
4. Number of Ombudsman maladministration decisions – 0%

So how did we do against these measures?

Complaints acknowledged within timescale – 80%

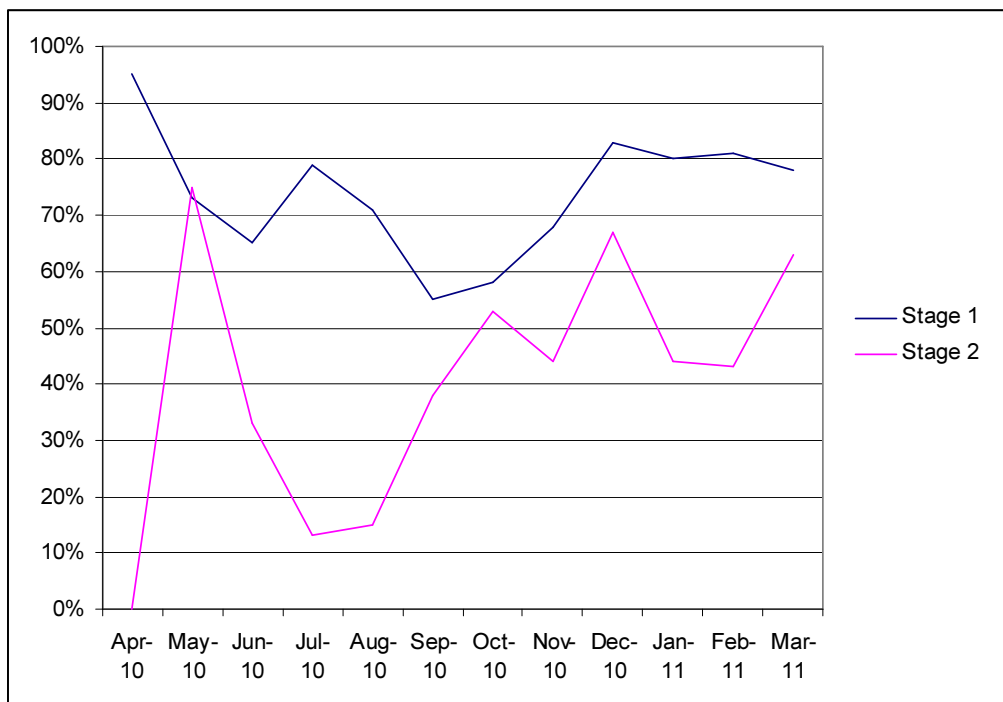
iCasework shows that only 519 acknowledgements were sent, across all services, in response to the 1884 complaints received; this means that only 27.5% of complaints received are being acknowledged. Although the acknowledgement emails and letters that were timely, it is not good enough that almost three-quarters of complaints went unacknowledged – especially when iCasework produces an automatic acknowledgement template in both email and letter format. A recommendation has been made later in this report to address this failing.

Complaints fully responded to within timescale – 80%

The overall timeliness of responses is as follows:

- Stage 1: 67.6%
- Stage 2: 38.2%
- Stage 3: 73%

The introduction of iCasework in April 2010 placed greater emphasis on officers to manage their own complaints, via the system. It can be seen in the below chart (on the following page) that the initial trend was for performance to slip, with gradual improvement thereafter:



Although the Council has not met its target of 80% of complaints being responded to within deadline, with iCasework becoming a more commonly used application and through increased monitoring (see recommendations, page 16), this figure will be achieved in the next reporting year.

Complainant's satisfaction with the complaints process – 30%

The overall satisfaction with the complaints process is currently measured by using the feedback from the Annual Residents' Survey (ARS).

The most recent survey, completed within the reporting year, stated that of those who have made a complaint in the last 12 months, nearly two in five residents (37%) are satisfied with the way in which their complaint was handled, compared with 37% in ARS 2009, 31% in ARS 2007 and 27% in 2006.

In addition, the ARS stated that those most likely to make a complaint are:

- Aged 19-34 (45% of the total number who made a complaint);
- Males (26% compared to 23% of females);
- BME (28% compared to 24% from a White British/Irish/Other White ethnic background).
- Residents living in the South of the Borough.

However, caution was given to both the percentage of satisfaction and the type of resident most likely to make a complaint, due to the relatively small number of respondents to this aspect of the survey.

iCasework allows for monitoring information, such as age, gender, ethnicity and disability to be captured, but in practice this information is rarely volunteered by residents and customers making complaints.

Taken by their title or name, 44% of complaints were made by females and 33% by males (the remaining 23% cannot be inferred, due to titles such as Dr or unisex names). With regard to age, disability, ethnicity, this information was provided in less than 5% of the total new – i.e. Stage 1 – complaints (1884), making the results statistically insignificant.

A map detailing all of the complaints made, and a map showing the two main categories of complaints – Decent Homes and Repairs, is available in the appendix 4.

Number of Ombudsman maladministration decisions – 0%

The Ombudsman did not issue a decision of maladministration against the Council during the reporting period, and therefore this target has been met.

12. RECOMMENDATIONS

It is recommended that the contents of this report are considered by the senior management team, EMT and Scrutiny.

The information in this report should be used as a basis for service improvement and the h&f InTouch team welcomes opportunities to discuss the findings and, where possible, help learn lessons from the customer complaints made over the reporting period.

As a result of this report, the h&f InTouch team will be concentrating on the following:

Acknowledgements

Acknowledging a complaint is a key step to managing the expectations of our residents and customers. The acknowledgement confirms that the complaint has been received, confirms which officer is responsible for the investigation and when a decision will be reached. Failure to send an acknowledgement results in additional, unnecessary, enquiries to the h&f InTouch team, which increases the volume of interactions from our residents and customers.

Given this, that only 27.5% of complaints are being acknowledged is not acceptable; especially considering that the Council uses the timeliness of acknowledgements as a performance measure.

iCasework generates an automated acknowledgement email or letter, once a complaint has been assigned to an officer and an initial assessment of the complaint has been completed. This functionality should be used.

It is **recommended** that the low proportion of complaints being acknowledged is addressed by services and efforts are made to improve on this. A monthly report on the number of complaints being acknowledged against the total received, by service, will now be produced and circulated by the h&f InTouch team until such time that performance increases and remains or exceeds consistently within the required 80%.

In addition, the h&f InTouch team will be exploring the possibility of opening iCasework via the Customer Portal, which will allow residents and customers to track the progress of their complaints, providing they are registered to do so via the Council's website.

Stage 2 complaints

Although the chart on page 12 shows that the timeliness of Stage 2 complaints is improving, it is overall the area of most concern.

It is **recommended** that the low proportion of Stage 2 complaints being responded to on time is addressed by services and efforts are made to improve on this.

In addition, h&f InTouch will provide a named team member to provide guidance, at an early stage, for each Stage 2 complaint to ensure that responses are more timely and to further reduce the number of complaints escalating to Stage 3.

Promised actions

A number of complaints have recently been brought to the Corporate Complaints Manager's attention where a response has been issued to the complaint, but the matter that led to the complaint – e.g. a repair or failed service – is yet to have been carried out. Understandably, the complainant has then requested further consideration of their complaint, which causes needless and costly escalation through the complaints procedure.

As such, it is **recommended** that wherever a complaint is made regarding the delay in delivering a service, the service that led to the complaint must be completed before the complaint is responded to. That is not to say the response can be delayed; the Council's policy is clear that the response must be sent within 15 working days of the complaint.

As such, the service should be completed and the response sent within this timescale – where this is not practicable, a clear schedule for the service should be sent out to the complainant, alongside confirmation of the name of the officer responsible for monitoring this schedule. This will assist in managing the complainant's expectations and ensure accountability.

Compensation

A number of complaints have recently been brought to Corporate Complaints Manager's attention where compensation has been offered to the complainant, but this has not matched the complainant's expectations and has been poorly justified within the response to the complaint. This, again, causes needless and costly escalation through the complaints procedure. This is particularly relevant for compensation in housing repair complaints.

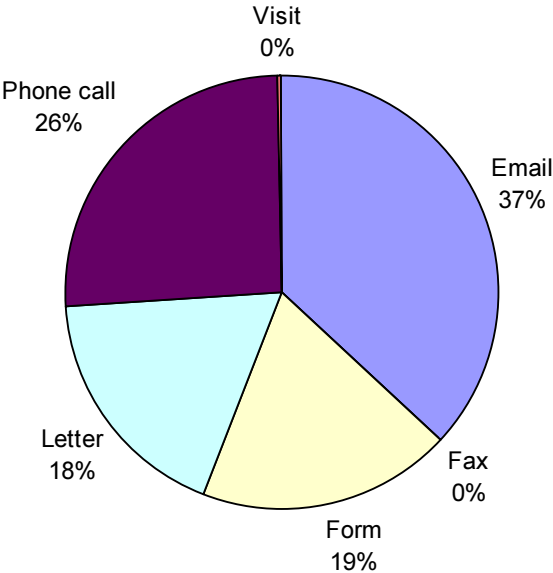
As such, it is **recommended** that where compensation is to be offered, the guidance from the Local Government Ombudsman is consulted and any offer is made in light of, and with specific reference within the response to the complainant, this guidance. If any officer is uncertain on how to interpret this guidance, assistance can be sought from the h&f InTouch team. A full version of the Ombudsman's guidance on remedies can be viewed here:

www.lgo.org.uk/GetAsset.aspx?id=fAAXADIANGB8AHwAVABYAHUAZQB8AHwAMAB8AA2

Appendix 1

1. Method of complaint

The majority were received by email, but a significant proportion were also received by telephone. In certain circumstances, officers from the h&f InTouch team will meet with customers to help them make a complaint; this occurred 7 times in the reporting year.



* Please note that 'form' refers to both online forms and the paper-based complaints leaflets produced by the h&f InTouch team.

2. Compensation paid

The following table shows all of the compensation payments made, across all Stages of the complaints procedure and following enquiries from the Local Government Ombudsman. The service responsible for the complaint and the noted reason(s) for the payment is also provided:

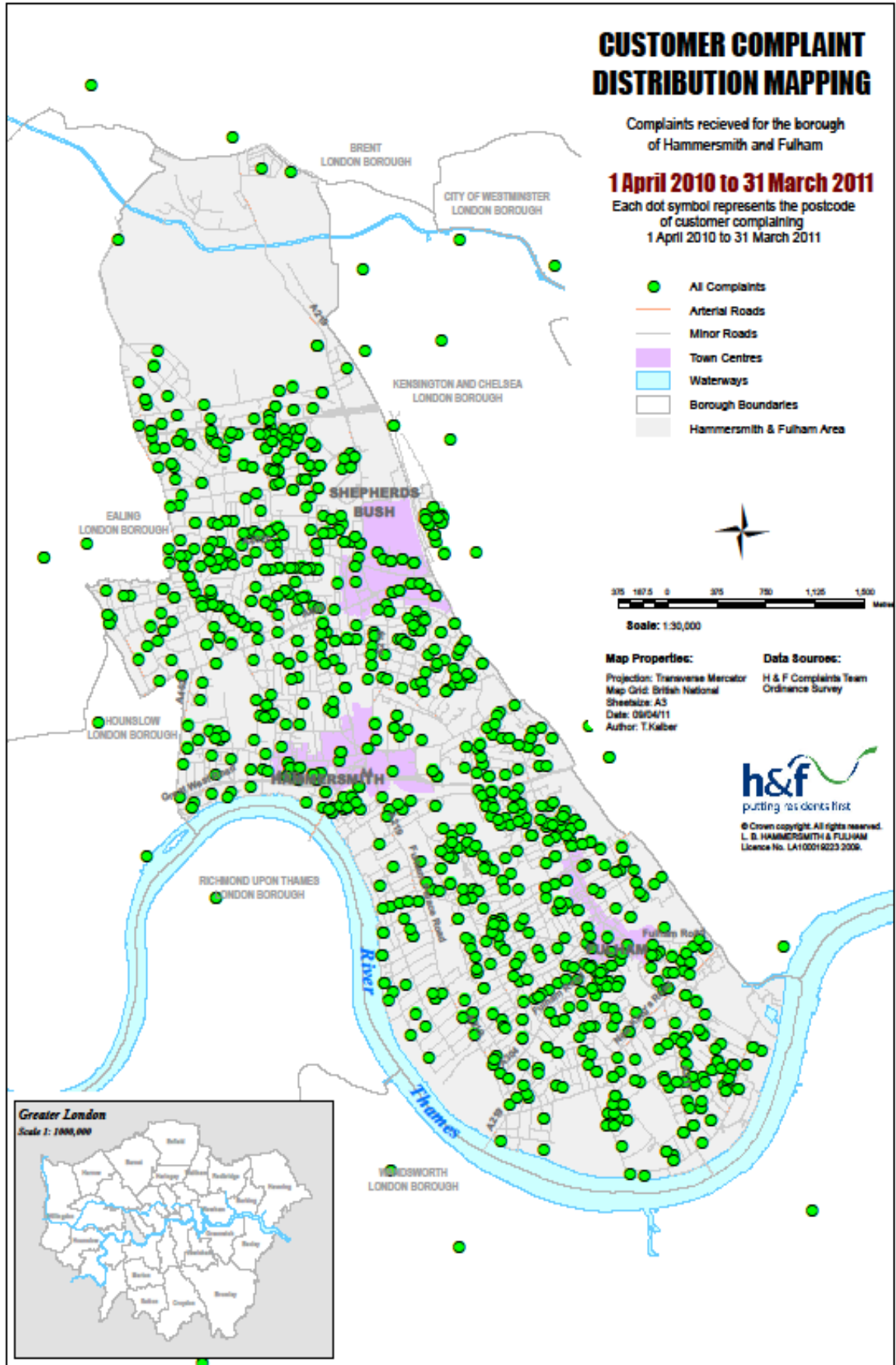
Service	Case number	Stage	Reason	Amount
Community Services (CSD)	N/a	LGO	Delay	100.00
	N/a	LGO	Time and trouble	75.00
Community Services total				175.00
Environment Services (ENV)	N/a	Stage 1	Goodwill	30.00
Environment Services total				30.00
Finance and Corporate Services (FCS)	N/a	LGO	Time and trouble	75.00
Finance and Corporate Services total				75.00
H & F Homes	N/a	Stage 1	Delay	100.00
	N/a	Stage 1	Delay	1098.63
	N/a	Stage 1	Delay	34.00
	N/a	Stage 1	Delay	50.00
	N/a	Stage 1	Delay	50.00
	N/a	Stage 1	Delay	50.00
	N/a	Stage 1	Delay	90.51
	N/a	Stage 1	Distress and inconvenience	100.00
	N/a	Stage 1	Distress and inconvenience	150.00
	N/a	Stage 1	Distress and inconvenience	200.00
	N/a	Stage 1	Distress and inconvenience	25.00
	N/a	Stage 1	Distress and inconvenience	50.00
	N/a	Stage 1	Distress and inconvenience	80.00
	N/a	Stage 1	Goodwill	25.00
	N/a	Stage 1	Goodwill	50.00
	N/a	Stage 1	Right to Repair	124.00
	N/a	Stage 1	Time and trouble	150.00
	N/a	Stage 2	Delay	50.00
	N/a	Stage 2	Delay	50.00
	N/a	Stage 2	Distress and inconvenience	100.00
	N/a	Stage 2	Distress and inconvenience	50.00
	N/a	Stage 2	Goodwill	150.00
	N/a	LGO	Delay	250.00
	N/a	LGO	Delay	600.00
	N/a	LGO	Delay	1250.00
	N/a	LGO	Delay	200.00
	N/a	LGO	Delay	350.00
	N/a	LGO	Delay	50.00
	N/a	LGO	Delay	536.25

	N/a	LGO	Delay	600.00
	N/a	LGO	Delay	75.00
	N/a	LGO	Other	900.00
	N/a	LGO	Time and trouble	260.00
H and F Homes total				7898.39
Housing Retained Services	N/a	Stage 1	Distress and inconvenience	200.00
	N/a	Stage 2	Distress and inconvenience	50.00
	N/a	Stage 2	Time and trouble	100.00
	N/a	LGO	Delay	250.00
	N/a	LGO	Distress and inconvenience	1260.00
	N/a	LGO	Other	500.00
Housing Retained Services total				2360.00
Residents Services (RSD)	N/a	Stage 1	Distress and inconvenience	29.99
	N/a	Stage 1	Goodwill	100.00
	N/a	Stage 1	Goodwill	300.00
	N/a	Stage 1	Other	0.50
	N/a	Stage 2	Distress and inconvenience	1054.00
	N/a	Stage 2	Distress and inconvenience	40.00
Residents Services total				1524.49
All services total				12062.88

4. Mapping complaints

Appendix 3

The following maps shows the location of all complaints made within the Borough; those complaints concerning Decent Homes works; and, those complaints concerning the Repairs services – these being the main category of complaints:



CUSTOMER COMPLAINT "Programme of maintenance" DISTRIBUTION MAPPING

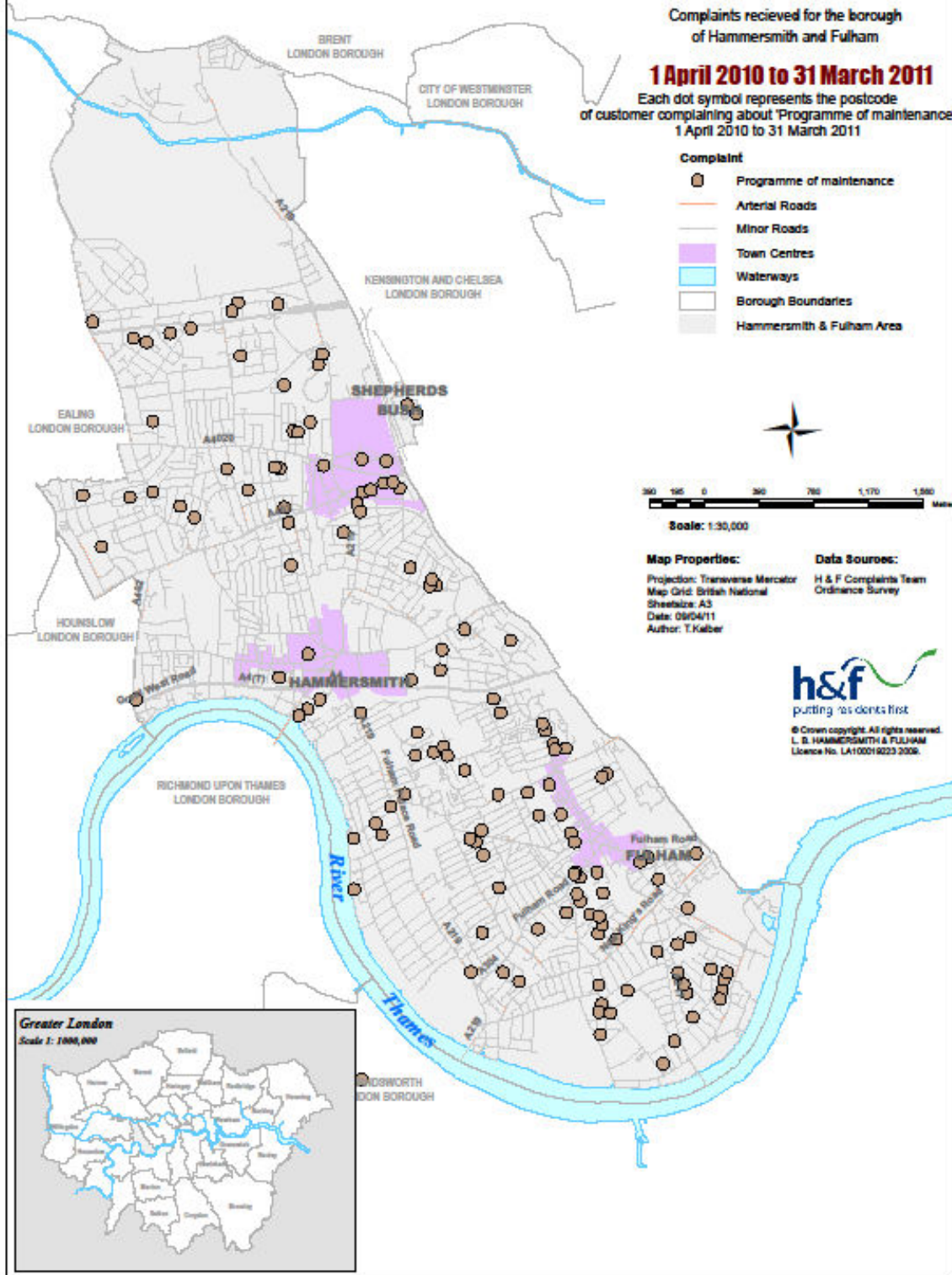
Complaints received for the borough of Hammersmith and Fulham

1 April 2010 to 31 March 2011

Each dot symbol represents the postcode of customer complaining about 'Programme of maintenance' 1 April 2010 to 31 March 2011

Complaint

-  Programme of maintenance
-  Arterial Roads
-  Minor Roads
-  Town Centres
-  Waterways
-  Borough Boundaries
-  Hammersmith & Fulham Area



Map Properties:

Projection: Transverse Mercator
 Map Grid: British National
 Sheet Size: A3
 Date: 09/04/11
 Author: T.Kalber

Data Sources:

H & F Complaints Team
 Ordnance Survey

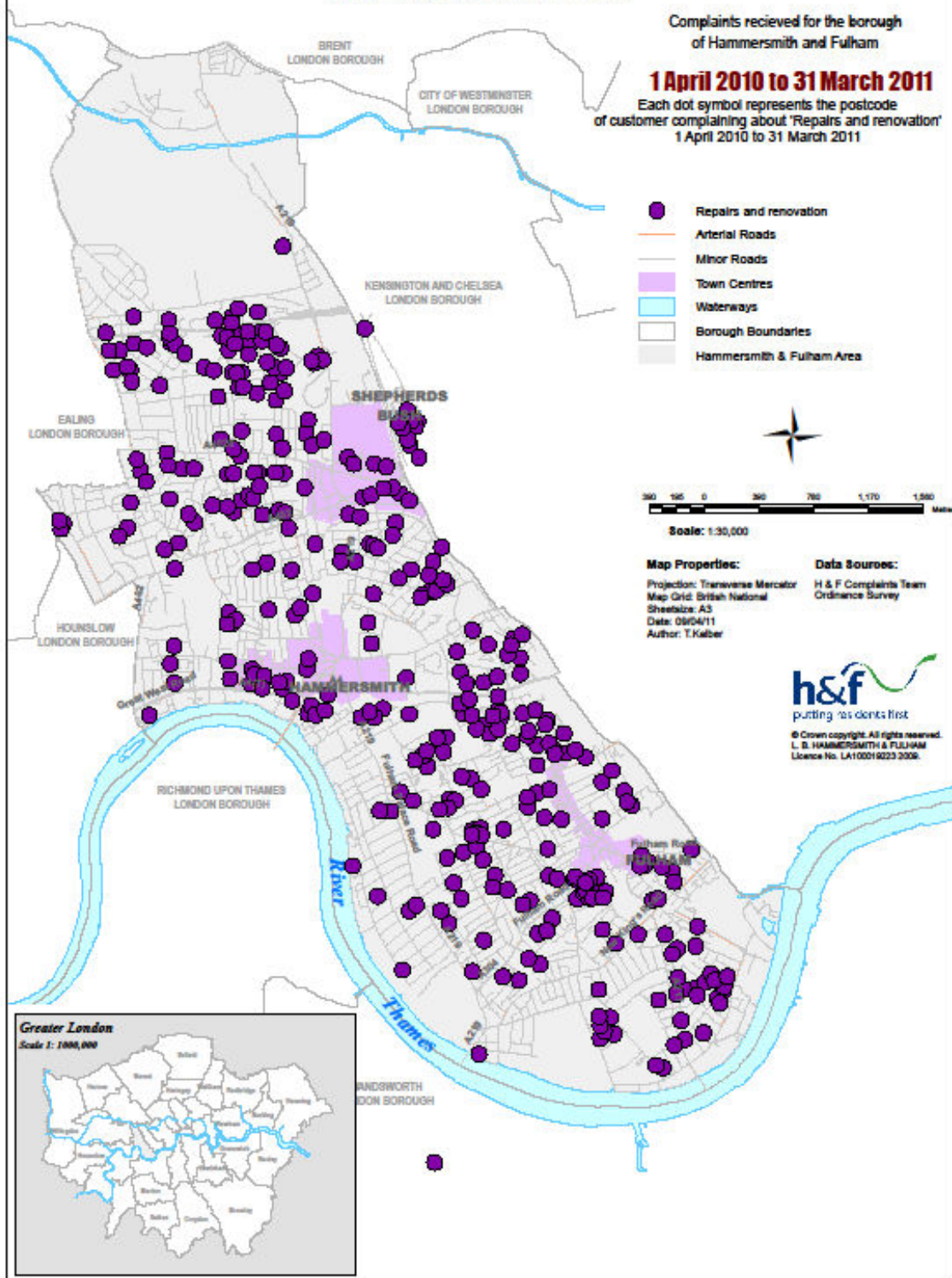


CUSTOMER COMPLAINT "Repairs and renovation" DISTRIBUTION MAPPING

Complaints received for the borough
of Hammersmith and Fulham

1 April 2010 to 31 March 2011

Each dot symbol represents the postcode
of customer complaining about 'Repairs and renovation'
1 April 2010 to 31 March 2011



Agenda Item 13



London Borough of Hammersmith & Fulham

OVERVIEW AND SCRUTINY BOARD

DATE	TITLE	Wards
26 th July, 2011	HIGH LEVEL REVENUE AND CAPITAL BUDGET MONITORING REPORT 2010-11 QUARTER FOUR	

SYNOPSIS

The report sets out the outturn position for 2010-11 revenue and capital budgets as at Quarter 4 and explains significant variances.

The capital forecast details progress regarding the debt reduction programme and the funding of the capital programme.

CONTRIBUTORS

All Departments

RECOMMENDATION(S):

To note the outturn position for the 2010-11 revenue and capital budgets.

CONTACT

Jane West
Director of Finance &
Corporate Services,
Hammersmith Town
Hall.
Tel: 020 8753 1900

1. EXECUTIVE SUMMARY

REVENUE

- 1.1 Details of the revenue outturn position for 2010/11 is presented in this report.
- 1.2 The General Fund Revenue Account has underspent by £1.072m, after transfer to specific reserves.
- 1.3 The Housing Revenue Account was in deficit of £0.148m for 2010/11. Following an additional transfer from earmarked reserves of £0.025m the Housing Revenue Account balance will only reduce by £0.123m from £3.241m to £3.118m.

CAPITAL

- 1.4 The movement in the General Fund Debt (Capital Financing Requirement) has reduced from £132.7m to £121.8m at the end of 2010/11 financial year.
- 1.5 The decent neighbourhoods pot is in surplus by £3.7m after the temporary use £5m for debt reduction.
- 1.6 The General Fund capital programme is in surplus by £3.2m, this will contribute towards the debt reduction programme.
- 1.7 The HRA capital programme is within budget.

2. INTRODUCTION

- 2.1 The report sets out the outturn position for the 2010/11 revenue and capital budgets.

3. REVENUE OUTTURN – GENERAL FUND

- 3.1 The revenue outturn for 2010/11 is summarised in Table 1, which shows an underspend on net operating expenditure of £3.313m, including proposed transfers to earmarked reserves of £2.601m and a contribution of £1.072m to the General Fund reserve.

Table 1: 2010/11 General Fund Outturn – Departmental Analysis

Department	Original Budget £000	Revised Budget £000	Actual £000	Over/ Under Spend £000
Children's Services	60,373	62,515	62,322	(193)
Unaccompanied Asylum Seeking Children	1,063	1,062	1,109	47
Community Services	77,579	76,127	76,120	(7)
Regeneration And Housing Options	7,690	6,273	6,104	(169)
Environment Services	14,845	20,582	20,434	(148)
Finance and Corporate Services	11,730	13,328	13,020	(308)
Residents Services	37,195	39,050	39,050	0

Centrally Managed Budgets	13,221	524	482	(42)
Controlled Parking Account	(14,373)	(14,157)	(16,650)	(2,493)
Net Operating Expenditure	209,323	205,304	201,991	(3,313)
Net Contribution To Earmarked Reserves	(2,340)	360	2,601	2,241
Net Contribution To General Reserves	0	0	1,072	1,072
Total Net Expenditure	206,983	205,664	205,664	0
Funded by:				
Formula Grant	120,922	120,922	120,922	0
Council Tax	64,173	64,173	64,173	0
Area Based Grant*	22,638	21,319	21,219	0
Prior Year Collection Fund Deficit	(750)	(750)	(750)	0
Total Funding	206,983	205,664	205,664	0
Use of General Balances	0	0	0	0

- 3.2 The underspend on net operating expenditure of £3.313m is mainly accounted for by a better than expected recovery of income on the Controlled Parking Account (£2.493m). It should be noted the favourable position within the Controlled Parking Account is primarily due to additional one –off income received as a result of recovery of old parking debt. This will not be recurrent. Detailed explanations of significant variances have been provided by the respective Service Directors and are shown in **Appendix 1**.

4 RESERVES

- 4.1 The favourable revenue outturn has allowed the Council to make transfers to its general and earmarked reserves providing some additional security against the significant financial challenges that lie ahead.
- 4.2 The movement for the year in the General Fund balance is shown in Table 2 below. An amount of £1.072m has been added to General Fund balances in closing the 2010/11 accounts to bring balances up to a level £16.072m, which reflects an assessment of the financial risks faced by the Council that are not covered by earmarked reserves.

Table 2: The General Fund Balance as at 31 March 2011

	£m
Balance as at 31 March 2010 (as per 2009/10 final accounts)	(15.00)
Net contribution to General Fund Reserve at outturn	(1.07)
General Fund Balances as at 31 March 2011	(16.07)

The Director of Finance and Corporate Services, in consultation with the Leader, has delegated authority to make transfers to and from reserves and other budgetary transfers to expedite the preparation of the 2010 -11 accounts. The outturn reflects the additions to and use of reserves, and other adjustments, in Quarter 4 as set out in **Appendix 3** and summarised in Table 3 below.

Table 3: Summary Of Movements in Reserves and Other Budgetary Adjustments in Quarter 4

	Net Movement In Reserves £000's (additions)/withdrawals
Corporate	(2,898)
Total	(2,898)
Departments:	
Environment Services Department	(249)
Residents Services Department	1,894
Community Services Department	(3,035)
Regeneration & Housing Options	44
Finance And Corporate Services	(52)
Total	(1,398)
Grand Total	(4,296)

**Table 3 Continuation:
Summary Of Movements in Reserves and Other Budgetary Adjustments
in Quarter 4**

	Other Transfers – Budgetary Adjustments £000
Transfers From Centrally Managed Budget To Departments	3,493
Transfers Between Departments	336
Total	3,829

5 2010/11 – HOUSING REVENUE ACCOUNT OUTTURN

- 5.1 Table 4 shows the final outturn for the Housing Revenue Account, a variance against budget of (£1.068m). Within this, the budgeted withdrawal from balances was (£1.216m); therefore the final outturn has returned a deficit for the year of £148k. A detailed explanation of the movement between quarters 3 and 4 is provided in **Appendix 2**.

Table 4: Housing Revenue Account Outturn 2010/11

Housing Revenue Account	Full Year Budget £'000	Net Expenditure for the Year £'000	Variance for the Year at Quarter 4 £'000	Variance for the Year at Quarter 3 £'000
Gross Expenditure	85,488	86,107	619	344
Gross Income	(84,272)	(85,959)	(1,687)	(324)
Contribution from Reserves	(1,216)	148	(1,068)	20

- 5.2 The year end deficit is funded from the Housing Revenue Account balance, bringing the balance to a total of £3.118m at the year end, as shown in Table 5.

Table 5: The Housing Revenue Account Balance as at 31 March 2011

	£m
Balance as at 31 March 2010 (as per 2009/10 final accounts)	(3.241)
Less: Budgeted Use of Balances	1.216
Add: underspend at Year end	<u>(1.068)</u>
	0.148
Add: One-off transfer from other earmarked balances	<u>(0.025)</u>

6. CAPITAL

- 6.1 This is the provisional outturn report (subject to audit) for the 2010/11 Capital Programme. This report focuses on the progress made regarding the Council's general fund (Capital Financing Requirement –CFR) debt reduction programme.
- 6.2 It also reports on the main strands of the capital programme – the Decent neighbourhoods programme, General Fund and the Housing Capital programme.

7. Debt Reduction.

- 7.1 As at quarter 3 outstanding general fund (Capital Financing Requirement) debt was forecast to reduce from the current £132.7m to £124.8m by the year end, a reduction of £7.9m.
- 7.2 As set out in Table 6 below, overall General Fund debt has reduced by £47m, from £168m in 2006/07 to £122m in 2010/11.

Table 6 – General Fund Debt (Capital Financing Requirement) movement since 2006/07

	2006/07	2007/08	2008/09	2009/10	2010/11
	£'m	£'m	£'m	£'m	£'m
Closing Balance as at 31st March	168	149	137	133	122

- 7.3 Table 7 presents the outturn position at year end, subject to audit. The outturn position indicates a reduction of £10.9m (from £132.7m to £121.8m) in the Capital Financing Requirement compared to £7.9m that was reported in the third quarter. This is a further net reduction of £3.0m. The additional debt reduction of £3.0m is explained in the table below:

Table 7 – Movement in the Capital Financing Requirement (CFR)

	Reported at Qtr 3	Movement	Outturn at Qtr 4
	£'m	£'m	£'m
Opening Capital Financing Requirement	132.7	0	132.7
Revenue Repayment of Debt	-3.7	0	-3.7
New Mainstream Borrowing	1.0	0	1.0

Use of Regeneration Pot surplus in 2010/11 for Debt Reduction. (to be repaid in future years)	0.0	-5.0	-5.0
Borrowing For Schools Investment	0.2	-0.2	0.0
Annual (Surplus)/Deficit in the Capital Programme (Table 9)	-5.4	2.2	-3.2
Closing CFR	124.8	-3.0	121.8
Net Movement from the opening 2010/11 CFR	-7.9	-3.0	-10.9

8 Decent Neighbourhoods Programme

- 8.1 A key Council objective is the regeneration of housing estates and creation of sustainable communities. Certain housing capital receipts have been earmarked for this purpose and a number of initiatives are now in progress whilst others are under consideration. Details of the expenditure and resource outturn are provided in **Appendix 4** and are summarised in Table 8.
- 8.2 The provisional closing position regarding the decent neighbourhoods pot is set out in Appendix 4. There is a cash surplus of £8.7m as at the year end. Such cash could be left to just earn investment income which is currently around 1%. Alternatively, as has been done in recent years, it could be borrowed from the decent neighbourhoods pot to redeem debt. This would be on the understanding that the decent neighbourhoods pot be reimbursed from general fund resources in future years. This action would deliver much greater revenue saving as it would reduce the amount the council has to set aside for future debt repayment. In effect such temporary use of the decent neighbourhood pot brings forward debt redemption savings from later years. It is therefore proposed that a further £5m be borrowed for debt redemption in 2010/11 for planned repayment in later years.

Table 8 – Summary of the Decent Neighbourhoods Programme

	Reported at Qtr 3	Outturn at Qtr 4
	£'000s	£'000s
Expenditure on Regeneration Schemes	9,960	7,946
Resource Transfer to Decent Homes	6,075	6,075
Resource Transfer to General Fund	4,910	4,649
Others	215	87
Temporary use of decent neighbourhoods receipts for debt	2,516	0

reduction.		
Total Expenditure	23,676	18,757
Resources		
Resource B/Fwd from previous years	(3,500)	(3,500)
Capital Receipts	(19,639)	(22,459)
Section 106	(1,000)	(1,000)
DCSF Grant	(465)	(451)
Total Resources	(24,604)	(27,411)
In Year (Surplus) –based on approved schemes	(928)	(8,654)
Temporary use for debt reduction		5,000
In year surplus		(3,654)

9. General Fund Programme

- 9.1 The 2010/11 General Fund Capital Programme was fully funded with no recourse to unsupported prudential borrowing. The overall position is summarised in Table 9 with details provided in **Appendix 5 and 6**.

Table 9 – General Fund Capital Programme.

	Reported at Qtr 3	Outturn at Qtr 4
Expenditure:	£'000s	£'000s
- Mainstream	8,096	6,276
- Specific	25,007	20,031
ALL EXPENDITURE (Appendix 5)	33,103	26,307
Resources		
Mainstream:		
- General Fund Receipts (Appendix 6)	7,321	4,538
- RTB and 25% of decent neighbourhood receipts	5,160	5,107
- Reimbursement of HRA and Decent Neighbourhood receipts	0	(140)
Total Mainstream	12,481	9,505
Borrowing	1,014	0

Scheme Specific Funding	25,007	20,031
ALL RESOURCES	38,502	29,536
Annual deficit/(surplus)	(5,399)	(3,229)

- 9.2 The table above shows a year end surplus of £3.2m, a net reduction of £2.2m from the last reported surplus of £5.4m. The reduction in surplus is due mainly to slippages and a re-alignment of budget allocations on scheme specific schemes. This surplus will contribute towards the debt redemption programme.
- 9.3 All slippage in expenditure and resources will be taken account of within the first monitoring report for 2011/12. There are no reported under/overspends so the net impact of such slippage is neutral.

10 Housing Capital Programme

- 10.1 The year end position for the HRA capital programme is summarised in Table 10 and detailed in **Appendix 7** The HRA programme was fully funded in 2010/11.

Table 10– Summary of the 2010/11 Housing Capital Programme

	Last Reported	Movement	Outturn
	£'000	£'000	£'000
Expenditure:			
H&F Homes Managed	64,079	(7,361)	56,718
LBHF Managed	1,314	(247)	1,067
Re-phasing of programme	(3,707)	3,707	0
Total Expenditure	61,686	(3,901)	57,785
Resources:			
- Mainstream:			
Leaseholder Contributions	(4,495)	129	(4,366)
Other *	(50,161)	2,389	(47,772)
- Specific	(7,030)	1,383	(5,647)
Total Resources	(61,686)	3,901	(57,785)

* This includes Major Repairs Allowance, Supported Capital Expenditure (SCE), and Capital Receipts

- 10.2. The 2010/11 original budget of £91.9m included overprogramming of £13.5m. By Quarter 3 the anticipated resource level had been revised down to £61.7 primarily as a result of the re-profiling of leaseholder income. From the outset, the programme was approved on the understanding that expenditure would be managed down to resource level by year-end and this has been achieved. All

year-specific resources have been used and £3.9m funding has been carried forward to 2011/12.

10.3 It should be noted that supported borrowing approvals from both CLG's national decent homes programme and those allocated by the London Regional Housing Board ended in 2010/11. Options will be explored for the funding of the future programme once the implications of the Government's reformed housing finance system are known.

10.4.A number of contracts let under the decent homes partnering framework remain on site but generally the work outstanding is not critical to meeting the decent homes standard. As at the end of March 2011, 98.7% of the borough's social rented stock was classified as decent. Of the 163 homes classified as non-decent, 51 are in ongoing contracts and expected to be completed by the end of June 2011. The remaining homes are situated in two tower blocks where various investment options are being considered.

11. COMMENTS OF THE DIRECTOR OF FINANCE AND CORPORATE SERVICES

Revenue

11.1 The revenue outturn for 2010/11 shows a favourable variance of £1.072m increasing the General Fund balance as noted.

11.2 Whilst the HRA year end deficit of £0.148m will decrease its working balance the position is more favourable than expected.

Capital

General Fund

11.3 The outturn report shows that the General Fund Capital Programme was fully funded from within previously identified resources. A surplus of in resources of £3.2m has been realised on the General Fund Capital programme and it is proposed that this be used as a contribution towards the debt reduction programme

Decent Neighbourhood.

11.4 The provisional closing position for the decent neighbourhoods pot indicates a cash surplus of £8.7m, rather than leaving this cash to earn investment income, which currently stands at 1%, it is proposed that £5m of this cash be temporarily used to reduce the general fund debt as this will deliver much greater revenue savings.

Housing Revenue Account

11.5 The outturn for the Housing Capital Programme shows that all expenditure was fully funded. It should also be noted that this is the final year of the decent homes programme.

12 COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)

12.1 None

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	Revenue Monitoring Documents	James Arthur Ext 2562	Hammersmith Town Hall; Room 5 – Ground Floor
2.	Capital Monitoring Documents	Isaac Egberedu Ext 2503	Hammersmith Town Hall; Room 5 – Ground Floor

CHILDREN'S SERVICES**BUDGET REVENUE MONITORING REPORT – Quarter Four****Table 1: Summary by Departmental Division**

Departmental Division	Revised Budget	Forecast Variance at Year End at Quarter Four	Forecast Variance at Year End at Quarter Three
	£000s	£000s	£000s
Resources and Overheads	799	655	767
School Improvements & Standards	6,785	(34)	(7)
Children, Youth & Community	9,205	(394)	(425)
Dedicated School Grant & School Funding	2,261	0	0
Building Schools For The Future	926	(8)	0
Commissioning, Performance & Partnership	3,864	(383)	(365)
Children Social Care	38,675	(29)	30
Total	62,515	(193)	0

Explanation of Overspends/ Underspends.

Details of Variance	Revised Budget	Variance at Quarter Four	Variance at Quarter Three
	£000s	£000s	£000s
Children's Social Care -reduction in Looked After Children numbers	38,675	(29)	30
Children, Youth & Communities – Contact Point grant withdrawn from September, saving on salaries & other vacancies	9,205	(394)	(425)
School Improvement & Standards – Individual Progress Service & Virtual School Team vacancies increase	6,785	(34)	(7)
Commissioning, Performance & Partnerships – CAMHS Service & reduction in Commissioning spend	3,864	(383)	(365)
Resources and Overheads – Maternity and redundancy. Asset Disposal risk included in MTFs & rent income risk from Askham	799	655	767
Other	3,187	(8)	0
Grand Totals	62,515	(193)	0

Commentary on Significant movements since Quarter Three

The main movement since Quarter 3 can be summarised as follow:

- Reduction in Looked After Children numbers
- Saving on salaries and other vacancies within the Children, Youth & Communities division
- Vacancies within the Virtual School Team and the Individual Progress Service section has contributed to a favourable position within the School Improvement and Standards division
- Reduction in Commissioning spend
- Lower expenditure on maternity and redundancy costs
- Slight improvements in the risk associated with the Askham asset disposal

UNACCOMPANIED ASYLUM SEEKING CHILDREN**BUDGET REVENUE MONITORING REPORT – Quarter Four****Table 1: Summary by Departmental Division**

Departmental Division	Revised Budget	Forecast Variance at Year End at Quarter Four	Forecast Variance at Year End at Quarter Three
	£000s	£000s	£000s
Unaccompanied Asylum Seeking Children	1,062	47	92
Total	1,062	47	92

Explanation of Overspends/ Underspends.

Details of Variance	Revised Budget	Variance at Quarter Four	Variance at Quarter Three
	£000s	£000s	£000s
All areas of expenditure	1,062	47	92
Grand Totals	1,062	47	92

COMMUNITY SERVICES**BUDGET REVENUE MONITORING REPORT – Quarter Four****Table 1: Summary by Departmental Division**

Departmental Division	Revised Budget	Variance at Year End at Quarter Four	Forecast Variance at Year End at Quarter Three
	£000s	£000s	£000s
Directors & Support Services	206	(12)	(15)
Resources	216	(27)	(32)
Quality, Commissioning & Procurement	18,772	(284)	(421)
Adult Social Care	56,933	(794)	(563)
Sub Total	76,127	(1,117)	(1,031)
Less Carry Forward to Yr 2011/12 (agreed with the Leader in December 2010)		500	500
Total:	76,127	(617)	(531)
General Fund Carry Forward Request		610	531
Net Total:	76,127	(7)	0

Explanation of Overspends/ Underspends.

Details of Variance	Revised Budget	Variance at Quarter Four	Variance at Quarter Three
	£000s	£000s	£000s
Adult Social Care - The overall net favourable variance (£794k) mainly derives from Community Assessment & Social Care services (£107k), OP Placements and Packages (£203k), LD Placements (£245k), staffing (£75k), Day services and Support Planning (£145k), Residential care income of (£235k), and additional income from Registered Nursing Care Contributions of (£420k). There is also a further favourable variance of (£57k) from other ASC support services. These are offset by an adverse variance of £694k in income from Home Care.	56,933	(794)	(563)
Quality, Commissioning & Procurement (QCP) -	18,772	(284)	(421)

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The outturn position includes underspends of (£201k) in Community Investment Sector payments and (£74k) on salaries across the Division through early achievement of MTFs efficiencies within QCP. There were £10k underspends on other support services within QCP.			
Resources - The variance mainly relates to the Removals and Meals Service (£87k), plus (£40k) from other support services and a transfer of £100k to the balance sheet reserve for Lift project anticipated legal and consultancy costs in 2011/12. .	216	(27)	(32)
Head of Directorate – Underspend on running expenses due to a vacancy.	206	(12)	(15)
Total	76,127	(1,117)	(1,031)
Less Carry Forward to Year 2011/12 agreed with the Leader		500	500
Net Total:	76,127	(617)	(531)
General Fund Carry Forward Request		610	531
Net Total:	76,127	(7)	0

Commentary on Significant movements since Quarter Three

The Community Services Adult Social Care provisional outturn position is a favourable variance of (£1,117k) which is 1.5 % of its net budget. As agreed with the Leader and Corporate Finance and included in the CRM quarter 3 report, £1.11m has been transferred to Earmarked Reserves to fund the following demands and pressures:

- To fund the 11/12 MTFs programme (contributing towards the departmental shortfall in target) from under spend,
- To fund a contingency against risk of savings not being fully delivered.
- Provision for future redundancy costs

Taking account of these earmarked reserves, the departmental outturn position is (£7k) under spent.

The main improvements in the Community Services Department budget position are the result of ongoing management action relating to staffing, early achievement of MTFs efficiencies, a review of Placements and Packages, and contributions from Health.

Within Adult Social Care the net improvement over the quarter is (£231k). The quarter 3 forecast included a planned draw down from reserves of (£622k). This is no longer required in 2010/11 but it will be needed in future years. Therefore, the overall improvement since quarter 3 was (£853k) against a net budget of £56,933k.

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The main changes are:-

- Further improvements in the placements & packages budget in Older People's market of (£433k) and income from the PCT to pay for the consequences on council budgets of the closure of the Harold Wesley rehabilitation ward in Imperial College Healthcare.
- Additional Residential income of (£202k) from early achievement of MTFS.
- Additional Registered Nurse Care Contribution income of (£218k).

Within Quality, Commissioning and Procurement there is an adverse variance of £136k, which is mainly related to the transfer of £100k to Children's Services covering voids from the Supporting People's programme.

The under spend outturn within the 3rd Sector programme and staffing were as projected in quarter 3.

REGENERATION & HOUSING OPTIONS**BUDGET REVENUE MONITORING REPORT – Quarter Four****Table 1: Summary by Departmental Division**

Departmental Division	Revised Budget	Forecast Variance at Year End at Quarter Four	Forecast Variance at Year End at Quarter Three
	£000s	£000s	£000s
Housing Options	3,894	(24)	425
Housing Strategy & Regeneration	1,851	(60)	15
New Deal for Communities	32	0	0
Finance	460	(85)	(57)
Total	6,237	(169)	383

Explanation of Overspends/ Underspends.

Details of Variance	Revised Budget	Variance at Quarter Four	Variance at Quarter Three
	£000s	£000s	£000s
Regeneration. Resolution of rent arrears issue at the Westway Travellers site (£45k), lower workshop maintenance costs and review of non-critical activities (£27k)	1,851	(60)	15
Housing Options: the variance largely relates to better than expected income collection rates for the Private Sector Leasing Portfolio (£332k). External contributions have also increased along with fewer legal challenges (£117k).	3,894	(24)	425
New Deal for Communities	32	0	0
Finance: the variance relates to an underspend on the departmental redundancy budget (£28k).	460	(85)	(57)
Total	6,237	(169)	383

Commentary on Significant movements since Quarter Three

The forecast overspend reported for Housing Options at quarter 3 of £425k has improved by £449k to return a (£24k) underspend for the division.

As a result of management action reported in recent CRMs, it has been possible to contain the budget pressure relating to income collection performance on the Private Sector Leasing portfolio within the Temporary Accommodation (TA) account. Income collection rates have increased from 94.5% in quarter 3 to 96.4% at year end, leading to an improvement in the

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forecast of (£332k). This has been achieved mainly through clearing incomplete housing benefit applications to reduce levels of arrears on tenants' accounts. We are continuing to work on improving income collection in this area in the current financial year.

Additionally, a further improvement of (£117k) has arisen from a combination of external contributions to staffing costs and a reduction in the number of legal challenges to decisions made by the Council relating to homelessness applications.

The forecast overspend on Regeneration has also improved, in this case by (£75k). This is due mainly to the favourable resolution of an issue on accounting for rent arrears relating to the Westway Travellers Site (£45k), lower than anticipated workshop maintenance costs (£12k) and the review of non-critical activities (£15k).

The improvement within Finance relates to an under spend on redundancy costs.

ENVIRONMENT SERVICES**BUDGET REVENUE MONITORING REPORT – Quarter Four****Table 1: Summary by Departmental Division**

Departmental Division	Revised Budget	Variance at Quarter 4	Variance at Quarter 3
	£000s	£000s	£000s
Building & Property Management	(1,291)	980	1,059
Highways Division	13,598	(501)	(367)
Planning Division	3,920	(506)	(429)
Public Protection & Safety	4,457	(265)	(171)
Dept Support Services and IT	(102)	144	199
Total	20,582	(148)	291

Explanation of Overspends/ Underspends.

Details of Variance	Revised Budget	Quarter 4	Quarter 3
	£000s	£000s	£000s
Delay in implementation of staff parking charges	(200)	200	200
Advertising hoarding income shortfall	(1,354)	124	0
Building Control income shortfall	(1,310)	98	155
BTS Housing shortfall	147	596	662
Non housing technical work (ECH) shortfall	(792)	283	294
Triangle Business Centre rent	(450)	97	177
Works Contracts trading surplus	10	(119)	(80)
Additional Streetlighting income	(1,093)	(146)	
Revenue Contributions to Capital to cover development of the CAMSYS system	0	103	
Planning Staff underspend	2,548	(31)	(85)
Public Protection & Safety Staff underspend	4,394	(226)	(191)
Highways carry forward (deemed not required at year end)	0	0	(250)
HMO Licences - additional income	(33)	(87)	
Court Cost reimbursements	0	(78)	
Planning Fees income	(862)	(325)	(400)
Pre application advice and developer contributions	(306)	(487)	(121)
PCT sublet	0	(132)	(127)
Civic Accomodation: Other Building Maintenance	411	310	
Unbudgeted security charges	2	83	
Revenue costs to capital (disposals)	0	(413)	
Minor variances	19,470	2	57
Total	20,582	(148)	291

Commentary on Significant movements since Quarter Three

- Income from planning applications and pre application advice was greater than forecast in quarter 3 by £261k.
- The proposal to fund Highways maintenance works was not necessary in 2010/11.
- £413k of disposals costs were transferred to the capital disposals account at the end of the year.
- There was an overspend of £310k in civic accommodation for other building maintenance. The main areas of overspend were 77 Glenthorne Road, Hammersmith Town Hall and Extension and 145-155 King Street
- Building services housing shortfall was £66k better due to an increase in fees billed on larger projects.
- Quarter 3 advertising income projection was more optimistic than the final outturn by £124k.

FINANCE AND CORPORATE SERVICES**BUDGET REVENUE MONITORING REPORT – Quarter Four****Table 1: Summary by Departmental Division**

Departmental Division	Revised Budget	Forecast Variance at Year End at Quarter Four	Forecast Variance at Year End at Quarter Three
	£000s	£000s	£000s
H&F Direct	12,340	(287)	0
Legal & Democratic Services (L&DS)	1,054	(110)	0
Organisational Development (OD) (incl Business Transformation Team (BTT))	(19)	31	50
Corporate Human Resources	459	(230)	(225)
Communications (incl.Hammerprint & Policy)	(193)	186	110
Executive Services	(60)	153	50
Deputy Director of Finance (DDF)	2	(26)	(20)
Business Technology (incl.Procurement)	(37)	(25)	(70)
Contingency & SLA balances	(218)	0	0
Finance And Corporate Services	13,328	(308)	(105)

Explanation of Overspends/ Underspends.

Details of Variance	Revised Budget	Variance at Quarter Four	Variance at Quarter Three
	£000S	£000S	£000S
H&F Direct: Additional Department of Works and Pensions grant (£51k) for projects in 2010/11. Write back of income from the previous system (£86k) Increased bailiff's fees (£43k), Admin charges on Blue Badges (£38k) and lower Supplies and Services expenditure.	12,340	(287)	0
Legal & Democratic Services: Income in the last quarter was much stronger than projected on the first 9 months, both internal and external. The European Election of 2009 produced a small surplus of £28k.	1,054	(110)	0
Corporate Human Resources: Trent lease of (£205k); concluded.	459	(230)	(225)
Hammerprint Trading account : Deficit of £100k, due to non achieved MTFS on Variable data printing.	289	186	110

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Executive Services: Refurbishment of Executive Offices £40k Implementation of Corporate Complaints £58k . Corporate Legal Costs 55k.	(60)	153	50
Other	(754)	(20)	(65)
Total	13,328	(308)	(105)

Commentary on Significant movements since Quarter Three

The overall position on FCS has improved by £203k in total. There are a number of changes to divisional positions since Quarter 3, summarised above. Income has proved the main area of change. Some unexpected Department of Works and Pensions grants have been received along with credits from write backs of the old income accounting system.

Trading accounts had a mixed final quarter with the Legal Department producing better than expected figures, whilst Hammerprint figures were unable to recover the shortfalls that was suffered earlier in the year.

RESIDENTS SERVICES**BUDGET REVENUE MONITORING REPORT – Quarter Four****Table 1: Summary by Departmental Division**

Departmental Division	Revised Budget	Forecasted Year End Variance at Quarter Four	Forecasted Year End Variance at Quarter Three
	£000s	£000s	£000s
Director & Resources & Contingency	17	(46)	0
Cleaner Greener Neighbourhoods	18,886	(69)	(73)
Safer Neighbourhoods	7,348	28	0
Parks & Culture	12,799	87	105
Total	39,050	0	32

Explanation of Overspends/ Underspends.

Details of Variance	Revised Budget	Variance at Quarter Four	Variance at Quarter Three
	£000s	£000s	£000s
Underspend on Variable Waste Disposal	8,276	(665)	(477)
External Trade Waste Income Shortfall against Sales Plan	2,440	185	216
Street Markets Income Shortfall	(385)	124	128
Contribution to Corporate WCFM Shortfall	0	133	0
Creation of one off Contingency to fund slippage on transfer to Fulham Palace Trust	0	190	0
Other	28,719	33	165
Total	39,050	0	32

Commentary on Significant movements since Quarter Three

Despite a peak in month 10, waste disposal charges for the last quarter continued to be lower than for the same period last year as reported through the monthly corporate monitoring process. This underspend is not expected to continue into 2011/12 due to the volatility of waste disposal costs and the transfer of waste disposal to the new incinerator.

There was a £30k increase in external Trade Waste income in the last quarter as the sales team continued to acquire new business although the year end position was £185k short of total targeted sales for the year. Despite this the outturn represents year on year income growth of £246k (12%) and a further £110k (5%) of external income growth is targeted for 2011/12.

Due to the small number of market traders and relatively low fees and charges levied on the Markets and Street Trading service, it has been difficult to achieve the targeted growth this year although actual income is 8% higher than that achieved in 2009/10. The sales plan for 2011/12 has been agreed and is set to achieve £124k (49%) growth for 2011/12 through diversification of the market and street trading product offering with an increased focus on specialist markets which generate greater profit margins.

Due to the sustained underspend on the Waste Disposal budget, in the fourth quarter it was agreed that RSD would make a one-off contribution to fund the shortfall on the 2011/12 Corporate WCFM budget. Similarly, a one-off contingency was created to fund the budget shortfall on the 2011/12 contribution to the Fulham Palace Trust, following slippage of the transfer date out of the Council from 2010/11 to 2011/12.

The Residents Services Department has effectively managed its budget throughout both the last quarter and the whole of 2010/11 to ensure that a balanced budget was achieved at year end.

CENTRALLY MANAGED BUDGETS**BUDGET REVENUE MONITORING REPORT – Quarter Four****Table 1: Summary by Departmental Division**

Departmental Division	Revised Budget	Forecast Variance at Year End at Quarter Four	Forecast Variance at Year End at Quarter Three
	£000s	£000s	£000s
Pensions/ Redundancy	2,940	66	(150)
Misc Expenditure and Income	606	55	(325)
Corporate & Democratic Core	7,557	176	0
Housing and Council Tax Benefits	169	(133)	(150)
Insurance	0	0	0
Net Cost of Borrowing	7,760	(278)	400
Levies	1,616	(3)	0
Contingency	(123)	75	0
Capital Financing Adjustment	(20,001)	0	0
Total	524	(42)	(225)

Explanation of Overspends/ Underspends.

Details of Variance	Revised Budget	Variance at Quarter Four	Variance at Quarter Three
	£000s	£000s	£000s
Corporate & Democratic Core	7,557	176	0
Housing and Council Tax Benefits	169	(133)	(150)
Net Cost of Borrowing	7,760	(278)	400
Remaining Budgets	(14,962)	193	(475)
Total	524	(42)	(225)

Commentary on Significant movements since Quarter Three

The main variances over the final quarter relate to:

- Better than anticipated returns for investment income. This reflects both higher cash balances and interest rates received.
- A net overspend on the corporate budget for redundancies. This largely reflected budget transfers to service departments to help meet their redundancy costs.
- A realignment of the Service Level Agreement budget for Corporate and Democratic Core services.

CONTROLLED PARKING ACCOUNTS (CPA)**BUDGET REVENUE MONITORING REPORT – Quarter Four****Table 1: Summary by Departmental Division**

Details of Variance	Revised Budget	Forecast Variance at Year End at Quarter Four	Forecast Variance at Year End at Quarter Three
	£000s	£000s	£000s
Pay & Display	(11,177)	(795)	(690)
Permits	(4,290)	54	177
CEO Issued PCN	(6,864)	(227)	494
Bus Lane PCN	(115)	(296)	(296)
CCTV PCN	(616)	(45)	40
Moving Traffic PCN's	(900)	(1,215)	(420)
Parking Bay Suspensions	(917)	(156)	(203)
Towaways / Removals	(852)	164	119
Expenditure and Other Income	11,574	23	311
Total	(14,157)	(2,493)	(468)

Explanation of Overspends/ Underspends.

Details of Variance	Revised Budget	Variance at Quarter Four	Variance at Quarter Three
	£000s	£000s	£000s
Pay & Display	(11,177)	(795)	(690)
Permits	(4,290)	54	177
CEO Issued PCN	(6,864)	(227)	494
Bus Lane PCN	(115)	(296)	(296)
Moving Traffic PCN's	(900)	(1,260)	(420)
Parking Bay Suspensions	(917)	(156)	(203)
Towaways / Removals	(852)	164	119
Other variances (under £100k)	10,958	23	351
Total	(14,157)	(2,493)	(468)

Commentary on Significant movements since Quarter Three

- Pay & Display prices were increased in January 2011. The forecast at quarter 3 underestimated the impact of the increase by £105k.
- Penalty Charge Notice (PCN) income was recovered by bailiffs for PCNs issued in previous years. This additional income was not previously included in the forecast. This resulted in an additional £1.37m of income received in 2010/11.

PCN Type	Total
CEO issued	1,024,861
Moving Traffic offence	159,761
CCTV Parking offence	156,293
Bus Lane offence	33,120
Grand Total	1,374,035

- Moving traffic PCNs has increased throughout the year, with the number issued in the last 3 months being significantly higher than the average issue numbers to date. The recovery rate for these PCNs also increased in 2010/11 from the previous year. This resulted in an additional £840k compared to the quarter 3 forecast.

Description	Issued Q1	Issued Q2	Issued Q3	Issued Q4
CEO Issued PCNs	35,983	34,857	32,838	32,373
Bus Lane PCNs	1,120	2,594	1,467	728
CCTV PCNs	2,523	2,704	2,215	2180
Moving Traffic PCNs	1,887	5,682	11,000	14,159

- Within other variances budgets for telephones (£200k) and other IT (£150k) remained unused in quarter 4, despite the expectation that they would be required.

HOUSING REVENUE ACCOUNT**BUDGET REVENUE MONITORING REPORT – Quarter Four****Table 1: Summary by Departmental Division**

Departmental Division	Revised Budget	Forecast variance at year end at Quarter Four	Forecast variance at year end at Quarter Three
	£000s	£000s	£000s
ALMO Management Fee	23,008	67	69
Managed Repairs	14,453	(956)	0
Managed Income	(64,730)	512	251
Housing Options	605	(106)	(50)
Housing Strategy	347	(6)	(9)
Safer Communities	849	(4)	(29)
Strategic Regeneration	0	0	0
Support Services	3,766	(46)	135
Area Holding Codes	153	(287)	(210)
Housing Subsidy	(13,250)	(1,002)	(575)
Housing Capital	36,015	760	438
HRA Outturn	1,216	(1,068)	20
Withdrawal from balance	(1,216)	1,068	(20)
Total	0	0	0

Working Balance 2010/11

	B/Fwd	Transfers from balance sheet	Budgeted Drawdown	HRA Variance (Surplus) /Deficit	Balance C/F
WORKING BALANCE	(3,241)	(25)	1,216	(1,068)	(3,118)

The £25k transfer from the balance sheet represents the write back to reserves of an old balance that was surplus to requirements.

Explanation of Overspends/ Underspends Over £100,000

Details of Variance	Revised Budget	Variance at Quarter Four	Variance at Quarter Three
	£000s	£000s	£000s
ALMO Management Fee	23,008	67	69
Managed Repairs – this variance comprises an over-accrual of (£1,839k) from 2009/10 offset by overspends of	14,453	(956)	0

2010-11 CRM – CRM Outturn : Appendix Two

<p>£883k. (£1,581k) of the over-accrual relates to reactive repairs which was caused by an over-estimation of work principally by Willmott Dixon which was retained due to the volatile nature of reactive repairs, the remainder relating to (£132k) to fire safety works, (£70k) to health and safety works and (£56k) asbestos works. The main in-year overspends are: £542k reactive repairs arising from greater demand; £229k repairs to Ashcroft Square podium deck which was budgeted within support service at Q3; £424k BPM mainly relating to expenditure on legionella previously capitalised but now revenue in nature; £56k Voids due to increased demand; £157k provision for outstanding disrepair costs; These are offset by under-spends of: (£117k) on Asbestos resulting from a review of capitalisable spend; (£155k) on discretionary decorations after contractors reduced the programme; (£270k) insurance income anticipated for expenditure incurred within reactive repairs The remaining £17k overspend is spread across a number of smaller budgets.</p>			
<p>Managed Income – this variance relates to a variance on: Housing rents of £67k arising from higher voids than anticipated; Sheltered Transitional Relief payments declining as the client base reduces (£74k); Housing Rent write-offs are £151k over-budget, offset by a reduction in the Housing Rent bad debt provision of (£105k); A high void rate of 12% on Garage Rents has prompted an extensive review of the Council's garage portfolio to reduce the variance of £151k; Commercial Property Rents received are higher than budgeted (£126k); There is a shortfall in Sheltered Charge Income of £117k which relates to the</p>	(64,730)	512	251

2010-11 CRM – CRM Outturn : Appendix Two

<p>decision to create an Enhanced Housing Management service charge which is lower than the sheltered charge previously applied;</p> <p>Service Charges show a variance of £160k which relates to adjustments to water and insurance charges;</p> <p>An overspend of £118k arose from the writing-off of long term mortgage arrears.</p> <p>The remaining £53k relates to a number of small under-receipts.</p>			
<p>Housing Options – this mainly arises from (£96k) of additional rents due to the delay in the disposal of Stewart's Lodge Hostel.</p>	605	(106)	(50)
<p>Housing Strategy</p>	347	(6)	(9)
<p>Safer Communities</p>	849	(4)	(29)
<p>Support Services – this relates mainly to an under spend on insurance charges.</p>	3,766	(46)	135
<p>Holding Codes – this is due to the Council expecting to recover an excess of income over expenditure on water rates.</p>	153	(287)	(210)
<p>Housing Subsidy – following a reassessment of lease terms, additional subsidy is due on a 20 year lease arrangement with Notting Hill Housing Trust (£657k).</p> <p>Additionally, following the audit of the 09/10 subsidy claim, the level of premiums and discounts eligible for subsidy has increased (£317k). A further (£28k) relates to subsidy receivable on interest payable following a revision to the capital financing requirement.</p>	(13,250)	(1,002)	(575)
<p>Housing Capital – a reassessment of the terms of the Notting Hill Housing Trust 20 year lease has resulted in payments for 09/10 and 10/11 of £562k and £533k respectively. Additionally, provision has been made to pay the costs payable under a Surpluses & Deficit agreement held with Notting Hill of £761k. These costs have been offset by a contribution from H&F Homes of (£1,337k).</p> <p>During the year, the level of premiums and discounts payable increased by £317k. The amount of interest</p>	36,015	760	438

2010-11 CRM – CRM Outturn : Appendix Two

receivable on HRA balances has increased by (£105k) following an increase in the interest rate earned on investments from 0.95% to 1.055%. A number of other variances have increased the overspend by £29k.			
Withdrawal from balance	(1,216)	0	0
Total	0	(1,068)	20

Commentary on Significant movements since Quarter Three

The HRA draft outturn position shows a variance against budget of (£1.068m). Given that the budgeted withdrawal from balances was (£1.216m); this is equivalent to a deficit for the year of £148k.

The outturn position in 2010/11 has been supported by a significant over-accrual for repairs costs in 2009/10. Excluding this adjustment, the true deficit for the year is £1,987k (or a variance against budget of £771k). Management action is being taken in 2011/12 to ensure that issues with repairs contracts, cost monitoring and accruals are resolved going forward.

It is also worth noting that the outturn position has been achieved whilst delivering £3.557m of efficiencies during the year.

The working balance is £3.118m as at 31st March 2011. Further initiatives to achieve the key strategic financial objective of a working balance equivalent to 5% of HRA turnover (between £4m and £5m) are currently being devised.

The outturn position shows an improvement in the variance of (£1,048k) compared with the projected position at quarter 3. The main reasons for the movements over the final quarter are:

Managed Repairs

The forecast at quarter 3 stated that spend would be managed within the available budgets. However, following quarter 3 it became apparent that 2009/10 costs had been significantly **over-accrued** resulting in an under spend of (£1,839k) though this was offset by emerging overspends of £883k.

(£1,581k) of the over-accrual relates to **reactive repairs** which was caused by an over-estimation of work by Willmott Dixon which was retained due to the volatile nature of reactive repairs,, of the balance (£132k) relates to **fire safety works**, (£70k) to **health and safety works** and (£56k) **asbestos** works.

The main in-year overspends are:

- **Reactive repairs** £542k arising from greater demand;
- £229k for **repairs to Ashcroft Square podium deck** which was budgeted within support service at Q3;
- £424k for **BPM** mainly relating to expenditure on legionella previously capitalised but now revenue in nature;
- £56k due to increased voids;

2010-11 CRM – CRM Outturn : Appendix Two

- £157k provision for outstanding **disrepair** costs.

These are offset by under-spends of:

- (£117k) on **Asbestos** resulting from a review of capitalisable spend;
- (£155k) on **discretionary decorations** after contractors reduced the programme;
- (£270k) **insurance income** anticipated for expenditure incurred within reactive repairs.

The remaining £17k overspend is spread across a number of smaller budgets.

Managed Income

The movement of £261k derives is principally due to a charge of £118k to write off of long term mortgage arrears, a reduction in service charge income due to adjustments in utility and insurance costs of £118k, and various other minor movements of £25k.

Support Services

The movement relates to the transfer of £190k overspend on repairs to Ashcroft Sq to Managed Repairs.

Housing Subsidy

Additional subsidy receivable of (£220k) follows a correction to the calculation of premiums payable on debt redemption.

Following an increase in the Council's consolidated interest rate (5.51% to 5.54%), subsidy receivable on interest payable on borrowings has increased by (£134k).

A further (£71k) is due in respect of adjustments to the payments due to Notting Hill Housing Trust following a reassessment of the terms of the leases.

Housing Capital

Following agreement with Notting Hill Housing Trust to pay outstanding costs of £615k relating to Park Court, the Council secured a contribution from H&F Homes of (£1,337k). In addition, an adjustment was made to the payment for revised lease end dates on non-Park Court properties of £32k, and further provision was also made for the costs due under the Surpluses & Deficits agreement of £761k.

Charges relating to providing for mortgage debts have been recalculated and the variance transferred to Managed Income (£116k).

Additional charges of £220k follow a correction to the calculation of premiums payable on debt redemption (this is recoverable through Housing Subsidy).

Interest payable on borrowings increased by £115k due to the net effect of a decrease in the capital financing requirement offset by an increase in the Council's consolidated interest rate (5.51% to 5.54%).

2010-11 CRM – CRM Outturn : Appendix Two

An additional (£30k) in interest receivable on HRA balances has derived from an increase in the interest rate on short term investments (from 0.95% to 1.055%).

Movements in Reserves and Other Budgetary Adjustments in Quarter 4

Reserves:

RESERVES	Additions	Withdrawals	Transfers Between Reserves	Qtr 4 Net Movement
Corporate Reserves	£000s	£000s	£000s	£000s
Insurance Fund	(639)	101		(538)
Controlled Parking Fund	(450)	120		(330)
IT Infrastructure	(490)			(490)
Price Pressures	(152)			(152)
Efficiency Projects	(1,090)	2,516		1,426
Planned Maintenance	(192)			(192)
Economic Downturn Reserve	(124)	100		(24)
Dilapidations/ Office Moves	(612)	416		(196)
Housing Benefits Reserve	(450)	257		(193)
Icon Replacement Reserve		211		211
LPFA Sub Fund	(690)			(690)
Single Status		32		32
Civic Accommodation		34		34
WCFM – contribution from RSD	(133)			(133)
Corporate Redundancy	(1,000)			(1,000)
EMT Contingency Reserve		104		104
Area Based Grant Reserve	(767)			(767)
TOTAL CORPORATE	(6,789)	3,891		(2,898)
Department Reserves:				
ENV – Redundancy	(211)			(211)
ENV – Planning Enquiries Reserve		80		80
ENV – Computer & IT	(118)			(118)
Total ENV	(329)	80		(249)
RSD – 24/7 Policing	(121)	2,184		2,063
RSD – Waste Management		39		39
RSD – Fulham Palace	(190)			(190)
RSD – Boat Race	(20)			(20)
RSD – Linford Christie Fund		2		2
Total RSD	-331	2,225		1,894

2010-11 CRM – CRM Outturn – 2010-11 Outturn Report EMT version: Appendix
Three

Reserves

RESERVES	Additions	Withdrawals	Transfers Between Reserves	Qtr 4 Net Movement
Department Reserves	£000s	£000s	£000s	£000s
CSD – PCT Integration Reserve	(621)			(621)
CSD – Redundancies	-71	136		65
CSD – PFI Reserve	(133)	565		432
CSD – Self-Directed Support	(100)			(100)
CSD – Participle Projects	(256)			(256)
CSD – Strokes Association	(100)			(100)
CSD – Prevention & Early Intervention	(350)			(350)
CSD – Pressures & Demands	(2,729)			(2,729)
CSD – Continuing Care Pressures	(609)	1,233		624
Total CSD	(4,969)	1,934		(3,035)
RHO – Online Hsg Appeal Reserve		96		96
RHO – Enhanced Housing Options	(96)	44		(52)
Total RHO	(96)	140		44
FCS - Dept for Work & Pensions HB Grant	(52)			(52)
TOTAL DEPARTMENTS	(5,777)	4,379		(1,398)
GRAND TOTAL CORPORATE & DEPARTMENTS	(12,566)	8,270		(4,296)

Other Transfers – Budgetary Adjustments

From Centrally Managed Budget (CMB) To:	£000s
Environment Services Department: To provide for NNDR charge on 145 Kings Street	321
Clawback of NNDR	114
Department: Revenue Contribution to Capital:	129
TOTAL ENV	564
Finance And Corporate Services: Budgetary provision for the Transformation Support	135
Funding of Equal Pay claims and legal fees associated with Single Status	507
Use of Efficiency Projects resources to fund the WCFM project	283
TOTAL FCS	925
Community Services: Security Costs	416
Health Gain Resources	100
TOTAL CSD	516
Children’s Services: Health Gain Resources	300
PCT funding for Jack Tizard	400
Revenue contribution to capital: Cobbs Hall project	250
TOTAL CHS	950
Environment; Community Services, Children’s Services: Revenue Expenditure Funded From Capital Under Statute (capital accounting adjustment)	538
TOTAL FOR CMB TO OTHER DEPARTMENTS	3,493

2010-11 CRM – CRM Outturn – 2010-11 Outturn Report EMT version: Appendix Three

Between Departments:	
Finance And Corporate Services To All Departments: Budgetary provisions to fund legal charges	120
Children’s Services To Community Services: Funding for consequential voids	100
Residents Services Department: To All Departments: Budgetary provision to fund CPM revenue budget	116
TOTAL FOR DEPARTMENTS	336
GRAND TOTAL	3,829



London Borough of Hammersmith & Fulham

OVERVIEW AND SCRUTINY BOARD

DATE

26th July 2011

MONITORING PERFORMANCE

Wards

All

SYNOPSIS

At the meeting on 21st September 2010, Overview and Scrutiny Board (OSB) agreed an updated set of performance indicators (PIs) comprising of key national and local performance indicators and asked that these be reported quarterly for monitoring by the Board, on an exception basis. The report includes the 4th quarter status on:

- Financial, HR, Electoral Registration and Contact Centre PIs,
- The progress on reporting key PIs contained in the council's Local Area Agreement and Community Strategy.

CONTRIBUTORS

All Departments/FCS
(Communications &
Policy Division)

RECOMMENDATION(S):

The Board is asked to consider the report.

CONTACT

Simon Jones
A D. Communications
Finance & Corporate
Services
(Room 6 – ext. 2086)

NEXT STEPS

Any comments or recommendations will be submitted to the relevant decision makers for consideration.

Fourth Quarter Monitoring: FCS and Corporate Pls

1. Background

- 1.1 Key performance indicators are monitored each quarter as part of the council's performance management system. This report contains the key corporate and financial indicators as agreed by OSB in September 2010.

2. Fourth Quarter Monitoring Report

- 2.1 The attached tables in the Appendices are the fourth quarter (January to March 2011).
- 2.2 The report uses traffic light colour coding to indicate performance.
- Green signifies at or above targets, amber is below target but within a reasonable tolerance level (e.g. above last year's performance) and red is outside the tolerance level. The report structure focuses on monitoring indicators by exception (i.e. red/amber, where performance is below target). This applies to all areas of the report excluding sickness absence and the corporate totals, which are provided in full.
 - The report uses year to date (YTD) actual performance compared to the target set for the year. The trend will show 'improving', 'not improving' or 'static' based on year to date (YTD) actual compared with the performance for the same period in the previous financial year.

3. Financial Indicators

- 3.1 The attached Finance Performance Indicators (Exceptions) Report identifies those indicators that are below target and which are marked as red or amber. The report will also show where information on an indicator is not available. The text below provides greater detail on causes and corrective actions.

Business Support

- FCS 010 Weighted average rate of cost of borrowings below the average 7 day LIBOR rate (%) – This is not colour coded as there have not been any borrowings undertaken in 2010-11.

FSB - Corporate

- FIN 063 Payments made by BACS as percentage of total - The performance for 2010/11 was 62.02% which was marginally below target (63%) but is above the 2009/10 outturn of 60.9%. In March there were: 3,752 BACS payments (£88.89m) and 2,645 cheque payments (£7.04m).

H&F Direct

- BV079bi Housing Benefit overpayments recovered as percentage of those deemed recoverable in that period – In March the 2010/11 performance outturn was 44.2%. This is below the performances reported last quarter (53.25%) and the tough target set ahead of the recession of 75%.

The impact of the recession and the establishment of a project team to review the outstanding / suspended housing benefit cases, fraud referrals, and change of circumstances are resulting in large overpayments. This has led to the housing benefit debts increase from £1.3m in Q3 to £2.2m in Q4. This resulted in a lower percentage performance for this indicator although the amount of money recovered has increased.

This, along with over 25% of the debt has to be recovered from ongoing benefit payments, at minimal amounts, the impact will continue to be felt for the foreseeable future.

- BV079bii Housing Benefit overpayments recovered as a percentage of those deemed recoverable in all years - performance was 18.13%, below the target of 25%. The impact of the recession continues to make recovering overpayments more difficult and the increase in the total value of overpayment debt will continue to impact on this performance for the foreseeable future.
- NI 181 Time to process housing benefit and council tax benefits - This was a new indicator for 2009/10. The performance data is now reported by DWP but there is a significant delay in publishing results and the 2010/11 outturns are not yet available. To address this, the report includes a year end estimate and will advise on the formal result when released by DWP. Official figures have recently been released for H&F's quarter 3, which give the outturn for the year to December of 33.8 days slightly higher than the (32.7 day) estimate previously reported.

The Benefit Service has produced an estimate of performance for Q4 based on the published methodology. The table shows the performance as at 31st March as being 32.7 days. This performance falls short of the 2009/10 outturn (15 days) and the target (14 days).

The Benefit Service has seen a significant increase in workloads over the last year due to the recession, at the same time as having reduced headcount and operating costs. The service has recently implemented a number of projects to automate processing & improve performance but the results of these changes are not likely to be reflected in this indicator until Q1 2011-12. These projects include a risk based approach to assessing new claims in conjunction with the DWP & providing residents with a facility to make benefit claims on-line.

Revenue

- BV009 Council Tax received in the year – The performance for quarter 4 stood at 95.46% at the end of March, which was marginally below target (95.6%). This represents good performance, particularly given the difficult financial situation facing some residents. However work to maximise collection is continuing.
- BV010 Business Rates received in the year – The performance for the year to 31st December stood at 94.28% at the end of March, this is below target (97.80%). The reasons for this are as originally reported in Q2, that:
 - The financial impact that the recession is having on the ability of businesses to pay their bills is making collection more difficult.
 - The opening of Westfield increased the collectable debt from £122m to £173m. Although the level of business rates collected has increased, in percentage terms (the amount paid as a percentage of the collectable debt owed) is below target set in 08/9 prior to Westfield and the recession.

4. Sickness Monitoring

- 4.1 Corporately, the position on sickness absence in this quarter is 7.7 days lost per member of staff, which remains better than target (7.8). When leavers are excluded, the corporate absence figure for current employees is 6.2 days, although slightly higher than last quarter, it remains better than target (6.5).
- 4.2 Community Services – Management actions, supported by HR, have seen continued improvements in the level of sickness absence, from those in earlier quarters. By March the sickness absence level had been reduced to 8.8 days from that in December (9.5), although it remains higher than target (7.8 days). When considering current employees only, the level of sickness absence has significantly improved to 6.7 days, from the position in December (7.3) and remains only slightly higher than target (6.5).
- 4.3 Environment Services – In March sickness absence was on target at 7.8 days although this was a slight increase from December (7.3). The level for current employees saw an increase from 6.5 days in December to 7.2 days in March, which is above target (6.5). The increases are predominantly related to one service area and are being robustly managed.
- 4.4 Finance & Corporate Services – In March sickness absence was on target (7.8 days) although the level had increased very slightly from 7.7 days in December. When considering current employees only, there was an increase to 7.0 days (from 6.9 days in December), which was 0.5 days higher than the target (6.5 days). Last quarter's report advised that further negative impact was likely in this quarter, due to a number of major reorganisations taking place at that time and despite absence continuing to be robustly managed.

- 4.5 Residents Services – Sickness absence has decreased to 8.2 days in March from last quarter’s level (8.5) but is higher than target (7.8 days). When considering current employees this has significantly reduced to 6.0 days, from last quarter’s level (8.5) and is better than the target (6.5).

Last quarter, RSD completed a number of major reorganisations which had a direct impact on the rise of absences in this area. These are now reducing, as a result of robust absence management following the implementation of these reorganisations

5 Electoral Registration - supporting local democracy:

- 5.1 Performance Indicators for Electoral Services were ambitious in their target setting, to reflect the importance attached to maximising voter registration. Both FCS 165a and FCS 165b exceeded their targets (95% and 98% respectively) with performances of 97.3% and 98.04% at the end of March.
- 5.2 FCS 165c (Rolling registration of home movers) this works towards achieving an 85% registration by September each year of all the home movers. At March, performance is well on track for achieving this target having completed 40.8% in the first few months in the first few months in the first few months.

6 Community Strategy

- 6.1 The Community Strategy is an annual report which will be available to be reported to OSB at the September meeting.

7 Local Area Agreement (LAA)

- 7.1 The performance indicators used in the LAA are reported at a variety of times and frequencies relating to their individual nature. A report on the progress of the LAA indicators giving their current status will be available and reported to the next meeting of OSB in September.

8 Contact Centre Performance

- 8.1 All Contact Centre performance indicators met their targets for 2010/11 and therefore there isn’t an exception report included.

**LOCAL GOVERNMENT ACT 2000 -
LIST OF BACKGROUND PAPERS**

No.	Description of background papers	Name/ext. of file holder	Dept. & location
1.	Performance Monitoring data	David Wilsher Ext. 2212	CPD, FD Room 39, HTH
2.	CorVu Performance System	Tom Conniffe Ext. 2195	CPD, FD Room 39, HTH

Finance Performance Indicators (Overview & Scrutiny Board)

March, 2010/11

Green = Target met
Amber = within tolerance
Red = outside tolerance

Trend is compared with previous financial year unless PI accumulates (marked *) then trend is with same period last year

PI Code	Description	Target Met?	Trend
Finance			
Business Support			
FCS009	FCS009 - Weighted Average Return On Investments Above The Average 7 Day LIBID Rate (%)	Y	Not Improving
FCS010	FCS010 - Weighted Average Cost Of Short Term Borrowing Below The Average 7 Day LIBOR Rate (%)		
FCS080	FCS080 - Not To Exceed The Variable Borrowing Limit (£m)	Y	Not Improving
FCS081	FCS081 - Percentage Of Net Borrowing Compared With The Authorised Limit (%)	Y	Not Improving
FCS082	FCS082 - Number Of Months When Borrowing Is Above The Operational Boundary (Months)	Y	Static
FSB			
Corporate			
FIN063	FIN063 - Number of payments by BACS as a proportion of the total (%)	N	Improving
H&F Direct			
Benefits (CTax, Housing & Education)			
BV079bi	BV079bi % recoverable HB overpayments recovered: current year	N	Not Improving
BV079bii	BV079bii % recoverable HB overpayments recovered: all years	N	Not Improving*
BV079biii	BV079biii HB overpayments written off as % of all HB overpayments	Y	Improving*
H&F Direct			
NI181	NI181 Time taken to process housing benefit and Council Tax benefit new claims and change events (days)	N	Not Improving
Revenues			

Finance Performance Indicators (Overview & Scrutiny Board)

March, 2010/11

Green = Target met
Amber = within tolerance
Red = outside tolerance

Trend is compared with previous financial year
unless PI accumulates (marked *)
then trend is with same period last year

PI Code	Description	Target Met?	Trend
BV009	BV009 - Council Tax Received In The Year (%)	N	Not Improving*
BV010	BV010 - Business Rates Received In The Year (%)	N	Not Improving*
FCS176	FCS176 Percentage of People Paying Their Council Tax by Direct Debit	Y	Improving

Finance Performance Indicators (Exceptions)

March, 2010/11

Green = Target met
 Amber = within tolerance
 Red = outside tolerance

Trend is compared with previous financial year unless PI accumulates (marked *) then trend is with same period last year

PI Code	Description	Actual 09/10	Jan 11	Feb 11	Mar 11	YTD Actual	Unit	Target	Target Met?	Trend	Comments
Finance											
Business Support											
FCS010	FCS010 - Weighted Average Cost Of Short Term Borrowing Below The Average 7 Day LIBOR Rate (%)	New PI					%	-0.05			No borrowing undertaken in 2010-11.
Corporate											
FIN063	FIN063 - Number of payments by BACS as a proportion of the total (%)	60.9	63.24	60.55	58.65	62.02	%	63	N	Improving	March: 3,752 BACS payments (£88.89m), 2,645 cheque payments (£7.04m).
H&F Direct											
Benefits (CTax, Housing & Education)											
BV079bi	BV079bi % recoverable HB overpayments recovered: current year	66.3	26.36	29.59	32.89	44.42	%	75	N	Not Improving	The HB debts increase from £1.3m in Q3 to £2.2m in Q4. This lowered performance (%), although the amount of money recovered increased.
BV079bii	BV079bii % recoverable HB overpayments recovered: all years	22.78	2.03	2.13	2.46	18.13	%	25	N	Not Improving*	The recession continues to make recovery difficult. The increase in the value of overpayment debt will continue to impact on this.

Finance Performance Indicators (Exceptions)

March, 2010/11

Green = Target met
 Amber = within tolerance
 Red = outside tolerance

Trend is compared with previous financial year unless PI accumulates (marked *) then trend is with same period last year

PI Code	Description	Actual 09/10	Jan 11	Feb 11	Mar 11	YTD Actual	Unit	Target	Target Met?	Trend	Comments
H&F Direct											
NI181	NI181 Time taken to process housing benefit and Council Tax benefit new claims and change events (days)	15				32.7	days	14	N	Not Improving	This is an estimated return (DWP figs n/a). The recession has led to a large increase in workloads, while the service has reduced headcount & operating costs. Projects to improve performance are being implemented but results are not expected before Q1.
Revenues											
BV009	BV009 - Council Tax Received In The Year (%)	95.62	88.44	93.79	93.79	95.46	%	95.6	N	Not Improving*	This represents good performance, given the difficult financial situation facing some residents.
BV010	BV010 - Business Rates Received In The Year (%)	94.34	90.53	92.52	94.28	94.28	%	97.8	N	Not Improving*	The recession continues to impact on local businesses. Also as previously reported the opening of Westfield significantly increased the level of debt.

Electoral Services Performance Indicators (Overview & Scrutiny Board)

March, 2010/11

Green = Target met
 Amber = within tolerance
 Red = outside tolerance

Trend is compared with previous financial year
 unless PI accumulates (marked *)
 then trend is with same period last year

Description	Actual 09/10	Jan 11	Feb 11	Mar 11	YTD		Target Met?	Trend	Comments
					Actual	Unit			

Finance & Corporate Services Legal & Democratic Services

FCS165a Annual Voter Registration Canvass: Households Registered By 1 December - %	96.5	97.3	97.3	97.3	97.3	%	95	Y	Improving
FCS165b Annual Voter Registration Canvass: Households Registered By 1 September - %	96.74	97.62	97.63	98.04	98.04	%	98	Y	Improving
FCS165c Rolling Registration: Home movers Registered by 1 September - %	55.3	30	19	40.8	40.8	%			On track to meeting the target of registering 85% of home movers by September.

BV012 Sickness (Overview & Scrutiny Board)

Mar 2011

Green = Target met

Amber = Less than 10% off target

Red = More than 10% off target

Trend is against last year

Department/Area	Actual 09/10	Jan 11	Feb 11	Mar 11	Unit	Target	Target Met?	Trend	Comments
Sickness Monitoring (rolling year)									
Children's Services	7.2	7.1	7.4	7.4	days lost	7.8	Y	Not Improving	
Community Services	9.5	9.5	9.2	8.8	days lost	7.8	N	Improving	Management actions, supported by HR, have seen continued improvements in the level of sickness absence, from those in earlier quarters.
Environment Services	6.9	7.6	7.9	7.8	days lost	7.8	Y	Not Improving	
Finance & Corporate Services	6.9	7.9	7.8	7.8	days lost	7.8	Y	Not Improving	
Residents Services	7.7	8.4	8.2	8.2	days lost	7.8	N	Not Improving	The continuing robust absence management is reducing the level of absence following the major reorganisations last quarter.
Corporate	7.5	7.6	7.8	7.7	days lost	7.8	Y	Not Improving	

The headcount used in the calculation is being based on the mean average over the period, which will avoid the fluctuations seen in departmental results relating to transfers of staff. The corporate figure remains a direct comparison with BV012.

Current Employees Sickness (Overview & Scrutiny Board)

Mar 2011

Green = Target met

Amber = Less than 10% off target

Red = More than 10% off target

Trend is against last year

Department/Area	Actual 10/11	Jan 11	Feb 11	Mar 11	Unit	Target	Target Met?	Trend	Comments
Sickness Monitoring (rolling year)									
Children's Services	6	5.4	5.8	6	days lost	6.5	Y	Static	
Community Services	7.1	7	6.9	6.7	days lost	6.5	N	Improving	Management actions, supported by HR, have seen continued improvements in the level of sickness absence, from those in earlier quarters.
Environment Services	6.2	6.8	7.2	7.2	days lost	6.5	N	Not Improving	The increase is predominantly seen within one service area and is being robustly managed.
Finance & Corporate Services	5.6	7.1	7.1	7	days lost	6.5	N	Not Improving	Last quarter's reorganisations are still impacting on sickness absence, which continue to be robustly managed.
Residents Services	6.5	7.1	6.3	6	days lost	6.5	Y	Improving	The level of sickness absences has reduced to below target.
Corporate	6.1	5.9	6.2	6.2	days lost	6.5	Y	Not Improving	

The headcount used in the calculation is being based on the mean average over the period, which will avoid the fluctuations seen in departmental results relating to transfers of staff. The corporate figure remains a direct comparison with BV012.