

Housing, Health And Adult Social Care Select Committee

Agenda

Wednesday 14 November 2012

7.00 pm

Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

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

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

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Date Issued: 02 November 2012

Housing, Health And Adult Social Care Select Committee Agenda

14 November 2012

<u>Item</u>	<u>Pages</u>
1. MINUTES AND ACTIONS	1 - 11
(a) To approve as an accurate record, and the Chairman to sign the minutes of the meeting of the Housing, Health & Adult Social Care Select Committee held on 24 September 2012.	
(b) To monitor the acceptance and implementation of recommendations as set out at Appendix 1.	
(c) To note the outstanding actions.	
2. APOLOGIES FOR ABSENCE	
3. DECLARATIONS OF INTEREST	
If a Councillor has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.	
At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Councillor must then withdraw immediately from the meeting before the matter is discussed and any vote taken.	
Where Members of the public are not allowed to be in attendance and speak, then the Councillor with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Councillors who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.	
Councillors are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Audit, Pensions and Standards Committee.	

- 4. TRANSFER OF PUBLIC HEALTH FUNCTIONS TO THE LONDON BOROUGH OF HAMMERSMITH & FULHAM; ESTABLISHMENT OF A TRI-BOROUGH PUBLIC HEALTH SERVICE** 12 - 25
- From April 2013 there is a statutory transfer of public health functions to local authorities. A ring-fenced grant will be received to discharge the new responsibilities, and staff carrying out these functions will transfer into the local authorities from the PCTs.
- The recommendations in the report attached as Appendix A were agreed by the Cabinet at its meeting on 15 October 2012.
- 5. HOUSING BENEFITS/LOCAL HOUSING ALLOWANCE - SYNOPSIS** 26 - 35
- This report is a follow up to that presented to Committee on 22 February 2012 which analysed the potential impact of the Government's Housing Benefit Caps on households residing in the private rented sector and which reported progress on the Council's HB Assist Project.
- 6. HOUSING AND REGENERATION DEPARTMENT KEY PERFORMANCE INDICATORS** 36 - 42
- This report presents performance on key housing indicators.
- 7. WORK PROGRAMME AND FORWARD PLAN 2012-2013** 43 - 63
- The Committee is asked to review its work programme for the current Municipal Year. Details of forthcoming Key Decisions which are due to be taken by the Cabinet are provided in order to enable the Committee to identify those items where it may wish to request reports.
- 8. DATES OF NEXT MEETINGS**
- The Committee is asked to note that the dates of the meetings scheduled for this municipal year are as follows:
- 22 January 2013
19 February 2013
09 April 2013

Agenda Item 1



London Borough of Hammersmith & Fulham

Housing, Health And Adult Social Care Select Committee Minutes

Monday 24 September 2012

PRESENT

Committee members: Councillors Lucy Ivimy (Chairman), Joe Carlebach, Stephen Cowan, Peter Graham, Steve Hamilton and Rory Vaughan

Other Councillors: Marcus Ginn and Andrew Johnson

Officers: Kathleen Corbett (Director, Finance and Resources, Housing and Regeneration Department) and Sue Perrin (Committee Co-ordinator)

Imperial College Healthcare NHS Trust: Steve McManus (Chief Operating Officer) and Justin Vale (Clinical Programme Director for Surgery and Cancer)

Chelsea and Westminster NHS Foundation Trust: Sir Christopher Edwards (Chairman) and David Radbourne (Chief Operating Officer)

NHS North West London: Daniel Elkeles (Director of Strategy), David Mallett (SRO SaHF Programme Delivery) and Dr Mark Spencer (Medical Director)

15. MINUTES AND ACTIONS

RESOLVED THAT:

The minutes of the meeting held on 17 July 2012 be approved and signed as an accurate record of the proceedings.

16. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Oliver Craig, Peter Tobias and Iain Coleman and Ms Maria Brenton.

17. DECLARATIONS OF INTEREST

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

Councillor Carlebach declared a significant interest in respect of 'Imperial College Healthcare NHS Trust: Management of Waiting Lists', as he is a trustee of Arthritis Research UK. He considered that this did not give rise to a perception of a conflict of interests and, in the circumstances, it would be reasonable to participate in the discussion and vote thereon.

18. IMPERIAL COLLEGE HEALTHCARE NHS TRUST: MANAGEMENT OF WAITING LISTS

Steve McManus, Chief Operating Officer, and Justin Vale, Clinical Programme Director for Surgery and Cancer updated the committee on progress in respect of the management of waiting lists at Imperial College Healthcare NHS Trust (ICHT) and apologised on behalf of ICHT for the distress and concerns generated for patients and their families through the lack of reliable information.

Mr McManus stated that in January 2012, ICHT had instigated a six month break in reporting on the 18 week referral to treatment time and waiting times for cancer and diagnostic tests and procedures, following a review of the administration of waiting lists by the NHS Intensive Support Team (IST) and ICHT's own staff. The review had identified significant anomalies, including patients recorded as waiting who had already been treated and duplicate entries for individual patients. Robust systems for recording patient information and improved staff training had been put in place and there had been radical changes in the management structure, including the appointment of Mr McManus as Chief Operating Officer. Reporting against national targets had re-commenced in July/August.

Mr McManus assured the Committee of his personal commitment to continuing improvements in patient safety and quality of care.

A full review of the clinical implications of the waiting list position had been carried out by a Clinical Review Group to determine any possible effect on patient care. The Group had been chaired by a clinician independent of the Trust, who is a medical director and a GP. The group's membership comprised another GP, the trust's commissioners, a non-executive director and senior Trust clinicians, an external Acting NHS Chief Executive, senior Trust management representatives, an external NHS Trust Director of Nursing and the Director of NHS IST, thereby combining external scrutiny with internal expertise about ICHT's patients, systems and processes. The Group had looked at admitted, non-admitted, diagnostic and cancer patient pathways, and had reviewed data relating to the potential impact on patient care, and had found no evidence of clinical harm as a result of these failures.

In addition, there had been an External Governance Review, to report to the Trust Board on issues relating to decision making, governance and reporting processes.

Mr Vale addressed the cancer element of the review. The in-depth validation of cancer pathways with referrals predominantly for suspected breast cancer

and symptomatic breast disease dating back over the last few years had been in three parts: administration validation; clinical validation; and primary care validation. The information demonstrated that there were no concerns relating to an extended wait which could have contributed to a patient's death. The issues identified as part of the validation process had been addressed by ICHT and a robust patient tracking system put in place.

Mr Vale stated that the results of the second national cancer survey published in mid-August had shown that ICHT had performed poorly in comparison with other trusts. This position was not acceptable. The scores had been reported as percentages relating to the number of patients responding with a positive response of their experience from the GP experience to experience as an inpatient, day case patient and outpatient.

A number of initiatives undertaken within the Cancer Patient Experience Work Programme following the first national survey in 2010, had not produced the required impact. ICHT recognised that an urgent and radical review of the experience of cancer patients was required and had agreed actions to be undertaken during the following three months. Actions included: a survey of other patients with questions which would help to identify the issues; the implementation of the MacMillan Values Based Standard; and visits to other hospitals.

A member queried the number of patients whose treatment had been delayed and by how long, and asked for re-assurance that the problems had been resolved and there would be not be a recurrence. Mr McManus responded that there were 243 patients on the 31 and 62 day pathways for cancer services across the organisation, and the clinical review would be completed within the next two weeks. Mr Vale added that it was likely that these patients had been seen and had a diagnostic test and possibly a diagnosis, but the pathway record was incomplete. It was not believed that these patients were at a higher risk than those previously validated.

Mr Vale informed that, on average, 10/12% of patients referred with suspected cancer were diagnosed with cancer and it was likely that those patients with more worrying symptoms would have presented again. ICHT was now delivering the national standard for the two week wait cancer pathway.

ICHT currently had a number of non-integrated systems. An integrated cancer management system, which had been approved as robust by the IST, was being rolled out with comprehensive training. The services of the IST had been retained and the cancer management team re-organised, with stronger reporting lines.

Mr McManus confirmed that both the Waiting List Clinical Review Report and the External Governance Review would be published in full and would be considered by the Trust Board at its meeting on 26 September. The External Governance Review originally scheduled for July 2012, had been delayed because of the number of witnesses who had to be interviewed.

ACTION:

The Waiting List Clinical Review Report and the External Governance Review to be circulated to the Committee.

Action: Committee Co-ordinator

Members commented on the inadequate response in respect of the independence of the person leading the External Governance Review. The response from the ICHT Chairman had addressed the competence of Terry Hanafin of Terry Hanafin & Associates Ltd to carry out this independent review in a professional, comprehensive and objective manner, but not the connection with an existing member of the Trust Board.

A member queried the use of the private sector to remedy referrals which had gone astray. Mr McManus responded that consistent improvements had been made and ICHT was achieving 88% of patients on an 'admitted' pathway being treated within 18 weeks, against a national target of 90%. ICHT was achieving the national standard of 95% of patients on a 'non-admitted pathway' being treated within 18 weeks. There had been a backlog of up to 3,500 patients. ICHT was working with other NHS hospitals with capacity and where clinically appropriate. A number of orthopaedic patients (287 patients) had been treated by a private provider (BMI).

Members queried the cause of the mis-management of waiting lists and performance data. Mr Vale responded that data had not been entered in a timely manner and there had been performance management issues, and specifically a lack of local ownership.

Councillor Cowan suggested that responsibility for the failure should be at senior management level. Members asked for a guarantee that the problem had been dealt with fully and measures had been put in place to ensure that there would not be a recurrence. Mr McManus responded that it would be inappropriate for him to comment on guarantees after such a short time in post, but he could offer assurance that: improvements had been made in the recording systems; and the management structure had been strengthened to centralise scrutiny of waiting lists and support staff and to meet national performance standards. Mr McManus guaranteed that scrutiny of waiting lists would remain a high priority for him, and that he would be spending time at each site in all areas to understand if there were any remaining problems.

The IST would be asked to address any specific problems and there had been a level of re-assurance from external reviews by for example, the Care Quality Commission and the achievement of NHSLA Risk Management Level 3, the highest level, which comprised assessment against 50 standards related to governance and risk processes.

A member highlighted the need for ICHT to improve its corporate reputation. Mr McManus acknowledged this and stated that ICHT was working with patients and stakeholders to rebuild its poor reputation.

RESOLVED THAT:

The committee remains concerned at the management of patient data and the management system.

The committee lacks confidence in the strategic governance review generally and, in particular, in ICHT's plans for Charing Cross Hospital.

The committee remains concerned at the weakness of ICHT's communication with stakeholders.

The committee recommended that ICHT procured an objective and independent strategic governance review, and shared the terms of reference with the committee.

The committee requested a written response in respect of patient referrals which had gone astray, to include on an individual basis (if possible): the reason why the referral had gone astray; the nature of the delay; and where the patient was being treated; and, for cancer patients, the type of cancer by tumour site.

Action: Imperial College Healthcare NHS Trust

19. SHAPING A HEALTHIER FUTURE: NHS PUBLIC CONSULTATION

Members queried whether ICHT supported NHS North West London's (NWL) preferred option, 'Option A'. Mr McManus responded that ICHT was broadly supportive of the proposals and the Trust Board would consider a draft response to the consultation at the meeting on 26 September. A draft response had been collated from feedback obtained through workshops with staff and debate by the Academic Health Science Centre (AHSC). The final response would be submitted by the AHSC.

Members considered that ICHT should submit its own response to the consultation, not in partnership with Imperial College.

Whilst ICHT acknowledged that should Charing Cross be downgraded to a local hospital, a significant part of the site would become available, the use of this land had not been debated. The committee was concerned at the vagueness of ICHT about the future of Charing Cross. Mr McManus did not believe that ICHT had indicated a preference for where services would be located on the three sites.

Sir Christopher Edwards, Chairman and David Radbourne, Chief Operating Officer, Chelsea and Westminster NHS Foundation Trust outlined some of the background to the proposals, including: demographic change; issues with the quality of the NHS estate; financial challenges; and a national shortage of

Consultants in Emergency Services. The College of Emergency Medicine recommended that Accident & Emergency (A&E) departments were staffed by consultants for 16 hours a day.

A member noted that Chelsea and Westminster was a constrained site and queried how the trust would manage the additional patients through A&E, as a direct impact of the loss of A&Es at other hospitals. Sir Christopher responded that the trust would require a maximum of 80 additional beds and would be able to expand and improve the current A&E. The paediatric A&E already provided a high quality environment. It was possible to expand the hospital building sideways, by moving non-clinical activity out of the hospital and into adjacent property.

Mr Radbourne added that should Charing Cross Hospital A&E become a stand alone Urgent Care Centre (UCC), it was likely that there would be a change in the profile of patients attending the hospital and corresponding changes in the workforce profile, with more cover being provided by GPs. Both models (co-located with A&E and stand alone UCC) had been shown to work.

Sir Christopher stated that Chelsea & Westminster had demonstrated that it could manage well and had generated a recurrent financial surplus, which, as an NHS foundation trust, it was able to invest in new facilities. Downgrading to a 'local hospital' would not be viable, as a stand alone UCC would impact on paediatrics, maternity, emergency surgery and anaesthetics.

Members were concerned that the active campaign and money spent by Chelsea and Westminster was effectively a campaign to close Charing Cross. Sir Christopher responded that this was not the case. The campaign, which had been mounted by the independent Board of Governors which held the Trust Board to account, compared Chelsea and Westminster with Imperial, not with Charing Cross. Sir Christopher considered that it was important for ICHT to become financially viable and to achieve foundation trust status. ICHT had the problem of three hospital sites, which meant that services were duplicated/triplicated across the trust.

Councillor Vaughan queried the timing of the decision in respect of the emergency service proposals before realisation of the Out Of Hospital strategy benefits. Sir Christopher responded that resolution of the problem of emergency medicine had to begin immediately. It was not in the best interests of patients for the decision to be deferred.

Councillor Carlebach commented on the importance of public education in respect of the difference between an A&E and an UCC.

The Chairman thanked Sir Christopher and Mr Radbourne for attending the meeting.

The Chairman asked ICHT to update the Committee on the proposals. Daniel Elkeles stated that he had provided a detailed response to the Rideout Report and that he considered that the NHS case for change had been endorsed by

the Council. Mr Elkeles noted that the Council considered the pre-consultation engagement of key stakeholders and the methodology used to identify and chose between the various reconfiguration options open to challenge, and that the scale of change proposed, and in particular the significant and potentially adverse impact on the people of Hammersmith & Fulham had not been adequately explained or addressed.

Members raised concerns at the lack of clarity in respect of the implications for Charing Cross Hospital and for non-blue light travel. Councillor Cowan stated that the Council did not accept every aspect of the case for change and the broad principle of reducing the number of A&Es.

Councillor Graham queried the range of disposal values for the Charing Cross site and was incorrectly directed to a specific table in the pre-consultation business case, which showed the estimated disposal value per hectare for St. Mary's, Charing Cross, Ealing and Chelsea Westminster, but did not relate to any specific 'parcel' of land being sold within the site.

Action:

The range of disposal values for the Charing Cross site to be provided.

Action: NHS NW London

Mr Elkeles stated that the Chief Executive of ICHT had indicated the trust's support for Option A. Mr McManus stated that the decision would be taken at the Trust Board meeting on 26 September, and this was endorsed by Ms Rebekah Fitzgerald, Director of Communications.

Councillor Graham, on checking the Trust Board papers for 26 September, informed that the agenda indicated that there would be an oral report and the item had been allocated ten minutes. The committee was concerned at this discrepancy and the short time allocated to such an important issue.

Members considered the North West London Cluster Integrated Board Assurance Framework, version 7 September 2012, which had been tabled by Councillor Cowan and specifically the risk in respect of: the objective to deliver £1billion of financial savings by 2014/2015 to achieve financial balance.

Members queried the lack of mitigating actions in respect of the objective to support the implementation of new models of care and best practice to deliver improvements in clinical quality and patient experience across NWL, and the risk that the strategy was not accepted by patients, politicians and public. Mr Elkeles responded that the mitigating actions should have been completed before the report was taken to the Cluster Board and would be included in the report to the November meeting.

In accordance with paragraph 27 of the Overview and Scrutiny Procedure Rules, the Committee extended the meeting by 30 minutes.

Members referred to the NHS 'Four Tests' required to be met by all reconfiguration proposals, and the engagement with CCGs being given as evidence of engagement with GPs. Mr Mallett stated that the JCPCT would be reconstituted to ensure that CCGs were part of the final decision making. However, it was not intended to poll individual GPs.

RESOLVED THAT:

1. The Committee noted the report, 'Shaping a Healthier Future – an independent review' (Tim Rideout).
2. The Committee deplored the way in which Charing Cross and Chelsea and Westminster had been set against each other in the 'Shaping a Healthier Future' proposals.
3. The Committee questioned the conclusion and analysis of the 'Shaping a Healthier Future' proposals.
4. The Committee did not believe that the effective closure of Charing Cross as a major hospital as a consequence of the closure of the Accident & Emergency Department was in the best interest of the borough.
5. The Committee called for more imaginative solutions.
6. The proposal should be referred to the Secretary of State.
7. The committee endorsed the Council's response to the Consultation 'Shaping a Healthier Future' and recommended that the response be sent as a joint response from the Council and the Housing Health & Adult Social Care Select Committee.

20. HOUSING AND REGENERATION DEPARTMENT KEY PERFORMANCE INDICATORS

Kathleen Corbett responded to questions that the homeless acceptances was a reflection of the on-going pressure on the service caused by the introduction of housing benefit caps that mitigating action was being taken, and every effort being made to move families out of B&B. Officers continued to: negotiate with landlords; utilise discretionary housing payments to assist applicants to remain in their existing accommodation; assist applicants to find their own alternative accommodation; and provide incentives to private sector landlords.

Ms Corbett suggested that Mike England would hold information in respect of individual cases and further action.

RESOLVED

That information be provided to the next meeting in respect of a longer term strategy for homeless acceptances in conjunction with the Housing Benefits update.

Action: Mike England

21. WORK PROGRAMME AND FORWARD PLAN 2012-2013

RESOLVED:

That the following additions to the work programme be noted:

- Out of Hospital Care and Homecare: January 2013
- Remodel of Adult Social Care Day Services, February 2013
- Transition from Children's to Adult Social Care, April 2013
- Safeguarding Annual Report, January/February 2013
- Personalisation/direct budgets: April 2013
-

22. DATES OF NEXT MEETINGS

14 November 2012
22 January 2013
19 February 2013
09 April 2013

Meeting started: 7.05 pm
Meeting ended: 10.30 pm

Chairman

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

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

APPENDIX 1

Recommendation and Action Tracking

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

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

Minute No.	Item	Action/recommendation Lead Responsibility	Progress/Outcome	Status
9.	Shaping a Healthier Future: NHS Public Consultation	Information to be provided in respect of: (i) deaths during ambulance journeys; and the types of Accident & Emergency cases where travel times are critical; (ii) the breakdown by site of the backlog maintenance figure of around £53 million; and (iii) all individuals involved in the decision making process and declarations of interest.	Initial response received. Additional information received. The breakdown is set out in the pre-consultation business case, page 48 of Volume 3. Chapters 11 to 15. Relevant section circulated. Information circulated.	Complete Complete Complete
10.	Housing Strategy Consultation	Information to be provided in respect of: (i) consultation responses; (ii) a profile in respect of income bracket	Information circulated.	Complete

		<p>of people buying homes under The Right to Buy and those moving into Home Buy; and</p> <p>(iii) plans to encourage and monitor targets for Home Buy.</p>		
18.	Imperial College Healthcare NHS Trust: Management of Waiting Lists	<p>(i) The Waiting List Clinical Review Report and External Governance Review to be circulated.</p> <p>(ii) A written response in respect of patient referrals which had gone astray, to include on an individual basis (if possible): the reason why the referral had gone astray; the nature of the delay; and where the patient was being treated and, for cancer patients, the type of cancer by tumour site.</p>	Information circulated.	Complete
19.	Shaping a Healthier Future: NHS Public Consultation	<p>(i) A range of disposal values for Charing Cross site to be provided.</p> <p>(ii) The proposal should be referred to the Secretary of State.</p> <p>(iii) Recommended that the Council's response to the Consultation be sent as a joint response from the Council and HHASCSC.</p>	<p>Response circulated.</p> <p>Proposals will be known in February 2013.</p> <p>Joint response submitted to the NHS.</p>	<p>Complete</p> <p>Complete</p>



London Borough of Hammersmith & Fulham

HOUSING HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE

DATE	TITLE	Wards
14 November 2012	Transfer of Public Health Functions to the London Borough of Hammersmith & Fulham: Establishment of a tri-Borough Public Health Service	All

SYNOPSIS

From April 2013 there is a statutory transfer of public health functions to local authorities. A ring-fenced grant will be received to discharge the new responsibilities, and staff carrying out these functions will transfer into the local authorities from the PCTs.

The recommendations in the report attached as Appendix A were agreed by the Cabinet at its meeting on 15 October 2012.

CONTRIBUTORS	<u>RECOMMENDATION(S):</u>
N/A	The Committee is asked to consider and comment on the report.
CONTACT	NEXT STEPS
N/A	N/A

Cabinet

15 OCTOBER 2012

**CABINET MEMBER
FOR COMMUNITY
CARE**

Councillor Marcus Ginn

**TRANSFER OF PUBLIC HEALTH FUNCTIONS
TO THE LONDON BOROUGH OF
HAMMERSMITH AND FULHAM :
ESTABLISHMENT OF A TRI-BOROUGH PUBLIC
HEALTH SERVICE**

**Wards:
ALL**

From April 2013 there is a statutory transfer of public health functions to local authorities. A ring-fenced grant will be received to discharge the new responsibilities, and staff carrying out these functions will transfer into the local authorities from the PCTs.

This report recommends a single tri-borough public health service, with the retention of individual borough sovereignty in relation to public health decision-making and priorities. It is recommended that Westminster City Council is the lead authority, and that officers begin discussions in terms of a section 113 agreement between the three authorities relating to the new tri-borough service.

CONTRIBUTORS

EDASC
EDFCG
DoL

Recommendations:

- 1. That the statutory transfer of public health functions to local authorities from 1 April 2013 be noted, and that approval be given to the establishment of a single tri-borough Public Health service with Westminster City Council as lead authority.**
- 2. That, subject to the PCT engagement process, approval be given to the organisational structure for the tri-borough Public Health Service.**
- 3. That officers be authorised to continue discussions with NHS bodies on the details of transition arrangements, particularly with respect to finance, staffing and contracts, and to report back to Cabinet later this year after the formal notification of funding allocation from the Department of Health.**

HAS AN EIA BEEN COMPLETED? NO
--

- 4. That officers be authorised to begin discussions on the terms of a Section 113 Agreement between the three authorities relating to the new tri-borough service.**
- 5. That the planned overspend on transitional costs is met from the Corporate Contingency in 2012/13 in H&F's accounts, to be returned in 2013/14.**

EXECUTIVE SUMMARY

1. From April 2013 there is a statutory transfer of public health functions to local authorities. A ring-fenced grant will be received to discharge the new responsibilities, and staff carrying out these functions will transfer into the local authorities from the PCTs.
2. A single tri-borough public health service is recommended with the retention of individual borough sovereignty in relation to public health decision-making and priorities. It is recommended that Westminster council is the lead authority, and that officers begin discussions in terms of a section 113 agreement between the three authorities relating to the new tri-borough service
3. DH will inform local authorities of their public health allocation in December, but have confirmed that funding allocations for 2013/14 will be no less than baseline estimates announced earlier this year. In addition, some transition funding has been received (£0.2m), any shortfall will be charged to the Public Health budget in 2013/14.
4. Based on a number of assumptions, at this point we are looking at a probable funding shortfall of £4.3m for 13/14. Work is underway to balance the ring fenced public health budget.
5. The transfer of staff from the PCT to Councils is part of a larger restructure of the health system and is a PCT owned process. DH and the LGA have advised that the process is TUPE-like with protection of PCT staff terms and conditions with staff remaining in the NHS Pensions scheme.
6. A new organisational structure is recommended to ensure the service 'lands safely'. This has been developed through engagement with staff from the PCT, the tri-borough councils and the three Member Public Health Portfolio holders and delivers efficiencies of 10% - 15%. During 2013/14 it is planned to focus on maximising the opportunities of an in-house public health function to ensure synergies across the tri-borough councils are best exploited and further efficiencies will be possible.
7. The transfer of contract liabilities is a DH and PCT owned process. A PCT contracts register of all clinical contracts (which includes Public Health contracts) is timetabled to be completed by the end of September. The confirmation on the destination of contracts and handling of block contracts will take place during October - December.
8. Officers are procuring an external forensic examination of the number and values of contracts to reconcile the PCT Contract register to the most recent PCT finance submission. This will provide assurance that the three councils will have all the relevant information on contract liabilities

9. The risks around certainty of the financial allocation and the exact magnitude of liabilities are being managed as indicated by the actions above and the statutory guidance provided on particular aspects of the process.
10. It is recommended that officers continue discussions with NHS bodies on the details of transition arrangements, particularly with respect to finance, staffing and contracts, and to report back to cabinet later this year after the formal notification of the funding allocation from the DH.

1. BACKGROUND

- 1.1. Public health functions are transferring to local authorities from April 2013. Local authorities will receive a ring-fenced grant to discharge their new responsibilities, and staff carrying out these functions will transfer into the local authorities from the PCTs.
- 1.2. Public health transition planning is on-going and NHS human resource processes and deadlines require local authorities to agree an organisational structure for the new public health service by the end of October.

2. THE SCOPE OF TRANSFER

- 2.1 Existing PCT public health functions will split between Public Health England (a new national body), local authorities, NHS Commissioning Boards, and the CCGs. Local Authorities will be responsible for:
 - Appropriate access to sexual health services;
 - Commissioning services such as tobacco control, alcohol and drug misuse, increasing activity programmes, home and workplace accidents, testing for sexual health, obesity programmes
 - Ensuring NHS commissioners receive the public health advice they need;
 - The National Child Measurement Programme (weighing and measuring reception and year 6 children in state primary schools);
 - NHS Health Checks;
 - Elements of the Healthy Child Programme.
- 2.2 Some of these services, such as Health Checks and the Healthy Child programme, are the subject of statutory duties, and are in effect mandated. For others there is more flexibility in how duties are discharged, for instance the commissioning of prevention programmes, and giving advice to CCGs. Other services are demand-led such as sexual health services.
- 2.3 The reform of the public health system is part of the overall health reform programme, and the creation of Clinical Commissioning Groups. As such timetables for implementation follow national Department of

Health (DH) timelines, and the transition process leading up to April 2013 is being led by DH.

3. LOCAL AUTHORITY TRANSITION PLANNING

- 3.1 Transition planning is covering two main aspects of work
- Working through the ambition for the new service with stakeholders in all three Boroughs
 - Detailed transition planning in relation to the 'mechanics' of the move.
- 3.2 Transition is governed by a tri-borough Adults Member Group and the officer Public Health Transition Board with representatives from across the 3 Councils and the PCT. Six Task & Finish working groups covering Communications & Engagement, HR & employee transfer, Finance & Procurement, Commissioning & Contracts, IT & Information Governance, and Property & Facilities are planning the logistics of the transfer, and again consist of staff from across the three Councils and the PCT.

4. THE TRI-BOROUGH PUBLIC HEALTH SERVICE

- 4.1 A health and wellbeing strategy is being developed by the shadow Health and Wellbeing Board of each authority, it being a legal duty from April to agree such a strategy in co-operation with relevant NHS bodies. That strategy will define the public health vision in the authority. There are clear synergies with work already being undertaken within councils- environmental health, Children's and Adults' services, land-use planning, housing, transport, sports and leisure and libraries all have clear impacts on health and well-being.
- 4.2 The public health service within the Inner North West London is already arranged on a tri-borough basis, with a single Director of Public Health. Within a tri-borough public health service, in line with all other tri-borough services, each borough will retain its own sovereignty in relation to public health decision-making and priorities. This can be expressed either through health and wellbeing strategies or in the form of a Mandate.
- 4.3 As described in section 9 on finance, we are making a prudent planning assumption that funding may be reduced by 10%, and that efficiencies will be delivered from the synergies with existing activity within the councils.
- 4.4 In light of this, a process of identifying functions and capabilities has been conducted in order to develop an organisational structure that delivers efficiencies of 10-15%, and ensure that the new service fits within existing councils operating models and duplications are reduced.

- 4.5 During 2013/4 a second stage of review will focus on maximising the opportunities of an in-house public health function and ensuring that synergies are best exploited. At this time further efficiencies will be possible.

5. HUMAN RESOURCE TRANSFER

- 5.1 The transfer of staff from the PCT to councils is part of a large restructure of the health system (creation of CCGs, Public Health England and NHS Commissioning Board etc). The process is a PCT owned process with defined timescales. The PCT are responsible for the transfer of staff, the three councils are the 'receiving organisations'. As such communications with staff and providers has all been managed by the PCT. Guidance on the councils' role as 'receiving organisations', timelines, and under what rules we will receive staff are all set by the DH.
- 5.2 DH and the Local Government Association wrote to PCTs and local authorities on the next steps on 2nd August on the transfer of public health staff to local authorities. The process is TUPE-like with PCT staff contractual terms and conditions protected, and staff will remain within the NHS Pensions scheme (which the local authorities will have to become admitted bodies to). The timelines are clarified and the NHS will provide a list of the staff transferring to the council in December under a Transfer Order / Scheme.
- 5.3 The local authorities have developed organisational structures for the new service in consultation with the PCT. To fit within the whole health service redesign, a draft structure for the public health service within local authorities has been developed in consultation with staff from the PCT, local authorities and the three Portfolio holders for Public Health from the three boroughs. This was made available to PCT staff at the end of September for formal engagement in the HR process (in line with structures for all other staff destinations) with the proviso of 'subject to council approval'.
- 5.4 Annex 1 consists of the existing structure for public health within the PCT, and the proposed structure of the tri-borough public service. The structure shows a reduction from 42.8 FTE to 37 posts (35.8FTE).
- 5.5 The tri-borough service will be managed by a single Director of Public Health (DPH). Each Borough will have a Deputy Director of Public Health who will act as the Deputy to the Director (not a Borough Director). The Deputy DsPH will play the important function of sitting on CCG Boards, and helping to discharge the function of providing advice to the CCGs. Three portfolios will be managed by the three Deputy DsPH:
- Health intelligence and advice across the range of local authority functions
 - Families, children and young people, healthy weight, mental health protection and promotion

- Adults, sexual health, behaviour change, health protection, assurance of CB commissioning.

In addition a business support function will be created.

- 5.6 The service will explore working with existing contract management and procurement teams within Adult Social Care and Family and Children's Services to ensure that synergies are exploited in existing contracts to aid further integration in public health and existing council service provision.

6. COMMISSIONING AND CONTRACTS

- 6.1 The process of transfer of contracts will be through a Transfer schedule- where the PCT will identify relevant public health contracts to be transferred. The PCT is undertaking a process of 'contract stocktake, stabilisation and shift' in preparation for contract transfer to local authorities and other receiving organisations, and formal guidance on the process for the "shift" phase is awaited and expected shortly. A contracts register of all clinical contracts (which public health contracts are classified) is timetabled to be completed by the end of September 2012.
- 6.2 A thorough bottom-up analysis of contracts has been made working with existing public health commissioners in the PCT, and further work is on-going looking across PCT contracts to identify contracts likely to transfer.
- 6.3 Officers are procuring an external forensic examination of the number and value of contracts that will be transferred. The forensic audit will establish the number and value of contracts within Public Health, and reconcile the value and number of contracts per the local authority's Public Health contracts register and the most recent PCT submission. The three councils cannot decline to take on contract liabilities. The purpose of the forensic audit is to assure the three councils that on transfer all relevant information on the contracts is available and that with this information the councils' future strategy on contracts and commissioning can be developed.

7. RISK MANAGEMENT

- 7.1 The Public Health Transition Board maintains a risk register in relation to the transition, actively managing risks and closing as appropriate. Transition is a complex process, and the management and remediation of many of the risks is based upon statutory guidance on particular aspects of the process. The major outstanding risks are:
- Lack of certainty on the financial allocation. The indicative allocation had been challenged by the three councils and DH has confirmed that they will correct all the material errors. The three councils are basing their planning on the best available worst case estimates of finance allocation to mitigate this risk.

- Lack of certainty at this point in the process on the exact magnitude of liabilities. The NHS process outlines that the contracts stocktake has taken place but confirmation on destination of contracts and handling of block contracts will take place over October- December. The three councils are working closely with PCT and examining the contracts register, and are procuring a forensic audit of contracts. In addition to mitigate the risk we are using worst case estimates in planning assumptions.

8. EQUALITIES IMPLICATIONS

- 8.1 With regard to staff, the HR process is owned by the NHS and they have carried out equalities impact assessments of the process.
- 8.2 With regard to the public that this function will serve once part of the Council, it will report into the Cabinet Member for Adult Services and in LBHF follow the Key Decision process for its decisions as appropriate. As part of this, staff will conduct Equality Impact Analyses (EIAs) as necessary in order to comply with S149 of the Equality Act 2010 ('the Act').
- 8.3 In order to comply with S152 of the Act, the new function will follow the procedures adopted by LBHF for publishing information (this was agreed by Cabinet on 10 December 2011). The Council has also adopted its equality objectives. The new function can add to these if it so wishes but as it will become part of the Council, it is not obliged to adopt its own, new objectives.
- 8.4 Once confirmation of finance is obtained in December, a balanced budget will be set. If, at this point it should become necessary to reduce spending in some areas, an EIA of budget proposals will be a core part of decision making process with the results given to Cabinet in the usual way.

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

- 9.1 Although Department of Health will not inform local authorities of their public health allocation until December, the Department has confirmed (through the London Public Health Transition Delivery Board) that funding allocations for 2013/14 will be no less than baseline estimates announced earlier this year, with an uplift based on the GDP deflator.
- 9.2 Those funding allocations were based on PCT submissions from autumn 2011, in which there were errors (on both the PCT side and the DH). The DH has agreed to correct the material errors, but confirmation of the corrected allocation is not expected until December 2012.
- 9.3 Local authority and PCT finance are undertaking a process of reconciliation of known committed spend (e.g. contracts, liabilities and headcount) back to the most recent PCT submission (which was based upon ledger). Whilst this reconciliation process is being conducted and

discussions are on-going with DH on the baseline, we still have to meet the challenging deadlines on HR. We have made a prudent planning assumption to use the February 2012 finance base in designing structures. Based on a number of assumptions, at this point we are working on a probable funding shortfall of £4.3m for 2013/14.

- 9.4 The councils made a request to NHS London and INWL PCT for transition funding of £0.6m. DH has confirmed transition funding of £0.2m. The shortfall in funding has been charged by Westminster to the Public Health budget in 2013/14. A provision will need to be made in the H&F accounts for 2012/13 for this liability. It is recommended that this is met from the Corporate Contingency in 2012/13 and that the resultant underspend in 2013/14 is vired back to the Corporate Contingency.
- 9.5 The public health grant is ring-fenced and all expenditure will be managed within the ring-fenced grant. It has been agreed by the Public Health Transition Board that the Public Health budget should be balanced by virtue of a reduction in budgeted contract expenditure, a reduction in budgeted headcount or a combination of both.

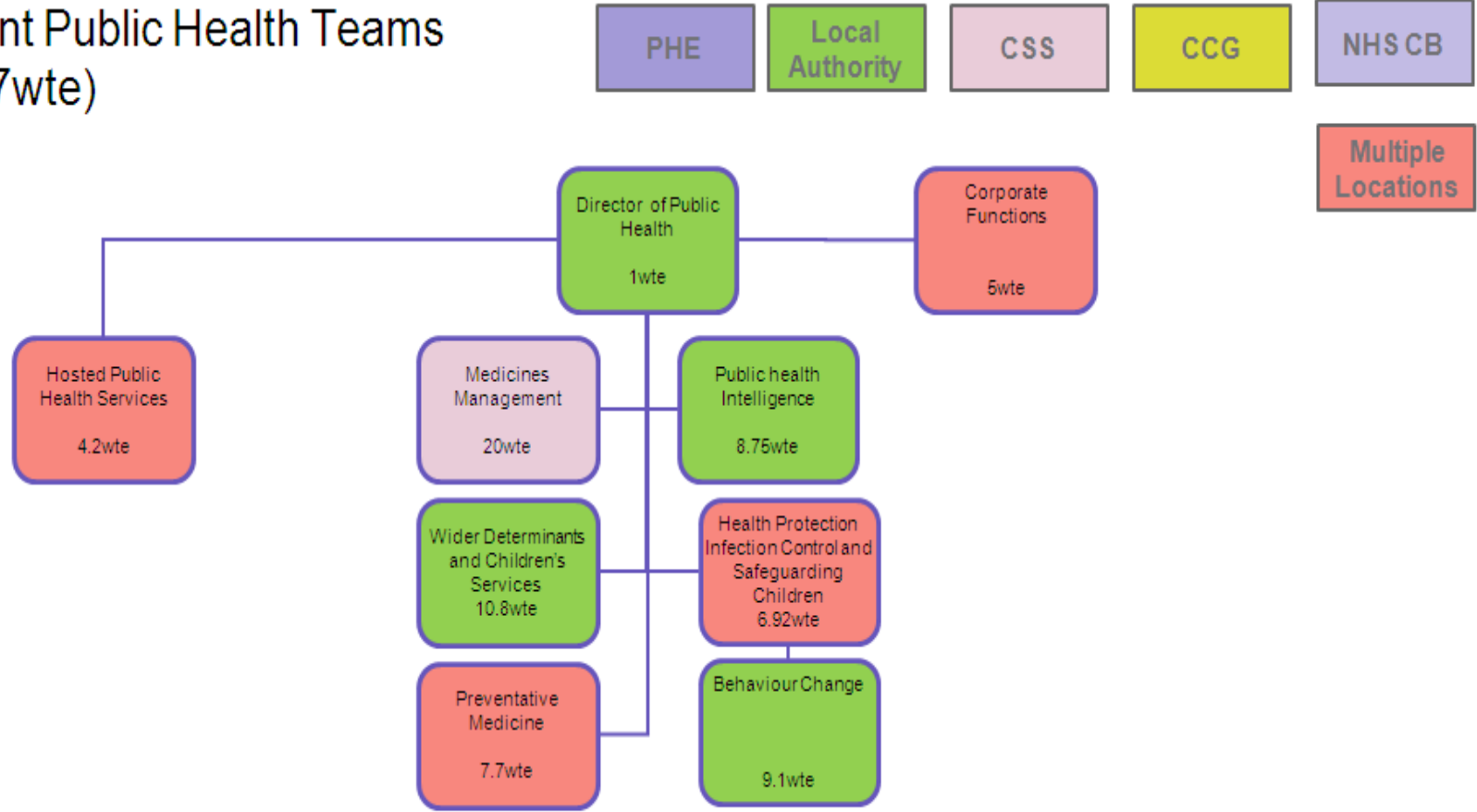
10. COMMENTS OF THE DIRECTOR OF LAW

- 10.1 The Health and Social Care Act 2012 has made major changes to the National Health Service Act 2006, to reform the NHS. In relation to public health functions, the Act allows the Secretary of State to make Regulations requiring local authorities to exercise public health functions. Details of the Regulations are still awaited.
- 10.2 Authorities are also to be required to appoint, jointly with the Secretary of State, a Director of Public Health to be responsible for the discharge of public health functions.
- 10.3 In the transition period to the transfer of functions in April 2013 PCT clusters are required to identify public health spends, contracts which have been commissioned to deliver public health functions, and staff engaged in public health work, in preparation for the transfer. It is expected that Transfer Orders will be made by DH identifying staff and contracts transferring to local authorities. This process is being closely monitored, and any issues or difficulties arising which may have financial consequences will be reported to Cabinet in due course.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS

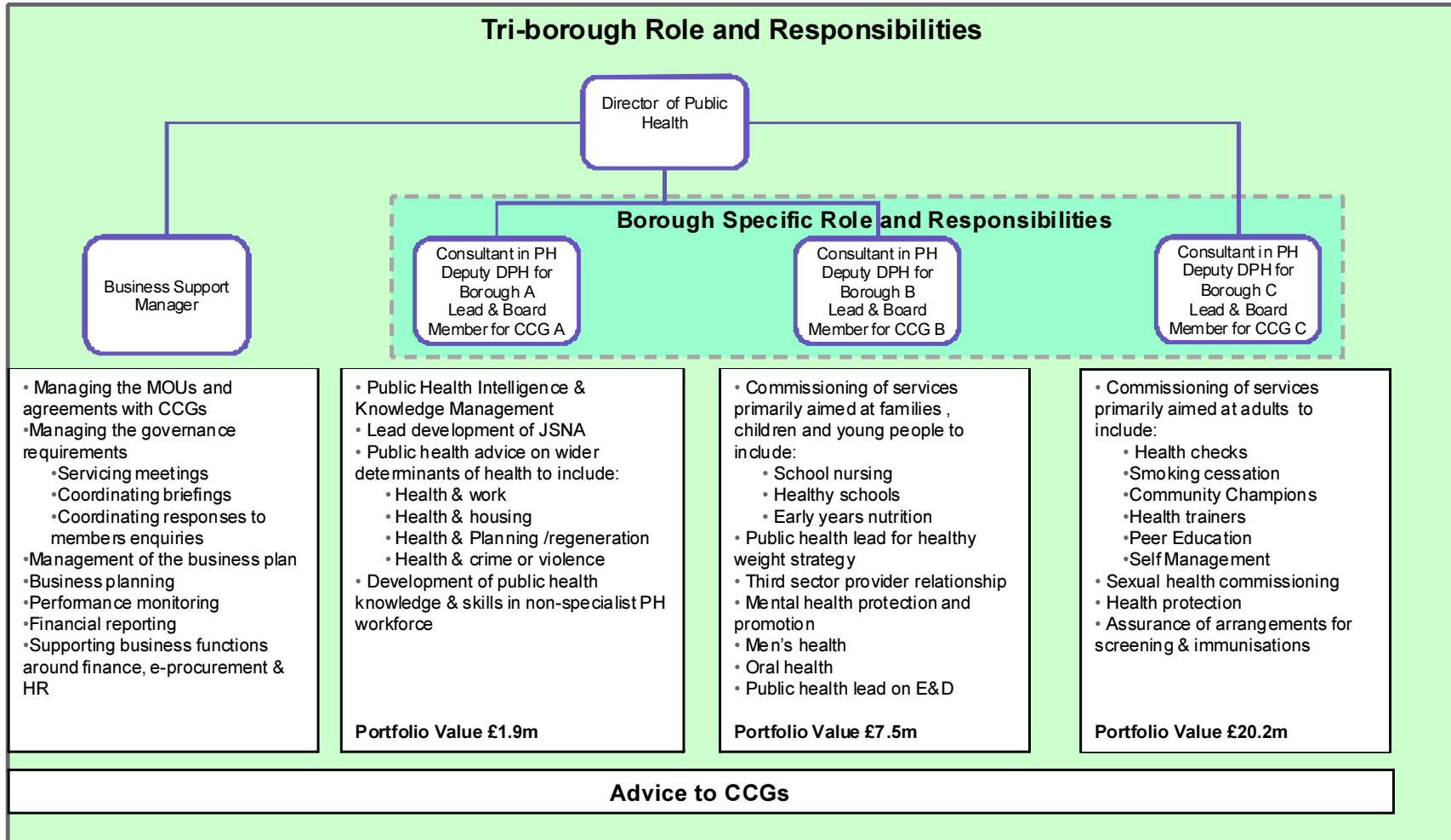
CONTACT OFFICER: Lynne Horne	07715170640
Area	Document
HR	Public Health Transfer To Local Government – Treatment Of Pensions, DH, 17 May 2012
	Transitional Workforce Guidance, DH, 12 June 2012
	Transfer of Public Health Staff to Local Authorities – Next Steps, DH & LGA, 1 Aug 2012
	People Transition- national Policy and Process on Filling of Posts in Receiving Organisations, DH & others, 1 Aug 2012
Finance	Public Health Transitional Support Funds for Local Authorities, DH, 18 Sep 2012
NHS Transition Guidance	Planning for Contract Transfer, DH, 10 Nov 2011
	Contracts Transition PCT implementation Plan, DH, November 2011
	Planning for Contract Transfer – Stabilisation Phase, DH, 24 May 2012
	Planning for Contract Transfer – Shift Phase, DH, Due in Autumn 2012
	NWL HC PCT Function Handover v5 - Public Health, NHS NWL, 21 Sep 2012
	NHS NWL Function Handover and Sign Off Template v0 4, NWL, 21 Sep 2012

Current Public Health Teams (72.97wte)

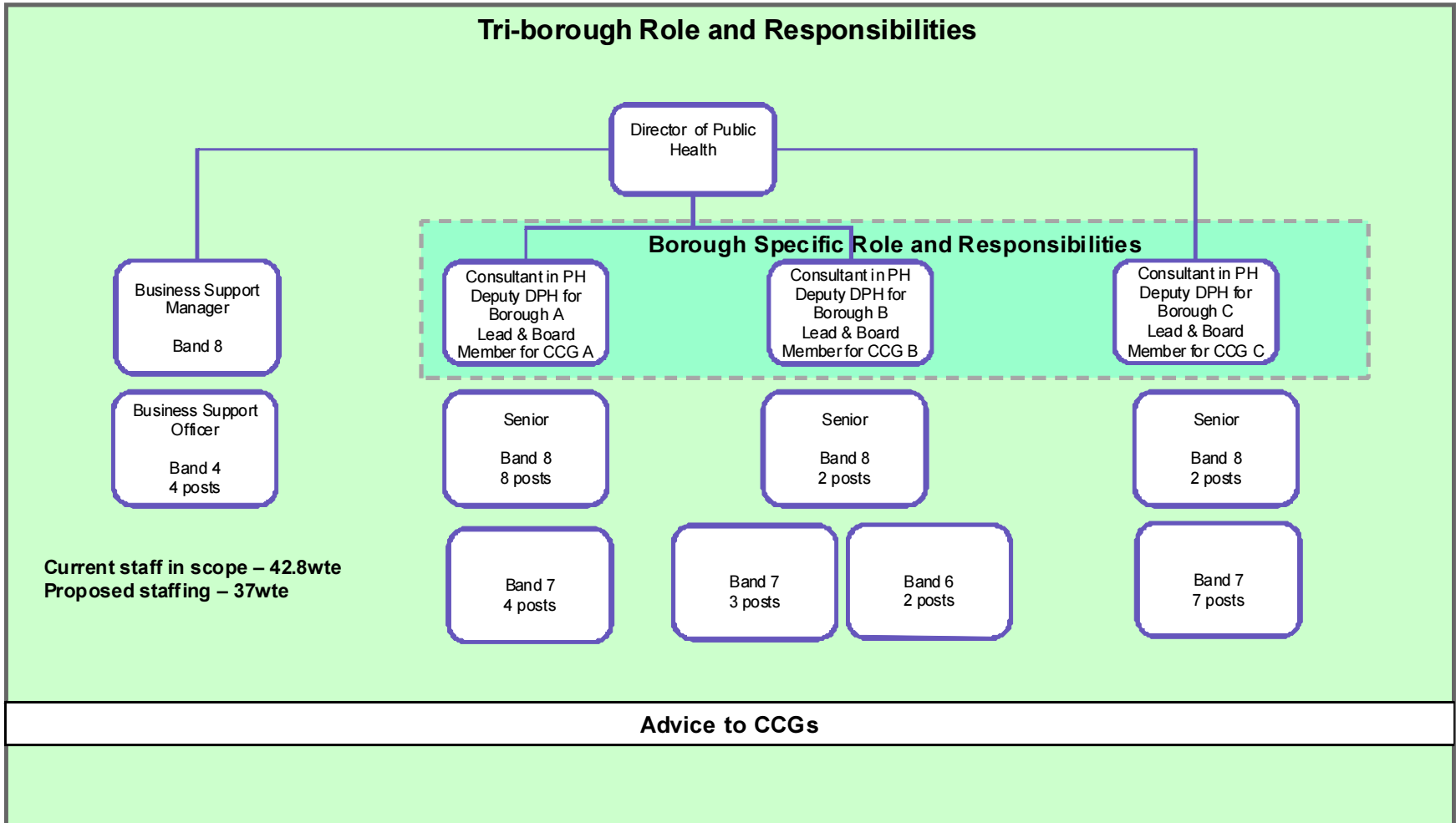


42.8wte are in scope for Local Authority Public Health

Proposed Triborough Public Health Department



Proposed Triborough Public Health





London Borough of Hammersmith & Fulham

HOUSING HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

DATE	TITLE	Wards
14 November 2012	Housing Benefits/Local Housing Allowance - SYNOPSIS	All

This report is a follow up to that presented to Committee on 22 February 2012 which analysed the potential impact of the Government's Housing Benefit Caps on households residing in the private rented sector and which reported progress on the Council's HB Assist Project.

CONTRIBUTORS

HRD

RECOMMENDATION(S):

To note the contents of the report.

CONTACT

Mike England
DHOSED, HRD
Ext 1909

1. EXECUTIVE SUMMARY

- 1.1 This purpose of this report is to provide an update to Members of the Select Committee on the information set out in the report presented at the meeting on 22 February 2012. In that report, officers set out a number of scenarios in which caps on Housing Benefit (HB) calculated using the Local Housing Allowance (LHA) might impact on households. The report also sets out the latest position on the HB Assist project.
- 1.2 Using the same methodology, a follow-up comparative analysis exercise has been undertaken by officers to consider what changes have occurred since the Housing Benefit caps were introduced in January 2012. The dataset used for the original exercise was downloaded at the end of January 2012. The dataset for the follow up exercise was downloaded as the end of September 2012, giving a period of eight months impact to be analysed.
- 1.3 In summary, the total number of:
 - claimants claiming Housing benefit calculated through the Local Housing Allowance has stayed largely unchanged from 3,187 households in 30 January 2012 to 3,163 households on 30 September 2012.
 - dependent children in the above households has also remained largely unchanged from 2,023 children in the 3,187 households in 30 January 2012 to 2,011 children in 3,163 households on 30 September 2012.
 - households potentially impacted by the caps has fallen from 540 households on 30 January 2012 (16.9% of the total) to 277 households (8.7% of the total) on 30 September 2012.
 - dependent children in the above potentially impacted households has fallen from 540 children on 30 January 2012 to 386 children on 30 September 2012.
- 1.4 With transitional protection ending in December 2012, the significant reduction in the number of claimants who are claiming benefit over the levels of caps is to be expected. By January 2013, there should be no households receiving more Housing Benefit than that set by the caps.
- 1.5 The information gathered indicates:
 - there has been no significant change in the quantum of households and numbers of dependent children in between 30 January 2012 and 30 September 2012

- there has been a reduction in 5 bedroom households from 18 households on 30 January 2012 to 5 households on 30 September 2012.
- there has been some movement of households over the past eight months since the last exercise (see above). However, the overall lack of change in the quantum of households and the quantum of dependent children indicates that the Housing Benefit caps have not led to a significant turnover of households since the introduction of the caps. Further research will be required to evidence this.
- Officers will be undertaking a review of impacts on 4+ Bedroom households recorded in the 30 January 2012 dataset to analyse what changes (i.e., 'stay or go' and any associated changes in paid Housing Benefit) have occurred by 30 September 2012.

1.6 As per the previous exercise, the 'headline' caps of £250 for a 1 Bedroom, £290 for a 2 Bedroom etc, were used for this exercise. The local LHA will vary according to the Broad Market Rental Area (BRMA) which are, as per high value areas of London, close to the local LHA. With a continuing trend of increasing private market rents, the difference between the headline caps and local caps are relatively marginal amongst 1 Bedroom and 2 Bedrooms smaller accommodation with little or no difference for the larger accommodation.

1.7 The HB Assist project was established in December 2010 to deal with impact of the introduction of LHA on those properties being used as temporary accommodation. As at the end of August 2012, only 24 cases out of 546 were still to be resolved. In a total of 344 cases there had been a successful negotiation with the landlord to reduce the rent.

2. Comparing the Information as January 2012 and September 2012

2.1 Information previously reported to the Select Committee in February 2012 has been italicised. The January 2012 information is set out in Tables 1.1 and 2.1 etc, with updated September 2012 comparative information in Table 1.2 and 2.2 etc.

Total Claimants

2.2 The total number of claimants by bedroom need can be compared as follows:

Table 1.1 – HB Claimants by LHA Bedroom Needs (30 Jan 2012)

Bedroom Types	No of Homes	%
<i>Shared Accommodation</i>	693	21.7%
<i>One Bedroom (1BR)</i>	1,202	37.7%

<i>Two Bedroom (2BR)</i>	964	30.2%
<i>Three Bedroom (3BR)</i>	230	7.2%
<i>Four Bedroom (4BR)</i>	77	2.4%
<i>Five Bedroom (5BR)</i>	18	0.6%
<i>Six Bedroom (6BR)</i>	3	0.1%
Total	3,187	100%

Table 1.2 – HB Claimants by LHA Bedroom Needs (30 Sept 2012)

Bedroom Types	No of Homes	%
Shared Accommodation	771	24.4%
One Bedroom (1BR)	1,100	34.8%
Two Bedroom (2BR)	958	30.3%
Three Bedroom (3BR)	237	7.5%
Four Bedroom (4BR)	89	2.8%
Five Bedroom (5BR)	5	0.2%
Six Bedroom (6BR)	2	0.1%
Eight Bedroom (8BR)	1	0.05%
Total	3,163	100%

2.3 In the eight months since the first exercise was undertaken, the following can be noted :

- A very minor reduction in the overall number of HB claimants using the Local Housing Allowance – 24 households - scheme can be reported
- The five bedroom need group has been affected. This totalled 18 households in January 2012 and has fallen to 5 households in September 2012.
- Other impacts to note are an increase in four bedroom needs from 77 households to 89 households. A new eight bedroom need has been recorded
- Households in shared and one bedroom accommodation have increased by c 10%.

Note: Bedroom need being recorded does not mean that they are living in that bedroom sized property. Applicants are able to use their LHA for smaller sized accommodation.

Households in the Private Rented Sector Affected by the Caps

Table 2.1 - Potential Impact of Housing Benefit Caps in the Private Rented Sector (30 January 2012)

Bedroom Types	Total No of Homes	Total No Households	Total % Households
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		Impacted	Impacted
<i>Shared (£250)</i>	693	0	0%
<i>1BR (£250)</i>	1,202	21	1.7%
<i>2BR (£290)</i>	964	346	35.8%
<i>3BR (£340)</i>	230	104	45.2%
<i>4BR (£400)</i>	77	49	63.6%
<i>5BR (£400)</i>	18	17	94.4%
<i>6BR (£400)</i>	3	3	100%
Total	3,187	540	16.9%

Table 2.2 - Potential Impact of Housing Benefit Caps in the Private Rented Sector (30 September 2012)

Bedroom Types	Total No of Homes	Total No Households Impacted	Total % Households Impacted
Shared (£100)*	771	96	12.4%
1BR (£250)	1,100	15	1.4%
2BR (£290)	958	121	12.6%
3BR (£340)	237	47	20%
4BR (£400)	89	23	26%
5BR (£400)	5	2	40%
6BR (£400)	2	2	100%
8BR (£400)	1	1	100%
Total	3,163	307	9.7%

* A guideline LHA figure of £100 (which is the local average) has been applied to more accurately measure the impact of the caps on this cohort of need.

- 2.4 The main focus of the report to the Committee in February 2012 was households in the private rented sector where the rent was higher than the cap and where the transitional protection that was in place would drop out during 2012. The tables show that the phased withdrawal of transitional protection, which is due to end in December 2012, is clearly being reflected in those households currently impacted. The drop in the number of larger homes (5BR+) impacted is again as would have been anticipated in February.

Exemplifying the Effect of an Additional £20pw contribution.

Table 3.1 - Potential Impacts of Housing Benefit Caps in the Private Rented Sector where an additional £20 p.w. were contributed by either the household or other party (30 January 2012)

Bedroom Types	Total No of Homes	Total No Households	Total % Households
----------------------	--------------------------	----------------------------	---------------------------

		Impacted	Impacted
<i>Shared</i>	693	0	0%
<i>1BR</i>	1,202	6	0.08%
<i>2BR</i>	964	171	17.7%
<i>3BR</i>	230	92	40%
<i>4BR</i>	77	49	63.6%
<i>5BR</i>	18	17	94.4%
<i>6BR</i>	3	3	100%
Total	3,187	338	10.6%

Table 3.2 - Potential Impacts of Housing Benefit Caps in the Private Rented Sector where an additional £20 p.w. were contributed by either the household or other party (30 September 2012)

Bedroom Types	Total No of Homes	Total No Households Impacted	Total % Households Impacted
Shared	771	19	2%
1BR	1,100	5	0.5%
2BR	958	75	8%
3BR	237	37	16%
4BR	89	21	24%
5BR	5	3	60%
6BR	2	2	100%
8BR	1	1	100%
Total	3,163	163	5%

- 2.4 The purpose of table 3.1 and 3.2 is to illustrate the effect of an additional £20 p.w. contribution to rent payments, over above the HB cap level. This is in order to test the sensitivity of the impact of the caps. This contribution could be from a variety of sources, eg a reduction in the rent, a further contribution by the household or, potentially, Discretionary Housing Payment. The £20 contribution made no impact on the larger accommodation (over 4 Bedrooms) but would make a marked impact on 3BR and 4BR accommodation.

Financial Impact of the Caps

Table 4.1 - Financial Impact of the Housing Benefit Caps in the Private Rented Sector (30 January 2012)

Bdroom Types	Weekly £ Impact	Annual £ Impact	Average Weekly/ Annual £ Impact
<i>Shared</i>	£0.00	£0.00	£0.00
<i>1 BR</i>	-£689	-£35,830	- £33 / - £1,706
<i>2 BR</i>	-£8,548	-£444,519	- £25 / -£1,285

3 BR	-£7,721	-£401,497	-£74 / - £3,861
4 BR	-£6,965	-£362,162	-£142 / -£7,391
5 BR	-£5,809	-£302,060	- £342 / - £17,768
6 BR	-£915	-£47,572	- £305 / -£15,857
Total	- £30,647	- £1,593,640	

Table 4.2 - Financial Impact of the Housing Benefit Caps in the Private Rented Sector (30 Sept 2012)

Bdroom Types	Weekly £ Impact	Annual £ Impact	Average Weekly/ Annual £ Impact
Shared	- £1,721	- £89,492	- £18 / - £936
1 BR	- £555	- £28,600	- £11 / - £550
2 BR	- £3,490	- £181,480	- £29 / - £1,500
3 BR	- £2,728	- £141,856	- £58 / - £3,018
4 BR	- £4,745	- £246,740	- £206 / - £4,745
5 BR	- £120	- £6,264	- £60 / - £3,132
6 BR	- £790	- £41,080	- £395 / - £20,540
8 BR	- £550	- £28,600	- £550 / - £28,600
Total	- £14,699	- £735,512	

- 2.5 With the general reduction in the number of households potentially impacted by the HB cap levels, the comparative information indicates a cash reduction by around a half in the gap between rents and the HB caps for this cohort of residents in the private rented sector.

Impact on Dependent Children

Table 5.1 - Impact of the Housing Benefit Caps on Child Dependents* in the Private Rented Sector (30 January 2012)

Bedroom Types	Total No of Homes	Total No Households Impacted	No of Children Potentially Impacted
SA	693	0	0
1BR	1,202	21	1
2BR	964	346	424
3BR	230	104	262
4BR	77	49	170
5BR	18	17	73
6BR	3	3	19
Total	3,187	540	949

* Excludes members of extended household which may include adult siblings

Table 5.2 - Impact of the Housing Benefit Caps on Child Dependents* in the Private Rented Sector (30 September 2012)

Bedroom Types	Total No of Homes	Total No Households Impacted	No of Children Potentially Impacted
Shared Accom	771	96	0
1BR	1,100	15	0
2BR	958	121	155
3BR	237	47	119
4BR	89	23	81
5BR	5	2	8
6BR	2	2	14
8BR	1	1	9
Total	3,163	277	386

* Excludes members of extended household which may include adult siblings

- 2.6 The total number of child dependents in the 30 January 2012 LHA sample was 2,023 in 3,187 households. For the 30 September sample, there were 2,011 children in 3,163 households. In line with other comparative information, the number of children potentially impacted by the caps has fallen from 949 to 386.

Table 6.1 - Impact of the Housing Benefit Caps on Children* (with additional £20 p.w. scenario) in the Private Rented Sector

Bedroom Types	Total No of Homes	Total No Households Impacted	No of Children Potentially Impacted
Shared Accom	693	0	0
1BR	1,202	6	0
2BR	964	171	214
3BR	230	92	232
4BR	77	49	170
5BR	18	17	73
6BR	3	3	19
Total	3,187	338	708

* Excludes members of extended household which may include adult siblings

Table 6.2 - Impact of the Housing Benefit Caps on Children* (with additional £20 p.w. scenario) in the Private Rented Sector

Bedroom	Total No of	Total No	No of Children
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Types	Homes	Households Impacted	Potentially Impacted
Shared Accom	771	19	0
1BR	1,100	5	0
2BR	958	75	100
3BR	237	37	93
4BR	89	21	73
5BR	5	2	8
6BR	2	2	14
8BR	1	1	9
Total	3,163	162	297

* Excludes members of extended household which may include adult siblings

- 2.7 Tables 6.1 and 6.2 show the result of laying on top of this the effect of the introduction of the £20pw contribution. Compared to the information set out in Table 5.2 this does not make a significant impact on households in larger accommodation, but does make a significant impact on households in smaller accommodation.

3. HB Assist Project

- 3.1 Previous reports to this Committee have featured updates on the progress with the HB Assist Project. The initial project was set up in December 2010 to deal with the impact of the introduction of Local Housing Allowance (LHA) on those properties already being used as temporary accommodation. The aim was to examine the scope of the financial impact of the properties which exceeded LHA (mostly Housing Association Leased properties) and then to start negotiations with landlords with the aim of either reducing the rent payable to the landlord or moving the tenant. The project started with a cohort of 546 tenancies where existing rents exceeded LHA rates. There are currently only 24 still to be resolved from the original cohort of 546. (See below)

HB Assist Data as at 15 August 2012	
Total Number Initially Affected	546
Successfully Negotiated Reduction (Landlord Said 'YES')	-344
Landlord Said 'NO'	202
Resolved by HB Assist	172
Of which -	
* Remained in borough	-116
* Resettled in Neighbouring Borough	-16
* Resettled in Other Areas	-10
Assistance no longer required	6
Still to be Resolved	24

- 3.2 Further changes to Temporary Accommodation subsidy and Housing Benefit will be implemented between 2012 and 2013. In addition, one of the government's major welfare reforms, Universal Credit is also due to have an impact from 2013 onwards. These policy changes will be affecting tenants in the private rented sector, social housing and temporary accommodation.
- 3.3 Households will be affected by these changes in a number of different ways and the primary responsibility for adjusting and reacting to the changes will sit with the household itself. However, in some cases, the council will have a role. Members of the household may be vulnerable for a variety of reasons. Others may require advice about how they can resolve their housing requirements themselves or assistance in negotiating with their private sector landlord. In some instances, appropriate, alternative accommodation and potential other solutions will need to be found to address their circumstances.
- 3.4 Cabinet on 12 November 2012 will therefore be considering a proposal to set up an expanded HB Assist project team. The aim of this would be to seek to apply a similar model to the forthcoming benefit changes as has successfully been adopted for the cohort of residents which were originally covered by HB Assist.

4. COMMENTS OF THE DIRECTOR OF FINANCE AND CORPORATE SERVICES

- 4.1 No financial implications arise directly from this report.

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

- 5.1 No legal implications arise directly from this report.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	None	A Cahill / Ext 1649	Housing Options / 145 King St



London Borough of Hammersmith & Fulham

HOUSING, HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE

DATE	TITLE	Wards
14 November 2012	Housing and Regeneration Department Key Performance Indicators.	All

SYNOPSIS

This report presents performance on key housing indicators.

CONTRIBUTORS

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

RECOMMENDATION(S):

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

CONTACT

Kathleen Corbett

1. EXECUTIVE SUMMARY

- 1.1 Performance overall is good with 22 (23 if the timing difference is allowed for on rent collection) of the 24 targets being met or within tolerance. Performance has improved or is static in 12 targets (13 if the timing difference is allowed for on rent collection) when compared to the 2011/12 year end position (or the position this time last year in the cases of cumulative indicators or the trend for the year for new indicators). All figures reported are for the period ending August 2012.
- 1.2 Detailed remedial action plans are in place to address all indicators that are outside tolerance i.e. are Red.

2. INTRODUCTION

- 2.1 The purpose of this report is to present the performance of the Housing and Regeneration Department against target for the department's key performance indicators.
- 2.2 The report details the areas where performance is behind target, the factors affecting performance and the management action being taken to remedy the under-performance.

3. PERFORMANCE

Key

Green	Target met
Amber	Within tolerance
Red	Outside tolerance

3.1 Financial Management

3.1.1 Performance

Indicator	Phased Target to 31 August 2012	YTD	2011/12 ¹	Trend
% of rent collected (excluding current arrears)	100%	98.41%	98.83%	not improving ²
Current tenant rent arrears as a % of rent	3.5%	3.85%	3.77%	not improving ³

¹ As at 31st March 2012, expected for targets where phasing throughout the year is appropriate

² Due to the timing of month end, the collection rate adjusted for Direct Debit run on the following Monday would be 99.07%, making this target Amber with an improving trend

³ Again due to the timing of the Direct Debit run.

due (excluding voids)				
Former tenant arrears as a % of rent due (excluding voids)	1.0%	1.17%	0.98%	not improving
Rent loss due to voids as a % of rent due	2.01%	2.22%	2.18%	not improving
Service Charges collected as a % of service charges due	53.3%	53.3%	51.1%	improving
Income from expensive void disposal (£m)	£10.8m	£14.4m	£11.6m	improving
Ave number of working days lost due to sickness absence	9.5 days	9.47 days	10.3 days	improving

3.1.2 Factors affecting performance

The proportion of rent collected dropped considerably in August, primarily due to direct debit payments not having been collected at the time the collection rate figures were calculated. This is only a timing issue, the last week in the month for the calculation of collection rates is always taken as the one starting on the last Monday of the month; normally this means that the Direct Debit payments taken at the start of the following month are included in the collection figures. However for August 2012 the last week in the month ended on Sunday 2nd Sept 2012. This meant that the first Direct Debit run for September is not included in the figures as it was not run until Monday 3rd Sept 2012. This was for £198,770 and if the percentage collection rate is adjusted for this it becomes 99.07% for the year to date. This also impacted on rent arrears.

Former tenant arrears are up marginally compared to year end due to the number of evictions of tenants with large arrears, and rent loss due to voids is over target due to the higher than normal number of hard to let properties in the last few months i.e. ones which are repeatedly refused, the issue has mainly been due to properties used for sheltered housing. As noted in the last report to Committee investigations have also identified a number of areas where processes and performance could be improved across all areas of void management and an action plan has been put in place to improve processes along with firm performance management. In addition Internal Audit is currently undertaking a detail review of processes. The action plan is starting to yield results with the percentage for the rent loss due to voids as a percentage of rent due having fallen from 2.27% in July to 2.22% in August.

3.2 Property Management

3.2.1 Performance

Indicator	Phased Target to 31 August 2012	YTD	2011/12	Trend
% of all repairs completed on time	98%	94.5%	93.2%	improving
% of properties with a valid gas certificate	100%	99.72%	99.70%	improving
% of units available for letting but vacant	0.4%	0.19%	n/a	improving
% of units unavailable for letting and vacant due Regeneration	1.10%	1.06%	n/a	static
% of units unavailable for letting and vacant due to other reasons e.g. held for disposal, management voids not ready for letting	1.08%	1.06%	n/a	improving
Number of days taken to re-let empty properties	26 days	29.2 days	28.4 days	not improving

3.2.2 Factors affecting performance

Repairs completed on time have improved this year, as reflected in increased customer satisfaction (see Quality Assurance below), however, there was a dip in performance in July and August for the South contractor (Performance in June 2012 was 97.2%). This was due to under resourcing by one contractor. This has now been, the contractor has taken on additional staff and has introduced new processes to prevent a reoccurrence in the future, however this has yet to feed through into improved performance.

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

Void turnover is worse than the target. The main cause of this is the large number of refusals on some properties, there have been a higher than normal number of hard to let properties in the last few months i.e. ones which are repeatedly refused, the issue has mainly been due to properties used for sheltered housing. As noted in the previous report investigations have also identified a number of areas where processes

and performance could be improved across all areas of void management and an action plan has been put in place to improve processes along with firm performance management. In addition Internal Audit is currently undertaking a detail review of processes. The action plan is starting to yield results with the number of days taken to re-let empty properties having fallen from 37.9 days in July to 29.2 days in August.

3.3 Communities

3.3.1 Performance

Indicator	Target	YTD	2011/12	Trend
Number of homeless acceptances	115	119	69	not improving
Number of homeless households in temporary accommodation	1200	1089	1025	not improving
Families in bed and breakfast for over 6 weeks	0	49	16	not improving
Right to Buy/TIS	0	2	3	not improving
Number of HomeBuy sales in new development	18	12	n/a	not improving
% of lettings to working households	25%	20.9%	n/a	improving

3.3.2 Factors affecting performance

The increase in the number of homeless acceptances and the use of Bed and Breakfast is a reflection of a trend being seen across London. This is due to the impact of the buoyancy of the private rented market on those households on low or modest incomes, compounded by the uncertainty for landlords arising from the introduction of HB caps and plans for reform of welfare benefits and temporary accommodation subsidy. In these circumstances it is proving difficult to secure alternative private rented accommodation resulting in more use of B&B and an increase in the number of families in B&B.

In response to this officers are continuing to:

- negotiate with landlords and hosts at first point of contact;
- utilise discretionary housing payments (HB) to assist applicants to remain in their existing accommodation;
- assist applicants to find their own alternative accommodation, using the rent deposit guarantee scheme; and,
- provide incentives to private sector landlords.

- explore new sources of private sector accommodation, including procurement through a revision to the West London Housing Partnership Framework.

As new properties are procured every effort is made to move families out of B&B.

In addition, and as a direct response to the increase in the use of B&B, Cabinet will, on 12 November 2012, consider a proposal to

- put in place a further package of incentives to secure more accommodation from private landlords;
- expand the scope of the successful HB Assist project to include categories of residents affected by changes in Housing and Welfare Benefits.

There have only been 2 RTB or TIS sales to date this year. This is due to the timing of the increase in RTB discounts which means completions will be concentrated towards the end of the year. 284 applications were being progressed at the end of August compared to the 22 being progressed at the end August 2011. Once the increase in applications start coming through (from around November), the number of completions will increase.

Home Buy sales failed to meet the target in August due to a scheme slipping. This should be caught up next month and is expected to be on target for year end.

The % of lettings to working households continues to increase but is below target. Forthcoming issues of Locata (choice based lettings scheme) will stipulate that 25% of lettings will be to working households. Additionally for the second half of the year the Council's new Scheme of Allocation will be in force and this will further increase the proportion of working households accommodated.

3.4 Quality Assurance

3.4.1 Performance

Indicator	Target	YTD	2011/12	Trend
% very or fairly satisfied with repairs and maintenance	75%	85.4%	82%	improving
% high risk priority work started in Fire Risk Assessments	25%	24%	n/a	not improving
% of Stage 1 complaints upheld	60%	48.9%	n/a	static
Average time to answer inbound telephony calls at the	18 sec	21 sec	n/a	improving

Customer Service Centre (seconds)				
% of correspondence answered within 10 days	80%	84%	88%	not improving

3.4.2 Factors affecting performance

Performance for % of high risk priority work started for Fire Risk Assessments has been affected by delays in a new procurement route being used to drive costs down through the London Housing Consortium.

The average time to answer inbound calls is on an improving trend. It is above target due to poorer performance earlier in the year as a result of: a higher volume of calls than expected in May (25% increase from the same period in the previous year); inclement weather and a vacancy in the Customer Services Management Team which is now filled.

4. RECOMMENDATIONS

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

LOCAL GOVERNMENT ACT 2000 LIST OF BACKGROUND PAPERS

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	Housing and Regeneration Department scorecard	Kathleen Corbett Ext 3031	Housing and Regeneration Department, 3 rd Floor Town Hall Extension, King Street

Agenda Item 7

London Borough of Hammersmith & Fulham



HOUSING, HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE

DATE	TITLE	Wards
14 November 2012	Work Programme and Forward Plan	All Wards

SYNOPSIS

The Committee is asked to review its work programme for the current municipal year. Details of forthcoming Key Decisions which are due to be taken by the Cabinet are provided in order to enable the Committee to identify those items where it may wish to request reports.

CONTRIBUTORS

Finance and Corporate Services

RECOMMENDATION(S):

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

CONTACT

Sue Perrin
020 8753 2094

NEXT STEPS

n/a

Housing, Health & Adult Social Care Select Committee

Draft Work Programme 2012/2013
17 July 2012
<p>Central London Community Healthcare: NHS Foundation Trust Status Application</p> <p>Housing Strategy</p> <p>Imperial College Healthcare NHS Trust: Oral report</p> <p>Shaping a Healthier Future: NHS Public Consultation</p> <p>Task Group: Repairs and Maintenance Services</p>
24 September 2012
<p>Housing Performance Indicators</p> <p>Imperial College Healthcare NHS Trust</p> <p>Shaping a Healthier Future: NHS Public Consultation</p>
14 November 2012
<p>Public Health Transition Plans</p> <p>Housing Benefits Update</p> <p>Housing Performance Indicators</p>
22 January 2013
<p>Departmental Business Plans</p> <p>Housing & Joint Venture Vehicle</p> <p>Revenue Budget and Council Tax 2013/2014</p> <p>Safeguarding Annual Report</p>
19 February 2013
<p>Out of Hospital Care/Homecare</p> <p>Remodel of Adult Social Care Day Services</p> <p>Shaping a Healthier Future</p>

Tri-borough Integrated Health and Social Care Community Services

09 April 2013

Personalisation/Direct Budgets

Transition from Children's to Adult Social Care (specifically disabled people)

West London Mental Health Services: Service Gaps

NOTICE OF CONSIDERATION OF A KEY DECISION

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

NOTICE OF THE INTENTION TO CONDUCT BUSINESS IN PRIVATE

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

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

Representations are to be received at least 10 working days before the meeting to allow a response to be published on the Council's website. Where representations miss this deadline, the Council's response will be published as soon as practicable before the meeting.

KEY DECISIONS PROPOSED TO BE MADE BY CABINET ON 12 NOVEMBER 2012

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

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

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

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

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

*If you have any queries on this Key Decisions List, please contact
Katia Richardson on 020 8753 2368 or by e-mail to katia.richardson@lbhf.gov.uk*

Appendix 2

Access to Cabinet reports and other relevant documents

Reports and documents relevant to matters to be considered at the Cabinet's public meeting will be available on the Council's website (www.lbhf.org.uk) a minimum of 5 working days before the meeting. Further information, and other relevant documents as they become available, can be obtained from the contact officer shown in column 3 of the list below.

Decisions

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

Making your Views Heard

You can comment on any of the items in this list by contacting the officer shown in column 3. You can also submit a deputation to the Cabinet. Full details of how to do this (and the date by which a deputation must be submitted) will be shown in the Cabinet agenda.

LONDON BOROUGH OF HAMMERSMITH & FULHAM: CABINET 2012/13

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

Key Decisions List No. 2 (published 12 October 2012)

KEY DECISIONS LIST - CABINET ON 12 NOVEMBER 2012

*Where column 4 shows a report as **EXEMPT**, the report for this proposed decision will be considered at the private Cabinet meeting. Anybody may make representations to the Cabinet to the effect that the report should be considered at the open Cabinet meeting (see above).*

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

Key Decision Reason	Proposed Key Decision	Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents	Open or private meeting	Documents to be submitted to Cabinet <i>(other relevant documents may be submitted)</i>
November				
Affects more than 1 ward	Establishment of a Housing & Regeneration Joint Venture Vehicle Procurement of a development partner to establish a housing joint venture vehicle in relation to Watermeadow Court and Edith Summerskill House sites.	Cabinet Member for Housing	PART OPEN PART PRIVATE Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
		Ward(s): All Wards		
		Contact officer: Mel Barrett, Matin Miah Tel: 0208753 3480 melbourne.barrett@lbhf.gov.uk, matin.miah@lbhf.gov.uk		
Affects more than 1 ward	Establishing Tri-Borough Integrated Health and Social Care Community Services - Update and Next Steps Tri-Borough Integration of Health and Social Care Services.	Cabinet Member for Community Care		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation
		Ward(s): All Wards		
		Contact officer: Andrew Webster		

Key Decision Reason	Proposed Key Decision	Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents	Open or private meeting	Documents to be submitted to Cabinet (<i>other relevant documents may be submitted</i>)
		Tel: 208 753 5001 Andrew.Webster@lbhf.gov.uk		and / or background papers to be considered.
Affects more than 1 ward	<p>Removal of All 6 Automated Public Conveniences (APCS) in the Borough</p> <p>To remove all 6 Automated Public Conveniences (APCs) in the borough with customers utilising alternative toilets such as those in the Mayor for London's Toilet Scheme. Also to consider the future of the urinals at Shepherds Bush Green.</p>	<p>Deputy Leader (+ Residents Services)</p> <hr/> <p>Ward(s): All Wards</p> <hr/> <p>Contact officer: Lyn Carpenter lyn.carpenter@lbhf.gov.uk</p>	<p>PART OPEN</p> <p>PART PRIVATE Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</p>	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Expenditure more than £100,000	<p>Corporate Revenue Monitoring 2012_13 : PERIOD 5 (August)</p> <p>Report seeks approval for changes to the Revenue Budget</p>	<p>Leader of the Council (+Regeneration, Asset Management and IT)</p> <hr/> <p>Ward(s): All Wards</p> <hr/> <p>Contact officer: Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk</p>		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

Key Decision Reason	Proposed Key Decision	Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents	Open or private meeting	Documents to be submitted to Cabinet (<i>other relevant documents may be submitted</i>)
Expenditure more than £100,000	<p>Rationalisation of Microsoft Academic Licences</p> <p>Inclusion of academic licences within the Microsoft enterprise agreement to ensure consistency with upgrade to Office 2010</p>	<p>Leader of the Council (+Regeneration, Asset Management and IT)</p> <p>Ward(s): All Wards</p> <p>Contact officer: Howell Huws Tel: 020 8753 5025 Howell.Huws@lbhf.gov.uk</p>		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Expenditure more than £100,000	<p>Minimising the Cost of Temporary Housing Accommodation</p> <p>Proposal for funding to minimise the costs of temporary accommodation through (1) incentives to private sector landlords and (2) a project team (HB Assist) to respond to the impact of benefit and subsidy changes.</p>	<p>Cabinet Member for Housing</p> <p>Ward(s): All Wards</p> <p>Contact officer: Mike England, Aaron Cahill Tel: 020 8753 5344, Tel: 020 8753 1909 mike.england@lbhf.gov.uk, Aaron.Cahill@lbhf.gov.uk</p>		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Expenditure more than £100,000	<p>New Vehicles for Adult Social Care Passenger Transport Home to Day Care Centre Services</p> <p>Lease / hire of new replacement vehicles (6) to ensure continuity of service provision to users with assessed needs in attending Day Care Centres.</p>	<p>Cabinet Member for Community Care</p> <p>Ward(s): All Wards</p> <p>Contact officer: Stella Baillie</p>	<p>PART OPEN</p> <p>PART PRIVATE Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public</p>	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

Key Decision Reason	Proposed Key Decision	Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents	Open or private meeting	Documents to be submitted to Cabinet (<i>other relevant documents may be submitted</i>)
			interest in maintaining the exemption outweighs the public interest in disclosing the information.	
Expenditure more than £100,000	3rd Sector Investment Fund Allocation This report seeks agreement to extend one 3rd Sector Investment Fund grant funding agreement under the service area of Economic Wellbeing & Opportunity Service Area. Cabinet is asked to approve a 24 month extension from 1st October 2012 to 30 September 2014 to the current 3rd Sector Investment Fund grant funding agreement with H&F Citizens Advice Bureau – Core Service.	Cabinet Member for Community Care Ward(s): All Wards Contact officer: Susan Hughes susan.hughes@lbhf.gov.uk		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

DECISIONS PROPOSED TO BE MADE BY FUTURE CABINET MEETINGS

December

Affects more than 1 ward	Annual Report on the Social Care of Looked After Children <i>Looked After Children Social Care report.</i>	Cabinet Member for Children's Services Ward(s): All Wards Contact officer: Steve Miley Tel: 020 8753 2300 steve.miley@lbhf.gov.uk		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Expenditure more than £100,000	Housing Development: Appointment of Development Management Services Agent Appointment of development	Cabinet Member for Housing Ward(s): All Wards		A detailed report for this item will be available at least five working days before the date of the meeting and

Key Decision Reason	Proposed Key Decision	Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents	Open or private meeting	Documents to be submitted to Cabinet (<i>other relevant documents may be submitted</i>)
	management services agent to deliver affordable housing products built using innovative modern methods of construction through the Council's housing development company.	Contact officer: Mel Barrett, Matin Miah Tel: 0208753 3480 melbourne.barrett@lbhf.gov.uk, matin.miah@lbhf.gov.uk		will include details of any supporting documentation and / or background papers to be considered.
Expenditure more than £100,000	<p>Housing Development: Appointment of Building Contractor</p> <p>To appoint a building contractor for the next phase of the 'hidden homes' sites to build affordable housing through the Housing Development Company.</p>	<p>Cabinet Member for Housing</p> <p>Ward(s): All Wards</p> <p>Contact officer: Mel Barrett, Matin Miah Tel: 0208753 3480 melbourne.barrett@lbhf.gov.uk, matin.miah@lbhf.gov.uk</p>	<p>PART OPEN</p> <p>PART PRIVATE Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</p>	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Expenditure more than £100,000	<p>Award of a Framework Agreement for Printing Services (Lots 1 & 2)</p> <p>This report seeks approval to award a Framework for Printing Services (Lots 1&2) to the recommended list(s) of providers to commence on 1 December 2012 for a period of 4 years.</p>	<p>Leader of the Council (+Regeneration, Asset Management and IT)</p> <p>Ward(s): All Wards</p> <p>Contact officer: Louise Raisey Tel: 020 8753 2012 Louise.Raisey@lbhf.gov.uk</p>	<p>PART OPEN</p> <p>PART PRIVATE Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information)</p>	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

Key Decision Reason	Proposed Key Decision	Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents	Open or private meeting	Documents to be submitted to Cabinet (<i>other relevant documents may be submitted</i>)
			under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.	
Expenditure more than £100,000	<p>Hammersmith Town Hall - Smart Accommodation Programme - Phase 1</p> <p>Tender acceptance report to appoint contractor to carry out remodelling works on 1st and 2nd floor offices at Hammersmith Town Hall to provide smart working, open plan accommodation to maximise occupancy.</p>	<p>Deputy Leader (+ Residents Services)</p> <p>Ward(s): Hammersmith Broadway</p> <p>Contact officer: Mike Cosgrave, Velma Chapman Tel: 020 8753 4849, Tel: 020 8753 4807 mike.cosgrave@lbhf.gov.uk, velma.chapman@lbhf.gov.uk</p>		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Expenditure more than £100,000	<p>Redevelopment of intranet</p> <p>Provision of a new resilient platform for intranet, with improved ease of use</p>	<p>Leader of the Council (+Regeneration, Asset Management and IT)</p> <p>Ward(s): All Wards</p> <p>Contact officer: Howell Huws Tel: 020 8753 5025 Howell.Huws@lbhf.gov.uk</p>		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Expenditure more than £100,000	<p>Reprocurement of framework Social Care IT system</p> <p>Confirmation of reprocurement of Framework social care system (or equivalent social</p>	<p>Cabinet Member for Community Care, Cabinet Member for Children's Services</p> <p>Ward(s): All Wards</p>	<p>PART OPEN</p> <p>PART PRIVATE Part of this report is exempt from disclosure on the</p>	A detailed report for this item will be available at least five working days before the date of the meeting and will include details

Key Decision Reason	Proposed Key Decision	Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents	Open or private meeting	Documents to be submitted to Cabinet (<i>other relevant documents may be submitted</i>)
	<i>care system) is requested for both Adult Social Care and Children's Services from January 2013.</i>	Contact officer: Mark Hill mark.hill2@lbhf.gov.uk	<i>grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</i>	<i>of any supporting documentation and / or background papers to be considered.</i>
Expenditure more than £100,000	Corporate Revenue Monitoring 2012_13 PERIOD 6 (September) Report seeks approval for changes to the Revenue Budget	Leader of the Council (+Regeneration, Asset Management and IT) Ward(s): All Wards Contact officer: Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Affects more than 1 ward	Council Housing Tenancy Agreement Cabinet will be asked to agree a new tenancy agreement following consultation, which will include reference to new flexible fixed term tenancies; basis for tenants to operate a business from home; clarify tenancy succession issues; highlight the consequences of tenancy fraud and attempts at tenancy fraud; general updating and presentational improvements to current document.	Cabinet Member for Housing Ward(s): All Wards Contact officer: Aaron Cahill Tel: 020 8753 1909 Aaron.Cahill@lbhf.gov.uk		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

Key Decision Reason	Proposed Key Decision	Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents	Open or private meeting	Documents to be submitted to Cabinet (<i>other relevant documents may be submitted</i>)
Expenditure more than £100,000	<p>Capital Budget Monitor - 2nd Quarter Amendments 2012/13</p> <p>To seek approval for changes to the Capital Programme - 2012/13</p>	<p>Leader of the Council (+Regeneration, Asset Management and IT)</p> <p>Ward(s): All Wards</p> <p>Contact officer: Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk</p>		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered. Budget
Expenditure more than £100,000	<p>Treasury Management Mid Year Review</p> <p>This reports covers Quarter 1 and 2 for 2012/13 and provides information on the Council's debt, borrowing and investment activity up to the 30th September 2012</p>	<p>Leader of the Council (+Regeneration, Asset Management and IT)</p> <p>Ward(s): All Wards</p> <p>Contact officer: Rosie Watson Tel: 020 8753 2563 Rosie.Watson@lbhf.gov.uk</p>		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Expenditure more than £100,000	<p>Fulham Palace Road Corridor Scheme - Approval to spend S106</p> <p>Request approval to spend £750,000 of s106 funding from the Fulham Reach development that has been assigned to the Fulham Palace Road Corridor (from Talgarth Road to Putney Bridge) and will be available to LBHF in December 2012.</p>	<p>Cabinet Member for Transport and Technical Services</p> <p>Ward(s): Fulham Reach; Hammersmith Broadway; Munster; Palace Riverside; Town</p> <p>Contact officer: Nerissa Harrison Tel: 020 8753 6722 nerissa.harrison@lbhf.gov.uk</p>		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

Key Decision Reason	Proposed Key Decision	Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents	Open or private meeting	Documents to be submitted to Cabinet (<i>other relevant documents may be submitted</i>)
Expenditure more than £100,000	<p>Update on Edward Woods Estate Regeneration Scheme</p> <p>Update on progress and request for approval of overspend and change of tenure 12 penthouse flats for Edward Woods Estate Regeneration Scheme</p>	<p>Cabinet Member for Housing</p> <p>Ward(s): Shepherds Bush Green</p> <p>Contact officer: Roger Thompson Tel: 020 8753 3920 Roger.Thompson@lbhf.org.uk</p>	<p>PART OPEN</p> <p>PART PRIVATE Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</p>	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Affects more than 1 ward	<p>Council Housing Tenancy Agreement</p> <p>Cabinet Approval for the revised Tenancy Agreement and Notice of Variation</p>	<p>Cabinet Member for Housing</p> <p>Ward(s): All Wards</p> <p>Contact officer: Aaron Cahill Tel: 020 8753 1909 Aaron.Cahill@lbhf.gov.uk</p>		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Expenditure more than £100,000	<p>Working from anywhere</p> <p>The three Councils, RBKC, WCC and H&F, want to enable staff to work from any location across the three boroughs as required by the needs of their service. This work will make it</p>	<p>Leader of the Council (+Regeneration, Asset Management and IT)</p> <p>Ward(s): All Wards</p>	<p>PART OPEN</p> <p>PART PRIVATE Part of this report is exempt from disclosure on the grounds that it</p>	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting

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	possible to use computers from any such location.	Contact officer: Howell Huws Tel: 020 8753 5025 Howell.Huws@lbhf.gov.uk	contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.	documentation and / or background papers to be considered.
Expenditure more than £100,000	<p>Tri-borough ICT provision procurement - initiation</p> <p>This paper will seek approval for the H&F participation in the initiation of the procurement of key ICT services tri-borough; for the consequent re-organisation of the three Councils' client side into one tri-borough; for the funding for the next stages of procurement</p>	<p>Leader of the Council (+Regeneration, Asset Management and IT)</p> <p>Ward(s): All Wards</p> <p>Contact officer: Jackie Hudson Tel: 020 8753 2946 Jackie.Hudson@lbhf.gov.uk</p>		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Expenditure more than £100,000	<p>Annual Review of Trade Waste Service</p> <p>Decision required about continuation (or not) of the trade waste service.</p>	<p>Deputy Leader (+ Residents Services)</p> <p>Ward(s): All Wards</p> <p>Contact officer: Sue Harris Tel: 020 8753 4295 Sue.Harris@lbhf.gov.uk</p>		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

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Expenditure more than £100,000	Internships To progress a H&F Internship programme to a full operating model. Interns will be appointed to support key functions and business operations. For this reason placements will be 12 months in duration. The programme will create at least 120 meaningful work experience opportunities for local residents over 3 years. Placements will be prioritised for H&F and tri-borough residents. A Cabinet decision is required to procure an external service provider to provide an internship marketplace solution and support the advertising and selection processes.	Leader of the Council (+Regeneration, Asset Management and IT) Ward(s): All Wards Contact officer: Debbie Morris, Marc O'Hagan Tel: 0208 753 1126 debbie.morris@lbhf.gov.uk, Marc.O'Hagan@lbhf.gov.uk		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

January

Affects more than 1 ward	SERCO Contract Review Description: Review and decision about whether to continue with SERCO Waste and Street Cleansing contract which expires in 2015.	Deputy Leader (+ Residents Services) Ward(s): All Wards Contact officer: Sue Harris Tel: 020 8753 4295 Sue.Harris@lbhf.gov.uk		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Expenditure more than £100,000	Corporate Revenue Monitoring 2012_13 : PERIOD 7(October) Report seeks approval for changes to the Revenue Budget	Leader of the Council (+Regeneration, Asset Management and IT) Ward(s): All Wards Contact officer: Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be

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				considered.
Affects more than 1 ward	<p>Supply of tickets for pay and display machines</p> <p>This is a bi-borough framework agreement with RBKC for the supply of tickets for pay and display machines.</p>	<p>Cabinet Member for Transport and Technical Services</p> <p>Ward(s): All Wards</p> <p>Contact officer: Osa Ezekiel</p> <p>Osa.Ezekiel@lbhf.gov.uk</p>		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Expenditure more than £100,000	<p>Provision of a blue badge investigation and enforcement service</p> <p>The Council has piloted a scheme to tackle the abuse of Disabled Parking Permits (blue badges). The pilot has proved to be successful and the Council now wants to enter into a long-term contractual arrangement for a minimum of 3 years and a maximum of 7.</p>	<p>Cabinet Member for Transport and Technical Services</p> <p>Ward(s): All Wards</p> <p>Contact officer: Osa Ezekiel</p> <p>Osa.Ezekiel@lbhf.gov.uk</p>		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Expenditure more than £100,000	<p>Contract for the maintenance of pay and display machines</p> <p>This is a bi-borough contract with RBKC for the maintenance of pay and display machines</p>	<p>Cabinet Member for Transport and Technical Services</p> <p>Ward(s): All Wards</p> <p>Contact officer: Osa Ezekiel</p> <p>Osa.Ezekiel@lbhf.gov.uk</p>		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Expenditure more than £100,000	<p>Managed Services Programme</p> <p>Following the completion of the Managed Services procurement process, a report will be brought to Cabinet for</p>	<p>Leader of the Council (+Regeneration, Asset Management and IT)</p> <p>Ward(s): All Wards</p>		A detailed report for this item will be available at least five working days before the date of the meeting and will include details

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	decision on LBHF's position re. signing up to the framework	Contact officer: Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk		of any supporting documentation and / or background papers to be considered.
February				
Expenditure more than £100,000	<p>Elevator Monitoring Unit Installation - Various Sites</p> <p>The works consist of the supply and installation of elevator Monitoring Units and Auto Diallers to be fitted to each lift in providing automatic reporting of lift breakdowns and communication between each lift car and operators at a manned call centre in dealing with lift entrapment.</p>	<p>Cabinet Member for Housing</p> <hr/> <p>Ward(s): All Wards</p> <hr/> <p>Contact officer: Velma Chapman Tel: 020 8753 4807 velma.chapman@lbhf.gov.uk</p>	<p>PART OPEN</p> <p>PART PRIVATE Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</p>	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Expenditure more than £100,000	<p>Corporate Revenue Monitoring 2012_13 : PERIOD 8 (November)</p> <p>Report seeks approval for changes to the Revenue Budget</p>	<p>Leader of the Council (+Regeneration, Asset Management and IT)</p> <hr/> <p>Ward(s): All Wards</p> <hr/> <p>Contact officer: Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk</p>		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

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Budg/pol framework	2013/14 Budget and Council Tax Setting report To approve the 2013/14 Budget Estimates and Council Tax levels.	Leader of the Council (+Regeneration, Asset Management and IT) Ward(s): All Wards Contact officer: Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
March				
Expenditure more than £100,000	Corporate Revenue Monitoring 2012_13 : PERIOD 9 (December) Report seeks approval for changes to the Revenue Budget	Leader of the Council (+Regeneration, Asset Management and IT) Ward(s): All Wards Contact officer: Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Expenditure more than £100,000	Capital Budget Monitor - 3rd Quarter Amendments 2012/13 To seek approval for changes to the Capital Programme 2012/13	Leader of the Council (+Regeneration, Asset Management and IT) Ward(s): All Wards Contact officer: Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Expenditure more than £100,000	Holy Cross/Lycée expansion and co-location Tender Approval <i>Approval to accept the most economically advantageous tender to carry out new-build</i>	<i>Cabinet Member for Children's Services</i> Ward(s): Parsons Green and Walham	PART OPEN PART PRIVATE <i>Part of this report is exempt from disclosure on the</i>	<i>A detailed report for this item will be available at least five working days before the date of the meeting and will include details</i>

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	<p><i>and refurbishment works to enable the expansion of Holy Cross RC Primary School and its co-location with the French Lycée school on the site of the former Peterborough Primary School.</i></p>	<p>Contact officer: John Brownlow Tel: 020 8753 john.brownlow@lbhf.gov.uk</p>	<p><i>grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</i></p>	<p><i>of any supporting documentation and / or background papers to be considered.</i></p>
<p><i>Expenditure more than £100,000</i></p>	<p><i>New Queensmill School - Tender Approval</i></p> <p><i>Approval to accept most economically advantageous tender to construct new school accommodation for Queensmill ASD School</i></p>	<p>Cabinet Member for Children's Services</p> <hr/> <p>Ward(s): Wormholt and White City</p> <hr/> <p>Contact officer: John Brownlow Tel: 020 8753 john.brownlow@lbhf.gov.uk</p>	<p>PART OPEN</p> <p>PART PRIVATE <i>Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</i></p>	<p><i>A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.</i></p>

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April				
Expenditure more than £100,000	<p>Corporate Revenue Monitoring 2012_13 : PERIOD 10 (January)</p> <p>Report seeks approval for changes to the Revenue Budget</p>	<p>Leader of the Council (+Regeneration, Asset Management and IT)</p> <p>Ward(s): All Wards</p> <p>Contact officer: Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk</p>		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Affects more than 1 ward	<p>Letting of concession of Wi-Fi on lamp posts</p> <p>Letting of a concession to allow mobile data devices to be fitted to lamp posts.</p>	<p>Deputy Leader (+ Residents Services)</p> <p>Ward(s): All Wards</p> <p>Contact officer: Sharon Bayliss Tel: 020 8753 1636 sharon.bayliss@lbhf.gov.uk</p>		A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.