

# Housing, Health And Adult Social Care Select Committee

## Agenda

Tuesday 9 April 2013

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

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Date Issued: 28 March 2013

# Housing, Health And Adult Social Care Select Committee Agenda

9 April 2013

<u>Item</u>	<u>Pages</u>
<b>1. MINUTES AND ACTIONS</b>	1 - 15
(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 20 February 2013.	
(b) To monitor the acceptance and implementation of recommendations as set out at Appendix 1.	
(c) To note the outstanding actions.	
<b>2. APOLOGIES FOR ABSENCE</b>	
<b>3. DECLARATIONS OF INTEREST</b>	
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	

- 4. PUBLIC HEALTH: UPDATE REPORT** 16 - 37
- This paper presents the Cabinet report on Public Health 2013 – 14 which was considered at LBHF Cabinet on 4<sup>th</sup> March 2013.
- 5. WELFARE REFORM UPDATE** 38 - 44
- This report provides a review of the welfare reform legislative changes that have been implemented by the Coalition Government and the Council's responses.
- 6. HOUSING AND REGENERATION DEPARTMENT: KEY PERFORMANCE INDICATORS** 45 - 50
- This report presents the performance of the Housing and Regeneration Department against target for the department's key performance indicators.
- 7. CHANGES TO DAY SERVICES: UPDATE 2013** 51 - 62
- This report provides a general update on the development of day services for older people, people with dementia, disabled people, people with mental health needs and people with learning disabilities following the cabinet reports in January 2011 "Changes to Day Services" and in March 2012 "Remodel of Day Services".
- 8. WORK PROGRAMME AND FORWARD PLAN 2013-2014** 63 - 85
- The Committee's work programme for the following municipal year is set out as Appendix 1 to this report. The list of items has been drawn up in consultation with the Chairman, having regard to relevant items within the Forward Plan and actions and suggestions arising from previous meetings of the Committee.
- The Committee is requested to consider the items within the proposed work programme and suggest any amendments or additional topics to be included in the future. Members might also like to consider whether it would be appropriate to invite residents, service users, partners or other relevant stakeholders to give evidence to the Committee in respect of any of the proposed reports.
- Attached as Appendix 2 to this report is a copy of the Forward Plan items showing the decisions to be taken by the Executive at the Cabinet, including Key Decisions within the portfolio areas of the Cabinet Member for Housing and the Cabinet Member for Community Care, which will be open to scrutiny by this Committee.
- 9. DATES OF NEXT MEETINGS**
- The Committee is asked to note that the dates of the meetings scheduled for the municipal year 2013/2014 are as follows:

19 June 2013

10 September 2013

13 November 2013

21 January 2014

19 February 2014

2 April 2014



London Borough of Hammersmith & Fulham

## Housing, Health And Adult Social Care Select Committee Minutes

Wednesday 20 February 2013

### **PRESENT**

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

**Co-opted members:** Maria Brenton (HAFAD)

**Other Councillors:** Marcus Ginn and Andrew Johnson

**Central London Community Healthcare Trust:** James Reilly (Chief Executive)

**Imperial College Healthcare NHS Trust:** Brendan Farmer (Director of Strategy), Steve McManus (Chief Operating Officer) and Dr Katie Urch (Trust Clinical Lead for Cancer)

**NHS North West London:** Daniel Elkeles (Director of Strategy) and Dr Mark Spencer (Medical Director)

**Officers:** Mike England (Director of Housing Options, Skills and Economic Development) and Sue Perrin (Committee Co-ordinator)

### **42. MINUTES AND ACTIONS**

#### **RESOLVED THAT:**

The minutes of the meeting held on 22 January 2013 be approved and signed as an accurate record of the proceedings.

### **43. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Iain Coleman and Peter Tobias.

### **44. DECLARATIONS OF INTEREST**

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

Councillor Joe Carlebach declared a personal interest in respect of item 6 'Shaping a Healthier Future', in that he is a trustee of Arthritis Research UK, which owns property on the Charing Cross site.

**45. CENTRAL LONDON COMMUNITY HEALTHCARE**

The Committee received the Central London Community Healthcare consultation document, 'Get Involved: Have Your Say On Our Foundation Trust Plans'.

The discussion in respect of the Pembridge Palliative Care Unit was deferred.

**46. IMPERIAL COLLEGE HEALTHCARE NHS TRUST: WAITING LIST MANAGEMENT**

***This item was taken after item 6, at approximately 10.10pm.***

Mr Steve McManus, Chief Operating Officer, stated that the Trust had reviewed the organisational structure for cancer, and further to his appointment in September 2012 as the executive director responsible for operational performance, a Lead Cancer Team reporting directly to him had been established.

Mr McManus and Dr Katie Urch, Trust Lead Cancer Clinician provided an oral progress report on four key areas.

Recommendations made via the external reviews in relation to the Trust management of waiting lists

All recommendations made via the external reviews undertaken over the previous 12 months in relation to the Trust management of waiting lists had been endorsed by the Trust Board, and a full action plan was being implemented. Specific actions included:

- The enhancement of clinical leadership.
- The establishment of similar cancer pathways throughout the Trust.
- IT improvements across the Trust.

Performance

The Trust had delivered, as at the end of December 2012, six out of the eight national standards and had measures in place to achieve the eight standards by the end of the financial year.

Further Clinical Audit

Dr Urch updated the committee on the outcomes from her case notes review of the 126 patients referred under the 31 and 62 day pathways for cancer care who had breached their treatment target date between January-August 2012. The review found that no patients had come to clinical harm or changed treatment pathways as a consequence of the treatment delays.

The review indicated that:

- 70% had delays of under 100 days,
- 26 patients had delays of between 100 and 150 days: the majority were on the prostate pathway, for which active surveillance should have been coded as acute treatment; and
- 7 patients had delays of over 150 days: these were either administrative errors (pathways not closed) or re-referrals linked to the original treated referral.

Seven patients had subsequently died from causes not associated with the delays in treatment.

The Trust had put in place monitoring actions in respect of: all patients on the two week wait pathway; urology and lower gastrointestinal pathways; and inter-trust referrals received after the breach date. The clinical audit would be ongoing and all breach patients would be reviewed.

Dr Spencer stated that he had been a member of the Clinical Review Team and was Chair of the Ealing Clinical Commissioning Group. GPs had been advised by NHS North West London to consider referral to other hospitals, but this recommendation was currently being reconsidered.

Councillor Carlebach considered that whilst the clinical review had been reasonably robust, there were still some concerns, and lack of independence in the governance review. Mr McManus responded that there had been a number of external reviews, including the NHS Intensive Support Team reports on patients pathways.

In response to queries in respect of orthopaedic referrals and general and orthopaedic waiting times, Mr McManus stated that the mechanisms for tracking and monitoring patients had been greatly enhanced. Since November 2012, the Trust had delivered against the national 18 week referral to treatment waiting time target for admitted/non-admitted patients and patients on incomplete pathways. Orthopaedic waiting times were improving and patients were no longer being referred to private hospitals.

***In accordance with paragraph 27 of the Overview and Scrutiny Procedure Rules, the Committee extended the meeting by a further 5 minutes.***

In response to a query in respect of IT, Mr McManus responded that a trust wide system was being implemented. However, the Trust's validation of patient records had found that in the past patients could be registered several times, for example through the use of slightly different names.

Dr Urch responded that every individual cancer patient was tracked and whereabouts on the pathway known. There was a unified system, but there remained improvements to be made in respect of urology and colorectal services.

In response to a query in respect of communication with GPs, Dr Spencer stated that there remained work to be done in respect of timely communication.

#### **RESOLVED THAT:**

1. The Committee welcomed the improvement in the cancer waiting list position.
2. The Committee noted how serious concerns in respect of cancer and other services and the administration system had been addressed.
3. The Committee remained concerned that further improvements had to be in place to have full confidence in the Trust.

#### **47. SHAPING A HEALTHIER FUTURE**

*This item was taken first.*

Mr Daniel Elkeles and Dr Mark Spencer presented the decision of the North West London Joint Committee of Primary Care Trusts (JCPCT) on the future of NHS services in North West London, and specifically the plans for Charing Cross Hospital, made on 19 February 2013.

The JCPCT had approved 'Option A', whereby there would be a future configuration of hospitals with five major hospitals (Chelsea & Westminster, Hillingdon, Northwick Park, St. Mary's and West Middlesex) and four local/specialist hospitals (Charing Cross, Central Middlesex, Ealing and Hammersmith). Option A had designated Hammersmith Hospital as a local and specialist hospital with an obstetric-led maternity unit and Charing Cross as a local hospital.

In response to consultation feedback, an additional recommendation had been proposed and approved by the JCPCT. The recommendation proposed an enhanced range of services on the Charing Cross site. The CCG's vision was to 'Deliver a Specialised Health and Social Care Hospital at Charing Cross, where primary care, community services, specialist services and social care would all be provided from a single site and where multi-disciplinary networks would convene to effectively manage patients' needs.'

The proposed service offering would now include:

- Primary, secondary and social care hub for the local population;
- Diagnostics service, comprising X-ray, Ultrasound, CT and MRI scanning, endoscopy and ECG;
- An ambulatory cancer care centre, including oncology for which Charing Cross is renowned, radiotherapy and chemotherapy and Maggie's Cancer Care Centre: the original proposal was for all cancer services to move to St. Mary's;
- Renal service centre, including delivery of dialysis;



- Step up/down beds: up to 60 beds for short admissions or rehabilitation;
- Ante/post natal care; and
- Retention of Imperial College teaching facilities.

Mr Elkeles outlined the benefits, which included:

- Improved quality and continuity for patients through care that is delivered: to the right clinical standards; in excellent facilities; and with good patient services;
- Integrated and proactive care for those most at risk of getting ill;
- 'One stop shop';
- Support for those with long term conditions; and
- Alignment with new bases for social workers and community nursing.

There would be up to £88 million investment required for the new build local hospital. 13% of the existing floor space would remain. Currently, 490,000 people per annum used Charing Cross; it was forecast that 385,000 (79%) would use the new healthcare facility. Charing Cross provided services for the whole of North West London and it was estimated that services for Hammersmith & Fulham residents cost £255,000 per annum. It was forecast that the future cost would be £220,000 (86%).

Dr Spencer explained that the rationalisation of Accident & Emergency (A&E) services had been based on the premise that concentration of care on fewer sites would improve care. Better outcomes had been demonstrated with the rationalisation of major trauma, stroke and vascular surgery. By concentrating services on five sites, it would be possible to provide 24 hour access to senior consultants and diagnostic facilities.

Councillor Carlebach considered that the NHS had not set out its targets. Dr Spencer responded by referring to mortality rates in North West London, which were worse at weekends than during the week. The rationalisation of services had already saved a minimum of 130 lives a year, and some 800 more lives could be saved by improving the worst performance to the level of the best performance. The impact of better community care would be measured against a matrix of a wide range of factors.

Councillor Ivimy commented that stroke care also had an important role in reducing the degree of disability after a stroke. Dr Spencer responded that there was a demonstrable benefit in more people returning home and to work.

In response to a question in respect of staff capacity, Dr Spencer stated that to provide 24/7 consultant delivered care, there would be an increase in the number of doctors, nurses and health workers, with significantly greater capacity at major sites.

Dr Spencer responded to a question that patients using social care services were not included in the figure of 86% of patient numbers at Charing Cross using the new facility. It was estimated that there would be at least an additional 10%. There would be further detailed work.

Mr Elkeles referred to the slide 'alternative proposal site plans'. The buildings shown on the right would all remain, with the exception of the gym. Maggie's Cancer Care Unit was shown on the far left (block 7); its future location was under consideration. Imperial College teaching facilities would move into the main building. The main building might have four/six floors but this had not been reflected in the artist's impression.

Dr Spencer responded to a question that services lost would now include: Accident & Emergency, emergency admissions/surgery, in patient specialist services, intensive care and the hyper acute stroke unit. Currently, only 10% of the specialist beds were used by Hammersmith & Fulham residents. A large investment would be made at Chelsea and Westminster Hospital to meet the additional demand. There would be 90 additional beds and a new Accident & Emergency department, at a cost of £27million. Charing Cross would continue to provide planned surgery.

In response to requests for a comparison of patient numbers on the basis of current services, the committee was informed that this was not possible as the 2017/18 model of care would provide healthcare in a completely different way. Dr Spencer was confident that 86% of current activity could be achieved, but it would be a dramatically different service. Further details would be provided in the outline business case.

Dr Spencer responded to a question that out of hours GP services would be provided at the Urgent Care Centre, for those who did not need a home visit.

Councillor Vaughan considered that there had been a deliberate strategy to downgrade Charing Cross so that it could no longer function as a major acute hospital. Councillor Ivimy stated that the committee had, over a period of years, repeatedly requested Imperial's site strategy, but this had not been forthcoming.

In response to a query as to why Charing Cross could not remain as an acute site, the committee was informed that Chelsea and Westminster and Charing Cross hospitals were geographically close, and Chelsea and Westminster was the preferred option. It provided a full range of services including gynaecology and paediatrics.

Mr Elkeles responded to comments that '13% of the existing ground space' was misleading as, in addition to healthcare, this site would include health care research areas and laboratories not used by patients. The JCPCT had approved the recommendation of the Hammersmith & Fulham CCG for an enhanced range of services and there would be a minimum of 13% of floor space used for direct patient care, as opposed to 3% in the original Option A.

Councillor Cowan referred to the 'Tim Rideout report, on the original proposals which the Council had commissioned and queried whether Mr Rideout had been asked to provide an objective assessment of the revised proposals. Councillor Ginn responded that the Council had referred to the report in assessing the proposals and that Mr Rideout had supported the case

for change. The hospital reconfiguration would be supported by a range of out of hospital services, which the Council believed was in line with the Rideout report. The Council would not incur an additional cost for information, which it had already received.

Councillor Cowan referred to the impact on a hospital of the loss of its Accident & Emergency Department and suggested that the new type of hospital was a super GP centre/clinic. He did not believe the NHS and considered that the Council had radically changed its position. Mr Elkeles responded that many existing GP surgeries were terraced houses and that approximately £1 million each would bring them up to standard, whereas £88 million was being spent on Charing Cross to bring it to the cutting edge of service delivery.

Councillor Ginn responded that a new type of specialist hospital would be created, with significant cancer and out-patient services. The Council had judged that Charing Cross could not be retained in its current format, and had worked with the NHS to retain as many services as possible and to protect the hospital for future generations. Should the committee decide to refer the proposals to the Secretary of State, there was a risk that it would be recommended that the NHS should revert to Option A.

Councillor Cowan queried why the Council had deemed this to be a risk and with whom it had spoken. Councillor Ginn responded that there had been two parts to the Council's campaign: the public campaign and behind the scenes lobbying. Meetings had been held with Jeff Zitron, Anne Rainsberry, Daniel Elkeles and Mark Spencer. Letters had been sent to Ministers, as they had refused to meet with the Council.

Councillor Cowan queried who had led the campaign and when the Council had changed its position. Councillor Ginn responded that he had led the campaign and had been supported by the Leader. The Council's change of position had evolved as it understood the case in favour of service reconfiguration and the reality of not being able to protect Charing Cross as it had been in the past and the need to push for new proposals. The NHS had been under no obligation to present new proposals.

Councillor Cowan queried when Councillor Ivimy had been informed of the Council's change of position. The Chairman responded that the North West London Joint Health Overview & Scrutiny Committee (JHOSC), of which she was the Chairman, had been considering the potential changes for a year and had been pressing the NHS for considerably better proposals. Two weeks previously, the NHS had briefed the JHOSC on the revised proposals.

Councillor Cowan considered that an emergency meeting of the Select Committee should have been called at this stage and queried when Councillor Ivimy had been aware of the Council changing its position. Councillor Cowan stated that Councillor Ivimy had informed the JCPCT that this committee was unlikely to refer the decision to the Secretary of State.

The Chairman responded that the meeting with the JHOSC on 7 February had been an oral briefing, with no copy and that it had not been known precisely what was on offer until the JCPCT meeting on 19 February. The proposals seemed to be a good deal for the residents of Hammersmith & Fulham and she would not be recommending that the decision was referred to the Secretary of State. The JCPCT had considered the evidence for the reorganisation of Accident & Emergency services and reached a sensible decision. It would not be in the interests of the residents of North West London to fight this decision.

The Council had accepted the hypothesis that there should be five major hospitals instead of nine in North West London. Whilst the Council would have liked to have retained Charing Cross as a major hospital, Imperial did not appear capable of running two major hospitals. In addition, Charing Cross had been paired with Chelsea & Westminster, which provided a wider range of acute services.

Councillor Ginn added that the Council had changed its position because there was a strong argument for the reconfiguration of services in North West London and regrettably could not protect Charing Cross as the hospital which it had been. The Council, had negotiated an enhanced hospital at Charing Cross, which was fit for purpose and, given the current realities, was best for residents. The NHS had been under no obligation to offer a second option.

Councillor Ginn considered that the opinion expressed by clinicians indicated that reconfiguration was inevitable. At the time of the Council's initial decision, there had not been the offer of a specialist hospital. Should there be a future proposal to move the Urgent Care Centre to White City, the Council would consult with residents. The Council had saved Charing Cross from virtual closure and there would be a £90 million cash investment.

Dr Spencer responded to a question that in patient beds run by geriatricians had been included in the step up/down beds and that more detail would be provided in the outline business case. Councillor Carlebach considered that the business case should: provide a compelling vision for the new service; address the confusion in respect of definitions of services; and clarify how services would work and how patients would access the multiplicity of patient pathways. He suggested that there should be a patient contract.

Mr Elkeles stated that the Urgent Care Centres would provide a comprehensive range of services. There would be a detailed specification, which would be consistent across London.

Councillor Carlebach queried how the proposals addressed health inequalities. Dr Spencer responded that inequalities would be addressed mostly through developments in primary care. The CCG's Joint Health & Wellbeing Strategy would include proposals to improve the health of residents of Hammersmith & Fulham, and local priorities would be endorsed through the Health & Wellbeing Board.

Dr Spencer responded to queries from Mr Andrew Slaughter in respect of patient activity at Charing Cross by providing indicative figures; exact numbers would be in the detail of the business case:

- 60 beds would be provided at Charing Cross by providing slightly less beds at other sites.
- Currently, there were 20,000 emergency admissions and 25,000 elective admissions per annum. 15,000 admissions were proposed for the future Charing Cross site.
- 69% of out patient services would remain at Charing Cross, increasing to 80% with the new ante and postal natal services. 100,000 attendances were by Hammersmith & Fulham residents.
- 70% of patients who currently attend Charing Cross would be treated in the Urgent Care Centre.

A member of the public commented that if there were 15,000 admissions per annum and 60 beds the average length of stay would be 1.5 days. Dr Spencer responded that this projection was realistic. Beds for more specialist services would be moved to other hospitals. Patients accessing the ambulatory specialist services at Charing Cross would not require a bed. In addition, the Out of Hospital proposals would result in 25% of people being looked after in their own homes. Length of stay decreased as hospitals became more efficient, and the number of beds reduced with medical advances. The step down beds would be used for short stays and convalescence.

Councillor Ginn responded to comments in respect of the Council leaflet, 'Charing Cross Saved' and the two page article in the Hammersmith & Fulham chronicle that Charing Cross would remain in existence, with a hospital on site for years to come. Buildings would be demolished, but then rebuilt.

A member of the public queried whether the proposals had been scrutinised with medical assistance. Councillor Ivimy responded that the JHOSC had heard a wide range of evidence and had reached the conclusion that the clinical case for the reconfiguration of Accident & Emergency services had been well made and well founded. Some of the concerns in respect of Option A had been addressed by the JCPCT at its meeting on the previous day. The timescale for the reconfiguration had been extended from three to five years, and assurance had been given that the bed reductions would not happen until the Out of Hospital service was in place and working. Dr Spencer added that the NHS had taken a range of external advice.

Councillor Cowan considered that the Council should not have accepted the deal offered and should have tried to negotiate a better deal, and that, without support from all GPs, the NHS had not met the Secretary of State's four tests.

*Councillor Stephen Cowan moved, seconded by Councillor Rory Vaughan the motion in their names:*

There should be a ballot of all individual GPs in Hammersmith & Fulham as a matter of emergency.

Dr Spencer stated that the CCGs were membership organisations and the members had not asked for a vote on the proposals, before it was put to the vote:

FOR	4	(Councillors Carlebach, Cowan, Craig and Vaughan)
AGAINST	3	(Councillors Graham, Hamilton and Ivimy)

The motion was declared **CARRIED**.

*Councillor Stephen Cowan moved, seconded by Councillor Rory Vaughan the motion in their names:*

There should be an independent medical assessment of the Option A variation proposal.

FOR	3	(Councillors Cowan, Ivimy and Vaughan)
AGAINST	4	(Councillors Carlebach, Craig, Graham and Hamilton)

The motion was declared **LOST**.

*Councillor Stephen Cowan moved, seconded by Councillor Rory Vaughan the motion in their names:*

The North West London service reconfiguration proposals should be referred to the Secretary of State.

FOR	2	(Councillors Cowan and Vaughan)
AGAINST	5	(Councillors Carlebach, Craig, Graham, Hamilton and Ivimy)

The motion was declared **LOST**.

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

*Councillor Stephen Cowan moved, seconded by Councillor Rory Vaughan the motion in their names:*

There should be no further advertising of the Council's position before receipt of advice from GPs and independent analysis of the proposals.

FOR	2	(Councillors Cowan and Vaughan)
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AGAINST 5 (Councillors Carlebach, Craig, Graham, Hamilton and Ivimy)

The motion was declared **LOST**.

**RESOLVED THAT:**

1. The Committee noted the enhanced plans for Charing Cross.

The Committee voted on the following two resolutions:

FOR: 5 (Councillors Carlebach, Craig, Graham, Hamilton and Ivimy)

AGAINST: 2 (Councillors Cowan and Vaughan)

**RESOLVED THAT:**

2. The Committee was satisfied that the enhanced proposals for Charing Cross would provide a good service and would not press for a referral to the Secretary of State.
3. The Committee noted that NHS North West London had listened to the consultation responses from residents and the Council, and provided a greatly enhanced proposal.

**48. WELFARE REFORM UPDATE**

This item was deferred to the next meeting.

**49. WORK PROGRAMME AND FORWARD PLAN 2012-2013**

The work programme was noted.

**50. DATE OF NEXT MEETING**

Tuesday 9 April 2013.

Meeting started: 7.00 pm  
Meeting ended: 10.35 pm

Chairman .....

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## APPENDIX 1

### Recommendation and Action Tracking

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


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

Minute No.	Item	Action/recommendation Lead Responsibility	Progress/Outcome	Status
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;	Initial response received. Additional information received.	Complete
		(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.	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
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>
27.	Housing Benefits/Local Housing Allowance	<p>(i) A written answer to be provided in respect of the difference of 30 in the breakdown of those households which had been 'resolved by HB Assist'.</p>	Information circulated.	Complete

		(ii) The number of families housed outside the borough to be confirmed in writing.		
34.	Revenue Budget 2013/2014	<p>(i) The ASC Business Case, June 2011 to be provided to Members.</p> <p>(ii) Comparative prices for meals across London and an analysis of the socio-economic profile of the Hammersmith &amp; Fulham service users to be provided.</p> <p>(iii) Projected numbers and costs and the underlying assumptions in respect of temporary accommodation to be provided.</p>	<p>Link to Business Case circulated.</p> <p>Information circulated.</p>	<p>Complete</p> <p>Complete</p>
36.	Self Directed Support Services Procurement and HAFAD	An update to include recommendations on how to improve the procurement process to be provided to the February meeting.	Information circulated and discussed at January meeting.	Complete
47.	Shaping a Healthier Future	Recommendation: There should be a ballot of all individual GPs in Hammersmith & Fulham as a matter of emergency.	The Chairman to discuss with Dr Spicer.	

# Agenda Item 4

 the low tax borough	<b>London Borough of Hammersmith &amp; Fulham</b>  <b>BRIEFING TO HOUSING HEALTH &amp; ADULT SOCIAL CARE SELECT COMMITTEE</b>  <b>9 April 2013</b>
<b>TITLE OF REPORT</b> Update on the Transition of Public Health from the NHS to the Council	
<b>Report of:</b> Cllr Ginn	
<b>Open Report</b>	
<b>Classification For Scrutiny Review &amp; Comment</b>	
<b>Wards Affected:</b> All	
<b>Accountable Executive Director:</b> Melanie Smith, Director of Public Health, Westminster, Kensington and Chelsea, Hammersmith and Fulham	
<b>Report Author:</b> Melanie Smith, Director of Public Health, Westminster, Kensington and Chelsea, Hammersmith and Fulham	<b>Contact Details:</b> Tel: 020 7641 4590 E-mail: msmith2@westminster.gov.uk

## 1. EXECUTIVE SUMMARY

- 1.1. This paper presents to the Select Committee the Cabinet report on Public Health 2013 – 14 which was considered at LBHF Cabinet on 4<sup>th</sup> March 2013. Select Committee members are referred to the executive summary of that report.

## 2. RECOMMENDATIONS

- 2.1. The recommendations as put to Cabinet are detailed in section 2 of the Cabinet paper. These were agreed
- 2.2. Scrutiny Committee members are asked to review and comment on the update on public health transition from the PCT to the Council

## 3. INTRODUCTION AND BACKGROUND

- 3.1. The Health and Social Care Act (2012) transfers a range of public health responsibilities from the NHS to local authorities. Tri-Borough Councils have agreed to establish a single public health team hosted by Westminster.

- 3.2. The paper covers the duties which are transferring, summarises the contracts which will become a local authority responsibility and outlines the operating model for the new public health function

#### **4. EQUALITY IMPLICATIONS**

- 4.1. See section 13 of the Cabinet paper.

#### **5. LEGAL IMPLICATIONS**

- 5.1. See section 12 of the Cabinet paper.

#### **6. FINANCIAL AND RESOURCES IMPLICATIONS**

- 6.1. See section 15 of the Cabinet paper.

#### **7. RISK MANAGEMENT**

- 7.1. A risk register for the transition of public health to the local authority has been created and is reviewed by the Public Health Transition Programme Board at each meeting.




#### **8. PROCUREMENT AND IT STRATEGY IMPLICATIONS**

- 8.1. See section 16 of the Cabinet paper.

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

<b>No.</b>	<b>Description of Background Papers</b>	<b>Name/Ext of holder of file/copy</b>	<b>Department/ Location</b>
1.	None		

# Executive Decision Report

Decision maker(s) at each authority and date of Cabinet meeting, Cabinet Member meeting or (in the case of individual Cabinet Member decisions) the earliest date the decision will be taken	Cabinet  Date of decision: 4 March 2013	 hammersmith & fulham
	Cabinet  Date of decision: 21 February 2013	 THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA
	Cabinet  Date of decision: 25 February 2013	 City of Westminster
Report Title	PUBLIC HEALTH: 2013-14	
Reporting Officer	Melanie Smith, Tri-borough Director of Public Health	
Key decision	Yes	
Access to information classification	Open report. A separate report on the Exempt Cabinet agenda deals with information regarding risks in relation to contracts to be transferred to the Councils..	

## **1. EXECUTIVE SUMMARY**

- 1.1. Under the Health and Social Care Act 2012, a range of public health responsibilities which currently fall to the NHS will transfer to local government on 1 April 2013.
- 1.2. Tri-Borough Councils have agreed to establish a single public health team, hosted by Westminster and headed by a Director of Public Health. The team will be responsible for providing public health advice to all three Councils, the Clinical Commissioning Groups and the public. It will commission public health services. A list of statutory duties and the scope of these services is at Annex A.
- 1.3. Many of the services to be commissioned will be mandated: required by the Department of Health. If the local authority is found to be commissioning these services on an inadequate basis, the Department of Health may withhold grant funding in future years. Officers will report back to members urgently if the Department of Health puts in place any other requirements or processes which constrain the way in which the three Councils meet their statutory duties.
- 1.4. This paper:
  - outlines the duties to be transferred to the Council, and the function, activities, resources and proposed structure of the public health team (Annex A).
  - provides a summary of the contracts due to transfer to Tri-Borough Councils in 2013-14 and the measures in hand to manage risks associated with those contracts.
  - summarises the operating model for public health and recommends immediate modifications necessary (notably political governance) to manage public health business effectively within a Tri-Borough setting.
- 1.5. In making recommendations, the priority has been to retain the efficiencies associated with public health functioning as a single, integrated service across Tri-Borough while enabling each Council to set and follow its own priorities for public health, to make decisions about the way its own grant is spent and, where appropriate, to commission specific services.
- 1.6. Further information from the Department of Health and analysis by officers will be needed to make recommendations about the long-term operating model for public health, the Councils' priorities for commissioning public health services in 2014-15, and the most effective approach to procurement.

## **2. RECOMMENDATIONS**

- 2.1 That Westminster City Council is the Tri-borough host for Public Health.
- 2.2 That the Executive Director of Finance and Corporate Governance (LBHF), the Town Clerk and Executive Director of Finance (RBKC) and the Chief Operating Officer (WCC), and the respective Heads of Legal be authorised to enter into a Tri-Borough Agreement in respect of Public Health in accordance with Section 113 of the Local Government Act 1972.
- 2.3 That the two Chief Executives, as accounting officers for the three Councils, delegate decisions about spending on public health services (within the scope of Annex A) to the Director of Public Health, subject to each Council's financial regulations.
- 2.5 That officers carry out a review of the current public health contracts, in close consultation with Members of all three authorities, once the new public health service is embedded within the Tri-borough.

## **3. REASONS FOR DECISION**

- 3.1 Decisions are required by the Tri-Borough Councils to ensure a successful transition of the public health service from the PCT to local government on 1 April 2013.

## **4. FUNCTIONS TRANSFERRING TO LOCAL GOVERNMENT**

- 4.1 The Tri borough Councils will have public health duties in all three domains of public health:
  - Health improvement. This involves creating opportunities and removing barriers so that individuals, families and communities take positive action to maintain and improve their health through physical activity and diet (etc) as well as action to address the social determinants of health such as the built environment and worklessness
  - Health protection. The Council's current responsibilities in protecting the health of the local population from threats to health will be expanded and enhanced by their employment of public health specialists who can draw upon the expertise of Public Health England.
  - Health care public health. The Councils' public health staff will work with CCGs to ensure that services are commissioned on the basis of good evidence to prevent as well as treat disease and address local need.

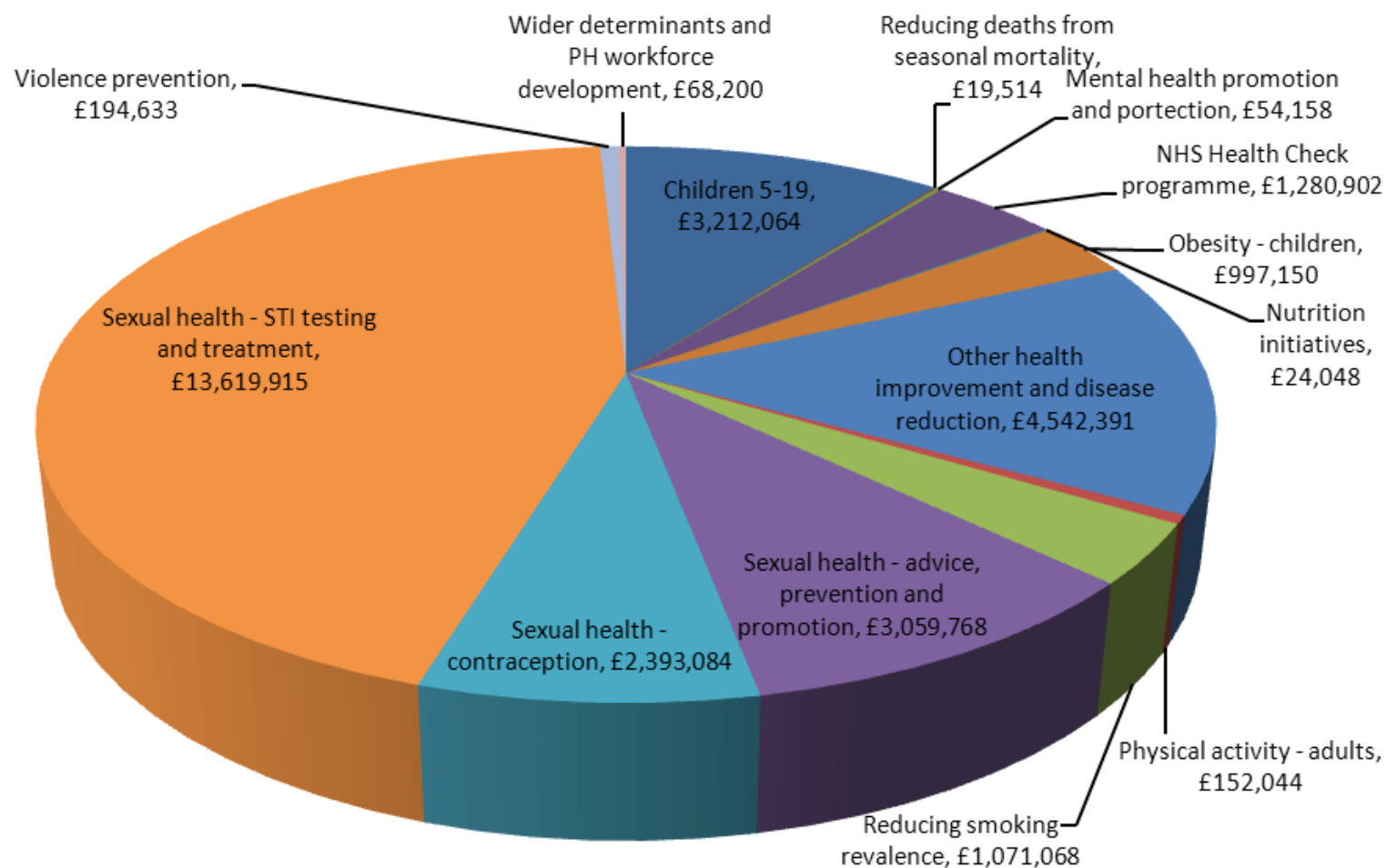


- 4.2 Activities undertaken or commissioned by the Public Health Team will fall into one or more of the categories set out in Annex A. The list distinguishes between activities which are mandated – required by the Department of Health – and those over which Councils have discretion.

## **5. CONTRACTS TO BE TRANSFERRED TO LOCAL GOVERNMENT**

- 5.1 In 2012-13, the Primary Care Trusts (PCTs) commissioned a wide range of public health services for Tri-Borough residents and visitors at a cost of £101 million.
- 5.2 Officers commissioned a detailed audit of these contracts before Christmas in order to decide which are primarily relevant to the new duties of the local authority, compared with those of the CCGs. Of the total spending on public health contracts, we can confirm that:
- 47 contracts (at a value of £23.9 million) will transfer to the local authorities and will be scheduled to continue into 2013-14 or beyond; and
  - a further 89 contracts (with a value of £6.7 million per year) fall within the local authorities' new public health duties, but will end on 31 March 2013.
- 5.3 Services to tackle substance misuse are currently managed by the Tri-borough Adult Social Care service.
- 5.4 Figure 1 (overleaf) summarises the value of Tri-borough public health contracts for 2012-13 (a total of £30,688,939) by function.
- 5.5 Decisions about whether to extend contracts due to expire on 31 March 2013 rest with the PCT. Officers have, however, secured an agreement with the PCT that no action will be taken on these contracts without the Council's agreement. Commissioners in the Public Health Team are in touch with the relevant providers to establish costs and, where appropriate, re-negotiate prices for 2013-14.

**Figure 1: Value of public health contracts for Tri-Borough Councils, by function**



## 6. FINANCIAL POSITION AND RISKS.

- 6.1. The Department for Health announced on 10 January 2013 that Tri-Borough Councils would receive £71.3 million in public health grant for 2013-14. This grant may not be used for purposes other than public health. It is proposed that these will be the only resources available for public health in 2013-14.
- 6.2. Figure 2 offers a measured assessment of the financial position, if PCTs were to extend all existing grants. It has been agreed by Finance officers in all three Councils. The assessment makes provision for a number of risks. These are set out briefly in the Exempt paper on this agenda, since the explanation uses information which is commercially sensitive.

Figure 2: Headline Public Health Budgets for 2013-14 (£k)

	WCC <sup>1</sup>	RBKC	LBHF	Total
	£k	£k	£k	£k
Grants	30,384	20,636	20,287	71,307
LA Funded (substance misuse)	1,008	1,182	236	2,426
Other income	1,166	74	826	2,066
<b>Total income</b>	32,558	21,892	21,349	75,799
Employee costs	1,467	1,156	1,068	3,691
Contracted services	30,227	20,089	19,073	69,389
Other costs	333	218	799	1,350
<b>Total direct costs</b>	32,027	21,463	20,940	74,430
Recharges	531	429	409	1,369

<sup>1</sup> The split of WCC's total income is subject to some further, minor change pending a review of relevant budgets. Any change is not expected to have an impact on the total amount receivable.

- 6.3. It is proposed that officers carry out a comprehensive review of all public health contracts in the first part of the new financial year, once the local authority has legal responsibility for expenditure. This review should take into account:
- the potential to make “back office” savings to protect front line services.
  - potential to collaborate with neighbouring Councils in renegotiating contracts.
  - the priority which should be given to ensuring continuity of mandated services.
  - the relative effectiveness of particular interventions and whether there is sufficient evidence to put particular services on hold;

- the fit with existing council services and whether potential synergies could be better realised or managed
  - the need to re-negotiate contracts where commissioners have some evidence that there is scope for efficiencies.
  - the specialist or unique nature of services, where closure would leave Councils unable to meet their statutory duties, or where a provider's decision to wind up its business would damage the market and limit the Councils' opportunity to secure value for money in future;
  - whether a break in service could lead to an immediate impact on public health.
- 6.4. If Members agree with these criteria, officers will prepare more detailed plans for the review to take place, beginning in April.
- 6.5. The Public Health team has work well in hand to re-negotiate large non-NHS contracts and is working with procurement experts on a timetable to reprocure those services - currently worth £8 million - during the course of 2013-14. This exercise reflects the scope to make efficiencies or concerns about the performance of the provider. The contract with CLCH will also be re-procured, given concerns about the costs of overheads. This process will need to be carried out jointly with the CCGs.

## **7. INITIAL OPERATING MODEL FOR PUBLIC HEALTH IN 2013-14**

- 7.1. Cabinets have already agreed that Westminster City Council will host a Tri-borough Public Health function and that PCT staff will transfer to the employment of Westminster City Council. These staff will be managed and organised across Tri-borough functional portfolios and will not be allocated to individual boroughs. Each Cabinet will, however, retain responsibility for setting the budget for public health and for determining the way in which it should be spent.
- 7.2. Annex A includes an overview of the proposed team structure, its expected resources at 1 April and its main relationships with other organisations.
- 7.3. In total, 38 posts will move from Primary Care Trusts to local authority employment. This represents a reduction from 43.8 FTE in the previous PCT structures.
- 7.4. Detailed planning for the transfer of the Public Health team to Westminster City Hall is well-advanced.

- A programme of introductory meetings for staff is already under way, partly to familiarise PCT employees with the work of the Council, and partly to ensure that Council staff consider the links between their services and public health.
- Relocation to Westminster City Hall is planned in two phases. The Public Health Intelligence and Social Determinants teams will relocate from 4 March 2013, and remaining public health staff from 11 March. The Substance Misuse Services team currently operating through the Tri-Borough Adult Social Care Service will be based with the PH Service from 1 April 2013.
- Three consultants have been matched to the posts of Deputy Director of Public Health, and allocated to the three Councils with the agreement of the Chief Executives. Eva Hrobonova will be attached to Hammersmith and Fulham, Ike Anya to Kensington and Chelsea, and Helen Walters to Westminster.
- Information technology. The public health team will need to be connected to N3 in order to fulfil their functions. The current N3 connection at Westminster City Council, as provided by London Public Services Network (LPSN), will not have the capacity to meet requirements. A transitional solution will be for the public health Intelligence team to use an existing link between Westminster City Council and West London PCTs. The rest of the public health team will be able to use the existing LPSN 2MB N3 connection until a permanent 100mb solution has been procured and is in place by August.

## 8. DECISION-MAKING IN EACH COUNCIL

### 8.1. It is proposed that, in each Council:

- Cabinet should agree the priorities for public health, and a plan to achieve them. (This plan will, in part, help to deliver the relevant Health and Well Being Strategy). It should set out the framework for commissioning public health services in 2014-15 and beyond; the commissioning methodology; and any significant changes to the operating model (including resources) for public health.
- the Lead Cabinet member for public health will be responsible for scoping and developing these plans, commissioning work from the Public Health Team and other officers as necessary. Lead members will engage colleagues within their Cabinet on an informal basis. There will be links between public health and children's services, adult social care, finance, housing, planning, licensing, environment, leisure, libraries and sport.

## **9. THE MERITS OF A TRI-BOROUGH MEMBER STEERING GROUP**

- 9.1. Some public health services already operate in all three areas through a joint contract with a single provider. If Tri-Borough is to achieve economies of scale and maximize its purchasing power, Cabinets may wish to explore the possibility of commissioning more services in this way.
- 9.2. It may help this process if the Director for Public Health were to prepare one annual report on the health of the people in Tri-Borough, rather than three separate reports. Clearly, the report would need to specify where and how public health and needs differ in each of the three authority areas. But it may also highlight common challenges which, in turn, may be tackled most effectively by some integrated or co-ordinated services across all three Councils.
- 9.3. Ultimately, Cabinets will need to be assured that any joint contracts are an effective way of meeting the public health priorities which each will set. And so it is not necessary to create a separate body to reach joint decisions.
- 9.4. It may, however, be helpful to establish a Tri-Borough Member Steering Group for public health. Informal discussions in this forum would help:
  - ensure that there is practical collaboration across the three Councils where there are common needs and objectives;
  - establish where the co-ordination of front line services is in all three Council's best interests;
  - offer helpful peer review and challenge, particularly to ensure that the service is managed in a way which secures the best value for money.
- 9.5. Following the precedents set in Adult Social Care, the steering group might meet every six weeks, attended by the three lead members for public health and others as invited.
- 9.6. With or without a steering group, a Tri-borough agreement for Public Health is required and is currently being drafted by officers. Each authority will retain statutory responsibility for the exercise of its public health functions. The main principle underpinning the agreement is that of sharing staff using Section.113 of the Local Government Act 1972. Under this section, staff of one authority can be treated as the staff of another for the purposes of their statutory functions as opposed to a commercial arrangement whereby one authority provides professional services to another.
- 9.7. This mirrors the approach taken in Adult Social Care and Children's Services. In practice, this means that Westminster City Council (as the host borough) will employ the Director of Public Health and other public health staff and they will be

made available under the Section 113 agreement to the three boroughs accordingly.

## **10. OPERATIONAL MATTERS**

- 10.1. The Public Health team have to date been commissioning services using one set of HR and Finance systems through the shared support service used by the three Inner North West London PCTs. They have also been operating within one set of procurement rules. This is viewed as being an efficient way to operate.
- 10.2. Following transfer to Tri-borough, some of this efficiency can be replicated from the start with employee costs and expenses flowing through Westminster City Council's HR and Finance systems and being recharged to the other two boroughs. In addition, procurement decisions can largely be managed through Westminster's procedures with only the final contract award decision needing to go through three different processes according to local borough schemes of delegation in order to respect sovereignty.
- 10.3. At present, Tri-borough will not, however, be able to replicate the efficiency of contract costs being processed on one set of financial systems in the first year of the transition. For a variety of technical reasons, such as financial reporting and VAT recovery on external contract costs, it is on balance more efficient for contracts to be transferred to, and directly held by, the boroughs they relate to and for payments to be processed through the local borough financial systems rather than through Westminster's. This is how the other Tri-borough services have operated since April 2012.
- 10.4. From 1 April 2014, this inefficiency will be removed with the implementation of Athena Managed Services. The three boroughs will share one set of HR and Finance systems from this date. This will return the Public Health team to the position they were in when using the INWL shared support services.
- 10.5. A Tri-borough agreement is currently being drafted. This will set out the various responsibilities of the three Councils in operating the Tri-borough Public Health service.
- 10.6. Westminster will host accountancy support for the Public Health team as well as providing other corporate support such as HR, office accommodation, legal services and communications. The cost of these services will be shared across the three boroughs on the basis of the NHS capitation calculations (largely driven by population).
- 10.7. Members may wish to consider at a future point if they wish to operate any pooled budget arrangements for Public Health contracts. This will be explored further through the re-commissioning work that is planned to take place during 2013/14.

10.8 It is necessary to embed the new public health functions into all the existing activities. Part of that process requires the Director of Public Health to have sufficient delegated authority, similar to those of other Chief Officers, to carry out their duties on behalf of the Council. Full Council approved the delegations on 29 February 2013, a copy of which is set out at Annex B.

## 11. PLANNING BEYOND 1 APRIL 2013

11.1. Having secured a safe landing for the public health function within Tri-Borough, it is proposed to undertake a programme of work comprising:

- (a) devising the framework which the Public Health team will use to carry out a full review of all public health contracts during 2013-14 and re-commissioning of services as necessary. **Beginning in April.**
- (b) a comprehensive analysis of way in which Council services can help to improve and protect public health and, therefore, the opportunities which the transfer of public health responsibility creates for Tri-Borough. We plan to do this through a process of engagement at different levels of management and at the front line, across Tri-Borough. Work is already under way to familiarise new staff with Tri-Borough services, and ensure that existing staff understand how this new function relates to their own work. We will report back on the results of initial workshops and ideas for further work by **the end of May.**
- (c) an assessment of the priorities for public health in each of the Councils, taking into account the results of (b) and the JSNA. **By July,** for consultation.
- (d) a mid-year review of public health commissioning, with recommendations about managing performance for the second half of the 2013-14 year and for re-commissioning in 14/15. The review should include an updated assessment of the headroom and contractual flexibility in each of the three authorities to move towards newly established priorities in-year, where desirable. **By mid-September.**
- (e) a framework for commissioning in 2014-15 against the new priorities. **By October.**
- (f) preparation of Commissioning Intentions, for consultation, **by November.**
- (g) a detailed review of the public health operating model and resources, in the light of six months' experience, tri-borough developments (including plans to introduce managed services) and decisions about commissioning priorities. This review should include non-commissioning activities (such as providing



public health advice to CCGs) and will also need to reflect any changes to the role of Director of Public Health initiated by the Department of Health. It will need to engage both officers and members in giving feedback about the current approach, risks and likely pressures in future. **By December.**

## **12. LEGAL IMPLICATIONS**

12.1 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.

12.2 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. Each borough is, in accordance with its own Governance arrangements, currently progressing this appointment.

12.3 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.

12.4 Implications verified/completed by: Tasnim Shawkat, Director of Law 020 8753 2700

## **13. EQUALITY IMPLICATIONS**

13.1 Equality impact assessments have been carried out:

- by the National Health Service in relation to the transfer of their current employees to the Councils
- by the Department of Health, in relation to the allocation of public health grant to local authorities

13.2 A balanced budget will be set in relation to public health. An Equality Impact Assessment will accompany recommendations about the Council's priorities for public health and changes to their commissioning intentions from 2013-14 onwards.

## **14. COMMUNICATIONS**

- 14.1 The Councils will want to establish a clear public narrative about the opportunities created by the transfer of public health duties to the local authority, the pressures on grant across the health and social care portfolio, and the need to focus rigorously on priorities. The narrative will help to make it apparent to service providers and other stakeholders that commissioning intentions are likely to change as public health duties transfer to the three Councils.

## **15. FINANCIAL AND RESOURCES IMPLICATIONS**

- 15.1 The Executive Director of Finance and Corporate Governance has been consulted and concurs with the proposals in this report.
- 15.2 The transfer of the public health function from the local PCTs to the Tri-borough councils is not risk free financially. Budget provision has been made for known commitments but further commitments may come to light once the service has transferred. This risk will need to be monitored carefully during the year.
- 15.3 The contracts transferring to the councils also bring their own risk. In particular, the sexual health contract is very volatile and difficult to control. Again, demand for this service and its associated cost will need to be monitored closely.
- 15.4 It is estimated that H&F has funds of approximately £600,000 available from within the current public health funding as a contingency against new commitments or increased demand materialising.
- 15.5 Implications verified/completed by: Jane West, Executive Director of Finance and Corporate Governance, 020 8753 1900

## **16. PROCUREMENT IMPLICATIONS**

- 16.1 The Director of Procurement and IT Strategy concurs with the proposals in this report.
- 16.2 Implications verified/completed by: Jackie Hudson, Director of Procurement and IT Strategy, 020 8753 2946

**LOCAL GOVERNMENT ACT 2000**

**LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

<b>No.</b>	<b>Description of Background Papers</b>	<b>Name/Ext of holder of file/copy</b>	<b>Department/ Location</b>
	Health & Social Care Act 2012	Melanie Smith, Tri-borough Director of Public Health	

## PROPOSED OPERATING MODEL FOR PUBLIC HEALTH ON 1 APRIL

### Statutory responsibilities

A1. The Triborough Councils will have public health duties in all three domains of public health:

- Health improvement. This involves creating opportunities and removing barriers so that individuals, families and communities take positive action to maintain and improve their health through physical activity and diet (etc) as well as action to address the social determinants of health such as the built environment and worklessness
- Health protection. The Council's current responsibilities in protecting the health of the local population from threats to health will be expanded and enhanced by their employment of public health specialists who can draw upon the expertise of Public Health England.
- Health care public health. The Councils' public health staff will work with CCGs to ensure that services are commissioned on the basis of good evidence to prevent as well as treat disease and address local need.

### Overview of public health functions

A2. Activities undertaken or commissioned by the Public Health Team will fall into one or more of the following categories:

#### Mandated functions

- Sexual health services – STI testing and treatment
- Sexual health services – contraception
- NHS Health Check programme
- Local authority role in health protection
- Public health advice
- National Child Measurement programme

#### Non-Mandated Functions

- Sexual health services – advice, prevention and promotion

- Obesity – adults
- Obesity - children
- Physical activity – adults
- Physical activity – children
- Drug misuse – adults
- Alcohol misuse – adults
- Substance misuse (drugs and alcohol) – youth services
- Reducing smoking prevalence
- Children 5 – 19 public health programmes
- Non mandatory elements of the NHS Health Check programme
- Nutrition initiatives
- Health at Work
- Accident Prevention
- Mental health promotion and protection
- Other health improvement and disease prevention activities
- Violence prevention
- Dental public health
- Fluoridation
- Local authority role in surveillance and control of infectious diseases
- Information and Intelligence
- Public health spend on environmental hazards protection
- Local initiatives to reduce excess deaths from seasonal mortality
- Wider determinants and PH workforce development

### **How the Council will be held to account**

A3. To date, the only information on performance management issued by the Department of Health is the set of grant conditions published on 10 January 2013. These cover how the grant may be spent and the activities on which it may be spent. The Councils will be required to report spend against the categories above.

### **Relationship of PH plan to Health and Well-Being Strategy**

A4. The Health and Social Care Act (2012) requires local authorities to set up Health and Well-being Boards (HWBs). Although authorities may share HWBs, Tri-borough councils have determined to establish separate boards. These are well established in shadow form.

A5. The minimum membership of the HWB is defined in the Act and includes Adult Social Care, Family and Children's Services, the CCGs, HealthWatch as well as public health.

A6. The remit of a HWB is to produce a Joint Strategic Needs Assessment and a Health and Wellbeing Strategy as a framework for commissioning by members of the Board. In this way, the HWBs will oversee commissioning of health and social care (both adults and children) and public health services.

A7. Boards may choose to take a broader remit than this. But the Councils' public health responsibilities will only ever form a part of the Boards' remits. There may be public health activities (for example those which do not impact on partners) that will be outside the Boards' remits.

## Resources

A8. The ring fenced grant for the public health service will be (for 13/14)

WCC (£k)	RBKC (£k)	LBHF (£k)
30,384	20,636	20,287

A9. In addition the transfer of substance misuse commissioning from ASC to public health will result in the following LA funding transferring

WCC (£k)	RBKC (£k)	LBHF (£k)
777	1182	676

A10. The public health team will comprise:

- 38 posts transferred from the NHS
- 10 SMS posts transferred from Adult Social Care

## Team structures:

A11. The Public Health function will be led by the Director of Public Health, reporting to the Chief Executive of Westminster City Council (as a line manager), accountable to both CEOs for the delivery of the public health plan in each borough, and supported by three Deputy Directors, one for each borough. Each of the Deputy Directors is a consultant in public health and will sit on the Boards of the CCGs in his or her borough. Each of the three consultants will have a functional portfolio which will span all three boroughs and will manage a team to deliver it. These portfolios are:

### Social determinants and public health intelligence

This team covers public health intelligence & knowledge management. It will also work across the councils providing public health advice in relation to work, housing, planning and regeneration, crime and violence. It will also work to develop public health skills in the non-specialist public health workforce.

### Public Health Families and Children

As well as a focus on family and children, including the commissioning of school nursing and the healthy schools programme, this team will lead on early years nutrition, the promotion of healthy weight, third sector and community engagement and mental health protection and promotion.

### Behaviour change and health protection

This team will commission a range of services to support behaviour change, including the health check programme, as well as delivering the Councils' responsibilities for sexual health and health protection, including assurance of infection prevention, screening, immunisation and health EPRR arrangements.

A12. Business support has been centralised and will manage the relationship with CCGs and Public Health England as well as managing the delivery of the public health work programme. The team will also act as the link with governance and member services.

### **External dependencies**

A13. In order to fulfill the Council's duties the public health team will need to work closely with:

- Central London, West London and Hammersmith and Fulham CCGs
- Public Health England
- DH
- National Commissioning Board
- Service providers in the NHS, independent and third sector
- Faculty of Public Health
- Association of Directors of Public Health

**DRAFT DELEGATED AUTHORITY TO THE TRI-BOROUGH DIRECTOR OF PUBLIC HEALTH**

- B1. To be authorised to agree expenditure on relevant public health budgets subject to each Tri-Borough Council's constitution. Such authority can be delegated in writing to others.
- B2. To lead on personnel decisions, including recruitment, appraisal and disciplinary decisions, subject to the City of Westminster's internal procedures only.
- B3. To report to the Chief Executive and relevant Cabinet Councillors and relevant Scrutiny Committee. To provide policy advice, if requested, to any political party represented on any of the participating councils.
- B4. To exercise the statutory functions of the Director of Public Health. These responsibilities may be delegated in writing to named public health consultants in each borough.
- B5. To report to each Council's Chief Executive on the performance of the function and to support the accountability of the chief Executive for grant expenditure.
- B6. To ensure that each participating authority has up-to-date plans, meeting statutory requirements and the demands of good practice.
- B7. To be the officer responsible for leadership, expertise and formal advice on all aspects of the Public Health Service.
- B8. To provide advice to the public in any period where local health protection advice is likely to be necessary or appropriate, in conjunction with each Council's communications team.
- B9. To promote action across the life course, working together with local authority colleagues such as the Executive Director of Children's Services and the Executive Director of Adult Social Care and with NHS colleagues.
- B10. To work through local resilience fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health.
- B11. To work with local criminal justice partners and Police and Crime Commissioners to promote safer communities.



B12. To work with the wider civil society to engage local partners in fostering improved health and wellbeing.


B13. To be an active member of the Health and Wellbeing Board, advising on and contributing to the development of joint strategic needs assessments and joint health and wellbeing strategies and commission appropriate services accordingly.

B14. To take responsibility for the management of their authority's public health services with professional responsibility and accountability for their effectiveness, availability and value for money.

B15. To play a full part in their authority's action to meet the needs of vulnerable children, for example by linking effectively with the Local Safeguarding Children Board.

B16. To contribute to and influence the work of NHS Commissioners, ensuring a whole system approach across the public sector

# Agenda Item 5

	<b>London Borough of Hammersmith &amp; Fulham</b>  <b>HOUSING HEALTH &amp; ADULT SOCIAL CARE SELECT COMMITTEE</b>  <b>9 April 2013</b>
<b>TITLE OF REPORT: Welfare Reform Update Report</b>	
<b>Report of the Executive Director of Housing &amp; Regeneration</b>	
<b>Open Report</b>	
<b>Classification - For Scrutiny Review &amp; Comment</b>	
<b>Key Decision: No</b>	
<b>Wards Affected: All</b>	
<b>Accountable Executive Director:</b> Melbourne Barrett, Executive Director of Housing & Regeneration	
<b>Report Author:</b> Mike England, Director of Housing Options, Skills & Economic Development	<b>Contact Details:</b> E-mail: mike.england@lbhf.gov.uk

## 1. EXECUTIVE SUMMARY

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

- Summary of legislative changes
- Set of Current Local Statistics
- Recent background to HB Assist and Transitional Protection Work
- Description of HB Assist Project Workstreams
- Conclusion – Outcomes

## 2. RECOMMENDATION

2.1 To note the report.

## 3. SUMMARY OF LEGISLATIVE CHANGES

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

- **Local Housing Allowance (LHA) Rates** – From April 2011, housing costs for private sector tenants eligible for housing benefit were limited to the 30th percentile of median private rents for the respective Broad Rental Market Area (BRMA). From April 2013, the LHA rates are set either at the lower of the 30th percentile of local rents or the April 2012 rate increased by 2.2 per cent. In the Autumn Statement, the Chancellor announced that in 2014 and 2015, the uprating of LHA rates will be in line with the 1 per cent increase for the majority of working-age benefits
- **Shared Accommodation Room Rate Changes** – From the beginning of January 2012, the age threshold for the shared accommodation room rate increased from 25 to 35 years old, affecting private tenants only. This means that all single people under 35 (unless exempt) in private sector accommodation now have their housing benefit based on the shared room rate rather than the 1 bedroom rate. In real terms, this means that the affected claimants' benefit calculation is based on the shared room rate of £100 rather than the 1 bedroom rate of £220.

From April 2013 onwards:

- **Housing benefit size criteria restrictions for working age claimants in the social rented sector** – From April 2013, restrictions will apply to tenants of councils and housing associations living in homes that are larger than they need. A 14% reduction will be applied

to tenants if they under-occupy their homes by one bedroom and a 25% reduction will apply if they are under occupying by 2 or more bedrooms. However, local authorities will have the ability to make discretionary housing payments to cover the shortfall in certain circumstances.

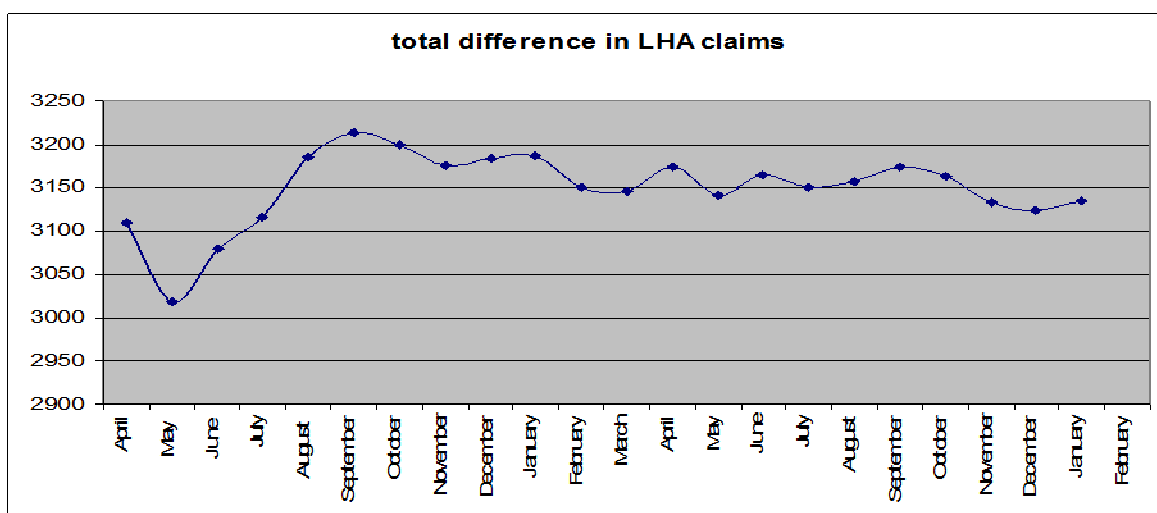
- **Benefit Cap** – From Summer 2013, there will be a cap on the amount of benefits that a working age household is eligible to receive. This will be capped at £500 per week for families and £350 per week for single people. Exceptions will include a war widow; a Disability Living Allowance claimant; or a Working Tax Credit claimant. Originally planned for implementation from April 2013, the Government recently announced that this would be for a number of selected pilot authorities only. The remainder of authorities will implement the cap throughout the summer of 2013.
- **Universal Credit** – From October 2013, the mechanism by which the new welfare regime will be implemented will be phased in. All new claims will be assessed using the new Universal Credit regime from October 2013. All existing claimants will be migrated over to the new regime by 2017.

The authority is working with the DWP to pilot a Personal Budgeting Support club as part of the preparation for Universal Credit. This will be investigating how we can get claimants ready for the arrival of universal credit and the way that Universal Credit will be paid – direct to the claimant on a monthly basis. The trial will monitor the effectiveness of the support given to claimants to help them better able to manage their finances.

#### **4. Set of Current Local Statistics**

##### **Local Housing Allowance**

- 4.1 The Council is monitoring the levels of private sector benefit claims within the borough and at present we have not seen a major reduction in private sector claims. The graph below shows the number of LHA claims since April 2011 (when the changes came in) to the present. There is evidence to suggest that some landlords are accepting (sometimes substantially) lower rents.



Note: Graph illustrates changes in the number of monthly LHA claims

- 4.2 The table indicates that just over 3,100 claims for Housing Benefit using the LHA mechanism were being managed in April 2011 with just under 3,150 claims in January 2013. The W6 postcode has seen a reduction in private sector claims but SW6, W12 and W14 have all seen slight increases.

### Shared Accommodation Room Rate Changes

- 4.3 Shared accommodation rate claims have increased from 22% of the LHA caseload in January 2012 to 25% in January 2013. Conversely, 1 bedroom rate claims now make up 34% of the LHA caseload from 37% in Jan 2012.

	shared	1 bed	total	% shared	% total
Jan-12	693	1188	3171	22%	37%
Jan-13	771	1052	3110	25%	34%

### Housing benefit size criteria restrictions for working age claimants in the Social Housing sector

- 4.4 The current estimate is that there are 834 under-occupying cases claiming housing benefit in the Council housing sector potentially affected by the Housing Benefit changes. Of these, it is estimated that 629 are “under-occupying” by 1 bedroom and 205 by 2 bedrooms. Within the Registered Provider (Housing Association) sector the estimate is that 648 households are potentially affected.
- 4.5 In September 2012 the Housing Occupancy Team within the Housing Options Division issued letters to all those council tenants thought likely to be affected by the size criteria changes. 825 (the then estimate of those affected) letters were issued and 157 responses received. The team are currently working with 115 working age underoccupiers.

Within the responses received there were over 30 where the tenant believes there may be an exemption on the grounds of disability. H&F Direct are currently working through these. The intention is to write again to all council tenants affected before the end of March to inform them of the Council's general approach to the changes and to advise them of the options available to them, including employment support, the possibility of moving to smaller accommodation, and how to obtain advice on possible exemptions and applications for Discretionary Housing Payments.

- 4.6 In the week beginning 11 March the Department for Work and Pensions announced a number of further exemptions, involving;
- foster carers;
  - absent members of the armed forces;
  - persons with a severe disability unable to share a bedroom.

H&F Direct will be working with tenants to identify those benefitting from these exemptions.

### Overall Benefit Cap

- 4.7 The following numbers of households are estimated by DWP in January 2013 to be affected by the Benefit Cap.

Benefit Cap	
Tenancy Type	DWP Estimated Number Affected
Permanent Tenancies (HRA)	8
Temporary Accommodation (TA)	726*
Private Rented Sector (PRS)	114
Grand Total	848

\* Unspecified by DWP as households living in TA

- 4.8 The Council is currently working on the DWP figures to identify where there may be exemptions. The Council believes that the overall figures are likely to be lower once the exemptions have been identified. In the case of council tenants specifically (i.e., Permanent Tenancies (HRA)), it is already known that the actual number of households affected is 67.
- 4.9 The Department for Work and Pensions (DWP) announced in December 2012 that the implementation of the Benefit Cap will be phased in from April 2013. Four London local authorities (H&F not included) have been selected to be the first to start to apply the Benefit Cap before the national rollout for all the other local authorities between May and end of September 2013. DWP have recently indicated that implementation for other authorities will be from mid-July, although the mechanics for this are still to be set out in detail.

## **5. RECENT BACKGROUND TO HB ASSIST AND TRANSITIONAL PROTECTION WORK**

- 5.1 The most recent update on the work of the HB Assist Team (before its work was extended) to Select Committee indicated the following:

<b>HB Assist Data 15 August 2012</b>	
Total Number Initially Affected	546
Successfully Negotiated Reduction (Landlord Said 'YES')	-344
Landlord Said 'NO'	202
Resolved by HB Assist	160
Of which -	
* Remained in borough	-134
* Resettled in Neighbouring Borough	-16
* Resettled in Other Areas	-10
Assistance no longer required	16
Still to be Resolved	26

- 5.2 At the 15 October 2012 Cabinet meeting, it was agreed to extend the role of the successful HB Assist Team in Housing Options to encompass work with landlords and residents to be affected by the issues around benefit choices over the next year described above.

## **6. HB ASSIST PROJECT WORKSTREAMS**

- 6.1 Seven project workstreams are at various stages of delivery which are designed to respond to the impacts of the welfare reform changes on certain cohorts of need amongst the residents of Hammersmith & Fulham.

- 6.2 These workstreams focus on:

- Local Housing Allowance (LHA) Cap
- Benefit Caps
- Universal Credit
- Temporary Accommodation Subsidy
- Hamlet Gardens
- Employment Links
- Under Occupation of Social Housing

## **7. CONCLUSION – OUTCOMES**

- 7.1 In conclusion, the Council is seeking to achieve the following outcomes from the workstreams identified above:

- Ensure there is awareness of the welfare reform changes that are being implemented

- Facilitate and make referrals to the employment and employability support services in the borough to assist adults affected into work-related training and/or sustainable employment to make up the loss of income and, in some cases, avoid the effects of the cap;
- Negotiate with landlords to reduce existing rents to within the new subsidy or affordable levels to sustain tenancies and/or prevent homelessness;
- Procure new and affordable suitable accommodation for priority households (i.e. vulnerable and severely affected)
- Ensure Discretionary Housing Payments (DHPs) resourced by the Government (£1.488m in 2013/14) are effectively and efficiently applied;
- Promote transfers within social housing to encourage households known to be under-occupying to downsize and allowing overcrowded households to be better accommodated; and,
- Organise multi agency panels for vulnerable children and adults to manage risks arising from the loss of income.

7.2 The work of the HB Assist Team is being governed by an internal Project Board and project milestones, costs and outcomes will be monitored on an ongoing basis.

## **8. COMMENTS OF THE DIRECTOR OF FINANCE AND CORPORATE SERVICES**

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


## **9. COMMENTS OF THE DIRECTOR OF LAW**

9.1 No legal implications arise directly from this report.

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

<b>No.</b>	<b>Description of Background Papers</b>	<b>Name/Ext of holder of file/copy</b>	<b>Department/ Location</b>
	None		



 the low tax borough	<b>London Borough of Hammersmith &amp; Fulham</b>  <b>HOUSING HEALTH &amp; ADULT SOCIAL CARE SELECT COMMITTEE</b>  <b>9 April 2013</b>	
<b>TITLE OF REPORT: Housing and Regeneration Department Key Performance Indicators.</b>		
<b>Report of the Director, Finance and Resources, Housing and Regeneration Department</b>		
<b>Open Report</b>		
<b>Classification - For Scrutiny Review &amp; Comment</b>		
<b>Key Decision: No</b>		
<b>Wards Affected: All</b>		
<b>Accountable Executive Director: : Melbourne Barrett, Executive Director of Housing &amp; Regeneration</b>		
<b>Report Author:</b> <b>Kathleen Corbett Director, Finance and Resources, Housing and Regeneration Department</b>		<b>Contact Details:</b> <b>E-mail:</b> <b>Kathleen.Corbett@lbhf.gov.uk</b>

## 1. EXECUTIVE SUMMARY

- 1.1 Performance overall is good with 19 of the 25 targets being met or within tolerance. Performance has also improved in 9 out of 16 indicators when compared to the 2011/12 year end position (or the position this time last year in the cases of cumulative indicators). All figures reported are for the period ending January 2013.
- 1.2. Detailed remedial action plans are in place to address all indicators that are outside tolerance i.e. are Red.

## 2. RECOMMENDATIONS

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

## 3. INTRODUCTION

- 3.1 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.
- 3.2 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.

## 4. PERFORMANCE

### Key

Green	Target met
Amber	Within tolerance
Red	Outside tolerance

### 4.1 Financial Management

#### 4.1.1 Performance

Indicator	Target	YTD	2011/12 <sup>1</sup>	Trend
% of rent collected (excluding current arrears)	100%	99.54%	98.83%	improving
Current tenant rent arrears as a % of rent due (excluding voids)	3.5%	3.65%	3.77%	improving
Former tenant arrears as a % of rent due (excluding voids)	1.0%	1.35%	0.98%	not improving
Rent loss due to voids as a % of rent due	2.01%	2.00%	2.18%	improving

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

Service Charges collected as a % of service charges due	95.74%	<b>95.89%</b>	95.32%	improving
Income from expensive void disposal (£m)	£21.8m	<b>£26.8m</b>	£16.5m	improving
Ave number of working days lost due to sickness absence	9.5 days	<b>9.1 days</b>	10.3 days	improving

#### 4.1.2 Factors affecting performance

Rent collection is generally improving with the collection rate for January being 101.6%, however former tenant arrears have increased due to an increase in evictions caused by new procedures implemented to tackle high level rent arrears. The re-organisation of the Rent Income and Rent Account Teams is underway and the approach used to the collection of former tenants' arrears is being reviewed as part of this.

### 4.2 Property Management

#### 4.2.1 Performance

Indicator	Target	YTD	2011/12	Trend
% of all repairs completed on time	98%	<b>93.7%</b>	93.2%	improving
% of properties with a valid gas certificate	100%	<b>99.1%</b>	99.7%	not improving (Note Feb 13 shows considerable improvement to 99.6%)
% of units available for letting but vacant	0.4%	<b>0.13%</b>	n/a	n/a
% of units unavailable for letting and vacant due Regeneration	1.10%	<b>1.07%</b>	n/a	n/a
% of units unavailable for letting and vacant due to other reasons e.g. held for disposal, management voids not ready for letting	1.08%	<b>0.93%</b>	n/a	n/a
Number of days taken to re-let empty properties (General Needs)	26 days	<b>25.8 days</b>	28.4 days	improving
Number of days taken to re-let empty properties(Sheltered)	26 days	<b>35.0 days</b>	33.2 days	not improving

#### 4.2.2 Factors affecting performance

There has been a significant drop in repair completions by Willmott Dixon Partnership (WDP). This has been acknowledged by the WDP Operational Director, who has identified administrative failings at the branch. Completion data is either failing to reach Hammersmith and Fulham's Housing Management system due to user error at WDP, or incorrect information is being entered by WDP. WDP are currently auditing their processes and retraining their staff. They have reviewed the January statistics and estimate the true figure to be 95%. WDP have also taken steps to reinforce the WDP Service Desk, where a failure to properly deal with work planning has resulted in increased calls by dissatisfied customers and increased complaints.

In addition, the Kier's performance has also dipped. Both contractors will be providing their detailed action plans to recover this position at the monthly Performance meeting.

There has been a drop in the number of properties without a valid gas certificate due to problems gaining access, however the actions noted below have been successful and during February the trend reversed with 99.61% of properties having a valid gas certificate as at the 28<sup>th</sup> February 2013. To ensure properties have a valid gas certificate Officers have and continue to:

- Contact residents by phone when they have not responded to 4 appointment letters.
- Offered appointments outside of normal working hours including weekends.
- Asked residents to contact the Gas Compliance Unit immediately if the contractor misses the appointment.
- Visit properties where the gas certificate is due to expire to agree an appointment.
- Instruct legal to apply for forced entry within 5 days of the expiry of the gas certificate.

The number of days to re-let sheltered properties has been significantly affected by a small number of voids that have proven difficult to let. For example, in January, there were only 2 sheltered voids let: one required 29 offers due to the location of the property and the other required 9 offers due to the lack of a lift. From 1<sup>st</sup> April 2013 HRD are moving to direct lets for sheltered properties which should improve turnaround times and continues to review the position to identify trends in particular blocks.

#### 4.3 Communities

##### 4.3.1 Performance

Indicator	Target	YTD	2011/12	Trend
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Number of homeless acceptances	230	<b>233</b>	101	not improving
Number of homeless households in temporary accommodation	1200	<b>1158</b>	1025	not improving
Families in bed and breakfast for over 6 weeks	0	<b>31</b>	16	not improving
Right to Buy/TIS	12	<b>9</b>	n/a	n/a
Number of HomeBuy sales in new development	55	<b>72</b>	n/a	n/a
% of lettings to working households	25%	<b>28%</b>	n/a	n/a

#### 4.3.2 Factors affecting performance

The increase in the number of homeless acceptances and the use of Bed and Breakfast accommodation is a reflection of a trend across London, due to the buoyancy of the private rented market compounded by the introduction of HB caps. It is therefore proving difficult to secure alternative private rented accommodation resulting in more use of Bed and Breakfast.

However the number of families in Bed and Breakfast accommodation for over 6 weeks has improved since the last report (46 families). A dedicated Allocations Officer has been assigned to this area, weekly meetings are being held to agree move on plans for families and the Procurement Manager has and continues to broker new arrangements to bring in additional properties to relieve the use of B&B.

#### 4.4 Quality Assurance

##### 4.4.1 Performance

Indicator	Target	YTD	2011/12	Trend
% very or fairly satisfied with repairs and maintenance	75%	<b>84.5%</b>	82%	improving
% high risk priority work started in Fire Risk Assessments	50%	<b>85.6%</b>	n/a	
% of Stage 1 complaints upheld	60%	<b>52.0%</b>	n/a	
Average time to answer inbound telephony calls at the Customer Service Centre (seconds)	18 sec	<b>29 sec</b>	n/a	

% of correspondence answered within 10 days	80%	<b>78.8%</b>	88%	not improving
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#### 4.4.2 Factors affecting performance

There has been a significant increase in calls since the last report; there were 46% more calls in December than at the same time last year, exacerbated by increased sickness in the team in January. The increase in call volumes has been addressed by an experienced job sharer being given additional hours until the end of March.

### 5. RECOMMENDATIONS

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

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

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

	<p><b>London Borough of Hammersmith &amp; Fulham</b></p> <p><b>BRIEFING TO HOUSING HEALTH &amp; ADULT SOCIAL CARE SELECT COMMITTEE</b></p> <p><b>9 April 2013</b></p>
<p><b>TITLE OF REPORT – CHANGES TO DAY SERVICES UPDATE 2013</b></p>	
<p><b>Report of the Tri-borough Executive Director for Adult Social Care</b></p>	
<p><b>Open Report</b></p>	
<p><b>Classification - For Scrutiny Review &amp; Comment</b></p> <p><b>Key Decision: No</b></p>	
<p><b>Wards Affected: ALL</b></p>	
<p><b>Accountable Executive Director:</b> Andrew Webster (Tri-borough Executive Director for Adult Social Care)</p>	
<p><b>Report Author/s:</b>          Stella Baillie – Tri-borough of Provided Services and Mental Health Partnerships           Pete McDonnell – Senior Commissioning Manager (Community)</p>	<p><b>Contact Details:</b>           Tel: 020 8361 2401           E-mail: <a href="mailto:Stella.Baillie@rbkc.gov.uk">Stella.Baillie@rbkc.gov.uk</a></p>

## 1 EXECUTIVE SUMMARY

1.1 This report provides a general update to the Scrutiny Committee on the development of day services for older people, people with dementia, disabled people, people with mental health needs and people with learning disabilities following the cabinet reports in January 2011 “Changes to Day Services” and in March 2012 “Remodel of Day Services”.

1.2 The scope of this report includes:

- Ellerslie Road (People with Mental Health needs)
- Options (People with Learning Disabilities)
- Older and Disabled People (All age various centres)
- St. Vincent’s Dementia Day Service and outreach
- Community Access Team

## **2 RECOMMENDATIONS**

2.1 The Scrutiny Committee is asked to:

1. Note the update on the remodelling of Adult Social Care day services provided or commissioned in Hammersmith and Fulham.
2. Comment on the ongoing work and direction of travel.

## **3 REASONS FOR DECISION**

3.1 There are no formal decisions needed at this stage.

## **4 INTRODUCTION AND BACKGROUND**

4.1 This section of the report summarises the key overarching themes for day services and provides information on the current services.

### **Themes from the previous report**

#### All age day services

- 4.2. A major change to older people's day services in Hammersmith and Fulham has been the move to providing all age day services to all disabled people aged 18 and over, instead of separate day services for younger disabled people and older people. This aims to make day services equitable to all local residents with a disability assessed as needing support to do things during the day. This affected services at Imperial Wharf, Nubian Life, Elgin Close and Shanti centres.
- 4.3 The centre managers reported that there was a slow start to mixed age range provision and that numbers were small. However centres like Imperial Wharf and Elgin Close have advised that older people now welcome the wider age range of people using services. Centres report that activities and groups are now often mixed, but were also organised to suit younger or older people if appropriate.
- 4.4 Centres also report that most younger disabled people were in their late forties or early fifties with degenerative conditions like MS, Motor Neurone or brain injury (stroke etc) and are people who would find it very difficult to access other activities like colleges, training or employment due to their level of impairment.

#### Reducing reliance on the use of building based day centres to deliver services



- 4.5 Another major change was the development of the Community Access Team, which supports both younger disabled and older people to access more opportunities in the community. Operating since February 2012, the service now supports 33 mainly older people, aged 60-80 to remain independent and be included in their local community. Support workers provide a twelve week intervention programme to individuals and small groups to link people to wider community activities including leisure, further education and employment.

#### Development of Mental Health day services

- 4.6 The re-organisation of the former Ellerslie Day Service has been successfully completed and the service now has a much smaller staff team of three whose role is to promote independent living for those with mental health issues.
- 4.7 "Ellerslie Independent Supported Living Service" is working towards being a peer lead support service and three service users have qualified as peer support workers with another hoping to start the course soon. Peer support workers are service users who have been trained by WLMHT on a nationally accredited Peer Support Worker programme endorsed by the Centre for Mental Health. 32 such workers have completed their training. Training for service users to lead groups themselves is being planned for April 2013. A peer support worker will also be providing additional support for women at Ellerslie from April 2013 onwards.
- 4.8 The service has changed in that it no longer provides meals but encourages service users to cook for themselves and has had some success in starting to run cooking groups which will be developed further once the service returns to the refurbished Ellerslie building. During this period of change the service is not open to referrals but this will be reviewed once the service has re-established itself in the refurbished Ellerslie building. Service users have been involved throughout in an Ellerslie Working Group which has helped to implement the changes
- 4.9 Eight service users have been admitted to hospital since the service has changed, which is slightly higher than the average six per year. These incidents have been investigated and there was no clear evidence that change in day services impacted on or caused these hospital episodes. Some reasons included physical health needs or ceasing to take medication.
- 4.10 A recurring savings of £290k was made from the Ellerslie and Options service budgets in 2012/13. A further one-off saving of £70k is required in 2013/14 from a balance sheet reserve. The remaining reserve of £220k is being re-invested in the Ellerslie building works and refurbishment to accommodate Nubian Life. The sale of the Nubian Life building site is estimated to deliver a £250k sum.
- 4.11 The refurbishment of the Ellerslie building is almost complete and has provided a new fully accessible toilet and changing space downstairs to

Nubian Life Day Service, as well as a new kitchen upstairs for the Ellerslie Mental Health Service. The works are due to be completed by mid March, with the Nubian Life and Ellerslie services moving into the building during March 2013.

- 4.12 At scrutiny last January, officers advised the committee of their plans to set up a mental health re-ablement service. The purpose of the service was to provide intensive practical and emotional support on a re-ablement model to individuals at key points of transition - e.g. at risk of admission, discharged from hospital or stepped down from residential care or supported housing to more independent living. This service replicates a well evidenced model of provision for people with physical healthcare needs and was intended to fill an identified gap in provision in mental health services.
- 4.13 A specification for the service has now been finalised in full consultation with stakeholders including mental health service users. The service will be based at the Claybrook Centre (though it will outreach to people's homes and community settings) and will be delivered by peer support workers from the pool of 32. Five have been actively recruited from this pool to the mental health re-ablement service.
- 4.14 Peer support workers wishing to work in the re-ablement service will sign up to an employment agency and their time will be purchased sessionally by care co-ordinators in the same way as they would buy any other spot purchased care package. The council has funded an additional full time occupational therapist at WLMHT to ensure that the peer support workers providing sessional support on this basis have good line management and clinical supervision.
- 4.15 The expected outcomes from the service are that more people with mental health needs will be supported as part of their recovery journey to gain more independence. As the service is purchased sessionally, the care package required for each individual can be individually tailored to meet need.
- 4.16 The service is available to all regardless of FACS eligibility for up to the first twelve weeks and for people who are FACS eligible (through a personal budget or direct payment) after this period of time. The budget set aside for the service is £150k which includes the cost of the occupational therapist and a budget for the spot purchased packages of care. It is expected that the service will be operational from April.

#### Shanti Day Centre

- 4.17 Shanti was originally a centre for older people. The centre has been operating an "All Age" service since the summer of 2011 with 107 older people registered with the centre, as well as 230 younger people with disabilities aged 26 to 49. 10 day care places are offered, with around 70 people receiving a meal at home and 26 at the centre.

- 4.18 Shanti has a four year lease from 2012 at a reduced rent of £13,000 per year. This will cease in 2016 when a market rent will be required.
- 4.19 The Tri-borough commissioning team are working with all commissioned older people's day service to move from contractual arrangements to individuals directly purchasing the service.

#### Nubian Life Resource Centre

- 4.20 Nubian Life was originally a centre for older people. The centre has been operating an "All Age" service since the summer of 2011. 76 older people are registered with the centre, with an average daily attendance of 16 for day services and 11 are also supported to be more independent in the community with staff offering rehabilitation support post hospital episodes. Nubian Life will be moving to the ground floor of the Ellerslie Road site in March 2013.
- 4.21 As yet Nubian has not had referrals for younger disabled people and has reported that increased resources would be required to deliver this additional service.

#### Elgin Resource Centre

- 4.22 Owned by Notting Hill Housing, who also provides the services, Elgin was originally a centre exclusively for older people. The centre has been operating an "All Age" service since the summer of 2011. 52 older people are registered with the centre with an average daily attendance Seven people with disabilities are registered. An average daily attendance is about 14 people (this includes weekends that have a lower expected number).
- 4.23 The centre manager has reported that the mix of older people and people with disabilities is now working well. Activities at the centre are offered on both a mixed basis for younger and older people where appropriate and also on a bespoke basis to each group, again where appropriate or it has been requested. Elgin is also developing opportunities for more intergenerational work.

#### Imperial Wharf Resource Centre

- 4.24 Imperial Wharf is based in Olive House, an extra care sheltered housing block. The lease is between LBHF and Hanover Housing Association for a period of 125 year which commenced in June 2009.
- 4.25 Imperial Wharf was originally a centre for older people. The centre has been operating an "All Age" service since the summer of 201. 62 older people are registered with the centre, with an average daily attendance of 24. 15 younger disabled people are registered and attend two days per week.
- 4.26 The centre manager has reported that the mix of older people and disabled people has worked well. Older people have reported that having a younger

age group in the facility is welcomed. The younger people are aged 50 plus (average age 55) and have either a degenerative condition like MS or have experienced a stroke or other brain injury and have a significant degree of personal care needs.

- 4.27 As an in-house service the intention would be to move Imperial Wharf to be purchased and provided via personal budgets, probably using some form of managed account process as it is not currently permitted to use direct payments to purchase in house services.

## **5 FURTHER DEVELOPMENTS**

### Personalising day services

- 5.1 The major change for day services will be the move away from block contracts with guaranteed annual funding to a situation where people with eligible adult social care needs use a Direct Payment to arrange and buy their own day services. This is a national agenda that all services and Council's are working on.
- 5.2 There is now a Tri-borough approach to this work. Officers have been working with the commissioned all age day services Nubian Life, Elgin Close and Shanti, to investigate how we move their services from contracts to personal budgets. The Cabinet report in 2011 proposed an approach based on a market tender with annual percentage reductions to reduce the guaranteed funding in the contract. This approach was not successful as no organisations bid to run the services on this basis.
- 5.3 The proposed Tri-borough approach is in line with this and will start to reduce guaranteed funding during 2013, however as the services and organisations are very different, individual business cases and plans for each day service will be adopted and may have different timescales. The use of market tenders will be explored, as will the option of working with existing providers to develop the future model.
- 5.4 Each Council wants to ensure that there is sufficient provision available for people with complex support needs and this cannot always be assured through open market tendering methods.
- 5.5 A key principle is to not tender these services but to support the local market to move to a personal budget model of payments. The current population of older people using day services are consistent in telling the Council that they want the day services they have now, and not wanting to access wider opportunities, so the proposed approach enables a managed move from block contracts to personal budgets. This supports people who are currently using services at the same time as preparing providers and the Council for a time when more older people are choosing to use direct payments and make other choices about how their needs are met.

- 5.6 This is being supported by a process of review of individual circumstances to ensure people with the highest need get access to these services. People who need less support will be helped to use preventative services, some of which will be attached to the day services detailed in this report.
- 5.7 Officers are also working with the services to find simple ways for the Council to transfer personal budgets to organisations on the person's behalf.
- 5.8 All commissioned day services should be moving towards being funded by personal budgets by April 2014, although it's unlikely all people will be moved by this point in time.

#### Day Services for People with Complex Learning Disabilities

- 5.9 Options Resource Centre for people with complex learning disabilities, has been developing a number of initiatives.
- 5.10 The original plan to develop a social enterprise has been postponed as there were too many financial uncertainties. However work is continuing on some of the elements of the original proposal. For example work to support a Family Carer led board that is developing a wider range of activities. Staff at the centre will also be piloting more personalised approaches to care support and activities based outside the Options facility. Work has also begun to look at how the Tri-borough in-house learning disability day services could work more closely together in the future to enhance their offer.
- 5.11 The Director for Provided Services and Mental Health Partnerships is leading the work to consider future options for a tri-borough approach to the provision of a Learning Disability Resource Service for people with complex needs. Work is at an early stage and is investigating what the core business should be for these services, current and potential future use and what the services could do on a Tri-borough basis that would increase quality, efficiency and value for money.
- 5.12 Key themes identified so far include creating one set of policies and procedures across all the day services, investigating sharing accessible spaces and activities where appropriate e.g. a drop-in/touch-down offer at each centre if a person needs to use accessible facilities like a toilet and finally researching options for additional staff resources by linking to specialist external providers.
- 5.13 A Tri-borough Learning Disability Partnership Board has been formed and involves people with learning disabilities and family carers from each borough. There will be full consultation with all stakeholders on any proposals developed.
- 5.14 A £100k saving was made from Options in 2012/13 and is part of the re-investment in Ellerslie Road.

### Day Service for People with Dementia

- 5.15 St Vincent's day service was reviewed in the summer of 2012. People who attend the service and their family carers were also consulted about what they wanted from a future service.
- 5.16 The main recommendation of the review was that the existing service should be re-modelled and expanded to become an integrated Dementia Resource Centre, offering a range of building based support, flexible community based outreach, and advice and information services, including a dementia café.
- 5.17 The review also recommended that:
- (i) The day hospital and day service work in partnership and become more closely aligned, with staff teams working jointly to support those with higher support needs;
  - (ii) That a dynamic, community based outreach service is developed and co-located with-in the resource centre;
  - (iii) That the resource centre should also operate as a centre of excellence for information for service users and their carers', with this arm of the service being delivered by one or more Dementia Support Advisors;
  - (iv) That the dementia café opens twice a month, instead of once, with one possibly being held on a Sunday;
  - (v) That the introduction of drop-in facilities is considered (factoring in transport and access needs);
  - (vi) That current operating hours are expanded to seven days a week, potentially between the hours of 10.00am - 8.00pm;
  - (vii) That a bank of volunteers are recruited to increase capacity; and
  - (viii) That peer support networks are also developed.
- 5.18 The outcome of this is the proposal to tender the day service and outreach support later this year and to have a new service in place by early 2014, based on a Resource Centre approach, meaning the service will offer both centre based and community outreach support options. This will enable the service to create more individualised packages of day time support.
- 5.19 Having reviewed Tri-borough procurement opportunities, the option of a Bi-borough procurement approach is currently being explored, this is because RBKC and the NHS who fund dementia one to one outreach and dementia cafes in RBKC are also in a position to tender and it was identified that a Bi-borough approach could be used to deliver an increase in quality and effectiveness of services and produce economies of scale through reducing unit costs.
- 5.20 Proposals are being developed for a tender exercise to commence in the next few weeks and for the new service to be in place by November 2013.

### Tri-borough opportunities

- 5.21 With the national agenda of personalisation which include the move to give people more choice and control, the Tri-borough is in a good position to increase people's choice by enabling them to purchase day care services across the boroughs from different providers. Many people live close to the borough boundaries and work has commenced to look at protocols for more flexible use of resources as providers across the three boroughs are already being approached by older people and their families to buy places. A protocol is expected to be developed by April 2013.
- 5.22 As the number of buildings needed is reducing, but the specification and accessibility needs are increasing, the three Councils will need to consider how many specialist facilities are needed to support the existing range of community based services available in each borough.

## **6 OPTIONS AND ANALYSIS OF OPTIONS**

- 6.1 Not applicable for this update report.

## **7 CONSULTATION**

- 7.1 Local residents using "All age" day services will be consulted on a one to one basis through care management to discuss the options for day services in the future with the move to personal budgets. Advocates maybe also support people who need additional support to communicate and make themselves heard.
- 7.2 The development of complex learning disability day services has incorporated a small family carers advisory group, consisting of a number of parents whose son or daughter use the service in the Tri-borough area. People with learning disabilities will also be consulted in early 2013 with the support of advocates where appropriate. Service and Centre managers have driven the development ideas through a number of project meetings.
- 7.3 Service users have been involved throughout the developments at Ellerslie via a Working Group, which has helped to implement the changes.
- 7.4 Commissioners conducted several consultations with the day hospital and day centre at St Vincent's in the summer of 2012.

## **8 EQUALITY IMPLICATIONS**

- 8.1 Equality Impact Assessments were completed for the significant changes identified in this report and will be completed for all the future proposals in this report where appropriate.

## **9 LEGAL IMPLICATIONS**

- 9.1 The Bi-borough Legal Services Team is being consulted and is providing advice on the move from block contracts to a personal budget approach. This includes any issues around redundancy, procurement codes of practice and appropriate legal documents for the Council to enable local residents to arrange and purchase their day services more directly with providers in the future.
- 9.2 Appropriate Corporate Property and Legal Services will also be consulted and will advise on property leases and other building issues.

## **10 COMMENTS OF THE EXECUTIVE DIRECTOR OF FINANCE AND CORPORATE GOVERNANCE**

- 10.1 This report provides a general update to the Scrutiny Committee on the development of day services and does not contain any financial implications for the Council. A further report will be provided detailing the financial implications of the remodelled services.
- 10.2 Appendix 1 lists the day services budgets in scope of this report.
- 10.3 An MTFs saving of £290k was made against day service budgets in 2012/13 and a further one off saving of £70k is being made in 2013/14, as detailed in section 4.10 of the report. . The sale of the site Nubian Life occupied on the White City estate is expected to deliver £250k.

## **11 RISK MANAGEMENT**

<b>Risk</b>	<b>Mitigation</b>
Providers do not want to move to personal budgets/The day care market collapses with the move to personal budgets and no guaranteed funding	Commissioners have been working with the local Tri-borough day care market for older people to support them to move to personal budgets using a provider forum and undertaking direct work with providers to create business plans to move to personal budgets
As we move to residents from the three boroughs having more choice about what day services they choose, we need to maintain a balance of enabling choice and keeping places available for local users of the	Set levels and develop protocols across the 3 boroughs



borough	
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## 12 PROCUREMENT AND IT STRATEGY IMPLICATIONS

- 12.1 The intention would be to move all day services to be purchased and provided via personal budgets and direct payments in the future, so there will be no formal procurement. Local residents will be supported to manage budgets.
- 12.2 St. Vincent's Dementia day services, outreach and dementia cafes will be formally tendered as described in paragraph 5.3.1.

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

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

## Appendix 1

### Day Services Budgets

Gross Budgets (excluding overhead apportionments)

	Day Services Budget	Transport Related Budget	Total Service Budget
Ellerslie	£239,300	£200	£239,500
Options	£511,000	£144,000	£655,000
Nubian life	£116,524		£116,524
Elgin Resource Centre	£367,900	£163,000	£530,900
Imperial Wharf	£385,300	£178,800	£564,100
St Vincent's	£337,300		£337,600
Community Access Team	£229,900		£229,900
Shanti	£91,700		£91,700
Mind	£63,363		£63,363
Barons Court*	£35,000		£35,000
Total	£2,377,587	£486,000	£2,863,587

\*Third sector investment funding approved for April to September 2013

 the low tax borough	<b>London Borough of Hammersmith &amp; Fulham</b>  <b>HOUSING HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE</b>  <b>09 April 2013</b>
<b>WORK PROGRAMME AND FORWARD PLAN 2013-2014</b>	
<b>Report of the Director of Law</b>	
<b>Open Report</b>	
<b>Classification - For Scrutiny Review &amp; Comment</b>  <b>Key Decision: No</b>	
<b>Wards Affected: All</b>	
<b>Accountable Executive Director:</b> Jane West, Executive Director of Finance and Corporate Governance	
<b>Report Author:</b> Sue Perrin, Committee Co-ordinator	<b>Contact Details:</b> Tel: 020 8753 2094 E-mail: sue.perrin@lbhf.gov.uk

## 1. EXECUTIVE SUMMARY

- 1.1 The Committee is asked to give consideration to its work programme for this municipal year, 2013/2014 as set out in Appendix 1 of the report.
- 1.2 Details of the Key Decisions which are due to be taken by the Cabinet at its next meeting are provided in Appendix 2 in order to enable the Committee to identify those items where it may wish to request reports.

## 2. RECOMMENDATIONS

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

## 3. INTRODUCTION AND BACKGROUND

- 3.1 The purpose of this report is to enable the Committee to determine its work programme for the municipal year 2013/14.

## 4. PROPOSAL AND ISSUES

- 4.1 A draft work programme is set out at Appendix 1. The list of items has been drawn up in consultation with the Chairman, having regard to relevant items within the Key Decision list and actions and suggestions arising from previous meetings of this select committee.
- 4.2 The Committee is requested to consider the items within the proposed work programme and suggest any amendments or additional topics to be included in the future, whether for a brief report to Committee or as the subject of a time limited Task Group review or single issue 'spotlight' meeting. Members might also like to consider whether it would be appropriate to invite residents, service users, partners or other relevant stakeholders to give evidence to the Committee in respect of any of the proposed reports.
- 4.3 Attached as Appendix 2 to this report is the list of Key Decisions to be taken by Cabinet at its next meeting, which includes decisions within the relevant Cabinet Members portfolio areas which will be open to scrutiny by this Committee should Members wish to include them within the work programme.

## **5. OPTIONS AND ANALYSIS OF OPTIONS**

- 5.1. As set out above.

## **6. CONSULTATION**

- 6.1. Not applicable.

## **7. EQUALITY IMPLICATIONS**

- 7.1. Not applicable.

## **8. LEGAL IMPLICATIONS**

- 8.1. Not applicable.

## **9. FINANCIAL AND RESOURCES IMPLICATIONS**

- 9.1. Not applicable.

## **10. RISK MANAGEMENT**

- 10.1. Not applicable.

## **11. PROCUREMENT AND IT STRATEGY IMPLICATIONS**

- 11.1. Not applicable.

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

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	None		

#### **LIST OF APPENDICES:**

Appendix 1 - List of work programme items

Appendix 2 - Key Decision List

## Housing, Health & Adult Social Care Select Committee

<b>Work Programme 2012/2013</b>
<b>17 July 2012</b>
<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>
<b>24 September 2012</b>
<p>Housing Performance Indicators</p> <p>Imperial College Healthcare NHS Trust</p> <p>Shaping a Healthier Future: NHS Public Consultation</p>
<b>14 November 2012</b>
<p>Public Health Transition Plans</p> <p>Housing Benefits Update</p> <p>Housing Performance Indicators</p>
<b>22 January 2013</b>
<p>HRA Financial Strategy and Rent Increase Report</p> <p>Housing Joint Venture Vehicle</p> <p>Revenue Budget 2013/2014</p> <p>Self Directed Support Procurement and HAFAD</p>
<b>19 February 2013</b>
<p>Central London Community Healthcare: NHS Foundation Trust Status Application</p> <p>Housing Legislative Changes: Strategy</p> <p>Imperial College Healthcare NHS Trust: Management of Waiting Lists</p>

Shaping a Healthier Future
<b>09 April 2013</b>
<p>Housing Legislative Changes: Strategy</p> <p>Housing Performance Indicators</p> <p>Remodel of Adult Social Care Day Services</p> <p>Transfer of Public Health Functions to the London Borough of Hammersmith &amp; Fulham: Establishment of a Tri-borough Public Health Service</p>
<b>Draft Work Programme 2013/2014</b>
<b>18 June 2013</b>
<p>Out of Hospital Care/Homecare</p> <p>Personalisation/Direct Payments/Self Directed Support Procurement and HAFAD</p> <p>Safeguarding Annual Report</p> <p>Transition from Children's to Adult Social Care (specifically disabled people)</p> <p>Tri-borough Integrated Health and Social Care Community Services</p>
<b>10 September 2013</b>
Housing Management Costs (report requested at January 2013 meeting)
<b>2013/2014</b>
Housing Joint Venture Vehicle: Update

## NOTICE OF CONSIDERATION OF A KEY DECISION

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

## NOTICE OF THE INTENTION TO CONDUCT BUSINESS IN PRIVATE

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

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

## KEY DECISIONS PROPOSED TO BE MADE BY CABINET ON 8 APRIL 2013 AND AT FUTURE CABINET MEETINGS UNTIL DECEMBER 2013

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

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

- Any expenditure or savings which are significant (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](mailto:katia.richardson@lbhf.gov.uk)*



### **Access to Cabinet reports and other relevant documents**

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

### **Decisions**

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

### **Making your Views Heard**

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

### **LONDON BOROUGH OF HAMMERSMITH & FULHAM: CABINET 2012/13**

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

*Key Decisions List No. 7 (published 8 March 2013)*

## **KEY DECISIONS LIST - CABINET ON 8 APRIL 2013**

**The list also includes decisions proposed to be made by future Cabinet meetings**

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

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

<b>Decision to be Made by (Cabinet or Council)</b>	<b>Date of Decision-Making Meeting and Reason</b>	<b>Proposed Key Decision</b>  <b>Most decisions are made in public unless indicated below, with the reasons for the decision being made in private.</b>	<b>Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents</b>	<b>Documents to be submitted to Cabinet (other relevant documents may be submitted)</b>
<b>April</b>				
Cabinet	8 Apr 2013	<b>Tri-borough ICT Target Operating Model</b>  New target operating model for ICT from 2013 on  <b>PART OPEN</b>  <b>PART PRIVATE</b> 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.	Leader of the Council (+Regeneration, Asset Management and IT)	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): All Wards	
			Contact officer: Jackie Hudson Tel: 020 8753 2946 Jackie.Hudson@lbhf.gov.uk	
Cabinet	8 Apr 2013	<b>Cemeteries - variation to grounds maintenance contract</b>  Facilitating the Cemeteries operations through Quadron Services Limited.	Deputy Leader (+ Residents Services)	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Affects more than 1 ward		Ward(s): All Wards	
			Contact officer: Sue Harris Tel: 020 8753 4295 Sue.Harris@lbhf.gov.uk	

Decision to be Made by (Cabinet or Council)	Date of Decision-Making Meeting and Reason	Proposed Key Decision  Most decisions are made in public unless indicated below, with the reasons for the decision being made in private.	Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents	Documents to be submitted to Cabinet <i>(other relevant documents may be submitted)</i>
Cabinet	8 Apr 2013	<b>Tri-borough Post and Special Guardianship Support Contract</b>  To provide post adoption and special guardianship support to individuals that has adopted or has special guardianship. The service shall be provided to resident with tri-borough areas.	Cabinet Member for Children's Services	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Affects more than 1 ward		Ward(s): All Wards	
			Contact officer: John Francis Tel: 0208 753 1328 john.francis@lbhf.gov.uk	
Cabinet	8 Apr 2013	<b>Housing Capital Programme 2013 - 14 and Housing and Regeneration Asset Management Plan 2013 -16</b>  This report sets out the proposed 2013/14 Housing Capital Programme and seeks authority to proceed with the various schemes identified.	Cabinet Member for Housing	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Affects more than 1 ward		Ward(s): All Wards	
			Contact officer: Stephen Kirrage Tel: 020 8753 6374 stephen.kirrage@lbhf.gov.uk	
Cabinet	8 Apr 2013	<b>Corporate Revenue Monitoring 2012-13 : Period 10 (January)</b>  Report seeks approval for changes to the Revenue Budget	Leader of the Council (+Regeneration, Asset Management and IT)	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): All Wards	
			Contact officer: Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk	
Cabinet	8 Apr 2013	<b>Award of new housing repairs and maintenance contract</b>  Re-procurement of Housing Repairs contract arrangements  <b>PART OPEN</b>  <b>PART PRIVATE</b> Part of this report is exempt from disclosure on the grounds that it	Cabinet Member for Housing	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
	Reason: Affects more than 1 ward		Ward(s): All Wards	
			Contact officer: Stephen Kirrage Tel: 020 8753 6374 stephen.kirrage@lbhf.gov.uk	

Decision to be Made by (Cabinet or Council)	Date of Decision-Making Meeting and Reason	Proposed Key Decision  Most decisions are made in public unless indicated below, with the reasons for the decision being made in private.	Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents	Documents to be submitted to Cabinet (other relevant documents may be submitted)
		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.		considered.
Cabinet	8 Apr 2013	<b>Parks Capital Programme 2013-2016</b>  This report updates Cabinet on the current requirements to continue to enhance the borough's parks and open spaces as outlined in Parks and Open Spaces Strategy 2008-2018.	Deputy Leader (+ Residents Services)	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Affects more than 1 ward		Ward(s): All Wards  Contact officer: Chris Welsh  Chris.Welsh@lbhf.gov.uk	
Cabinet	8 Apr 2013	<b>Market testing of housing service - housing management</b>  Update of current market testing procurement process.  <b>PART OPEN</b>  <b>PART PRIVATE</b> 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.	Cabinet Member for Housing	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Affects more than 1 ward		Ward(s): Fulham Broadway; Fulham Reach; Munster; North End; Palace Riverside; Parsons Green and Walham; Sands End; Town  Contact officer: Jo Rowlands Tel: 020 8753 1313 Jo.Rowlands@lbhf.gov.uk	

Decision to be Made by (Cabinet or Council)	Date of Decision-Making Meeting and Reason	Proposed Key Decision  Most decisions are made in public unless indicated below, with the reasons for the decision being made in private.	Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents	Documents to be submitted to Cabinet (other relevant documents may be submitted)
Cabinet	8 Apr 2013	<b>Market testing of housing service - estate services</b>  Update on market testing procurement process.  <b>PART OPEN</b>  <b>PART PRIVATE</b> 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.	Cabinet Member for Housing	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Affects more than 1 ward		Ward(s): All Wards  Contact officer: Jo Rowlands Tel: 020 8753 1313 Jo.Rowlands@lbhf.gov.uk	
Cabinet	8 Apr 2013	<b>Mental Health Partnership Agreement under Section 75 NHS Act 2006 between H&amp;F and West London Mental Health Trust (WLMHT)</b>  The partnership agreement for providing mental health services to H&F residents was delegated to WLMHT back in 2001 under Section 31 of the Health Act 1999. These arrangements now fall under Section 75 of the NHS Act 2006. Over the last few years H&F mental health service provisions have changed, projects have closed and developments have been made under the integrated arrangement with WLMHT. In addition there have been re-organisation of Adult Social Care through the Council's Tri-borough arrangements and WLMHT has gone through a recent management re-structure as well. Therefore it is important that we review our partnership under the new climate.	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 and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): All Wards  Contact officer: Mujib Miah, Stella Baillie Mujib.Miah@lbhf.gov.uk,	

Decision to be Made by (Cabinet or Council)	Date of Decision-Making Meeting and Reason	Proposed Key Decision  Most decisions are made in public unless indicated below, with the reasons for the decision being made in private.	Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents	Documents to be submitted to Cabinet <i>(other relevant documents may be submitted)</i>
Cabinet	8 Apr 2013	<b>Homebuy Allocation Scheme</b>  Report and Annex setting out the Council's approach to defining intermediate housing and how the Council intends to prioritise and allocate such housing from June 2013. The intention is to update the Council's approach to intermediate housing to reflect the council's broader Building a Housing Ladder of Opportunity approach.	Cabinet Member for Housing	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Affects more than 1 ward		Ward(s): All Wards  Contact officer: Aaron Cahill Tel: 020 8753 1909 Aaron.Cahill@lbhf.gov.uk	
Cabinet	8 Apr 2013	<b>Hammersmith Library refurbishment and Archives</b>  The refurbishment of Hammersmith Library to roll out the "More than a Library Brand" already implemented at other LBHF libraries. It aims to incorporate all opportunities to improve the customer offer and experience and to repair and upgrade the fabric of the building. In addition, the report considers the viability of relocating the Archives Service and Local Studies collection to Hammersmith Library and providing a long term solution for the collections.  <b>PART OPEN</b>  <b>PART PRIVATE</b> 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.	Deputy Leader (+ Residents Services)	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): Hammersmith Broadway  Contact officer: David Ruse Tel: 02087533876 David.Ruse@lbhf.gov.uk	
Cabinet	8 Apr 2013	<b>Linford Christie Stadium</b>  Remedial works to the roof	Leader of the Council (+Regeneration, Asset Management and IT)	A detailed report for this item will be available at least five working days



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		covering and rainwater goods. Internal refurbishment and upgrade to the male changing room and kitchen upgrade (including asbestos removal) to the London Nigerians' clubhouse.  <b>PART OPEN</b>  <b>PART PRIVATE</b> 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.		before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): College Park and Old Oak  Contact officer: Pat Nolan, Sally Williams Tel: 020 8753 4516, Tel: 020 8753 4865 sally.williams@lbhf.gov.uk	
Cabinet	8 Apr 2013	<b>Tender Approval for Demolition of Askham Centre and Haven Respite Centre</b>	Cabinet Member for Children's Services	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: ore than £100,000	Seeking approval to accept a tender to demolish Askham Centre and Haven Respite Centre as an enabling project for the New Queensmill School project.  <b>PART OPEN</b>  <b>PART PRIVATE</b> 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.	Ward(s): Wormholt and White City  Contact officer: John Brownlow Tel: 020 8753 john.brownlow@lbhf.gov.uk	

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Cabinet	8 Apr 2013	<b>Submission of a bid to the Mayor of London's Air Quality Fund</b>  Explanation of the requirements to bid for funds, including the need for a cabinet level pledge to take action on air quality	Cabinet Member for Transport and Technical Services	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): All Wards	
			Contact officer: Paul Baker  paul.baker@lbhf.gov.uk	
Cabinet	8 Apr 2013	<b>Interim provision of Speech and Language Therapy services at Children's Centres.</b>  Cabinet approval is being sought to waive contracts standing orders to: i) ensure service continuity; ii) agree a new interim contract with the incumbent; iii) align the re-tendering of the SLT contract with the tendering of a wider 3B Children's Centre contract.	Cabinet Member for Children's Services	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): All Wards	
			Contact officer: Margaret Murphy Tel: 020 8753 2045 Margaret.Murphy@lbhf.gov.uk	
Cabinet	8 Apr 2013	<b>Fulham Palace Trust - proposed finance arrangements</b>  To recommend the finance arrangements for Fulham Palace Trust from 2013-14.	Deputy Leader (+ Residents Services)	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): Palace Riverside	
			Contact officer: Sue Harris Tel: 020 8753 4295 Sue.Harris@lbhf.gov.uk	
Cabinet	8 Apr 2013	<b>Extension of contract for the maintenance of pay and display machines</b>  Permission to extend contract until a new contract starts in June 2013	Cabinet Member for Transport and Technical Services	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be
	Reason: Affects more than 1 ward		Ward(s): All Wards	
			Contact officer: Osa Ezekiel  Osa.Ezekiel@lbhf.gov.uk	



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				considered.
Cabinet	8 Apr 2013	<b>New S75 Partnership Agreement with NHS Hammersmith and Fulham Clinical Commissioning Group</b>  The approval of the Cabinet Member for Adult Social Care and the Cabinet Member for Children's Services of a new 5-Year Section 75 Partnership Agreement with NHS Hammersmith & Fulham Clinical Commissioning Group.	Cabinet Member for Community Care, Cabinet Member for Children's Services	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Affects more than 1 ward		Ward(s): All Wards	
	Contact officer: Andrew Webster Tel: 208 753 5001 Andrew.Webster@lbhf.gov.uk			
<b>May</b>				
Cabinet	13 May 2013	<b>Elevator Monitoring Unit Installation - Various Sites</b>  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.  <b>PART OPEN</b>  <b>PART PRIVATE</b> 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.	Cabinet Member for Housing	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): All Wards	
	Contact officer: Velma Chapman Tel: 020 8753 4807 velma.chapman@lbhf.gov.uk			

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Cabinet	13 May 2013	<b>Property Asset Management Plan 2012-2015</b>  This is an updated plan which was approved by Cabinet in 2008. It is set out in the Council's Strategy for all properties held by the Council except the Council's Housing Stock.	Leader of the Council (+Regeneration, Asset Management and IT)	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Affects more than 1 ward		Ward(s): All Wards  Contact officer: Miles Hooton Tel: 020 8753 2835 Miles.Hooton@lbhf.gov.uk	
Cabinet	13 May 2013	<b>Update on Edward Woods Estate Regeneration Scheme</b>  Update on progress and request for approval of overspend and change of tenure 12 penthouse flats for Edward Woods Estate Regeneration Scheme  <b>PART OPEN</b>  <b>PART PRIVATE</b> 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.	Cabinet Member for Housing	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): Shepherds Bush Green  Contact officer: Roger Thompson Tel: 020 8753 3920 Roger.Thompson@lbhf.gov.uk	
Cabinet	13 May 2013	<b>Letting of concession of Wi-Fi on lamp posts</b>  Letting of a concession to allow mobile data devices to be fitted to lamp posts.	Deputy Leader (+ Residents Services)	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Affects more than 1 ward		Ward(s): All Wards  Contact officer: Sharon Bayliss Tel: 020 8753 1636 sharon.bayliss@lbhf.gov.uk	

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Cabinet	13 May 2013	<b>Bi-borough contract for the maintenance of pay and display machines</b>	Cabinet Member for Transport and Technical Services	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000	This is a bi-borough contract with RBKC for the maintenance of pay and display machines  <b>PART OPEN</b>  <b>PART PRIVATE</b> 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.	Ward(s): All Wards  Contact officer: Osa Ezekiel  Osa.Ezekiel@lbhf.gov.uk	
Cabinet	13 May 2013	<b>Housing Revenue Account car parking and garage strategy</b>	Cabinet Member for Housing	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Affects more than 1 ward	Strategic review of the car parking and garage service on council owned housing estates.	Ward(s): All Wards  Contact officer: Jo Rowlands Tel: 020 8753 1313 Jo.Rowlands@lbhf.gov.uk	
Cabinet	13 May 2013	<b>Holy Cross/Lycée expansion and co-location Tender Approval</b>	Cabinet Member for Children's Services	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000	Approval to accept the most economically advantageous tender to carry out new-build 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.	Ward(s): Parsons Green and Walham  Contact officer: John Brownlow Tel: 020 8753 john.brownlow@lbhf.gov.uk	

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		<p><b>PART OPEN</b></p> <p><b>PART PRIVATE</b> 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>		
Cabinet	13 May 2013	<p><b>Notification for the decision on award of contract</b></p> <p>To agree access to a framework agreement that is being prepared by West London Alliance (on behalf of RBKC, LBHF, WCC and six other local authorities) to engage a number of independent fostering agencies to provide foster placements to looked after children at a better price than is available through spot purchasing, which is the current arrangement for procuring these placements.</p>	Cabinet Member for Children's Services	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Affects more than 1 ward		<p>Ward(s): All Wards</p> <p>Contact officer: Karen Tyerman Karen.Tyerman@lbhf.gov.uk</p>	
Cabinet	13 May 2013	<p><b>Tri-borough Total Facilities Management - award of contract</b></p> <p>Seeking approval to award the Tri-borough contract for Total Facilities Management for a fully-outsourced managed solution for corporate facilities management.</p> <p><b>PART OPEN</b></p> <p><b>PART PRIVATE</b> 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</p>	Leader of the Council (+Regeneration, Asset Management and IT)	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		<p>Ward(s): Addison</p> <p>Contact officer:</p>	

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		1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.		
Cabinet	13 May 2013	<b>Housing Estate Investment Plan Update</b>  To update Cabinet on the Housing Estate Investment Plan.	Cabinet Member for Housing	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): All Wards  Contact officer: Jo Rowlands, Stephen Kirrage Tel: 020 8753 1313, Tel: 020 8753 6374 Jo.Rowlands@lbhf.gov.uk, stephen.kirrage@lbhf.gov.uk	
Cabinet	13 May 2013	<b>Letting of a concession to monetise the ducting within Council-owned CCTV network</b>  Monetising the Councils CCTV fibre	Deputy Leader (+ Residents Services)	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Affects more than 1 ward		Ward(s): All Wards  Contact officer: Sharon Bayliss Tel: 020 8753 1636 sharon.bayliss@lbhf.gov.uk	
Cabinet	13 May 2013	<b>Innovative Housing Built Using Modern Methods of Construction</b>  Progress update on development of proposals for the plot site and approval for full scheme/programme.	Cabinet Member for Housing	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): All Wards  Contact officer: Mel Barrett  Melbourne.Barrett@lbhf.gov.uk	

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Cabinet	13 May 2013	<b>Extension of contract for the provision of a vehicle removal service and operation of a car pound</b>  Permission to continue to contract until a new contract is ready.	Cabinet Member for Transport and Technical Services	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): All Wards	
			Contact officer: Osa Ezekiel  Osa.Ezekiel@lbhf.gov.uk	
Cabinet	13 May 2013	<b>Parking Projects &amp; Policy Programme for 2013/14 and 2014/15</b>  1.1. This report outlines the key parking priorities for the Council and presents a parking projects and policy programme. The report seeks formal approval for these proposals to be agreed for implementation during the 2013/14 and 2014/15 financial years.  1.2. The key priorities set out in the proposals for the 2013/14 and 2014/15 financial year relate to maintaining and improving existing parking provision, improving local air quality, helping to reduce CO2 and NOx emissions, & congestion. As part of this programme there is a particular emphasis on de-cluttering signage in order to save long term maintenance costs, and improving usability of parking facilities.	Cabinet Member for Transport and Technical Services	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): All Wards	
			Contact officer: Naveed Ahmed Tel: 020 8753 1418 Naveed.Ahmed@lbhf.gov.uk	
Cabinet	13 May 2013	<b>Tri-Borough Total Facilities Management Award of Contract</b>  To award the TFM contract to the successful supplier and to approve the set-up of the Intelligent Client Function to manage the contract on behalf of the tri-borough Authorities.	Leader of the Council (+Regeneration, Asset Management and IT)	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): All Wards	
			Contact officer: Nigel Pallace  nigel.pallace@lbhf.gov.uk	



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Cabinet	13 May 2013	<b>Openscape telephony resilience and upgrade</b>  Improvements to telephony to bring into business continuity and improve functionality  <b>PART OPEN</b>  <b>PART PRIVATE</b> 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.	Leader of the Council (+Regeneration, Asset Management and IT)	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): All Wards  Contact officer: Howell Huws Tel: 020 8753 5025 Howell.Huws@lbhf.gov.uk	
Cabinet	13 May 2013	<b>Tri-borough Passenger Transport Service for Children and Adults</b>  To participate, as outlined in the Cabinet report, in a Tri-borough Passenger Transport Service with Westminster City Council contracting on behalf of all three boroughs, LBHF, RBKC and WCC. To delegate confirmation of Call-Off Contracts for borough and cross borough services executed by Westminster City Council, to Cabinet Members or senior officers.	Cabinet Member for Children's Services	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): All Wards  Contact officer: Karen Tyerman  Karen.Tyerman@lbhf.gov.uk	
Cabinet	13 May 2013	<b>Request for Delegated Authority for Tri-borough Hospital to Home and Befriending Plus Services Tender</b>  Request for delegated authority to allow Councillor Ginn to agree for funding to be transferred to RBKC for award on behalf of LBHF; and to agree the procurement process of the Hospital to Home and Befriending Plus Services tender.	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 and / or background papers to be
	Reason: Expenditure more than £100,000		Ward(s): All Wards  Contact officer: Andrew Webster Tel: 208 753 5001 Andrew.Webster@lbhf.gov.uk	

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				considered.
Cabinet	13 May 2013	<b>Supported housing contract extensions</b>  Seeking approval to delegate the authority to extend supported housing contracts to the Cabinet Member for Community Care.	Cabinet Member for Housing	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: Julia Copeland Tel: 0208 753 1203 julia.copeland@lbhf.gov.uk			
June				
Cabinet	24 Jun 2013	<b>Provision of a blue badge investigation and enforcement service</b>  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.	Cabinet Member for Transport and Technical Services	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): All Wards	
	Contact officer: Osa Ezekiel  Osa.Ezekiel@lbhf.gov.uk			
Cabinet	24 Jun 2013	<b>New Queensmill School - Tender Approval</b>  Approval to accept most economically advantageous tender to construct new school accommodation for Queensmill ASD School  <b>PART OPEN</b>  <b>PART PRIVATE</b> 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	Cabinet Member for Children's Services	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): Wormholt and White City	
	Contact officer: John Brownlow Tel: 020 8753 john.brownlow@lbhf.gov.uk			



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		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.		
Cabinet	24 Jun 2013	<b>Chancellors Road Shared Space</b>  Shared area proposal for the western end of Chancellors Road	Cabinet Member for Transport and Technical Services	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): Fulham Reach; Hammersmith Broadway	
			Contact officer: Matthew Veale  matthew.veale@lbhf.gov.uk	
July				
Cabinet	22 Jul 2013	<b>SERCO Contract Review</b>  Description: Review and decision about whether to continue with SERCO Waste and Street Cleansing contract which expires in 2015.	Deputy Leader (+ Residents Services)	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Affects more than 1 ward		Ward(s): All Wards	
			Contact officer: Sue Harris Tel: 020 8753 4295 Sue.Harris@lbhf.gov.uk	
December				
Cabinet	9 Dec 2013	<b>Housing and Regeneration Joint Venture - Selection of Preferred Partner</b>  Following an OJEU procurement, final selection of a private sector partner to form a Joint Venture with the Council.	Cabinet Member for Housing	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Affects more than 1 ward		Ward(s): All Wards	
			Contact officer: Matin Miah Tel: 0208753 3480 matin.miah@lbhf.gov.uk	