London Borough of Hammersmith & Fulham

Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Agenda

Monday 17 November 2014
7.00 pm
Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

Administration:	**Opposition**	**Co-optees**
Councillor Rory Vaughan (Chair) Councillor Elaine Chumnery (Vice-Chair) Councillor Hannah Barlow	Councillor Andrew Brown Councillor Joe Carlebach	Debbie Domb (HAFCAC) Bryan Naylor (Age UK) Patrick McVeigh (Action on Disability)

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Date Issued: 7 November 2014

London Borough of Hammersmith & Fulham

Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Agenda

17 November 2014

Item		Pages
1.	**MINUTES OF THE PREVIOUS MEETING**	1 - 16

(a) To approve as an accurate record and the Chair to sign the minutes of the meeting of the Health, Adult Social Care and Social Inclusion PAC held on 7 October 2014.

(b) To note the outstanding actions.

2. APOLOGIES FOR ABSENCE

3. DECLARATION OF INTEREST

If a Councillor has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.

At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Councillor must then withdraw immediately from the meeting before the matter is discussed and any vote taken.

Where Members of the public are not allowed to be in attendance and speak, then the Councillor with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Councillors who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.

Councillors are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Audit, Pensions and Standards Committee.

4.	**CALL FOR EVIDENCE ON ENGAGING HOME CARE SERVICE USERS, CARERS AND FAMILIES**	17 - 18

The Administration's manifesto for the 2014 Council elections included a

commitment to ensure that the voice of service users, their carers and families was heard in the delivery of home care services. Stakeholders have agreed to give oral evidence to the committee on their views on the best way for the Council to deliver that 'formal voice':

5. INDEPENDENCE, PERSONALISATION AND PREVENTION IN ADULT SOCIAL CARE AND HEALTH 19 - 31

This report explains Adult Social Care’s plans for a new home care service.

6. SAFEGUARDING ADULTS EXECUTIVE BOARD: ANNUAL REPORT 2013/2014 32 - 69

This is the inaugural report of the Safeguarding Adults Executive Board.

7. ADULT SOCIAL CARE INFORMATION AND SIGNPOSTING WEBSITE - PEOPLE FIRST 70 - 86

The report sets out the proposal to allow the Council to include the London Borough of Hammersmith and Fulham on the People First Adult Social Care information and signposting website.

8. WORK PROGRAMME 87 - 111

The Committee is asked to consider its work programme for the remainder of the municipal year.

9. DATES OF FUTURE MEETINGS

Wednesday 3 December 2014
January 2015: date to be confirmed
Wednesday 4 February 2015
Monday 13 April 2015

London Borough of Hammersmith & Fulham

Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Minutes

Tuesday 7 October 2014

PRESENT

Committee members: Councillors Rory Vaughan (Chair), Hannah Barlow, Andrew Brown, Joe Carlebach and Elaine Chumnery

Co-opted members: Debbie Domb (HAFCAC), Bryan Naylor (Age UK) and Patrick McVeigh (Action on Disability)

Other Councillors: Sue Fennimore and Vivienne Lukey

Witnesses: Daphine Aikens (H&F Foodbank) and Simi Ryatt (H&F CAB)

H&F CCG: Daniel Elkeles (Chief Operating Officer), Dr Tim Spicer (Chair) and Dr Susan McGoldrick (Vice-chair)

Imperial Healthcare Trust: Dr Tracey Batten (Chief Executive), Professor Chris Harrison (Medical Director). Steve McManus (Chief Operating Officer) and Professor Tim Orchard (Director, Clinical Division for Medicine)

Officers: Hitesh Jolapara (Bi-borough Director for Finance), Sue Perrin (Committee Co-ordinator), Sue Spiller (Head of Community Investment) and Rachel Wigley (Tri-borough Director of Finance, Adult Social Care)

13. MINUTES OF THE PREVIOUS MEETING AND ACTIONS

The minutes of the meeting held on 22 July 2014 were approved as an accurate record and signed by the Chair, subject to the following amendment:

2. Declarations of Interest: First paragraph, second sentence should read Councillor **Lukey** declared an interest as Chair of Hammersmith & Fulham MIND.

14. APOLOGIES FOR ABSENCE

There were no apologies for absence.

15. DECLARATION OF INTEREST

Councillor Joe Carlebach declared an interest as a: Trustee of Arthritis Research UK, which is a landholder at Charing Cross hospital site; a non-executive director of the Royal Orthopaedic Hospital Trust; Member of Court, Newcastle University.

16. HAMMERSMITH & FULHAM FOODBANK

The Chair introduced the item by reference to the administration's pledge to support foodbanks in its manifesto and specifically to:

- Support local food banks and take measures to sort out the causes of food poverty
- Make the council sort out its ineffective processes that contribute to food poverty'

.
The Chair welcomed the guests who had been invited to provide evidence to the committee, and then asked them to briefly introduce themselves.

Daphine Aikens stated that she had set up and managed Hammersmith & Fulham Foodbank for just over four years. The number of people using the foodbank was increasing each year, and there were many reasons for this.

Simiti Ryatt stated that she had three years' experience as the manager of Hammersmith & Fulham Citizens Advice Bureau (CAB), which issued around 150 foodbank vouchers per year.

Sue Spiller introduced herself as the Head of Community Investment at Hammersmith & Fulham Council, with responsibility for the Council's corporate grant.

Mrs Aikens then outlined the work of the foodbank, which was an independent charity and one of over 400 Trussell Trust foodbanks across the country. There was one full time member of staff (Mrs Aikens) and two part-time members of staff, plus volunteers.

Charities and other organisations referred people in crisis and issued them with a foodbank voucher. There were three distributions a week, two from the Fulham centre and one from the Shepherd's Bush centre. Volunteers welcomed clients and provided a hot drink. Mrs Aikens stressed the welcoming, non-judgemental environment.

Food was provided from stock and a packing list ensured adequate food for a nutritionally balanced diet.

The foodbank could signpost to other agencies including CAB. In Hammersmith & Fulham, a large number of fulfilled vouchers came from Government Job Centre plus, CAB and the local support payments team. Referrals also came from family services and the child protection team.

Data was collected in respect of names, addresses, number of adults and children, ethnicity, age and the nature of the crisis. During the year, food had been provided to 1,724 people and 572 children, a total of some 17,000 meals. Food for ten meals was provided for each request.

The main reasons given were delayed or reduced benefits and low income.

Most food was donated by members of the public via permanent collection points. £300 had recently been spent to maintain the right stock balance.

Ms Spiller stated that most individuals regarded the foodbank as a last resort, and commended the warm and welcoming and non-judgemental environment. The reasons for using the foodbanks were related predominantly to benefit changes and delays, and mainly those received from the DWP. There were specific problems in respect of individuals deemed no longer eligible, as an appeal could take up to six months.

Mrs Aikens then responded to members' queries.

The foodbank had contacted every school in the borough to provide information and hold vouchers. It was suggested that it was worthwhile to repeat this initiative.

The police had refused to hold foodbank vouchers, but had approached the foodbank for help in emergencies. Councillor Carlebach offered to contact the Borough Commander for help.

The foodbank had no direct funding and relied on donations. These could be left at the distribution centres during opening hours, a number of supermarkets, the Halifax Building Society, LBHF libraries and occasionally churches. Tesco gave a 30% top up to donations made at its neighbourhood food collections.

It was suggested that the Council might be able to help with training and support for volunteers and that the data collected could be shared with Council services. Mrs Aikens stated that training for volunteers was provided, guided by the Trussell Trust and this was considered to be effective. Other organisations had been asked to talk to volunteers, for example the Job Centre had given several talks. The data collected was owned by the Trussell Trust, which would need to be consulted in respect of data sharing. Pay day loans had been mentioned by clients, but this was not part of the data collected.

Mrs Aikens was not aware of the reasons why some vouchers were not fulfilled.

A member asked if the foodbank was able to help everyone whom it would like to help. Mrs Aikens responded that the foodbank could help only those who had been issued with a voucher. In addition, some people did not use their vouchers, even though they were in need of food.

Ms Spiller suggested that the Council might be able to help the foodbank in the analysis of data.

In respect of an earlier comment regarding pay day loans, Ms Spiller noted that loans taken against benefits income would not necessarily be pay day loans.

Additional collection points were suggested, possibly at the Town Hall and at schools. It was noted that supermarket collection points had the benefit of being immediate, rather than relying on people remembering to take items to a collection point.

Ms Spiller emphasised the importance of capturing information on why people needed food vouchers. The 'Warm Homes Healthy People' fund provided support for the most vulnerable in their communities during winter, and could include the distribution of food by volunteers.

Ms Ryatt stated that it was important to address the root causes of food poverty, which were benefit delays, low income and unemployment. There was a direct link between income poverty and food poverty. A long term sustainable solution was required, with partnership work co-located, an understanding of how the benefits system worked and services and support structures in place.

Mrs Aikens responded to a query in respect of repeat attenders, that the foodbank provided short term support, and tried to limit to two/three attendances so that people did not become dependent on the foodbank. There was a mechanism for referral to other groups, for example CAB or Age UK.

A member queried the areas of particular need within the borough, and the impact of cultural or linguistics issues. Mrs Aikens responded that she was not aware of any cultural issues and that linguistics was not a major problem. Advice points were situated in Askew Ward, Avonmore & Brook Green, North End, Sands End, Hammersmith Broadway, Shepherds Bush Green and Town. The foodbank would like a base in White City.

The Trussell Trust had piloted schemes in a number of foodbanks to provide nutritional advice on preparing meals.

The Leader confirmed that the Council was committed to supporting the foodbank and to combatting food poverty.

A member queried what the foodbank would like the Council to do. Mrs Aikens responded that she wold like the Council to assist with introductions to more voucher partners; a base in White City; a centrally sited warehouse/storeroom; a housing adviser working with the foodbank; guidance to council offices to use the foodbank; signposting; and parking.

RESOLVED THAT:

The committee endorsed the Council's commitment and recommended that support be directed to the specific aspects identified by Mrs Aikens.

The Leader noted that he agreed with the recommendations and that the Administration would work with the Foodbank to implement them. The PAC could then scrutinise the implementation of the recommendations at a future meeting.

The implications of DWP benefit delays was raised as a matter of concern for residents. Ms Ryatt responded to a query that Universal Credit had been piloted in Hammersmith & Fulham on a limited basis and there was no direct link with food poverty. Employment support allowance was a bigger issue.

The Chair thanked Mrs Aikens, Ms Ryatt and Ms Spiller for their attendance.

17. 2015 MEDIUM TERM FINANCIAL STRATEGY (MFTS) - UPDATE

The committee received a report on the medium Term Financial Strategy forecast. Due to significant and ongoing reductions in funding received by the Council, there would be a budget gap before savings of £24.9 million in 2014/2015, rising to £67.1 million by 2018/2019.

In responses to a query regarding the current cost of servicing the Council's debt, a written response would be sent.

Action: Hitesh Jolapara

Mrs Wigley noted that the Adult Social Care budget was set in the context of a gross expenditure budget for 2014/2015 of £86.9 million. The department had a budgeted to collect income of £22.5 million from health funding contributions from customers and government grants to arrive at a net general fund budget of £64.4 million. Within this amount, £7.2 million was in respect of non-controllable budgets as they were controlled by Corporate Services. The total controllable budget held within the department was £57.1 million.

The report set out the budget split by client group. Savings targets had been allocated to departments in proportion to their net direct expenditure. Adult Social Care had been set a savings target of £6.5 million, rising to £15 million in 2017/2018.

The savings proposals being developed aimed to protect the core services provided to customers. This would be achieved through better alignment of services, enhancing prevention strategies, closer working with health services and more efficient procurement.

A member queried the breakdown of the prevention strategy between health care causes, for example a reduction in stroke related incidents. Mrs Wigley responded that a range of preventative work was being undertaken with the Council's strategic partners, for example work with community independence services to support people to live in their homes longer and transformation work with Public Health colleagues.

A member commented that the gross budget of £35.8 million for residential and nursing placements seemed high and outliers in terms of supervised care. Mrs Wigley responded that a programme was in place to reduce outliers and keep people nearer to home. There was a set contribution from the NHS and people would also make a contribution towards the costs. In addition, Adult Social Care continued to work towards supporting people to remain at home. However, it was likely that those who were admitted to nursing or residential care would need a higher level of support.

A member queried whether the Independent Living Fund would be ring fenced, support for Queensmill School, High Dependency people and commented on agency fees incurred because the Council did not employ directly.

Mrs Wigley responded that the Council was working with other agencies to lobby for ring fencing of the Independent Living Fund. Transition from children to adult services was part of budget preparation work. In respect of agency fees, nothing had been ruled out and Adult Social Care would consider a wide range of initiatives, including a new homecare contract and would not necessarily accept the lowest bid.

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Councillor Lukey stated that the Council would be looking to investing more quality in contracts, even if resources were less. Quality of homecare was important. Contractors would be asked to pay the living wage. There was one contract with zero hours and this was coming to an end. 15 minute visits would be stopped through the qualification criteria.

A member commented that the integration of health and social care would produce considerable savings, yet there would be more dependency on social care to help people remain at home.

Councillor Lukey noted that the Better Care Fund was a major piece of work and the main plank of the community independence service. Savings in non-elective admissions was at the forefront of what health and social care were trying to achieve.

RESOLVED THAT:

The report was noted.

18. HAMMERSMITH AND FULHAM CLINICAL COMMISSIONING GROUP/IMPERIAL COLLEGE HEALTHCARE TRUST

The Chair welcomed senior managers and clinicians from Imperial College Healthcare Trust (the trust) and Hammersmith & Fulham Clinical Commissioning Group (CCG).

Mr McManus updated on the closure of Hammersmith Hospital Emergency Unit, which had taken place from 9am on Wednesday 10 September 2014 and the Assurance Framework.

The Urgent Care Centre (UCC) at Hammersmith Hospital had expanded to be open 24 hours a day, seven days a week. The UCC provided direct access to GPs for minor illnesses and injuries, that were urgent but not life threatening. Anyone who self-presented at Hammersmith Hospital and was found to have a serious condition would receive immediate care and be transferred by the London Ambulance Service to the A&E or specialist unit most suitable for their health needs. Patients suspected of having a heart attack would continue to be taken straight to Hammersmith Hospital.

There had been an increase in activity, with some volatile peaks, for which the trust was looking to provide capacity. The waiting time target had been missed in the first two weeks, at 94.35% and 94.68% respectively, but had recovered at 95.2% in the third week.

Whilst it was anticipated that most of the patients who would previously have been treated in Hammersmith Hospital's A&E would now go to St. Mary's Hospital's A&E, capacity at Charing Cross Hospital's A&E had also been expanded. The report set out the changes implemented at both the St. Mary's Hospital site and Charing Cross Hospital site.

Members raised concerns in respect of the treatment of children in addition to adults at the UCC, Hammersmith Hospital, and the lack of paediatric trained clinicians. Dr Spicer responded that there was a standard specification for UCCs across the whole of North West London and the CCG had issued appropriate guidelines and processes in respect of children, which were monitored carefully. 167 children had been seen in the month before the closure of the A&E department and 220 in the month after closure, of which one child had been transferred out of Hammersmith UCC.

The UCC was a primary care facility equipped to see patients in a GP setting, with additional back up in the hospital. It provided much safer care for children, with trained paediatric doctors.

Members were concerned that there was not adequate back up at Hammersmith Hospital and that children would be conveyed by ambulance across North West London. Dr McGoldrick responded that the UCCs at Hammersmith and Charing Cross had been open and treating children for a

number of years There were trained anaesthetists on site and the paediatric pathway was more robust than before the A&E closure. The CCG did not encourage people to take seriously ill children to the UCC.

A member commented that the onus should be on the paediatrician to decide if a child was seriously ill and refer to a centre of excellence at either St. Mary's or Chelsea and Westminster Hospital.

Members asked how waiting times at Charing Cross and Hammersmith Hospitals compared with previous waiting times. Mr McManus responded that waiting times for type 3 attendances had been maintained in excess of the 95% performance standard.

The Chair noted the 'red' rating in respect of the assumptions/modelling to assess performance trajectories (A&E four hour target) on surrounding A&Es and asked for assurance that the trust would continue to meet the 95% target.

Mr McManus responded that the 95% target would be maintained, although it had been missed twice at St.Mary's Hospital. The volatility of attendances had resulted in significant additional patients at some times on some days. The trust was recruiting additional staff to cover these peak periods. Mr McManus stated that it was confident of achieving and sustaining the 95% target.

Mr McManus responded to a query that the data had been interrogated for time of attendance, nature of visit and age profile. The findings gave a difference between the busiest and quietest period of 95 people.

A member queried the half an hour waiting time target of in respect of an ambulance delivery into a department. Mr McManus confirmed that the waiting times were being recorded and that some people had waited longer than half an hour. The trust was working to meet this target and would continue to monitor.

A member queried the trust's ability to cope in an emergency and with for example Ebola cases. Mr Elceles responded that this was included in the assurance framework. NHS England was responsible for emergency resilience. Ebola cases were treated in the specialist unit at the Royal Free Hospital.

Mr Elkeles stated that he had a daily telephone call with trusts and the Ambulance Service to review the previous 24 hours.

A member commented that Ebola was hugely resource intensive and that the Royal Free would not be able to manage all contacts. Mr McManus responded that the trust's emergency incident programme was well tried and tested, with specific protocols in place. The processes, which would isolate cases from the rest of the hospital, had been tested with the infection control team.

Mr Macmanus agreed to provide information in respect of flu vaccination rates for staff.

Action: Imperial College Healthcare Trust.

A member queried the Communications and Engagement Plan and stated that there had been no engagement with the Old Oak Estate community centre.

Action:

Information in respect of community engagement to be resent.

Action: Committee Co-ordinator.

Engagement with Old Oak Estate Community Centre to be actioned.

Action: Shaping a Healthier Future

Mr Elkeles responded that there had been a major public awareness campaign to ensure that local people knew where to access healthcare urgently or in an emergency and there had been a number of focus groups. The number of people attending Hammersmith Hospital UCC had not decreased. They were not going to St. Mary’s Hospital. A small number of people had been transferred, indicating that people were making good judgements about where to go.

There were some 650 weekly attendances at the UCC, with 580/600 being treated and discharged and approximately 8% referred. There had been two emergency transfers by ambulance and a total of eight transfers in three weeks from Hammersmith Hospital UCC to an A&E department.

A member suggested that the 95% waiting target was not a proper measure of activity, and that outcomes would be a better measure. It was noted that the trust had the third best mortality rate in the country. Dr Spicer responded that the length of time people waited to be seen and treated could bring about some deterioration in their condition.

A member queried consultant availability for emergencies. Dr Spicer responded that consultants were on site until 10pm. Two consultants were being recruited to provide a service from midnight and consultants would stay late where necessary. Children would be treated by doctors trained in emergency medicine.

A member suggested that there would be further closures/changes throughout North West London, and that careful monitoring was needed. Demand for health services was rising at the same time as capacity was being reduced.

Members queried progress in respect of the Clinical Strategy. Dr Batten responded that, at the July meeting, the Trust's board of directors had approved the clinical strategy. An outline business case (OBC) had been sent to the CCGs. An overall implementation business case would be put together for North West London.

Mr Elkeles added that the finance required was £1.1billion. OBCs had to be approved by the CCGs and providers by mid-November, for submission to NHS England and the NHS Trust Development Authority in January 2015. The final decision would be taken by the Department of Health.

Mr Elkeles confirmed that the OBC would be in the public domain, although some information would be commercially in confidence.

Mr Elkeles responded to a query that, of the £1.1 billion, £0,4 million was in respect of Imperial College Healthcare. Members noted the need to invest in GPs and out of hospital care, as well as all hospitals.

A member queried engagement with Arthritis Research UK, which was a landowner at the Charing Cross Hospital site. Dr Batten responded that there were a number of stakeholders and the trust would be engaging with all stakeholders later in the process.

A member queried the inclusion of an emergency centre at Charing Cross Hospital (as stated in the trust's written report to the committee). Dr Batten responded that this wording was confusing, and that the Keogh review included the use of consistent language across the country. Charring Cross Hospital would have emergency services appropriate to a local hospital. The exact services would be set out in the OBC at the end of 2014/2015. Approval of the full business case (FBC) was scheduled for the end of 2015/2016. The main construction would start at the beginning of 2016/2017 and take four years to the end of 2019/20.

A member commented on the challenges in respect of the infrastructure at Hammersmith Hospital. Most of the estate was over 100 years old and not fit for patient experience and queried whether the additional people moving into the area as a consequence of the Mayoral Development Corporation regeneration of Old Oak Common had been included.

Dr Batten responded that the OBC included a £10 million development at Hammersmith Hospital and that a master plan for the site was being developed with Imperial College. Projected population changes would be factored in to the FBC.

A member referred to patient outcomes and significant issues between GP practices and the acute sector, and the importance of a seamless transition and support in the community. Dr McGoldrick responded that the CCG was working with providers to improve communications both ways, and improvements had been made.

Dr Spicer added that staff training was being provided in GP practices and that additional health checks were being offered to vulnerable people. The Better Care Fund would help support people to live independently in the community.

A member asked Dr Spicer to describe an emergency department in a local hospital. Dr Spicer responded that the description would be clarified by the Keogh Review. When pressed for his personal opinion, Dr Spicer responded that a local hospital would provide rapid access for frail and elderly people. It would undertake assessments and provide care plans to help people remain in the community. It would bridge the gap between primary and secondary care, and there would be an out-patient department.

An UCC was led by primary care, whereas an emergency unit would also have secondary care specialists, who would undertake assessments and management of patients.

The Chair suggested that the emergency centre at Charing Cross Hospital would be a GP led facility. Dr Spicer responded that the emergency centre would be a combination of primary and secondary consultants and all grades of clinical staff designed to break down separation between primary and secondary care. The co-location of clinicians, working together would provide a coherent response to the needs of patients.

The Chair queried whether this meant a video conference with consultants on other sites. Dr Spicer responded that the whole of a local hospital would be led by primary care physicians, but a patient receiving care could be managed by either a primary or secondary physician. Complex needs would be managed as appropriate.

The Chair emphasised the importance of clarity. The strategy differed from that brought to the previous meeting. The trust should communicate precisely what services would be provided on the Charing Cross Hospital site.

The Leader stated that different classifications caused confusion and queried whether the confusion around category 1,2 and 3 patients had put lives at risk.

Professor Harrison responded that the Keogh Review would clarify and provide a specification, with which the trust could work. He was not aware of any lives being lost as a consequence of the different categories. Dr Spicer stated that he was also unaware of any lives lost as a consequence of the different categories. In respect of a specific question regarding the Barnet & Chase Farm A&E closure and Serious Incident Investigation over a child death, he did not have a medical opinion.

Mr Elkeles stated that the categories were an internal NHS classification, not advertised to the public. In respect of Chase Farm, the UCC was not open. If the UCC had been open, there would have been a better outcome. The learning from this incident was that, all UCCs would be open 24/7.

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.

Hammersmith Hospital had taken the decision to open the UCC 24/7 in the interest of patient safety.

Mr Elkeles clarified that Charing Cross Hospital UCC did not fit into patient categories 1,2 and 3. The type of emergency care for the future was changing and would meet specific needs, rather than medical and clinical purposes. It was not possible to reply further, in advance of national policy. There were few blue light ambulances in comparison with non-blue light ambulances, some of which would go to a UCC.

The Leader queried the decision to wait for the Keogh review. The decision had been made by the Secretary of State in 2013, and the business case for implementation should have been written at that stage.

The Leader suggested that the changes should be deferred until after the forthcoming election, when the NHS could ask for an electoral mandate to implement the proposals, which were highly controversial. Lives were being put at risk with different A&E categories. The Leader stated that the proposals had been rejected by the public and he urged the NHS to defer agreement of the business plan until after the election. In May, the Secretary of State had agreed that there would be a fully functioning emergency department at Charing Cross. There needed to be clarity as to what the public could understand by this.

The Leader commented that there had been 16 meetings of the trust board since the Shaping a Healthier Future proposals had been approved but the proposals had been discussed at only nine of these meetings and queried the level of governance. Dr Batten responded that, in addition to the bi-monthly trust board meetings, there were private workshops and strategic service reviews. A written response in respect of the board level meetings at which the proposals had been discussed would be provided.

Action: Imperial College Healthcare Trust

The Leader raised concerns that the trust did not have adequate control of its expenditure. Dr Batten responded that the first few months had been challenging and it had been important to maintain quality of care. In the year to date the trust was showing a small surplus and this was a key priority for all executive directors.

The Chair proposed, and it was agreed by the Committee, that the guillotine be extended to 10.15pm.

The Leader then referred to the closure of ICU beds. Dr Batten responded that the beds had not been shut, but the classification for some of these beds had been changed to HDU. A range of strategies had been put in place to control expenditure and the Medical Director and Nurse Director had initiated a risk rating for any which impacted on patient care. Dr Batten stated that the cost improvements focused on non- direct patient care, on for example, salaries and wages, reduction in bank and agency staff, cross cutting

strategies to use resources more effectively and more effective procurement through joint purchasing with other trusts.

The Leader queried the status of the foundation trust application. Dr Batten responded that the Care Quality Commission report would be available at the end of November/beginning of December. A good outcome would mean that the trust could proceed to the next stage of the process, at which financial stability would be considered. The trust would not be able to proceed with its application if it could prove financial stability. Dr Batten stated that the Director of Finance and the Investment Committee had actions in place to bring the trust back to a stable position.

The Leader queried whether there had been a review of systems and processes. Dr Batten responded that the foundation trust process had a number of assurance steps, including governance, quality systems and financial performance. This information had been verified by independent consultants who would re-assess at a later stage. Dr Batten would check if this information was in the public domain.

Action: Imperial College Healthcare Trust

Mr Slaughter, MP raised concerns in respect of the trust's performance, confusion as to which service people should use, and whether the same level of service would be received at Hammersmith UCC.

Mr McManus responded that performance information had been provided to the committee. The number of patients being seen in Hammersmith UCC and having to be transferred was being monitored. Mr McManus stated that this information would be shared. The 'dashboard' would be included in the quarterly CCG performance report.

Mr McManus stated that there were no plans to close the A&E department at Charing Cross Hospital.

Dr Batten responded to the comment that the proposals were substantially different from the previous proposals, that the clinical strategy was consistent with all public consultation undertaken by Shaping a Healthier Future in 2012/2013.

The Chair concluded the discussion by stating that the exact proposals needed to be communicated and together with the outline business case, be brought back to the committee. The current proposals were dramatically different from the original Shaping A Healthier Future proposals and there should be full public consultation, and the decision on the outline business case should not be made until after the General Election.

The committee voted on the recommendation that there should be full public consultation on the current proposals and that a decision on the outline business case should be deferred until after the General Election:

For: 4

Abstain: 1

RESOLVED THAT:

The committee recommended that there should be full public consultation on the current proposals. and that a decision on the outline business case should be deferred until after the General Election

19. WORK PROGRAMME

RESOLVED THAT;

The work programme be noted.

20. DATES OF FUTURE MEETINGS

17 November 2014

3 December 2014

January 2015 (date to be confirmed)

4 February 2015

13 April 2015

Meeting started: 7.00 pm
Meeting ended: 10.15 pm

Chairman ....

Contact officer: Sue Perrin
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APPENDIX 1

Recommendation and Action Tracking

The schedule below sets out progress in respect of those substantive recommendations and actions arising from the Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Minute No.	Item	Action/recommendation	Lead Responsibility Progress/Outcome	Status
6.	Imperial College Healthcare NHS Trust: Cancer Services Update	Information to be provided in respect of: Vaccinations: (i) whether flu vaccines would also be offered to patients at Queen Charlotte's hospital: (ii) the number of vaccinations given to patients and staff, to include the provision of the shingles vaccine. (iii) Cancer Care: action to improve the time between a patient presenting at their GP and a clinical referral.	Imperial College Healthcare NHS Trust	
7.	Shaping a Healthier Future: Update	Information to be provided in respect of: (i) current patient numbers and the capacity of the new Parkview Centre for Health & Wellbeing (ii) further detail in respect of where the patients who used the Central Middlesex and Hammersmith Hospitals lived Hammersmith Hospital (iii) the community groups identified	H&F CCG/Shaping a Healthier Future Information provided A full list of community groups which have received leaflets and posters about the changes as well as the list of organisations we are engaging in face-to-face	Complete

		(iv) communication plan: evaluation criteria (v) skills-gap analysis and methodology (vi) expected patient numbers following the closure of the A&E.	meetings provided.	
17.	2015 Medium Term Financial Strategy	A written response in respect of servicing the Council's debt to be provided.	Response provided by Hitesh Jolapara.	Complete
18.	H&F Clinical Commissioning Group/Imperial College Healthcare Trust	Information to be provided in respect of: (i) flu vaccination rates for staff. (ii) the board level meetings at which the Shaping a Healthier proposals had been discussed. (iii) foundation trust application (if in public domain)	Imperial College Healthcare NHS Trust	

	London Borough of Hammersmith & Fulham **HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE** **17 November 2014**
TITLE OF REPORT: Call for evidence on engaging home care service users, their families and carers	
Report from stakeholders.	
Open Report	
Classification - For Information **Key Decision: No**	
Wards Affected: All	
Accountable Executive Director: Liz Bruce, Tri-borough Executive Director of Adult Social Care and Health	
Report Author: Sue Perrin Committee co-ordinator	**Contact Details:** Tel: 020 8753 2094 E-mail: sue.perrin@lbhf.gov.uk

1. EXECUTIVE SUMMARY

The Administration's manifesto for the 2014 Council elections included a commitment to ensure that the voice of service users, their carers and families was heard in the delivery of home care services. The manifesto said:

'We will: Ensure that users of the council's home care services receive high standards of care by giving service users, their carers and families a formal voice in ensuring that home care providers deliver those standards.'

The following stakeholders: have agreed to give oral evidence to the committee on their views on the best way for the Council to deliver that 'formal voice':

Kamran Mallick, Action on Disability
Dawn Stephenson, Age UK
Paula Murphy, Healthwatch

2. RECOMMENDATIONS

The committee is asked to consider the oral evidence from key stakeholders and make a formal recommendation to the Council's cabinet on their engagement strategy.

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		

	London Borough of Hammersmith & Fulham **HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE** **17 November 2014**
TITLE OF REPORT INDEPENDENCE, PERSONALISATION AND PREVENTION IN ADULT SOCIAL CARE AND HEALTH	
Report of the Executive Director of Adult Social Care	
Open Report	
Classification - For Scrutiny Review & Comment	
Wards Affected: All	
Accountable Executive Director: Liz Bruce, Executive Director of Adult Social Care & Health	
Report Author: James Cuthbert, Whole Systems Lead	**Contact Details:** Tel: 07792 963 830 E-mail: james.cuthbert@lbhf.gov.uk

1. EXECUTIVE SUMMARY

1.1 This report explains Adult Social Care's plans for a new home care service. It focuses on seven questions about home care and the wider health and social care system:

(i) Why does home care need reform?
(ii) How will LBHF's reforms improve home care?
(iii) What is the procurement process and timetable for the new service?
(iv) How were residents involved the development of the new service?
(v) How does home care work with Personal Budgets and Direct Payments?
(vi) What is the role of the voluntary and community sector in home care and in prevention?
(vii) What part do Telecare and Telehealth play home care and prevention?

1.2 Home care supports people to continue living in their own home and a good system helps reduce the demand on more expensive forms of care such as hospital and residential or nursing care.

1.3 New arrangements are based on a greater focus on the people who use the service and their family carers and greater levels of partnership with the NHS and voluntary sector organisations.

2. RECOMMENDATIONS

2.1. That Members review and comment on this report.

3. BACKGROUND

3.1. The purpose of the report is to provide information to the Committee on the planned new arrangements for home care. A report to obtain permission to commence the procurement was approved by Cabinet on 31st March 2014 and a further report will be presented to Cabinet to award the contracts once the procurement is completed.

4. PROPOSAL AND ISSUES

4.1. The new model of home care is based on service delivery by one commissioned organisation in each of three geographical patches, in the north, centre and south of the borough. It will also be dependent on greater partnership working with the NHS and the voluntary sector.

4.2. This will be an “enabling” service that helps and encourages people to look after themselves and will provide safe, quality care when they cannot.

4.3. Ensuring that there is a skilled workforce with the right values is an issue. Pay, terms and conditions of employment, recruitment, retention and training play a big role in the quality of care and outcomes for customers so the new arrangements are based on improved conditions for home care workers.

4.4. There will continue to be competition in the home care market as some people will choose to use a Direct Payment and remain with their existing care provider.

5. CONSULTATION

5.1. There has been consultation with people who use services and their family carers and the main elements of the new service have been designed around their feedback. Healthwatch have been involved at each stage and discussions are ongoing about their longer term involvement in contract monitoring.

5.2. There has also been ongoing joint working with the Clinical Commissioning Group and Healthwatch on the details of the specification

and provider organisations have been consulted on the main elements of the new service.

6. EQUALITY IMPLICATIONS

6.1. An Equality Impact Assessment will be completed to accompany the contract award report.

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.			

Independence, Personalisation and Prevention in Adult Social Care and Health

A report to the Health, Adult Social Care & Social Inclusion Policy and Accountability Committee, 17 November 2014

FOR INFORMATION

1. Introduction and summary

1.1 This report explains Adult Social Care's plans for a new home care service. It focuses on seven questions about home care and the wider health and social care system:

(i) Why does home care need reform?
(ii) How will LBHF's reforms improve home care?
(iii) What is the procurement process and timetable for the new service?
(iv) How were residents involved the development of the new service?
(v) How does home care work with Personal Budgets and Direct Payments?
(vi) What is the role of the voluntary and community sector in home care and in prevention?
(vii) What part do Telecare and Telehealth play home care and prevention?

1.2 Care at home is an important part of the community health and social care system. Its job is to help people who cannot manage with the ordinary tasks of daily life, like bathing, dressing and eating. People who use home care are more likely to become unwell and suffer injury requires unplanned hospital care and might leave them unable to manage at home. Responsive care keeps people safe and well. It reduces the risks that cause people to need more expensive care in hospitals and care homes, so it has financial benefits to the NHS and Adult Social Care.

1.3 Most people agree that there is more to good home care than doing things for people that they cannot do themselves. A good home care service does not encourage people to depend on it more than they need. Good home care helps people keep their independence, stay in touch with their community and, whenever possible, regain skills and abilities that were lost to illness or injury.

2. The current provision of home care

Annual budget	£6,471,000
The number of customers using homecare care each year	1,046
Number of hours of care commissioned each year	549,448

2.1 Twenty-five home care providers currently work under Council contracts awarded via the West London Alliance in November 2010 and lasting until October 2014. Care UK, Health Vision, BS Home Care and Saga Care provide most care with additional capacity from the Mears Group.

2.2 The Contracts Team routinely monitors the four main providers' contracts. They address problems with availability, practice, staffing and concerns about safety. The Healthwatch Dignity Champions are currently surveying the service. Dignity Champions are volunteers who are trained and managed by Healthwatch. The survey asks home care customers about their experience of services. Healthwatch produces a report on their findings and makes recommendations for improvement. Later in this report, we explain their involvement in the development of the new home care system.

2.3 The West London Alliance contracts expired in October. The service will now be provided on spot contracts. Spot purchasing will continue until new home care contracts are let.

3. Reasons for reforming home care

3.1 Nationally and in most local authorities the home care market has caused concern for some years. It has not seen scandals like those that affected some hospitals and residential care homes; but there is plenty of evidence from across the country that standards in home care are not good enough. It is not ready for the next decade, which promises growing numbers of people with increasingly acute and complex needs and tight budgets.

3.2 There is a growing consensus that better home care needs a skilled workforce. Pay, terms and conditions of employment, recruitment, retention and training play a big role in the quality of care and outcomes for customers. If this is true then any strategy of improvement in home care must improve the pay, conditions and

skills of the workforce and attract two or three times more people to the work in home care by the end of next decade.

3.3 As the healthcare needs of a growing older population grow, the NHS will depend more and more on community services to control the demand for hospital care. If home care is to play its part helping people stay out of hospital, and to leave hospital as soon as they are medically fit, it will need to work more closely with community health services, like GPs, district nurses and therapists. The Better Care Fund (BCF) includes plans to make sure that home care is better joined-up with these other services and to have home care do some simple "low-level" tasks, like giving some kinds of medication.

4. A new service in Hammersmith & Fulham

4.1 The new home care service is designed to meet the challenges that face the service we have now and to prepare the home care system for the challenges of the rest of the decade.

4.2 The key elements of the new service are:

- a local "patch" approach that helps agencies ensure that customers consistently see the same care worker and that their care worker knows about the place where they live
- a move away from time-and-task service towards personalised care that helps people live as they wish
- an "enabling" service that helps and encourages people to look after themselves and provides safe, quality care when they cannot
- an integrated approach with Health that is better coordinated, more efficient and supports the growing number of people with complex health needs
- better day-to-day monitoring to make sure people have the right care all the time
- an emphasis on workforce development, including recruitment and training. (Dignity in care will be among the most important areas of development.)

4.3 The new service asks a lot of providers in a market that has already felt the consequences of declining local authority budgets. So the new contracts give incentives to invest: predictable volumes of business; long contract-terms; and realistic hourly rates.

4.4 While these are not block contracts with guaranteed hours, they give providers predictable business in three contract-areas, serving the north, centre and south of the Borough. The providers will be expected to take all referrals from Adult

Social Care; and we will use these contracts for home care whenever customers choose to use their Personal Budget for home care. (We explain other ways of using Personal Budgets later in this report.)

4.5 The contracts have five-year terms, with a provision for limited extensions. This gives providers that investment in staff and systems at the beginning of contracts will be repaid in the long term.

4.6 We expect that hourly rates will suffice to pay living wages, to recruit and retain staff and invest in training.

4.7 We must make sure that these incentives are repaid with good services. The new system includes controls that ensure that our investment goes to improve care. Adult Social Care Operations is developing a new Home Care Management Service serving all three boroughs. It will ensure that new customers get services promptly; that the service is reliable and consistent; and we keep up to date with customers' needs and circumstances so we can respond quickly to problems and to opportunities for improvement. Later on in this report, we explain how Personal Budgets give providers further incentives to provide good care.

4.8 The Better Care Fund (BCF) includes plans to make sure that home care is better joined-up with health services. GPs and community health services will have better links with the new providers. There will be better discharge process from hospital and intermediate care services to care at home. And the home care providers will be allowed to perform some simple health tasks, like giving some kinds of medication.

5. Procurement timetable

5.1 Procurement of the new service is well underway. Thirty-seven organisations applied to pre-qualify (PQQ). PQQ establishes providers' financial security and begins our evaluation of their current service provision. The pre-qualifying phase is complete. A shortlist of twenty-four providers will be invited to tender. The North and Central patch have five bidders and the South patch has four.

5.2 Providers were involved as part of the design process for the new service to ensure our ambition could be delivered. Through questionnaires and workshops they confirmed their interest in a greater focus on people who use the services, greater partnerships with health services, and an improved system that helped to better recruit, train, support and reward the workforce. The organisations that have been invited to tender have reported that they are already working on these areas.

5.3 During the tender, providers are asked to give a price and to explain how they will meet the service specification. Healthwatch has been involved in agreeing key areas of enquiry, especially those relating to quality. Cabinet Members have also seen recent drafts of the specification.

5.4 The price element of the procurement will ask providers to give the hourly rate that it will charge the local authority and the hourly rate it intends to pay care workers.

5.5 The competition balances costs and quality. It combines the provider's price and their score in our evaluation of their response to the tender questions. We want to be clear that the pay of care workers plays a part in quality of care.

5.6 The draft timetable for the procurement is as follows:

1. Invitation to Tender: mid-November 2014
2. Return of tenders: end of December
3. Evaluation: January 2015
4. Completion of Recommendation of Award Reports: February
5. Award governance: March/April
6. Implementation: April-June
7. Contract starts: July/August 2015

5.7 Implementation of the new service will take place in phases over several months to make sure that customers who may transfer to a new provider do so properly and safely, with good support from the Council's social work teams. It also helps providers to develop their service at a manageable pace. This is especially important for providers who do not have significant business in the borough.

5.8 The three boroughs' procurement governance processes are different and have different timetables. This allows us to manage the procurement and implementation in stages. LBHF has a longer process so it is likely to implement the new service last, towards the end of summer 2015.

6. Engaging with customers

6.1 The commissioning team worked with customers and carers from the beginning and throughout the development of the service. Healthwatch is a key partner. Earlier in this report we mention that they help us with routine quality assurance of existing home care service. They have also helped us help design and

develop the new service. They make sure customers' and carers' voices are heard and that their wishes feature in the design.

6.2 This relationship with Healthwatch was established in 2012. A Healthwatch homecare sub-group meets regularly. Staff from commissioning and contract management staff attend their meetings.

6.3 Healthwatch has:

- Made sure customers and carers were consulted and involved in the specification of a new service
- Raised priorities on behalf of customers and carers for the new service
- Specified questions for providers in the Invitation to Tender

6.4 Healthwatch is undertaking dignity champion work with home care customers and will continue to do this with the new service.

6.5 We expect that Healthwatch will be more involved in the new contract monitoring regime, and will be the main representatives of customers and carers that we work with. Healthwatch are keen to continue this work.

6.6 Other related reforms in Adult Social Care also work with closely with customers to understand what they would like to be improved. 'Customer Journey' began with focus groups that asked 120 customers, including carers and family, in spring 2014. They told us about their experience of services—health, social care, housing—and told us very clearly what matters to them. Customer Journey is now working with customers and staff to design services that work better in the areas that matter most. Among those improvements is a Homecare Management Service that will organise and monitor home care and help us ensure that customers get a quality service.

7. The role of the voluntary sector

7.1 The new home care system tries to move away from the idea that regulated care services are the only way to achieve good outcomes. The new contracts are designed to create better links between the customers, the voluntary sector and care agencies. The new providers are expected to find out about and work closely with local voluntary organisations, as part of their role will be putting customers in contact with people and organisations that can help meet their needs and keep them in touch with their community. For example, if a customer is lonely we expect the agency to know about local services to help them meet other people, like befriending schemes.

7.2 The commissioners are in touch with voluntary organisations that work in the Borough. Besides supporting customers, this feature of the new service will also create business for local enterprises who want to develop care and support services. Voluntary sector providers are being encouraged to use the People First website to advertise their services.

7.3 The Borough also funds the London Care and Support forum (LCS), where both private and voluntary providers of both statutory and non-statutory care and support services meet. LCS is already involved in supporting providers in the home care procurement and can be used as facilitators for future contact between organisations as needed.

8. A local workforce

8.1 This report began with some reflections on the current home care system and suggested that we need a bigger workforce that is better trained and rewarded. Home carers helps people who are unwell and often vulnerable live an independent life at home. It should be recognised and valued accordingly.

8.2 The new home care contracts are also designed to encourage a local workforce. Home care workers who live near the people their customers are more likely to know local people and local services who can help with things, like travel, companionship or emotional support, that home care does not provide. Local workers spend less time and money travelling to and from work, which in London is a significant cost.

8.3 Procurement practice does not allow us to specify targets for local employment. But we can encourage providers to recruit a local workforce. There are financial advantages for home care workers. Less travel makes the service more efficient and resilient against problems with the transport network. It benefits the community, care workers and customers and helps to meet some expectations of the Social Value Act.

8.4 There is some work underway with the Head of Economic Development as part of a wider project, identifying local residents who might be suited to work in care. This will also ensure people with the right values are recruited.

9. Personalisation

9.1 Personalisation is sometimes taken to mean the use of Personal Budgets (PBs) and Direct Payments (DPs). These are important tools because they help people

plan their own care in their own way; and they help people use services that local councils cannot buy directly. It is hard to imagine personalised care that does not allow these freedoms. But there is more to personalisation than giving Personal Budgets to those who have council-funded care. Personalising health and care services should benefit all customers, including those who chose not to take a Direct Payment and those who will pay for their own care. Personalisation begins with an assessment and planning process in which the customer's desires and needs are central. From the moment when a customer asks for help, our approach should be flexible and person-centred.

9.2 A personalised system is equitable. It supports people in the way they wish to be supported. We believe that this principle, and the requirements of the Care Act, means we should provide two equally good routes to flexible, personalised care. In this system, all customers have a Personal Budget and a Support Plan, as required in the Care Act. They may then choose care from an organisation that is commissioned by the Council, like the home care providers; or they can take a Direct Payment and buy care from the wider market. In either case the customer has support from the council to find and manage their service and to achieve the outcomes that are written in their Support Plan. In this approach, customers can enter or leave the home care service as they wish. Our home care providers will have a strong incentive to treat their customers well lest they decide to take a Direct Payment and arrange their own care.

9.3 How in practice would adult care manage home care and Direct Payments to achieve these ends? We mention below that the Customer Journey project is designing a new Home Care Management Service (HCMS). The design includes an option to extend the HCMS to support customers who use other care services, including those who use Direct Payments. A report on this proposal will follow when the design of the new service is clearer.

10. Assistive Technology in independence and prevention

10.1 Assistive Technology is the name of devices or systems that allow people to perform a task that they would otherwise be unable to do, or increases the ease and safety with which the task can be performed. Most people accept that, with good monitoring, Telecare may reassure families and friends who worry about the safety of a loved-one. In all three cases, Assistive Technology helps people live at home with less help from others.

10.2 Telecare refers to basic pendant alarms, but also more sophisticated devices such as remote bed and chair sensors, flood, temperature, fall, and movement sensors. Telehealth devices include blood pressure monitors, pulse oximeters,

weighing scales and blood glucometers. Telehealth allows for remote consultation between health professionals and patients, which reduces response times and travel time.

10.3 offers a means of supporting older or disabled people to maintain live at home for longer; delay or reduce the need for expensive and unwelcome care or admission to hospital; help them leave hospital and go home sooner; and support to carers. Telecare is prevents the problems that cause people to need care; and it substitutes for some kinds of care. These benefits of Telecare reduce costs in other areas of health and care and help make savings for Adult Social Care and the NHS without compromising quality of life.

10.4 Care professionals play an important part in the effective use of Telecare. They must understand how equipment works and the part it plays in customers' Support Plans. Our emerging plans for Telecare therefore include plans to train our front-line and our care agencies in the proper use of Telecare.

10.5 Evidence shows that Telecare has a preventive role if people use it before they need care. This means we need a means of providing Telecare before they are referred for long-term care. The new Community Independence Service (CIS) has an important role here. They work with people, often at the first stage of illness when the opportunity to delay the progression of need is greatest. These are customers who might benefit from a simple, preventive Telecare service before more intensive health and care services.

10.6 Work is underway on the new way of providing support through the use of Assistive Technology. This is being designed around the people who use services and will help us meet the challenges of increased demand and customer expectation. It will be delivered through partnership working between Adult Social Care, Health and Housing.

10. Conclusion

10.1 This report provided updates on a number of important new services for people who live in the community.

10.2 It also explains the part these services play in a system of care and support for people with complex health conditions and social care needs. The system is designed to help people live at home, with a good quality of life, for longer. It is more joined-up. It will make more sense to the people who use it and the professionals who work in it. Investment in prevention and personalised care that helps people live independently mitigates the greater cost of intensive services in hospitals and care homes.

Liz Bruce,
Tri-borough Executive Director for Adult Social Care

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Agenda Item 6

<table>
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17th November 2014</td></tr>
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<tr><td colspan="2">Report of the Divisional Director: Stella Baillie Tri-borough Director, Provided Services, Mental Health Partnerships and Safeguarding for Adult Social Care</td></tr>
<tr><td colspan="2">Open Report</td></tr>
<tr><td colspan="2">Classification: For Scrutiny Review & Comment
Key Decision: No</td></tr>
<tr><td colspan="2">Wards Affected: All</td></tr>
<tr><td colspan="2">Accountable Executive Director: Liz Bruce, Tri-borough Executive Director of Adult Social Care</td></tr>
<tr><td>Report Author: Helen Banham, Tri-borough Strategic for Professional Standards and Safeguarding</td><td>Contact Details:
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DATE: ....

C O U R A G E

C O M P A S S I O N

Safeguarding Adults Executive Board

ANNUAL REPORT 2013-14

A C C O U N T A B I L I T Y

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APPENDICES

1. **Members of Safeguarding Adults Executive Board in 2013-2014**
2. **The headline findings in Safeguarding Adults Return 2013-14 against the Board's safeguarding outcomes**
3. **Two case studies**

Foreword from Mike Howard
Independent Chair of the
Safeguarding Adults Executive Board

As the chair of the Safeguarding Adults Executive Board, I am pleased to present our inaugural annual report.

The Board is a non-statutory body of senior decision-makers from key agencies working in the London Borough of Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea and the City of Westminster. The agencies that are represented on the Board have agreed to work together to co-ordinate, challenge, and review policies and practices, all designed to improve the safety and well-being of adults at risk of harm or abuse.

The Board meets quarterly and our first meeting was on 30th July 2013. The Board was formally launched at a safeguarding event, on 7th November 2013, generously hosted by the London Probation Service, and attended by eighty-five delegates. Our first Safeguarding Adults conference took place in on 27th March 2014 and was also well attended. The focus of the conference was developing the values and behaviours needed for good safeguarding when working with adults at risk in general, and people with dementia in care and nursing homes, in particular. Both events promoted the Board's shared safeguarding values of 'Courage, Compassion, and Accountability' and received overwhelmingly positive feedback from delegates.

Safeguarding is everyone's business. To emphasise this point, the report includes contributions from agencies represented on the Board, highlighting their work this year. These examples are listed under the Board's safeguarding outcomes framework which promotes the 'voice of the user'; highlighting that safeguarding work must centre on the person who has experienced harm and help them to achieve the outcome they are looking for.

Appendix two shows how the data gathered for the new Safeguarding Adults Return informs progress on the five outcomes the Board is working to achieve. This data is 'personalised' by two case studies which show the positive difference made to people's lives. Recently, Board members spent time with case managers to go through resolved cases in order to understand the complexities and challenges which require resolution to achieve a satisfactory safeguarding outcome.

Continued over page

The report includes the Board's priorities for 2014/15. It is a demanding agenda with work at a national level (the Board becomes a statutory body under the new Care Act in April 2015); and overseeing the Board's involvement in the Local Government Association's 'Making Safeguarding Personal'. This program will act as a framework for better understanding of what works well when working with adults at risk of harm and abuse. At a local level, I would like the Board to develop closer links with other existing boards to ensure adult safeguarding is included in their work plans where appropriate, and vice versa.

The Board has three work streams; Developing Best Practice; Measuring Effectiveness; and Community Engagement, all of which are charged with delivering our safeguarding outcomes. The achievements of these groups, together with our challenges for next year, are included in the report.

I would like to end by thanking everyone for their contributions to the work of the Board in our first year. I am optimistic that we will meet all the challenges and continue to make a positive difference to adults at risk of harm in our communities.

Mike Howard
Independent Chair
September 2014

Executive Summary

This report shows what progress has been made in consolidating the governance of adult safeguarding in the London Borough of Hammersmith and Fulham; the Royal Borough of Kensington and Chelsea; and the City of Westminster, to meet the requirements of the Care Act 2014[1]. It outlines what adult safeguarding work is being carried out under the leadership of the multi-agency Safeguarding Adults Executive Board and what is being done to raise public awareness of, and confidence in, reporting abuse, and developing best practice in staff and volunteers working with people who have experienced abuse. It reports on how information is being used to measure the effectiveness of adult safeguarding activity and to make improvements to safeguarding systems and practice.

As well as reflecting back on the past year, the report sets out what the Safeguarding Adults Executive Board is aiming to achieve by 1st April 2015; the date for the implementation of the first phase of the Care Act 2014.

Readiness for the Care Act 2014

The Care Act 2014 replaces a raft of social care legislation and guidance, including 'No Secrets' guidance[2]. From 1st April 2015, the Act will place adult safeguarding on a statutory footing. It requires local authorities to:

- make (or cause to be made) enquiries if a person is at risk of abuse and neglect, and unable to protect themselves;
- establish a Safeguarding Adults Board;
- arrange for there to be a review of a case where the Safeguarding Adults Board knows or suspects that death, or serious harm, resulted from abuse or neglect.

Make (or cause to be made) enquiries if a person is at risk of abuse and neglect, and unable to protect themselves

The reporting arrangements for adult safeguarding in the three local authorities are well-established and the resulting case activity is reported to the Department of Health in the Annual Safeguarding Adults Return[3]. Adult Social Care is in the process of scoping what changes may need to be made to these arrangements under the Act. The Association of Directors of Adult Social Services is being lobbied to update the Pan-London adult safeguarding procedures[4] so that when abuse or neglect of adults at risk occurs, the adult

[1] Care Act 2014 Sections 42-47
[2] No Secrets Guidance 2000
[3] Safeguarding Adults Return 2013-14 Guidance

[4] SCIE Report 39 Protecting Adults at Risk

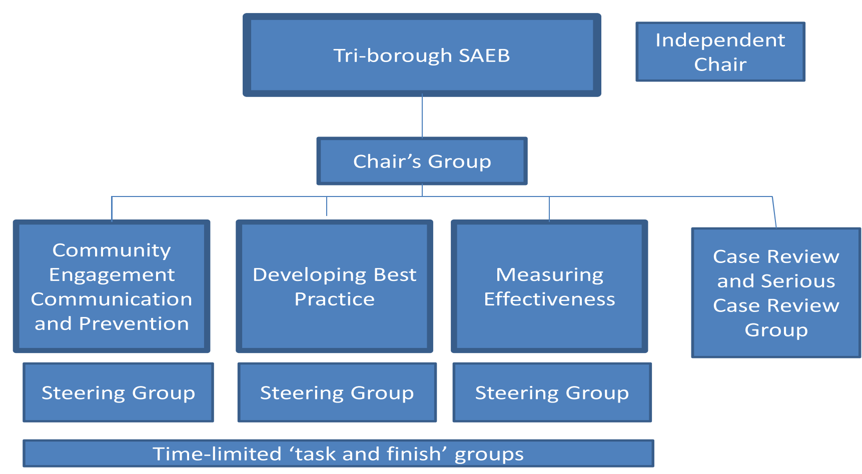
safeguarding response across all thirty-two London boroughs remains fairly consistent. There is now a single client information system for Adult Social Care across the three boroughs, which is being redesigned to accommodate the requirements of the Act, including prompts to consider when a person needs an advocate, and encouraging the practitioner to focus on outcomes for the person who has experienced harm. This is also in line with 'Making Safeguarding Personal' [5] which the Board hopes to roll out during 2014-2015.

Establish a Safeguarding Adults Board

In March 2013, the Cabinets of the London Borough of Hammersmith & Fulham, the Royal Borough of Kensington and Chelsea and Westminster City Council, agreed to establish an independently chaired, multi-agency, Safeguarding Adults Executive Board to provide robust leadership of adult safeguarding across the three boroughs. These arrangements mean that the three boroughs will be fully compliant with this requirement of the Act on 1st April 2015.

The Board has the required senior representation from all statutory agencies, including an elected member from each of the three boroughs. A list of members is attached as Appendix one. The 2013-14 quarterly meetings of the Board were held on 10th July, 22nd October 2013, 23rd January and 1st April 2014. The Board will continue to meet in these months of each year. Attendance at the Board is regular and agencies represented on the Board show consistently high levels of commitment to this important agenda.

Figure 1: Safeguarding Adults Executive Board



[5] Making Safeguarding Personal

At its January 2014 meeting, the Board agreed five high-level outcomes for the focus of all its work[6]. These are that:

1. **People are aware of safeguarding and know what to do if they have a concern or need for help;**
2. **People are able to report abuse and are listened to;**
3. **Concerns about harm or abuse are properly investigated and people can say what they want to happen;**
4. **People feel, and are safer as a result of safeguarding action being taken (but being safe on its own is not enough);**
5. **The wider well-being of people is maintained or enhanced as a result of safeguarding activity.**

The section below: **'Working together to achieve Safeguarding Outcomes'** outlines some of the achievements and challenges that the agencies represented on the Board have experienced this year in meeting these outcomes.

The work of the Safeguarding Adults Executive Board is carried out through three work-streams:

- **Community Engagement**
- **Developing Best Practice** and
- **Measuring Effectiveness**.

These were set up in April 2012 and they are building good member engagement and participation. They have delivered some very good products. Each work stream is supported by a member of the Adult Social Care Tri-borough Professional Standards and Safeguarding team. The team also offer administrative support to the Board and work-streams. The chairs of the work-streams, who give considerable time and commitment to the task, are listed in **Appendix 1.**

Community Engagement

The purpose of this work-stream is **to raise public awareness** so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect. **Board Outcomes one and two** are the main focus for this work-stream: *that people are aware of safeguarding, and know what to do if they have a concern*

[6] These five high-level outcomes have been proposed by ADSS Cymru and SSIA as part of A A Safeguarding Adults Outcomes and Effectiveness Framework
They are aligned to the national NHS Outcomes Framework; the national Adult Social Care Outcomes Framework (ASCOF); and 4 domains of the Public Health Outcomes Framework 2013-16.

or need for help; that people are able to report abuse; and that people are listened to. This year, the group has completed the following work:

- A **redesign and publishing of safeguarding information leaflets** was completed this year. The leaflets have been distributed widely through the three boroughs, together with cards and an easy-read 'Say No to Abuse' leaflet. This leaflet was developed with the help of the Safeguarding Adults Reference Group, a group of people who have experience of using services in the Royal Borough of Kensington and Chelsea.
- The Community Engagement work-stream hosted a **'Training-for-Trainers'** Safeguarding Adults programme which was taken up by twenty, third-sector organisations. This has substantially increased the capability and capacity of organisations in the three boroughs to train their staff on recognising, reporting and preventing abuse. This programme will be re-run in 2014-2015.
- The work-stream also carried out a qualitative **Service User Survey**. The survey adopted a person-centred approach informed by the 'well-being' principle of the Care Act 2014. The survey contributed to the Health and Social Care Information centre work on developing an outcomes framework for adult safeguarding, which is collecting views from people who have experience of adult safeguarding to understand what quality looks like from their perspective. This is the first time this sort of data has been collected to create a national measure of the effectiveness of adult safeguarding. The participants are asked to consider the statement: 'As a result of the safeguarding investigation I feel safer'. Five people in each borough, fifteen in total, were selected for interview from a sample of fifty people who had experience adult safeguarding in the previous year. The results of the survey were that twelve respondents were positive about their experience; three people reporting a very positive experience. The remaining three people reported being dissatisfied with their experience. Some of the key themes that emerged were:

  Lack of information and signposting meant immediate assistance was not given;
  People were unaware of Safeguarding procedures;
  People wanted to be kept involved, given a voice and to be listened to;
  People wanted more follow-up and review of protection plans;
  People want to share their experiences to prevent harm coming to others;
  Some people said the survey helped because it acknowledged what they had been through.

  Some of the things people said are published, with their permission, in the 'Working Together to Achieve Safeguarding Outcomes' section below. Learning from the survey is being shared with the Developing Best Practice work-stream to inform staff

training, and planning the 'Making Safeguarding Personal'[7] programme for 2014 to 2015.

- The work-stream organised the **first Adult Safeguarding Conference** for the new Board on 27th March 2014. The focus of the event was developing the behaviours needed for good safeguarding: Courage, Compassion, and Accountability, when working with adults at risk in general and with people living with dementia in care and nursing homes, in particular. The conference was attended by eighty-five delegates who evaluated it very positively.

Developing Best Practice

The purpose of this work-stream is, by **developing the practice of staff in all agencies**, to deliver **Board Outcomes two and three:** *that when people report abuse, they are listened to and concerns about harm or abuse are properly investigated and people can say what they want to happen*. The Developing Best Practice Steering Group has twenty members, predominantly representatives from the NHS and the local authorities. The group is working to attract better representation from the third sector and the Metropolitan Police.

This year, the group has completed the following work.

- The **Safeguarding Adults training programme**, which includes the Seven Step Mental Capacity Act Pathway, was reviewed and refreshed. Much of the programme is open to staff from any agency working with adults at risk in the three boroughs and take-up of courses is high.
- The steering group has been **scoping the practice development implications of the Care Act 2014** and **Making Safeguarding Personal** and have radically reviewed their action plan and priorities, including developing local guidance on information-sharing; safeguarding thresholds; and developing best practice models for investigating adult abuse allegations.
- An **audit tool for learning outcomes and competencies for Levels 1 and 2 safeguarding adult training** has been developed, based on Bournemouth competency framework[8]. The tool will enable managers to identify gaps in competency levels, leading to more effective analysis of learning needs, which, in turn, will shape what training will be commissioned. The tool is being piloted for three months by Age UK; the Central North West London NHS Trust (in-patient settings); the Royal Marsden NHS Foundation Trust; and the London Clinic. This will enable it to be validated, providing an overview of how useful it is in different settings. Post validation, it will be available for use in all health and social care

[7] Making Safeguarding Personal
[8] Bournemouth University Competency Framework

agencies across the three boroughs. Analysis of the results will inform the development of a range of resources that will be benchmarked against the minimum requirements. These quality resources, containing all of the key learning outcomes, will be available to all partner agencies.

- The group has worked in close partnership with NHS England (London Region) to develop more robust, evidenced-based tools to facilitate **appropriate safeguarding referrals in relation to pressure ulcers**. The tool has been adopted as a model of best practice by NHS England (London Region) who will be encouraging Safeguarding Adults Boards to promote its use and ensure a single, multi-agency approach to assessing avoidable pressure ulcers and safeguarding reporting where neglect is indicated.
- The development of a Tri-borough Safeguarding **Joint Working Protocol across Adults and Children's services** is in its final stages and will be presented to the Safeguarding Adults Executive Board and the Local Safeguarding Children's Board in the autumn for ratification. The protocol will act as a driver of good practice increasing knowledge, expertise and effective partnership working to safeguard residents in the three boroughs, especially young people moving into adulthood, with an emphasis on a 'think family' approach.
- At present, each borough has its own local arrangements for managing cases of **Hoarding and Self-neglect**. A standardised approach across all three is currently being explored, based on a protocol developed in Kensington and Chelsea.
- The **Spring Case Study** was completed as part of the Board Member development programme. Board members met with a nominated Safeguarding Adults Manager in Adult Social Care to reflect on a real safeguarding case. The purpose of this is for Board members to better understand how concerns are acted upon, investigated, and the person's safety secured. All participants reflected on how valuable the learning was and the study will be repeated every year. Two examples of these case studies are attached as Appendix 3.
- Members of the group contributed to a task and finish group developing the **Safeguarding Adults Review** process, ensuring that learning outcomes from case and serious case reviews are embedded into safeguarding education and training programmes and resources. The group is scoping the cost of developing Social Care Institute for Excellence 'Learning Together'[9] capacity and capability across adults and children's services, as recommended by Care Act guidance.

Measuring Effectiveness

The purpose of this work-stream is to **measure to what extent the work of agencies represented on the Safeguarding Board are delivering Outcomes Four and Five**: *that*

[9] Social Care Institute for Excellence Learning Together model

people feel, and are safer as a result of safeguarding action being taken (but being safe on its own is not enough); and that the wider well-being of people is maintained or enhanced as a result of safeguarding activity.

Much of the work of this group has focused on raising standards in care and nursing homes in the three boroughs, and clarifying the interface between safeguarding and the quality of service provision[10]. Close joint work between health and adult social care, the Care Quality Commission, and Healthwatch, in partnership with local providers of service, has ensured early identification of areas needing improvement, and shared effort to raise standards and achieve higher levels of satisfaction from people using services, and their families. The group has completed the following work this year:

- The **homes in the three boroughs have been mapped** and contact made with registered managers. A 'heat map' is being developed to identify where commissioners and safeguarding staff may need to focus their interventions and support. The group is exploring electronic solutions for collecting and analysing monitoring data, such as dashboards.
- The **Safeguarding Information Panel** (formerly the Monitoring Registered Providers meeting) has been set up to share information and keep track of concerns and remedial actions being taken to raise standards of care. This meeting is attended by Healthwatch; the Care Quality Commission area inspector for care and nursing homes in the three boroughs; and representatives from health and social care commissioning, procurement, monitoring and adult safeguarding. **Joint operational groups** have been re-instated to co-ordinate engagement and monthly monitoring of contracted care and nursing homes to ensure safeguarding alerts are progressed and joint remedial work with local care homes leads to greater levels of satisfaction from people and their families with the services they receive.
- Focused work has been undertaken with a number of homes in the three boroughs where Care Quality Commission inspections have raised areas of concern. Risk tools, including the **Safeguarding Adults Risk Tool**, have been used with registered managers to identify gaps and for monitoring service improvements.
- This work was undertaken using the **Adult Social Care Establishments of Concern protocol** and the **Clinical Commissioning Groups' Escalation Policy**. Work is being done to blend these two procedures into one. A driver for this to be completed in 2014-2015 is the Market Shaping and Managing Provider Failure requirements of the Care Act 2014.
- The group reviewed the range of adult social care and health initiatives involving care and nursing homes; including the **Compassionate Leadership Programme**[11];

[10] Care Act Guidance: Adult Safeguarding

[11] The Compassionate Leadership in Care Homes project was launched on 11th March. Places were taken up by managers and leaders from twenty care homes across Tri-borough, working with commissioning and

Improve Proactive Care in Care Homes funded by the **Integrated Care Programme**[12]; and research; so that the interventions are targeted and help the homes to improve the service they offer to their customers.

- The group contributed to **two events for provider managers**: the **Safeguarding Adult Practice Seminar** on **25th September 2013** and the London Care and Support Network **Best Practice in Safeguarding** on **5th February 2014**. The events covered understanding the national context for adult safeguarding; raising a concern; applying the Mental Capacity Act 2005 to practice; and when to make an application for Deprivation of Liberty Safeguards authorisation.
- The group coordinated the Board's response to the request from NHS England to make arrangements to **validate organisations' self-assessment against the Safeguarding Adults Risk Tool**. An event involving all member agencies represented on the Board in September 2014, will extract the themes arising from the self-assessments and be used to inform Board priorities in the coming year.

Review cases, especially where a death of an adult at risk has occurred as a result of abuse or neglect.

In anticipation of the Care Act 2014, the Board set up a 'task and finish' group to review the previous procedures for case and serious case review, and to develop new **arrangements** that are compliant with the Care Act for extracting learning from case work, to avoid repeating mistakes, and improve outcomes for adults at risk. The group were assisted in their task by representatives from the Local Safeguarding Children's partnership. The Terms of Reference for the safeguarding Adults Case Review Groups were agreed at the Board on 1st April 2014.

The Case Review group will be working with the Developing Best Practice work-stream to develop capacity and capability in the Social Care Institute of Excellence 'Learning Together' approach, as recommended in Care Act guidance.

Learning from case review was a central theme at the launch of the Board on 7th November 2013 where an exercise was based on the Serious Case Review conducted by Surrey into the death of Gloria Foster[13]. The learning from this case is being drawn on continually in the work of the Board, particularly in the light of the Care Acts requirements to manage a robust care market and wherever possible, prevent provider failure.

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safeguarding adult leads. The course teaches tools for taking care of oneself, in order to provide compassionate care to others. To provide consistently compassionate staff need to be valued and appreciated by their organisation.

[12] Integrated Care Programme funded the Improve Proactive Care designed to reduce the number of emergency calls and hospital admissions from care homes, through building the skills, confidence and capabilities of care home staff to deliver more co-ordinated pro-active care.

[13] Gloria Foster Serious Case Review

The Board has also reviewed progress on the comprehensive action plan it developed in response to the Winterbourne View Serious Case Review and government Concordat[14]. Actions arising from the review in the three boroughs are:

- Closer monitoring of the welfare of people with learning disability placed out-of-borough in Winterbourne View type accommodation, and appointment of advocates where appropriate;
- Review of local housing options to increase the opportunities for people with learning disability to live in their borough of origin;
- Appointment of a designated person working with vulnerable patients at Imperial to monitor repeat attendances at Accident and Emergency; and repeat admissions, and identify people who may be at risk;
- Commissioning scrutiny of all applications to place people with learning in assessment and treatment services, and regular review of placements, leading to return to less restrictive arrangements as soon as possible;
- Ensuring that where a person is not detained under the Mental Health Act, application is made for authorisation under the Deprivation of Liberty Safeguards, where relevant;
- Review of 'whistle-blowing 'policies by all agencies to ensure staff raising concerns are listened to, taken seriously, and are not scapegoated.

[14] Winterbourne View Concordat

Deprivation of Liberty Safeguards: Supreme Court Judgement March 2014

Local authorities assumed sole responsibility for the authorising deprivations of liberty under the Mental Capacity Act 2005 in hospitals, and care and nursing homes from 1st April 2012.
Between 1st April 2013 and 31st March 2014 there were seventy-six applications for authorisation across the three boroughs. This activity, together with case examples of where the safeguards have made a difference to people's lives, was reported to January meeting of the Board.

On 19th March 2014 a Supreme Court judgement significantly lowered the threshold for what constitutes a deprivation of liberty[15] . The Court confirmed that to determine whether a person is objectively deprived of their liberty there are two key questions to ask, which they describe as the 'acid test':

(1) Is the person subject to continuous supervision and control?
and
(2) Is the person free to leave? (The person may not be saying this or acting on it but the issue is about how staff would react if the person did try to leave).

This means that if a person is subject both to continuous supervision and control and not free to leave they are deprived of their liberty. The judgement also said that a person could be deprived of their liberty in supported living and other domestic settings. Once identified, a deprivation of liberty must be authorised in accordance with one of the following legal regimes:

a deprivation of liberty authorisation, or Court of Protection order, under the Deprivation of Liberty Safeguards in the Mental Capacity Act 2005; or
(if applicable) under the Mental Health Act 1983.

It is anticipated that in 2014 to 2015 there will be a ten-fold increase in the number of applications for authorisation under the Deprivation of Liberty Safeguards across the country, with an attendant pressure on resources to deliver this statutory requirement. The Board will continue to monitor developments and the outcomes for people who are subject to authorisations.

[15] The requirements for the Deprivation of Liberty Safeguards remained unchanged. There are still six requirements which need to be met. The person must be: 18 and over; suffering from a mental disorder; lacking capacity for the decision to be accommodated in the hospital or care home; have made no decision previously to refuse treatment or care, or conflict relating to this such as Lasting Power of Attorney; not be ineligible for Deprivation of Liberty Safeguards; deprived of liberty, in their best interests.

Working together to achieve Safeguarding Outcomes

Agencies represented on the Safeguarding Adults Executive Board were invited to reflect the work they have done this year, against each of the Five Safeguarding Outcomes that were agreed at the January 2014 meeting of the Board.
They were asked to identify the achievements of which they feel most proud, and some of the challenges that they are working on through the Safeguarding Adults partnership. These are some of their contributions.

The quotes attached to each outcome are from people who took part in the service user experience of safeguarding survey completed in July 2014. They are included in order to illustrate people's experiences of abuse and adult safeguarding. By listening to what people say, the Board can identify those areas where agencies needs to work harder, or perhaps differently, to increase public confidence in adult safeguarding work.

Outcome One: 'People are aware of safeguarding and know what to do if they have a concern or need for help'.

" safety is a constant concern, mentally ill people are very vulnerable, and sometimes they just can't say no, we can be more at risk of getting into trouble....people do need to know a bit more about where to get help." Respondent to the Service User Survey 2013/14

London Fire Brigade
The London Fire Brigade now has a safeguarding policy and cases have been referred to the local authority where fire crews have had concerns about individuals. Links have been made locally to raise awareness of how the London Fire Brigade can help with safeguarding and social care issues, particularly where hoarding poses an additional risk of fire.

A challenge is recognising that there is a difference between proper safeguarding cases and those which are simply concerns about the conditions in which some people live. Another is making the links with the relevant local authority departments and ensuring that the London Fire Brigade becomes, and remains an active partner in adult safeguarding and social care.

The Royal Marsden NHS Foundation Trust
The Trust has been working with one of the local authority partners on the Making Safeguarding Personal agenda. This work has included changing the venues where meetings are held from Civic Offices and hospital wards, to the person's home.   The work continues to develop with the focus on outcomes for the person being identified more regularly.

The Trust has also produced a number of tools to raise awareness of safeguarding including staff information leaflets, safeguarding business cards and a Trust-specific Safeguarding Adult information guide for patients and their families. This was created as a result of completing the Safeguarding Adult Risk Tool audit. The Trust had historically used the local authority information, but this will be replaced with the Trust's own patient information.

Central London, West London, Hammersmith and Fulham Clinical Commissioning Groups
The governing bodies of the Central London, West London, Hammersmith and Fulham Clinical Commissioning Groups have received safeguarding awareness-raising briefings and safeguarding activity is reported on a quarterly basis to sub-committees of the Governing Body. Information is available on the Clinical Commissioning Groups extranets to inform staff how to report a safeguarding concern.
The Associate Director for Safeguarding meets with the Managing Director and Deputy Managing Director for each of the Clinical Commissioning Groups on a monthly basis to discuss and receive and update on safeguarding.
There is clear accountability and leadership in safeguarding across the constituent Clinical Commissioning Groups.
The changes to the NHS commissioning landscape have led to systems needing to be reviewed to ensure that there is clarity over roles and responsibilities of the different organisations.

Chelsea and Westminster Hospital NHS Foundation Trust
The number of alerts raised by senior members of clinical staff that relate to the Trust has increased. This would suggest that there is a greater awareness of the safeguarding process within a culture of openness.
The Trust annual report notes an increased level of reporting generally, and an increase in the engagement of staff specifically in the Emergency department. This is evidence that the safeguarding process has been embedded into practice with a consistently high level of reporting even against a background of increased attendances and admissions.

Releasing staff to attend training, jointly commissioned by Chelsea and Westminster and Royal Marsden hospitals, can be a challenge. Also, further work is needed to increase medical staff's understanding of their responsibilities in relation to the application of the Mental Capacity Act 2005, and the Deprivation of Liberty Safeguards process and some aspects of adult safeguarding procedure.

Central London Community Healthcare NHS Trust
The Trust has continued to work to achieve a high level of compliance in regard to staff being trained at a level appropriate to their role. 94% of Trust staff have received safeguarding adult at Level One: Basic awareness and how to report concerns; and at Level Two: How to assess the report of a concern in order to make a safeguarding referral.

The Trust is now offering a Level Three training programme to its Safeguarding Champions. The Trust has been delivering PREVENT[16] training as part of clinical staff induction since April 2012. From 1st April PREVENT will be incorporated into the mandatory training programme so ensuring all staff have access to this training.

The Trust training is updated regularly and the learning from the Orchid View Serious Case Review (2014)[17], and the implications of the Supreme Court ruling in regard to Deprivation of Liberty Safeguards[18] have been incorporated into the Safeguarding Level Two training.

The Trust has produced a Safeguarding Adult Newsletter which provides additional information to update staff on national developments.

Since August 2012 the Trust has had two dedicated Safeguarding Adult Leads supported by an administrator. In 2013, the Trust launched Safeguarding Adults Champions. These champions are frontline practitioners who expressed an interest in receiving enhanced safeguarding adult training to enable them to act as a frontline resource to support staff in identifying safeguarding concerns and escalating and referring them to the local authority, where appropriate.

West London Mental Health NHS Trust

Safeguarding training remains a priority for the Trust. It has maintained high levels of compliance with mandatory levels for safeguarding adults training (85%). In May 2013, the Trust held a safeguarding adults conference for its staff. The conference focussed on safeguarding adults in institutional settings and keynote speakers reflected on the impact of the events at Mid-Staffordshire[19] and at Winterbourne View[20]. The Trust revised its safeguarding adults policy in the last year to better reflect current practice and guidance.

The Trust will develop safeguarding expertise over the coming year through plans to recruit to new safeguarding adult professional roles. This will allow the Trust to expand its audit capacity to improve its learning from safeguarding issues.

Central and North West London NHS Foundation Trust

The Trust has achieved greater openness and transparency with multi-agency partners following the lessons learnt from a serious incident. Joint training initiatives with local authority partners have led to increased staff awareness and confidence in raising concerns.

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[16] PREVENT Strategy
[17] Orchid View Serious Case Review
[18] Deprivation of Liberty after Cheshire West
[19] Mid-Staffordshire Inquiry Report
[20] Winterbourne View Serious Care Review Report

The changes to the Trust's delivery of service structures has meant a need to review local borough leadership with clarity over roles and responsibilities of different key staff. Further work is needed to help staff differentiate between safeguarding and other internal NHS patient safety processes to ensure that appropriate timely action is taken for all concerns raised.

Imperial College Healthcare NHS Trust
The Trust has a simple and effective adult safeguarding training video and online training package for staff which has led to an increase in the levels of training compliance and the number of safeguarding referrals raised by staff in the last twelve months.
With around 10,000 staff and a range of mandated training, it is difficult to deliver this training as quickly as the Trust would like.
The Trust has developed a phone application to guide staff on the use of the Mental Capacity Act 2005 in their work.
The Trust is working to resolve some information technology-related issues in terms of accurately recording levels of compliance with training.

Royal Brompton and Harefield NHS Foundation Trust
The Trust policy on safeguarding of vulnerable adults has been revised to include supervision of staff assessing and escalating cases, and further guidance on Prevent, Deprivation of Liberty Safeguards, and Female Genital Mutilation.
The Trust has been successful in a funding application to Health Education North West London for money to create a training DVD and source external trainers to present cases with role play to stimulate discussion of safeguarding and issues concerning adults at risk of harm .
The challenges facing the Trust are how to integrate Safeguarding and Mental Capacity Act 2005 assessment into staff supervision and appraisal, and to ensure all non-clinical staff have had training in adult safeguarding.

Outcome Two: 'People are able to report abuse and are listened to'.

" the tragedy was my mother had been in the hospice and was then moved to this home....my mum was not doolally, she was 94 and had all her marbles, she said this woman had grabbed her and thrown her across the floor... I felt because we did not actually have a photo of this carer doing it, our case was weak". Respondent to the Service User Survey 2013/14

"....you just want to know they are safe, I have always been very involved in keeping my child safe within service provision, but I can't be with her all the time. It is a constant

worry and source of concern and stress. I feel very strongly about the poor souls who are not in my child's position." Respondent to the Service User Survey 2013/14

London Fire Brigade
The London Fire Brigade has clear reporting strategies established for adult and child safeguarding policies. The challenge is obtaining feedback on progress after making a report of a suspected safeguarding or welfare issue.

The Royal Marsden NHS Foundation Trust
The Trust has worked with a neighbouring acute Trust to develop and deliver safeguarding adult training which includes how to support people in reporting abuse and to ensure they are taken seriously. Staff are made aware of the importance of listening to people and taking the allegations seriously and of dealing with the person sensitively.

The Trust has worked with other health care, local authority and care and nursing home providers to ensure staff are aware of the need to report concerns to safeguarding that relate to pressure ulcers. The Trust has been a core member of the NHS England Pressure Ulcer and Safeguarding Task and Finish Group which has produced principles of best practice and a number of tools to ensure staff know when to report alerts to the local authority.

Central London, West London, Hammersmith and Fulham Clinical Commissioning Groups
The Safeguarding Team have escalated issues of concern raised by members of the public and practitioners to the Tri-borough safeguarding leads to ensure that action is taken. A communication pathway with Care Quality Commission has been established to identify organisations where there may be underlying concerns.
This is the first year of operation for the Clinical Commissioning Groups and ensuring clarity of roles and responsibilities for commissioning organisations in relation to providers such as specialist commissioning and primary care is a challenge. Another challenge is working with owner organisations for care and nursing Homes to improve practice and quality assurance systems. This has been addressed through working together with senior managers and commissioning and safeguarding colleagues in the local authority to meet with directors and registered managers to identify issues; plan remedial actions; and monitor progress against these plans. The key measure of success in this work is increased satisfaction from people who are in receipt of services, and their families.

Chelsea and Westminster Hospital, NHS Foundation Trust
The number of alerts raised has increased. Matrons and senior nurses have effectively engaged with the Safeguarding process, leading and taking forward safeguarding concerns within the clinical areas.

There has been a huge increase in the understanding of staff in relation to the reporting of and management of people who raise concerns relating to Domestic Abuse. This has been achieved through a number of work-streams that include commissioning of training; developing a Trust Domestic Abuse policy, and referral flow chart. It is now possible to record disclosures and other evidence of abuse in the electronic patient record (the Confidential Information Log) and this has enhanced both the quality of evidence captured and the Information Governance arrangements to secure this information.

A challenge for the Trust is ensuring that we continue to challenge ourselves to be open and transparent, for example if a hospital acquired pressure ulcer was avoidable.

West London Mental Health NHS Trust

The Trust-wide Safeguarding Adult Governance Forum was established in 2013 and now meets every two months, with participation from clinical commissioning groups and local authority safeguarding leads.

The safeguarding quality metrics developed during the previous year have been extended to include detailed monthly analysis of referrals by locality in response to learning from the Care Quality commission inspections during the year. These measures are reported to the Trust board monthly, and each locality service reviews the data on a monthly basis.

The challenge for the Trust is extracting learning from quality data and to make considered changes to services that will improve the service-user experience.

Central and North West London NHS Foundation Trust

The Trust has revised the Safeguarding Adult's Guidance document in partnership with local authority colleagues that support better safeguarding processes especially around identifying abuse and making safeguarding more personal.

The Trust with local authority and Police colleagues has developed a protocol for staff around timely reporting of a crime.

There is still work to be done around thresholds to get the balance right on the number of concerns raised with those that constitute abuse, especially within inpatient services.
The Trust needs to do work around ensuring that those that investigate incidents under the safeguarding adult process have the right skills, knowledge and support. We have commissioned investigator training and will appoint a Senior Safeguarding Manager post to support local investigator staff.

Imperial College Healthcare NHS Trust
The Trust has seen an increase in the volume of safeguarding alerts which are monitored through the Imperial Safeguarding Adults Board.

We have amended the Trust's internal incident reporting system (DATIX), so that it steers people to raise a safeguarding alert where this is necessary. The Trust are considering how the application of the Safeguarding Pressure Ulcer decision guide may assist staff in understanding when a pressure ulcer may indicate neglect and warrant raising a safeguarding alert.

Royal Brompton and Harefield NHS Foundation Trust
The Trust continues to increase the number of staff receiving safeguarding training, so people know how to report abuse. The Trust is working with the Tri-borough Developing Best Practice sub-group to develop a minimum standard for each of the safeguarding training levels and for Mental Capacity Act and Deprivation of Liberty Safeguards awareness. The objective is to develop minimum standards for partners to aspire to and produce training material for use in training sessions.

Outcome Three: 'Concerns about harm or abuse are properly investigated and people can say what they want to happen'.

"No-one told me anything about what happened to this carer, there was no acknowledgement. The other thing is that my mother is probably one of hundreds this happens to and one of the main reasons I wanted to talk to you to try and help prevent these things from happening. It was so upsetting, I can't tell you, what I can't bear is the last three weeks of her life should have been hell. It left a huge legacy of guilt for the family". Respondent to the Service User Survey 2013/14

The Royal Marsden NHS Foundation Trust
As a Trust we have worked closely with local authority colleagues to address issues around the safeguarding adult process, in particular the speed at which alerts are dealt with and the communication around the safeguarding process with professional, and the person for whom the alert has been raised.

The Making Safeguarding Personal agenda has meant that staff now focus on the wishes and outcomes for the person for whom the alert has been raised. The Trust reporting system tools are being amended to ensure that the outcomes the person wants are recorded, and that this is not just the responsibility of the local authority.

Central London, West London, Hammersmith and Fulham Clinical Commissioning Groups

The Safeguarding team has been established with additional resources identified through the year to cover safeguarding and interim measures for improving quality in care homes. The Safeguarding Leads attend establishment concerns' meetings and provide feedback to the clinical commissioning groups on safety of their patients.

A challenge is how to ensure that the revised NHS serious incident system is able to be aligned with the safeguarding adult investigative process.

Chelsea and Westminster Hospital, NHS Foundation Trust
The Trust has developed a multi-disciplinary pressure ulcer standing panel where all Root Cause Analysis of hospital-acquired pressure ulcers are reviewed in a way that fully integrates the Safeguarding Pressure Ulcer decision guide.

Safeguarding oversight has been integrated into complaints and incidents to ensure any potential safeguarding concerns are captured.

A challenge for the Trust is the number of internal processes that need to be followed for some complex safeguarding cases, for example, risk management; human resources; safeguarding. The Trust is thinking about different processes and recording requirements can be streamlined to avoid duplication of effort.

Central London Community Healthcare NHS Trust
Trust staff routinely involve the patient, and where appropriate, the family, where there are concerns regarding safeguarding

The Trust, in response to the new duty of candour, and ethos of being open, embodied in the Francis Report (2013), have in place a process to ensure the outcome of investigations are shared with patients and families. This is recorded on the Trust's internal incident reporting system (DATIX), and compliance will be tested by an audit in 2014.

West London Mental Health NHS Trust
The Trust revised its adult safeguarding policy in 2013 and this has supported better safeguarding processes. The challenge is to improve our investigation skills and capacity, in order to allow better understanding and awareness of safeguarding to permeate through all levels of clinical services.

The Trust has co-produced a Safeguarding Information Sheet, currently in publication, to give to service users to inform them about safeguarding processes and how it is reflected in the work of the Trust. Our challenge is to develop user-involvement in safeguarding processes to ensure that we facilitate safeguarding outcomes that have value for our service-users.

Central and North West London NHS Foundation Trust
The Trust with the local authority has identified money for a Senior Safeguarding Adult Manager who will be part of the Making Safeguarding Personal agenda and will work with the Recovery College[21] to implement outcomes from this work into the wider patient and carer partnership agenda.

The Trust has revised the Safeguarding Adults Guidance document to include a flowchart of the process which includes asking patients and their carers what they want to happen.
The challenge the Trust faces is maintaining a resource to follow up people when the safeguarding process has ended, and that this addresses wider well-being issues.
When a referral requires police intervention, this can be challenging for the Trust and delay the investigating process, causing distress for both the patient and staff involved.

Imperial College Healthcare NHS Trust
The Trust has worked hard to ensure that we close the loop on safeguarding alerts recorded on the internal incident reporting system (DATIX), by checking outcomes of referrals through a fortnightly conference call with adult social care colleagues.
As a result of this, the Trust now has good evidence of safeguarding plans having been put in place as a result of raising alerts.

The safeguarding process is time-intensive and requires commitment from a number of agencies which can put pressure on staff resources.

Royal Brompton and Harefield NHS Foundation Trust
The numbers of safeguarding concerns raised continue to rise and be followed up by the safeguarding team. The continued low proportion of alerts (three out of fifty-four alerts for 2013/14) raised about care provided by the Trust is very positive and reflects the highly specialised care and support that patients and their carers receive in inpatient and outpatient settings. All three alerts against the Trust were investigated but were found to be either not caused by the Trust (two pressure sores) or not safeguarding incidents (one was a complaint about discharge plans which was not substantiated).

A challenge for the Trust is that we are a small tertiary centre and many patients are transferred back to referring hospitals. We therefore do not have many cases to follow through and do not know if we miss any cases before they move on.

Outcome Four 'People feel and are safer as a result of safeguarding action being taken (but being safe on its own is not enough)'.

[21] CNWL Recovery College

"I'm so worried about being safe and keeping safe that I present myself as vulnerable, I think people can see the worry, stress and anxiety in me. I think they can sense it and I'm quite scared on a daily basis...it's not a safe world anymore". Respondent to the Service User Survey 2013/14

The Royal Marsden NHS Foundation Trust
The issue of patients feeling safer is being addressed at strategy and case conference with boroughs in the implementation of the Making Safeguarding Personal agenda.

In many cases, the outcome of safeguarding alerts has not been fed back to the Trust as the patients have returned to their own local authority. The Trust continues to work with local authorities to ensure the outcome is known and is fed back to staff involved in the alert.

Central London, West London, Hammersmith and Fulham Clinical Commissioning Groups
The Clinical Commissioning Groups do not provide direct services to patients but are commissioning organisations only. They have been setting up patient experience fora but these have not dealt specifically with safeguarding issues as yet.

Chelsea and Westminster Hospital, NHS Foundation Trust
The Trust rarely receives feedback or the outcome of safeguarding alerts so it can be difficult to ascertain whether people feel safer. If a case requires police engagement, this can occasionally be challenging and can cause delays to concluding investigations, which causes some distress for patients at risk, and for the staff involved.

West London Mental Health NHS Trust
A commissioned internal audit of Safeguarding Adults functions across the organisation by the Trust's internal auditors made recommendations to strengthen governance. An action plan was duly implemented and completed to assure our governance processes in respect of safeguarding adults at risk. The main outcome of the audit was the support for developing and increasing safeguarding adult capacity in the Trust and funding has been agreed to employ two new safeguarding adult professionals to support further developments.

Central and North West London NHS Foundation Trust
The Trust with the local authority has identified money for a Senior Safeguarding Adult Manager who will be part of the Making Safeguarding Personal agenda and will work with the Recovery College to implement outcomes from this work into the wider patient and carer partnership agenda.
The Trust has revised the Safeguarding Adults Guidance document to include a flowchart of the process which includes asking patients and their carers what they want to happen.

This is to ensure that the Trust maintains a resource to follow up people when the safeguarding process has ended and that this addresses wider well-being issues.
When a referral requires police intervention, this can be challenging for the Trust and delay the investigating process, causing distress for both the patient and staff involved.

Imperial College Healthcare NHS Trust
The Trust is considering how best to develop ways of capturing patient feedback on personal safety, through their patient survey processes.

Royal Brompton and Harefield NHS Foundation Trust
Thirteen cases were escalated by the Trust to relevant local social services to ensure that safeguarding concerns were investigated and care plans were set up to safeguard patients in the community. A further fourteen were safeguarding concerns but did not require escalation either because the patient refused; the situation was resolved; or on investigation, there was no case to be answered. All cases offer a good learning opportunity to improve safeguarding procedures and working practice.

The challenges for the Trust going forward are to ensure people who use services are asked what they want and what outcomes are they looking for.

Outcome Five: ' The wider well-being of people is maintained or enhanced as a result of safeguarding activity'.

" we were very happy, with the way everything was worked out, it's been fantastic the extra support we have received (compared to years ago when my wife first was ill)... We have nothing but praise". Respondent to the Service User Survey 2013/14

"I am my wife's main carer, and the extra visits from carers do help you feel a bit safer, and helps me to manage my own health as they check to see I have taken my medication. My wife feels safer about me now". Respondent to the Service User Survey 2013/14

The Royal Marsden NHS Foundation Trust
The Trust has been working very closely with local authority partners to enhance the safeguarding adult procedures, including significant investment in reducing and reporting on pressure ulcers, and implementing Making Safeguarding Personal.

Changing the outcome focus and the venues for safeguarding meetings to be more "person-centred" changes the whole ethos and focus of the safeguarding process. Although this can raise more challenges for professionals, it can result in a better experience for the person and their families.

Central London, West London, Hammersmith and Fulham Clinical Commissioning Groups
Quarterly reporting in relation to Safeguarding Adults has been established for the Clinical Commissioning Groups. This has enabled discussion about the issues affecting people at risk of harm to impact on commissioning services.

A research group, along with a Pressure Ulcer Working Group (clinical network) has been established to focus on reducing pressure ulcers in health settings, bringing together clinicians and adult social care professionals from commissioning and providers. This fits in with the Clinical Commissioning Groups monitoring of serious incidents for pressure ulcers and focus on quality improvement.

The Clinical Commissioning Groups only came in to being on 1st April 2013 and were required to be accountable for safeguarding adults in the services they commission. A new team was established to address this. There have been a number of serious issues within nursing homes with placements funded by the Clinical Commissioning Groups. They have been committed to addressing poor care and maintaining patient safety.

Establishment concerns are reported to the Clinical Commissioning Groups via their Quality and Patient Safety Committees, which are sub-committees of the Governing Body.

Chelsea and Westminster Hospital NHS Foundation Trust
There is single access to, and support from, the onsite adult social care team that enables consistency and effective communication.

A challenge facing the Trust is how to adhere to the requirements of the Mental Capacity Act 2005, including what now constitutes a Deprivation of Liberty Safeguard, within an acute trust, for example in intensive care, understanding how best to promote the well-being of patients with no or limited capacity.

Whilst, we are extremely keen to influence safeguarding practice and processes, it can be quite challenging effectively engaging and supporting the work of the range of adult safeguarding subgroups.

West London Mental Health NHS Trust
The Trust reviewed its compliance with the Winterbourne Concordat. The Trust is not currently commissioned to provide specialist learning disability services but has a plan for developing resources and expertise in respect of this area of work.

Recruitment into the new roles for a Safeguarding Adult Lead professional and a Safeguarding Adult trainer /Advisor of sufficient quality may be a challenge.

Central and North West London NHS Foundation Trust
The Trust has worked hard to link safeguarding adults to other Trust agendas and committees. For example the Recovery College has co-produced safeguarding adult's awareness training. The Trust is beginning to link safeguarding adults into both the Serious Incident and complaint processes allowing for greater triangulation of information.

The Trust needs to undertake more work with staff around translating information-sharing policies into every day practices and to ensure that patients and their families receive access to a wider holistic assessment of their needs, where appropriate, in addition to the safeguarding process.

The Trust is excited about working with colleagues in the three boroughs in developing a Senior Safeguarding Adult post. This will achieve a single point of entry and build in capacity to attend some of the Board sub-groups. This post will "champion safeguarding" and promote good practice while supporting other Safeguarding Adults Managers and investigators with their roles.

Imperial College Healthcare NHS Trust
Our safeguarding work has linked into other key areas such as dementia and the Mental Capacity Act 2005. The Trust has taken action to protect vulnerable people, for example, by appointing a designated lead on vulnerable patients.

The Trust is working on providing more consistently high quality care for our patients with learning disabilities, particularly being attentive to repeat attendances at Accident and Emergency, in response to Winterbourne View and the Francis Enquiry. Safeguarding systems and processes at Imperial continue to develop. We are confident that we have a better understanding and more information about the relevant issues.

Royal Brompton and Harefield NHS Foundation Trust
The Trust Executives with safeguarding responsibilities met the local Prevent police liaison offices and NHS England London Prevent Coordinator to improve understanding of the Prevent and Channel referral process. The challenge for the Trust is ensuring active engagement with raising alerts for Prevent, including supporting the Channel process, amongst staff members.

Safeguarding Adult Executive Board Priorities for 2014-2015

By April 2015 the Board is aiming to have achieved the following:

1. **Embedded Making Safeguarding Personal into the work of Adult Social Care and Mental Health Services working in the three boroughs.**
   The learning from the user survey and from observations such as this one from one of the Trusts represented on the Board is key to ensuring the person is at the centre of every enquiry:
   'A recent focus group with patients showed that people are still not involved sufficiently in the process. One patient stated that the process had damaged his relationship with his sister when he saw her comments without him knowing that she would be consulted for her views.'

2. **To have ensured that all the new statutory duties for Safeguarding Adults under the Care Act 2014, are fully understood, and that Safeguarding Adult Executive Board members are confident about their new responsibilities and about applying them to practice in their organisations.** *Key areas of the Act that the Board will be reviewing to reach agreement are Schedule 2 (which includes provision about the membership, funding and other resources, strategy and annual report of a Safeguarding Adults Board) and Section 45, Supply of Information , or information-sharing.*

3. **To have developed a multi-agency process for conducting Safeguarding Adults Reviews, with capacity and capability to use the Social Care Institute of Excellence's 'Learning Together', as recommended in statutory guidance.** *This is an area of work where the clear opportunities to share resources and expertise across children's and adult services; domestic abuse agencies; fire services, and the police are being identified and developed.*

4. **To have consolidated the joint work on continuously improving people's experience of care, in care and nursing homes in the three boroughs.**
   The Care Act 2014 guidance lists the need to clearly lay out roles and responsibilities of individuals and organisations with regard to the interface between safeguarding and quality of service provision.

5. **To have established closer working with the Tri-borough Local Children's Safeguarding Board; Community Safety Partnerships; and the Health and Well-being Boards, in all three boroughs, on issues of common concern, to achieve better outcomes for children and adults at risk of harm.**
   There is a joint event between the Children's Safeguarding Board and the Safeguarding Adults Executive Board to begin a process of closer collaboration on shared areas.

Appendix 1 Members of the Safeguarding Adults Executive Board April 2014

Independent Chair	**Mike Howard**	Independent Chair
Imperial College Healthcare NHS Trust	**Sally Heywood**	Divisional Director of Nursing
Chelsea and Westminster Hospital NHS Trust	**Holly Ashforth**	Deputy Chief Nurse
Royal Brompton and Harefield NHS Trust	**Caroline Shuldham**	Director of Nursing and Clinical Governance
The Royal Marsden	**Scott Pollock**	Discharge and Vulnerable Adult Lead Older People's Champion
Central London Community Healthcare NHS Trust	**Tony Pritchard**	Deputy Chief Nurse
Central North West London NHS Foundation Trust	**Andy Mattin**	Director of Operations and Nursing
West London Mental Health NHS Trust	**Johan Redelinghuys**	Director of Safeguarding Children and Vulnerable Adults
London Ambulance Service	**Steve Lennox**	Director of Nursing and Quality
CWHHE CCGs Commissioning Collaborative	**Jonathan Webster**	Director of Quality and Patient Safety
CWHHE CCGs Commissioning Collaborative	**Julie Dalphinis**	Lead Nurse Safeguarding Adults and MCA/Lecturer Practitioner
Healthwatch Central West London	**Paula Murphy**	Director
London Fire Brigade	**Steve Chesson**	Station Commander
Metropolitan Police	**Alisdair Ferguson**	Superintendent
London Probation Service	**Adela Kacsprzak**	Assistant Chief Officer
Crown Prosecution Service	**Gerallt Evans**	Deputy Chief Crown Prosecutor
Tri-borough Children's Services	**Angela Flahive**	Head of Safeguarding, Review and Quality Assurance
Public Health	**Gaynor Driscoll**	Head of Commissioning Substance Misuse Services and Offender Health
Victim Support and Chair of the Community Engagement Steering Group Chair	**Clare Williamson**	Senior Service Delivery Manager
The Royal Marsden and Developing Best Practice Work-stream Steering Group Chair	**Scott Pollock**	Discharge and Vulnerable Adult Lead Older People's Champion
CWHHE CCGs Commissioning Collaborative and Measuring Effectiveness Steering Group Chair	**Nicky Brown-john**	Associate Director for Safeguarding
London Borough of Hammersmith and Fulham	**Councillor Andrew Brown**	Elected member
Royal Borough of Kensington and Chelsea	**Councillor Robert Freeman**	Elected member
Westminster City Council	**Councillor Christabel Flight**	Elected member
Tri-borough ASC	**Gill Vickers**	Interim Director of Operational Services ASC
Tri-borough ASC	**Stella Baillie**	Tri-borough Director for Provided Services, Mental Health Partnerships and Safeguarding
Tri-borough ASC	**Helen Banham**	Strategic Lead Professional Standards and Safeguarding (Board Manager)
Carers Network	**Sarah Mitchell**	Chief Executive Carers Network
Community Safety	**Mark Benbow**	Chief Community Safety Officer RBKC
NHS England	**Finola Syron**	Vulnerable Adults Project Manager

Appendix 2 Outcomes and the Safeguarding Adults Return 2013-14

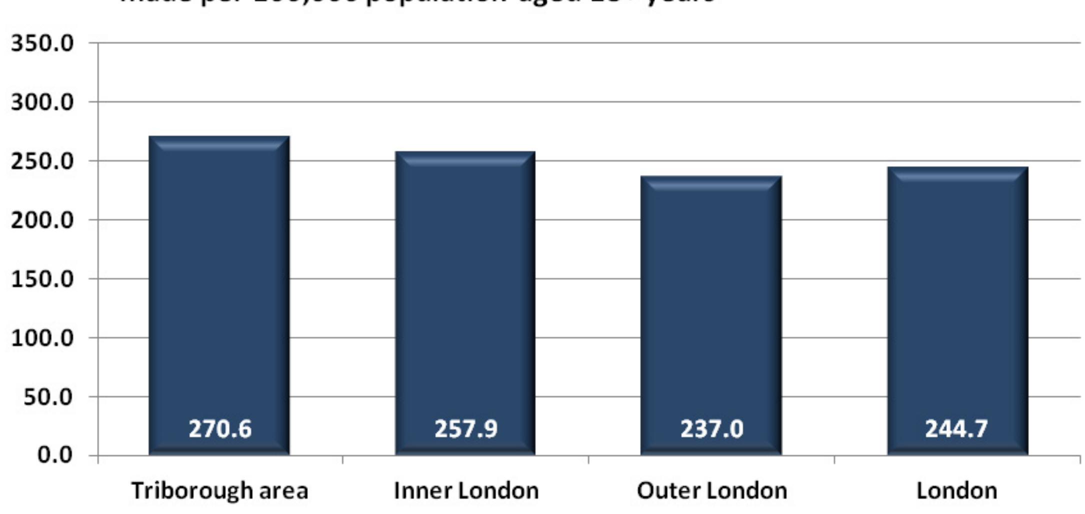
In June of this year, all local authorities were required to complete and return to the Department of Health a new statutory return about safeguarding activity in their local area. Known as the Safeguarding Adults Return, the return replaces the Abuse of Vulnerable Adults return, and is part of a suite of returns together with the Deprivation of Liberty Safeguards return and the Guardianship return.

Compared with the Abuse of Vulnerable Adults return, the Safeguarding Adults Return (SAR) is more focused on the outcomes of safeguarding activity. It seeks to support local authorities to identify areas for improvement and to share learning and expertise.

For 2013-14 the Safeguarding Adults Return included six main measures. The Making Safeguarding Personal programme being rolled out in the three boroughs will encourage practitioners to routinely ask people what they would like to happen next, and what would make them feel safer. This information will be captured and reported in the 2014-15 Safeguarding Adults Return.

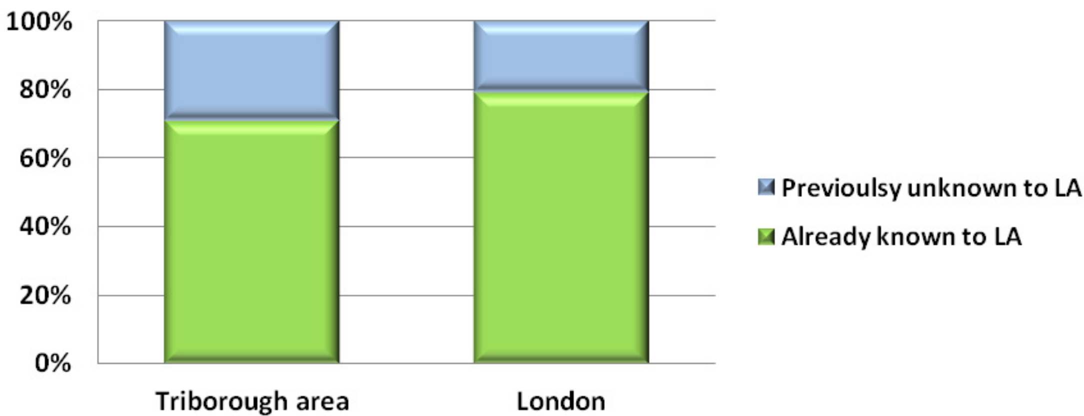
The headline findings from the 2013-14 across the three boroughs, as they relate to the Safeguarding Adults Executive Board's five outcomes are set out below.

Outcome 1: People are aware of safeguarding
The total number of people for whom a safeguarding referral was made across the three boroughs in 2013-14 was 1,250. This is equivalent to 271 referrals per 100,000 population aged 18 and over, a little higher than the average for inner London (258). Across London as a whole the rate of referral was higher in Inner London than in Outer London (Chart 1).

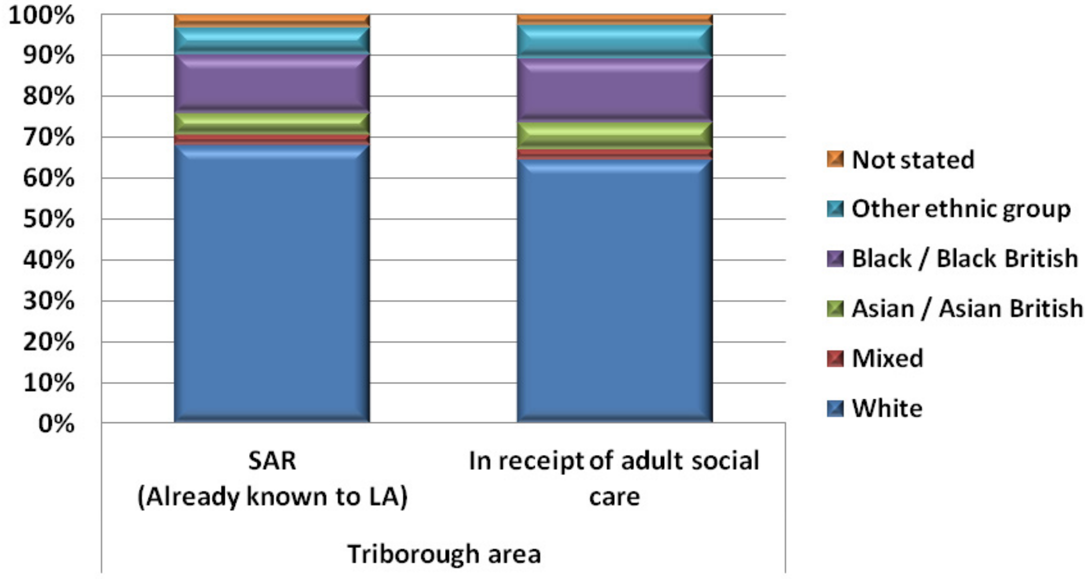


Outcome 2: People are able to report abuse

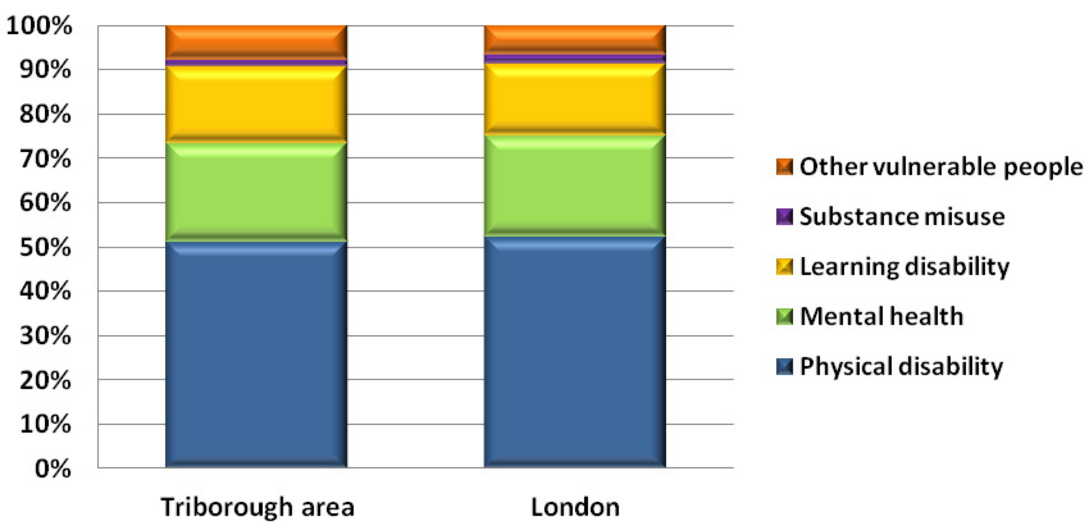
The majority of people referred were already known to adult social care (Chart 2).



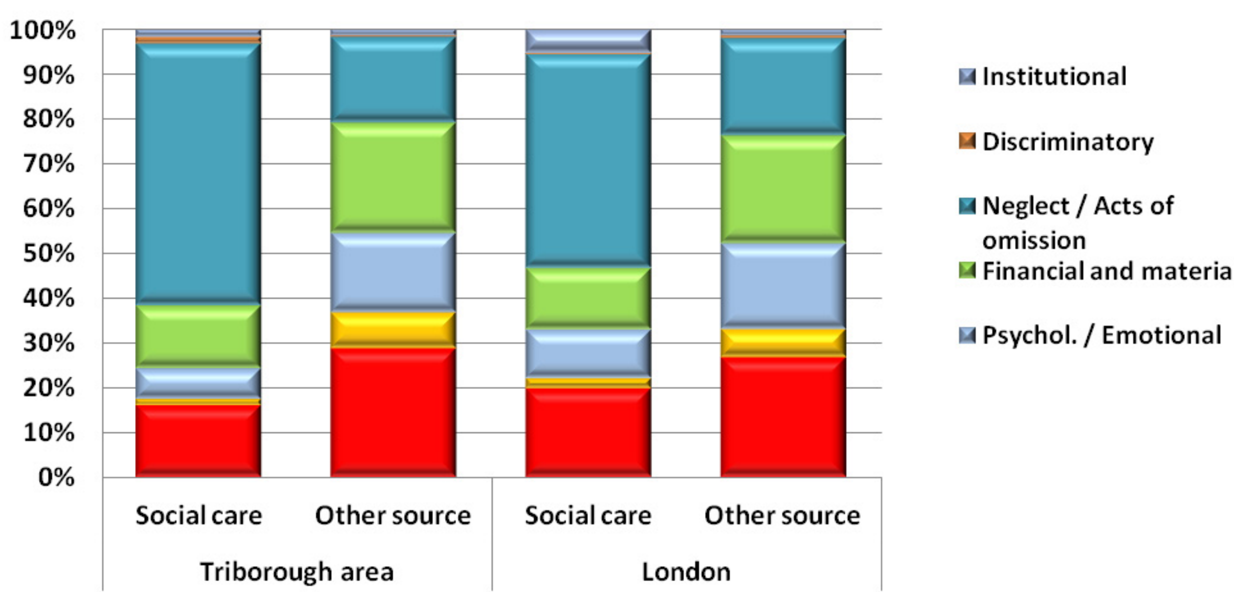
Among those already known to adult social care there was a slight over-representation of people who were are white and a slight under-representation of people from other ethnic groups, when compared with all adults known to adult social care (Chart 3).



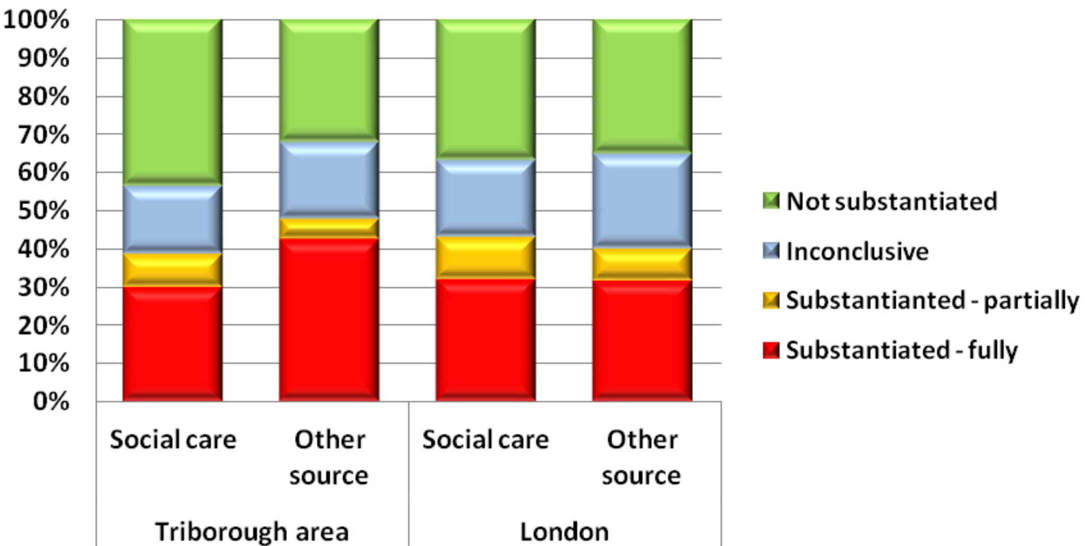
The profile of those referred in terms of care group was very similar to the profile for London as a whole (Chart 4).



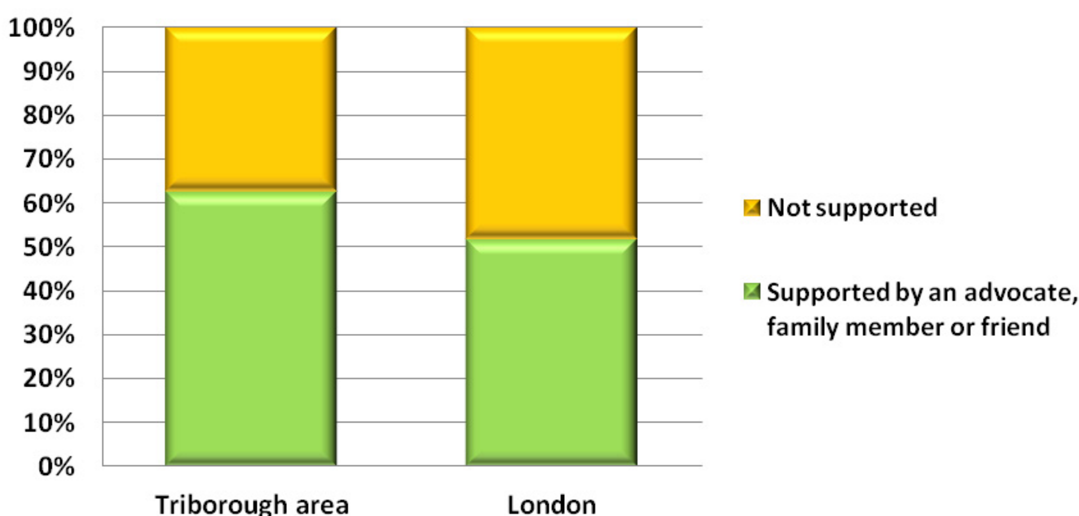
Where social care staff were believed to be the source of risk, the most frequent type of abuse reported was neglect or acts of omission, consistent with the pattern across London as a whole. (Chart 5).



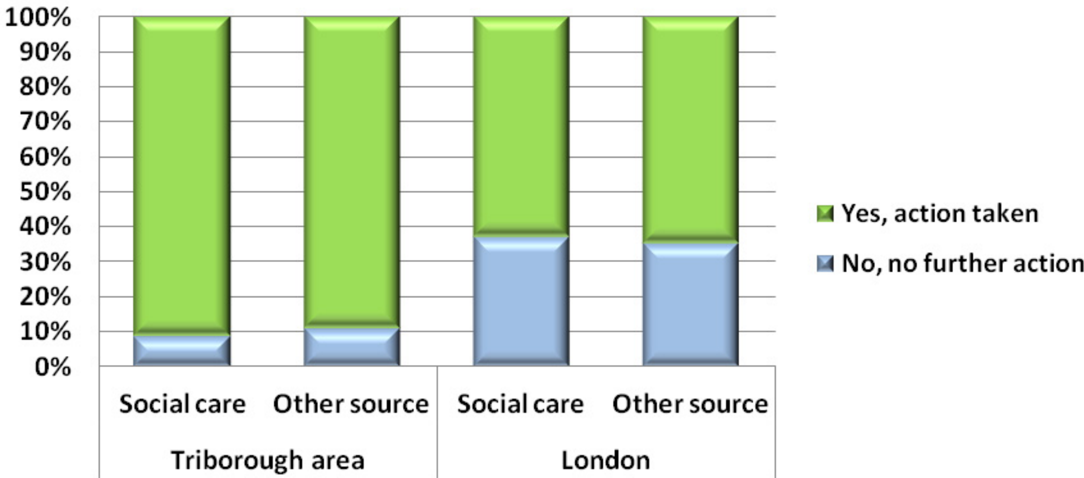
Outcome 3: Concerns are investigated fully and people can say what they want to happen
In the majority of investigations there was a clear outcome of 'substantiated' or 'not substantiated' (Chart 6).



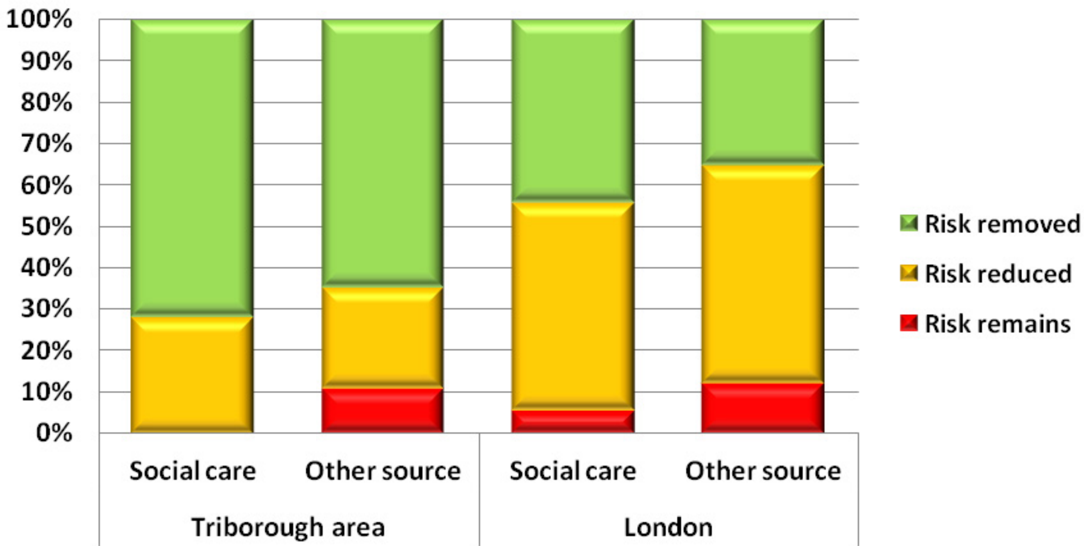
Where the adult at risk was assessed as lacking capacity in relation to safeguarding, the majority of adults were supported by an advocate or family member (Chart 7).



Outcomes 4 and 5: People feel safer and their wider well-being is maintained or enhanced
Across the three boroughs, the majority of investigations resulted in some safeguarding action being taken (Chart 8a).



Where some action had been taken, this was judged to have resulted in the risk being removed or reduced in nine out of ten cases (Chart 8b).



Appendix 3 Two Case Studies

Case Study 1

Mr B is 89 years old and lived with his 50 year old son in a rented flat. Mr B is mentally alert but physically frail. He had an agency carer and had been regularly admitted to hospital, and always discharged with a bespoke care package. However this was soon cancelled as Mr B's son, who did not like strangers in the house.

In August 2013, Mr B was again admitted to hospital and discharged with a home care team visiting him three times a day. Following a disagreement, Mr B's son threatened one of the carers with a knife. Police attended and arrested Mr B's son. Mr B was found to have raised blood pressure and was taken to hospital. As his son's behaviour would prevent Mr B's accessing care and assistance, Mr B was deemed to be at risk of emotional and physical abuse from his son.

Adult Social Care held a strategy meeting with staff from the hospital, the police and the manager from the housing provider. An immediate protection plan was put in place in case Mr B's son, who had been charged and was on bail, tried to visit his father on the ward.

Subsequently, Mr B's son was sentenced to a one year probation order with weekly supervision sessions. The probation officer gave regular updates to the case worker and concluded that Mr B's son remained a high risk to care staff and to his father.

There was a further multi-agency meeting to discuss the implications of Mr B's decision to return home. He has full mental capacity, accepting and understanding the risks but still wanted to go home. However, following lengthy interventions and negotiations with Mr B aimed at reducing the threat posed to him by his son, he agreed to go to a residential care home on a temporary basis.

Part of the risk assessment and protection plan examined how to support Mr B's son. The housing officer found him suitable accommodation and this provided reassurance to Mr B as he felt that he was not abandoning his son. Six months after the incident, Mr B now has a permanent place in the care home and his son now visits Mr B as he no longer poses a risk to Mr B's well- being.

Case Study 2

Mrs C had advanced cancer and came to London from abroad for treatment under a private arrangement. She resided in a hotel and was accompanied by her brother. Clinical care was provided by a private doctor who also worked as a general practitioner. During the course of her treatment, Mrs C had two hospital admissions for tests in two private hospitals. She

then had care delivered by healthcare support workers from a private nursing agency. This agency is not used by adult social care staff. Mrs C's care was funded privately.

Mrs C's condition deteriorated and she was referred to an NHS accident and emergency department where a safeguarding alert was raised due to evidence of neglect of Mrs C's care needs, and questions about the medical treatment she was receiving. Mrs C was admitted to the NHS hospital for palliative care, and subsequently died.

The safeguarding investigation focused on concerns about Mrs C's care; administration of medications by unqualified staff; and possible financial abuse.

On some days, Mrs C had capacity to make decisions about her care and treatment. On other days she did not. There was no record of her capacity being formally assessed by her private doctor; or of a treatment plan being agreed and put in place; or a clear rationale for the treatment she received. Mrs C's brother had concerns around the validity of this treatment. Discovering the truth was made more difficult because Mrs C's brother provided conflicting and different views on this as the investigation progressed. Concerns were also raised by staff about the behaviour of Mrs C's brother, as he interfered in the delivery of treatment to Mrs C whilst in the ward. Following Mrs C's death, her brother disappeared, and there has been no contact with him since.

The safeguarding investigator was not able to find out if the doctor had any other similar cases in his private caseload, however, due to the concerns about the doctor's provision of treatment, the matter was referred to the General Medical Council.

Concerns also related to the provision of care by the nursing agency. On investigation, the agency managers said that unqualified staff were not administering medications, but were observing self-administration. This conflicted with the evidence provided by some of the unqualified staff themselves. The care agency said that records of care were kept at the patient's address, but these were not found at Mrs C's property. The Care Quality Commission were made aware of the concerns that the investigation raised about the agency.

In relation to the outcome of the safeguarding investigation, the concerns of undignified care were upheld; the concerns relating to medicines administration were not upheld; and concerns around financial abuse are unresolved due to the lack of contact with Mrs C's brother, who made the allegations.

The case study raised a number of issues, which are being followed up:

- The nursing agency role in safeguarding: The agency had a safeguarding policy, but there was no evidence of how this was understood by staff in relation to raising a safeguarding alert. There were concerns about the practice of the nursing agency in relation to the care delivered, though this was difficult to substantiate due to missing records.
- The role of the doctor: There was no clear treatment plan in place for Mrs C and it was difficult to identify any other patients that the person may be treating privately. There appeared to be no contract in place to stipulating what was

being charged for and what would be provided. Though the doctor was also working as a general practitioner, it was unclear if this was as a substantive general practitioner, or on a sessional basis. By the conclusion of the investigation, it was unclear whether or not the General Medical Council would use an interim suspension order to prevent the general practitioner practicing, pending an investigation.

- Mrs C had two attendances at private hospitals, and neither recognised any safeguarding issues or raised a safeguarding alert.
- The sums of money involved in privately treating Mrs C were significant, and there is a question of how can people be protected from possible exploitation when they are at their most vulnerable.
- Mrs C was taken to a place of safety, but was only entitled to NHS funded emergency care. This raised the issue of the provision of on-going care where a person has no recourse to public funds.

	London Borough of Hammersmith & Fulham **Health, Adult Social Care & Social Inclusion Policy and Accountability Committee**
Adult Social Care Information and Signposting Website – People First	
Report of the Divisional Director)	
Open Report	
Classification: For Scrutiny Review and Comment **Key Decision:** YES	
Wards Affected: ALL	
Accountable Executive Director: Mike Potter, Interim Director, ASC Commissioning	
Report Author: Richard Biscoe, Project Manager, Adult Social Care	**Contact Details:** Tel: 020 7641 1456 E-mail: rbiscoe@westminster.gov.uk

AUTHORISED BY: ....

....

DATE: ....

1. EXECUTIVE SUMMARY

1.1. The Care Act 2014 places a series of new duties on local authorities about care and support for adults. Broadly, the purpose of these new duties is to ensure people who live in their areas:

- 1.1.1. Receive services that prevent their care needs from becoming more serious
- 1.1.2. Can get the information they need to make good decisions about care and support
- 1.1.3. Have a good range of providers to choose from[1]

1.2. The Care Act 2014 makes it clear that local authorities must provide information on a number of key areas that will help people understand how care and support works in their area, what care and funding options are available and how people can access care and support services.

1.3. The intention is to meet the above requirements of the Care Act 2014 through the use of the People First (http://www.peoplefirstinfo.org.uk/) website.

1.4. People First is a signposting and information site for the residents (or friends, family, carers etc.) of Westminster (WCC) and Kensington & Chelsea (RBKC). The site combines information and advice on topics from general health to home adaptations, to money and legal advice, to advice for carers, to activities and events happening locally, with information about products and services provided by third parties. There are also links to more detailed sources of information where appropriate. This site is also aimed at professionals in supporting the work they do with residents to help them stay independent. The site is based on a website portal platform that was purchased as part of the procurement of the new shared services Adult Social Care (ASC) case management system, Frameworki.

1.5. In addition to the information and signposting elements of the site, it is also proposed that self assessment facilities be made available through People First, providing the potential for direct integration with Frameworki. This functionality would also address additional requirements of the Care Act 2014 around the provision of assessments to those who need / want them. This functionality would need be be properly scoped, designed, developed and implemented for all users of the site and would be a separate project to any LBHF implementation.

1.6. We are now looking to add information about services and providers who operate in the London Borough of Hammersmith and Fulham (LBHF) to the site to create a local signposting and information service for residents.

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/268678/Factsheet_1_update__tweak_.pdf

2. RECOMMENDATIONS

2.1. That the Hammersmith and Fulham Cabinet approve the proposal to allow the Council to include the London Borough of Hammersmith and Fulham on the People First Adult Social Care information and signposting website at a cost of £170,250. Procurement of the People First website would be managed under the contract with the Council's strategic IT partner.

2.2. The proposed length of the contract is 2 years from the 17/01/2015. This would reflect the outstanding duration of the current contract with Corelogic for the Adult Social Care case management system, Frameworki. Additionally, the People First contract has the option of a further 5 year renewal at the end of the initial two year period, in line with the arrangements available for Frameworki.

2.3. That approval is given to amend the Adult Social Care pages of the LBHF corporate website[2] to direct website users to People First where appropriate.

[2] http://www.lbhf.gov.uk/Directory/Health_and_Social_Care/

3. REASONS FOR DECISION

3.1. The People First site is designed to meet the requirements of the Care Act 2014 as outlined in section 1, thus helping to manage the demand for ASC services in each of the partner boroughs.

3.2. The site is used by both the general public and also ASC practitioners, who refer people to it if they need certain information or use it face to face with service users when they visit (n.b. this is currently limited by technology available to practitioners, but we are hoping to address this via mobile working). Analytics information shows that approximately 15-20% of all visits to People First are by ASC practitioners or other staff from the three boroughs.

3.3. While the general information and advice on the site is applicable to anybody, website users from LBHF do not receive the additional benefits that the site can bring about through the use of the local events and news sections, service and product information provided in their area or links to other local resources. By way of example of the importance of this local information, the events page is the third most popular page of all time on the site (see Appendix 1). The provision of local information is also a key requirement of the Care Act 2014.

3.4. Service providers from LBHF are already keen to start advertising their products and services on the site and we have already been contacted by a number who wish to be able to do so. There are approximately 80 registered providers on the site at present.

3.5. Without LBHF procuring the People First site, the benefits service users or their relatives etc. are likely to receive as outlined in 3.1 – 3.4 is greatly reduced. Additionally, without the People First site, LBHF would have to explore and implement a standalone solution for providing self assessments and meeting the other requirements of the Care Act 2014, thus creating a significant duplication of effort.

4. INTRODUCTION AND BACKGROUND

4.1. People First is a new signposting and information service for adult residents, or those who care for or support residents, of the Royal Borough of Kensington and Chelsea (RBKC) and Westminster (WCC). The site is based on a similar, well used (but now retired) section of RBKC website, also called People First, but has been re-launched with a new structure, a new web address, new features and cleaner, clearer design.

4.2. The site is designed to treat people as experts on their own needs, with a clean and easy to use interface, making a virtue of colour, images and video. The site endeavours to celebrate the local by promoting local events and organisations as well as providing up to date and relevant news stories. People First also has a feature whereby related information, organisations, products and services are displayed when looking at content on the site. This allows us to signpost visitors to things they may not have considered. For example, when looking at pages about stroke, related organisations could include the British Jigsaw Society – this is because jigsaws are good for people recovering from a stroke. By providing visitors with information about how they can help themselves, we hope to reduce the number that reach crisis point and end up needing emergency intervention from social care or health services. However, we do not hide reference to these services.

4.3. The platform for the site was purchased as part of the procurement of the new shared services ASC case management system, Frameworki. As such, the platform offers the potential for integration with Frameworki, which raises the possibility of using People First to address some of the assessment requirements of the Care Act 2014.

Previous Submission to Cabinet

4.4. Reference to the People First site was included in the submission to Cabinet in September 2013, where it was stated the proposal would be submitted as a standalone document at a later date.

5. PROPOSAL

5.1. That People First is used to provide Adult Social Care signposting and information services (including local news, events, providers and services) to the residents and other associated people in LBHF.

5.2. That a project is established to carry out the following implementation activities:

Establish implementation project team and necessary governance structures

5.3. A business as usual (BAU) team is currently responsible for the day to day running of the People First website. It is anticipated that additional resources will be required for a finite period in order to deliver the changes detailed below. It is anticipated this team would require a part-time project manager and an additional resource for the editing of content and promotion of the website. It would also require a small amount of time, for oversight purposes, from the ASC IT Programme Manager.

5.4. Governance would likely follow established BAU channels, namely:

- People First Change Control Group ->
    - Operational Management Team ->
        - ASC IT Programme Board

This governance approach would be agreed as part of project start-up.

Update site infrastructure to accommodate a third local authority

5.5. The People First website currently contains a number of features that are configured for Westminster and Kensington and Chelsea only. These include the ability to select a geographic area for the provision of goods or services by providers (using postcodes) and the ability to have borough specific variations of information shown to users from different areas e.g. contact information for borough specific teams or contact centres.

5.6. These features will be enhanced by the site providers to allow for the addition of LBHF related information into these areas.

Incorporate LBHF information and resources into the People First site

5.7. The content on the People First website has been written so that is as encompassing as possible. However, LBHF content will need to be reviewed and where there are gaps in the content on People First these will be updated. It will also be necessary to update People First with certain pieces of LBHF specific information, such as contact details and details of local services that may not be available in RBKC or WCC.

5.8. It will also be necessary to ensure that ASC related publications are also transferred to People First from the LBHF website, or that a non-branded version is available, where appropriate.

Inclusion of LBHF providers on the People First site

5.9. One of the key features of the People First website is that third party providers can register to advertise their products and/or services to website users. A number of providers are already registered on the site that provide goods/services in WCC and/or RBKC.

5.10. An exercise is currently underway to update the details of all of the providers migrated into the site from existing sources. This would be expanded to include addition of LBHF providers over the course of the next 8-12 months. As a result of this exercise, the self registration element of the site has been suspended until August 2015.

5.11. In August 2015 the ability for providers to register themselves and maintain their information on People First will be turned back on. A timetable and detailed plan for reintroducing the registration process will be confirmed by the BAU support team shortly.

Update the LBHF website to signpost to People First and reposition sovereign content as appropriate

5.12. Having ensured all LBHF related content is on People First, it would then be necessary to carry out a reorganisation of the existing ASC pages on the LBHF website. This will contain three key elements, as follows:

5.12.1. Remove materials now found on People First

5.12.2. Where appropriate, move sovereign content (e.g. details on how to complain, LBHF specific ASC policies and reports etc.) to other sections of the LBHF site or to a new sub-section of the ASC pages

5.12.3. Add redirects to the People First site from individual pages and/or landing pages

5.13. The exact nature of the above tasks would depend on the amount and type of content on the LBHF site and would be fully scoped and agreed as part of the project

Carry out promotional activities

5.14. As with the launch of People First in RBKC and Westminster, the project team would undertake some promotional activities with four main groups of people:

5.14.1. LBHF ASC staff – one of the key audiences for the site is practitioners in ASC as they can gather information for service users and use it as a resource on conditions that they may not be experts in.

5.14.2. Non-ASC staff in LBHF – promotion with staff outside of ASC who may have a use for the site with their own service users e.g. Housing

5.14.3. NHS partners – promotion of the site with NHS partner organisations, including GPs, mental and public health teams and pharmacists.

5.14.4. The public – promoting the site to potential service users, their carer's, families or friends. This work can potentially be carried out in conjunction with Health Watch.

5.15. Previous launches have promoted the site to the above audiences via leaflet and poster distribution to relevant places (charity shops, faith groups, GPs, pharmacists, drop in centres), face-to-face briefings (e.g. to GP groups), group emails, news articles in local publications etc.

5.16. The exact type of promotional work would be fully scoped and agreed as part of the project.

Transition back to Business as Usual (BAU)

5.17. Once the activities above have been carried out the project team will carry out a project review with a view to closing the project and transitioning responsibility for the People First site back to the BAU management team.

6. OPTIONS AND ANALYSIS OF OPTIONS

6.1. The only alternative option to implementing People First for LBHF, which brings all the benefits outlined above, is to continue maintaining a separate information and signposting section of the LBHF website[3]. This option is not recommended for the following reasons:

6.2. Duplication of effort – all of the information on the LBHF site is present on People First, as well as a lot more information that is not on the LBHF website. It would therefore be a duplication of effort to be maintaining information in two locations

6.3. No local information – the LBHF site does not contain the local elements of the People First site, such as news and events. As the People First statistics show, such local information is extremely popular with site users. While the LBHF website does include a local resources directory, *'Where's your nearest'*, this does not cover ASC related organisations[4].

6.4. Separate development required for Self Assessment functionality – People First is being explored as the potential solution for providing Self Assessment functionality to the public, with direct integration to the Frameworki system. Without People First, LBHF would potentially have to develop a standalone solution.

6.5. Missing out on economies of scale – joining People First would present opportunities to benefit from future developments and features that LBHF would have to separately develop at a likely higher cost, or not develop a all.

[3] http://www.lbhf.gov.uk/Directory/Health_and_Social_Care/Help_for_adults/homepage.asp
[4] http://www.lbhf.gov.uk/Wheres_your_nearest.asp

7. CONSULTATION AND APPROVAL

7.1. The proposed consultation and approval route is as follows:

DATE (2014)	EVENT	OUTCOME	STATUS
<3 July	Informal discussions and first draft of launch proposal	Draft document	Complete
3 July	Draft to Adult Leadership Team (ALTT)	Revise proposal	Complete
3 September	Initial briefing to Cllr Lukey	Revise proposal	Complete
8 September	ASC Contracting and Commissioning Board	Approval of procurement elements of the proposal	Approved
10 September	Final paper to Cllr Lukey	Approval to proceed	Approved
15 September	Revised version to ALTT	Approval to proceed to HASC&SIPAC and HFBB	Approved
5 November	Hammersmith and Fulham Business Board (HFBB) meeting	Approval to proceed to OBB	Approved
17 November	Health, Adult Social Care and Social Inclusion Policy and Accountability Committee (HASC&SIPAC)	Approval to proceed	Scheduled
5 January 2015	Cabinet meeting	Final approval	Scheduled

8. LEGAL IMPLICATIONS

8.1. The Council's IT requirements are provided by HFBP under a service contract dated 01 November 2006 (the IT Service Contract). Under the IT Service Contract, HFBP contracts directly with software suppliers for the provision of IT software to the Council.

8.2. This report requests the approval of funding to enable the Council to be included on the People First Adult Social Care information and signposting website.

8.3. Implications verified/completed by: Kar-Yee Chan, Solicitor (Contracts) Bi-borough Legal Services, 020 8753 2772.

9. FINANCIAL AND RESOURCES IMPLICATIONS

9.1. The cost of the People First portal for LBHF for a period of two years would be £170,250.

9.2. One off technical implementation costs are estimated at £73,590. Based on the RBKC and WCC implementation budgets, the project team budget is estimated at £29,210, including a small contingency. There would also be an annual maintenance charge to the site providers of £22,000, with an HFBP margin of £2,200 (10%) on top of this per annum.

9.3. Of the £170,250 total highlighted above

9.3.1. £127,000 has been earmarked to be funded from the Community Capacity grant allocation to pay for the technical implementation and the core project team, subject to Cabinet approval.

9.3.2. £43,250 has been earmarked from the Better Care Fund Implementation Grant, for the Care Act.

9.4. The budget breakdown is as follows:

Item(s)	Quantity	Unit Cost	Cost
System Associates Implementation Costs			
Standard Implementation	1	£26,565.00	£ 26,565.00
Configuration - non standard items	1	£ 9,900.00	£ 9,900.00
Authority licensing	1	£37,125.00	£ 37,125.00
First year's maintenance, hosting and support	1	£22,000.00	£ 22,000.00
Implementation Resources			
Content Assistant	40	£ 184.00	£ 7,360.00
Photography / Video Resources	3	£ 300.00	£ 900.00
Launch Assistant	40	£ 184.00	£ 7,360.00
Launch			
Launch Event	1	£ 900.00	£ 900.00
Promotional Materials	1	£ 3,200.00	£ 3,200.00
External Advertising	1	£ 3,000.00	£ 3,000.00
Testing / Outreach Incentives	50	£ 20.00	£ 1,000.00
Technical & Misc Costs			
HFBP Annual Contract Charge (at 10%)	1	£ 2,200.00	£ 2,200.00
Contingency	1	£ 5,490.00	£ 5,490.00
Project Management (at 15% total implementation)	1	£19,050.00	£ 19,050.00
Second year's maintenance, hosting and support	1	£22,000.00	£ 22,000.00
Second year's HFBP margin	1	£ 2,200.00	£ 2,200.00
CONTRACT TOTAL			**£170,250.00**

9.5. Implications verified/completed by:
Prakash Daryanani
Head of Finance, Adult Social Care
020 8753 2523

10. RISK MANAGEMENT

There are two forms of risk associated with this proposal – the risk associated with not progressing with the People First implementation in LBHF and the risks associated with the technical implementation of People First, subject to receiving approval to proceed.

10.1. Risks of not proceeding with People First implementation

As highlighted in sections 3, 4 and 6 of this paper, the People First site is seen as a key tool in meeting the requirements of the Care Act 2014. The impact of not proceeding with an implementation of People First in LBHF would be threefold:

1) No agreed central repository for updating Information and Advice to be complaint with the Care Act requirements;
2) unable to provide consistent approach to Information and Advice across Adult Social Care based on using People First format; and
3) unable to train staff in the management and provision of up to date information and advice complaint with the Care Act.

Potential mitigating actions would be:

1. Explore potential for using LBHF corporate website to develop central repository of information and advice;
2. Work closely with Comms, Change, and Workforce workstream and Quality, Advice and Safeguarding workstreams to ensure Care Act compliance and training requirement is delivered to timescales.

This risk has been discussed and agreed with Jerome Douglas, Senior Business Analyst, ASC and a risk has been added to the Care Act implementation project risk log.

10.2. Implementation (technical) risks

RISK	DETAIL	MITIGATING ACTION(S)	PROXIMTY / IMPACT
BAU Team Capacity	The ability of the BAU team to take on the additional workload that an LBHF launch may bring would need to be considered.	Additional BAU workload to be considered throughout the life of the implementation project. Project closure review to provide a proposal on the ongoing BAU requirements vs. BAU resource availability.	MEDIUM / MEDIUM
Implementation budget not fully secured	There is currently no secured budget to pay for management of the implementation project	Seek funding as part of the Care Act project Reduce the project team budget if no additional funding can be secured.	MEDIUM / HIGH
Corporate communications challenges to the approach	Previous experience suggests corporate communications will challenge the existence of the People First site and any proposal to move to it. They are also likely to challenge ownership of ASC content on the corporate website and the best pathway(s) between the two sites	Early discussion with corporate communications to establish an open working relationship. Demonstration of approaches that have or have not succeeded in WCC or RBKC based on Google Analytics figures. Commitment to review approaches on an ongoing basis.	MEDIUM / MEDIUM
Divergence of LBHF user accounts	As noted in section 5.18, there may need to be a separate user account on People First that did not link to the LBHF “My account” system. This could potentially increase confusion and support overheads.	Consider whether integration of the two sites is possible at all Provide clear guidance to service user’s about the differences in accounts.	FAR / MEDIUM

10.3. Implications verified/completed by: Richard Biscoe, ASC Project Manager, 0207 641 1456 and Jerome Douglas, Senior Business Analyst, ASC,

11. PROCUREMENT AND IT STRATEGY IMPLICATIONS

11.1. There are no procurement related issues as the recommendations contained in this report relate to an order to be placed under the contract with the Council's strategic IT Partner.

11.2. Implications verified/completed by: Joanna Angelides, Procurement Consultant, 020 8753 2586

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.	N/A		

Appendix 1 – All time most viewed pages on People First

	Page	Pageviews	% Pageviews
1.	/	23,060	27.33%
2.	/health-and-well-being.aspx	1,887	2.24%
3.	/events.aspx	1,628	1.93%
4.	/at-home.aspx	1,491	1.77%
5.	/things-to-do/travel-and-transport/freedom-passes.aspx	1,365	1.62%
6.	/at-home/staying-in-your-own-home.aspx	1,309	1.55%
7.	/looking-after-someone.aspx	1,158	1.37%
8.	/at-home/staying-in-your-own-home/support-in-your-home.aspx	992	1.18%
9.	/staying-safe/safeguarding.aspx	982	1.16%
10.	/at-home/staying-in-your-own-home/requesting-an-assessment.aspx	819	0.97%

	London Borough of Hammersmith & Fulham **HEALTH ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE** **17 NOVEMBER 2014**
WORK PROGRAMME AND FORWARD PLAN 2014-2015	
Report of the Director of Law	
Open Report	
Classification - For Review & Comment **Key Decision: No**	
Wards Affected: All	
Accountable Executive Director: Jane West, Executive Director of Finance and Corporate Governance	
Report Author: Sue Perrin, Committee Co-ordinator	**Contact Details:** 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 the forthcoming year.

1.2 Details of the Key Decisions which are due to be taken by the Cabinet at its next meeting are provided in Appendix 1 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 its proposed work programme, subject to update at subsequent meetings of the Committee.

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 – Work Programme
Appendix 2 – Key Decision List

Appendix 1

Health, Social Care and Social Inclusion Policy and Accountability Committee

Work Programme 2014/2015
22 July 2014
Imperial: Cancer Services Update Shaping a Healthier Future: Update on programme and decisions to date. Healthwatch: Presentation on its Role and Work Care Act: Update
7 October 2014
Hammersmith & Fulham Foodbank Imperial College Healthcare NHS Trust: (i) update following closure of Hammersmith Hospital Accident & Emergency Department (ii) update on outline business case for clinical services across the three main hospital sites, following Trust Board meeting Medium Term Financial Strategy (Update)
17 November 2014
Adult Social Care Information and Signposting Website – People First Call for Evidence: Engaging Home Care Service Users, their Families and Carers Independence, Personalisation and Prevention in Adult Social Care and Health Safeguarding Adults: Annual Report
3 December 2014
Healthwatch Adult Social Care Customer Feedback: Annual Report 2013/2014 Operations integration (non-health): single target operating model and skills Personalisation Prevention Strategy Learning Disabilities Day Services Meals on Wheels Transition from children's to adult social care: Update
6 January 2015

Imperial College Healthcare NHS Trust: Francis Report: Actions in response to the report recommendations GP Networks and Enhanced Opening Hours H&F CCG: Annual Health Performance Report Revenue Budget and Council Tax
4 February 2015
Care Act : Go Live implications Individual Budget Changes/Self Directed Support: Update to include pre-payment cards and support provided to uses, and feedback from service users Review of Learning Disabilities Day Services: options proposals to include short breaks service at Rivercourt Safeguarding Adults: Annual Report Options to work with Third Sector Strategy/Provision of Meals?
13 April 2015
Access to GPs Equality and Diversity Programmes and Support for Vulnerable Groups Public Health: Update
2015/2016 Meetings
H&F Foodbank

NOTICE OF CONSIDERATION OF A KEY DECISION

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

NOTICE OF THE INTENTION TO CONDUCT BUSINESS IN PRIVATE

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

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

KEY DECISIONS PROPOSED TO BE MADE BY CABINET ON 1 DECEMBER 2014 AND AT FUTURE CABINET MEETINGS UNTIL APRIL 2015

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*

Access to Cabinet reports and other relevant documents

Reports and documents relevant to matters to be considered at the Cabinet's public meeting will be available on the Council's website (www.lbhf.org.uk) a minimum of 5 working days before the meeting. Further information, and other relevant documents as they become available, can be obtained from the contact officer shown in column 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 2014/15

Leader:	**Councillor Stephen Cowan**
Deputy Leader:	**Councillor Michael Cartwright**
Cabinet Member for Children and Education:	**Councillor Sue Macmillan**
Cabinet Member for Economic Development and Regeneration:	**Councillor Andrew Jones**
Cabinet Member for Finance:	**Councillor Max Schmid**
Cabinet Member for Health and Adult Social Care:	**Councillor Vivienne Lukey**
Cabinet Member for Housing:	**Councillor Lisa Homan**
Cabinet Member for Social Inclusion:	**Councillor Sue Fennimore**
Cabinet Member for Environment,Transport & Residents Services:	**Councillor Wesley Harcourt**

Key Decisions List No. 26 (published 31 October 2014)

KEY DECISIONS LIST - CABINET ON 1 DECEMBER 2014

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.

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)*
December				
Cabinet	1 Dec 2014 Reason: Expenditure more than £100,000	**Property Asset Data Management - Proposed Call-Off** Seeking approval to a proposed call-off contract. **PART OPEN** **PART PRIVATE** Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.	Cabinet Member for Finance Ward(s): All Wards Contact officer: Maureen McDonald-Khan Tel: 020 8753 4701 maureen.mcdonald-khan@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	1 Dec 2014 Reason: Expenditure more than £100,000	**Transfer of 5 lodges from Environment, Leisure and Residents' Services (ELRS) to Housing (HRA)** Approval is sought to transfer the properties from ELRS to Housing, and thus requiring appropriation from General Fund (GF) to the Housing Revenue Account (HRA). **PART OPEN** **PART PRIVATE** Part of this report is exempt from	Cabinet Member for Housing Ward(s): Palace Riverside; Ravenscourt Park; Sands End Contact officer: Manjit Gahir, Danny Rochford Tel: 020 8753 4886, Manjit.Gahir@lbhf.gov.uk, Danny.Rochford@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

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)*
		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	1 Dec 2014 Reason: Expenditure more than £100,000	**Tri-borough Corporate Services Review Report** This report describes the recommendation and business case to establish a Tri-borough Corporate Service including an Executive Director re-organisation, Tri-borough ICT, Tri-borough Procurement, Tri-borough Legal, Tri-borough Revenues & Benefits and Bi-borough Customer Services function.	Cabinet Member for Finance Ward(s): All Wards Contact officer: Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	1 Dec 2014 Reason: Expenditure more than £100,000	**Corporate revenue Monitor 2014/15 Month 6** Updated budget outurn forecast update and requests for budget virements.	Cabinet Member for Finance Ward(s): All Wards Contact officer: Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	1 Dec 2014 Reason: Affects 2 or more wards	**Enhanced policing report** Report outlining the costs and benefits of maintaining and extending Council funded enhanced policing in LBHF **PART OPEN** **PART PRIVATE** Part of this report is exempt from disclosure on the grounds that it contains information relating to the	Deputy Leader Ward(s): All Wards Contact officer: Pat Cosgrave Tel: 020 8753 2810 Pat.Cosgrave@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

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)*
		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	1 Dec 2014 Reason: Expenditure more than £100,000	**Extension and re-tender recommendations for Insurance contracts 2015** This report seeks approval to extend five of seven contract lots for insurance for two years in accordance with the contractual terms at last procurement in 2012.These allow the Council, at its sole discretion, to extend the contract terms by a period of up to two years until 31st March 2017. This report seeks approval to re-procure two of seven contract lots for insurance to improve service delivery and assurance. **PART OPEN** **PART PRIVATE** Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.	Cabinet Member for Finance Ward(s): All Wards Contact officer: Andrew Lord Tel: 020 8753 2531 andrew.lord@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	1 Dec 2014 Reason: Expenditure more than	**Proposed Outsourcing of Commercial Property Management Function** Lot 1 of New Property Contract.	Cabinet Member for Finance Ward(s): All Wards	A detailed report for this item will be available at least five working days before the date of the meeting and

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)*
	£100,000	**PART OPEN** **PART PRIVATE** Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.	Contact officer: Marcus Perry Tel: 020 8753 6697 Marcus.Perry@lbhf.gov.uk	will include details of any supporting documentation and / or background papers to be considered.
Cabinet	1 Dec 2014 Reason: Affects 2 or more wards	**Draft Hammersmith and Fulham Local Plan – approval of consultation document** The Core Strategy and Development Management Local Plan are being revised in order to include new policies for the part of the Old Oak area that is within H&F. The opportunity is being taken to combine the 2 separate documents into one document but many existing policies remain largely unchanged.	Cabinet Member for Environment,Transport & Residents Services Ward(s): All Wards Contact officer: Pat Cox Tel: 020 8753 5773 pat.cox@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	1 Dec 2014 Reason: Expenditure more than £100,000	**Speech and Language Therapy Services - Extension of Service Level Agreements (2014-2016)** Requests agreement to extensions to the Service Level Agreement's (SLA's) for speech and language therapy services for 2014 - 2016. The extensions are required to enable a procurement exercise to be completed. **PART OPEN** **PART PRIVATE** Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule	Cabinet Member for Children and Education Ward(s): All Wards Contact officer: Alison Farmer Alison.Farmer@rbkc.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

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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	1 Dec 2014 Reason: Affects 2 or more wards	**New Approaches to Homelessness and Temporary Accommodation** To set out new initiatives in the field of homelessness and temporary accommodation, including improving linkages with the third sector and the procurement of new forms of temporary accommodation. To set out a strategy to meet MTFS savings in the area of temporary accommodation.	Cabinet Member for Housing Ward(s): All Wards Contact officer: Mike England Tel: 020 8753 5344 mike.england@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	1 Dec 2014 Reason: Affects 2 or more wards	**Review of Waste Collection Arrangements - TEEP** To seek approval of the 'TEEP' assessment undertaken by officers which suggests that it is not technically, economically or environmentally practicable to collect paper, glass, plastics and metals streams separately from one another and from other waste types. To approve the continuation, therefore, of commingled recycling collections.	Cabinet Member for Environment,Transport & Residents Services Ward(s): All Wards Contact officer: Kathy May Tel: 02073415616 kathy.may@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	1 Dec 2014 Reason: Expenditure more than £100,000	**Special Educational Needs Reform and Burdens Grant** The special educational needs reform and burdens grant are one off un-ringfenced grants and this Cabinet report will request permission to spend the grant.	Cabinet Member for Children and Education Ward(s): All Wards Contact officer: Ian Heggs Tel: 020 7745 6458 ian.heggs@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

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Cabinet	1 Dec 2014 Reason: Expenditure more than £100,000	**Tri-borough Procurement of Information Technology and Communications services** The report seeks approval for a tri-borough procurement of Information Technology and Communications services, the procurement strategy, the procurement and its funding **PART OPEN** **PART PRIVATE** Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.	Cabinet Member for Finance Ward(s): All Wards Contact officer: Jackie Hudson Tel: 020 8753 2946 Jackie.Hudson@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	1 Dec 2014 Reason: Expenditure more than £100,000	**Public Health Procurement, Contract Award, Extension,Variation Report** Public Health portfolio of contracts moved to the local Authority in April 2013. This report is submitted to resolve some of the financial and legal concerns that have been highlighted since the transition. The Recommendation to approve contracts award/variation for Public Health services. **PART OPEN** **PART PRIVATE** Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act	Cabinet Member for Health and Adult Social Care Ward(s): All Wards Contact officer: Liz Bruce Tel: 020 8753 5001 liz.bruce@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

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)*
		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	1 Dec 2014 Reason: Expenditure more than £100,000	**H&F Homecare Interim Options** Report requesting authority to spot purchase domiciliary care until the award of contracts currently out to tender. **PART OPEN** **PART PRIVATE** Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.	Cabinet Member for Health and Adult Social Care Ward(s): All Wards Contact officer: Martin Waddington Tel: 020 8753 6235 martin.waddington@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	1 Dec 2014 Reason: Expenditure more than £100,000	**LGPS Pension Administration Services** This report seeks authorisation to terminate our current contract with Capita early and to appoint a new contractor Surrey County Council to provide the Local Government Pension Administration Service. **PART OPEN** **PART PRIVATE** Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption	Cabinet Member for Finance Ward(s): All Wards Contact officer: Debbie Morris Tel: 020 8753 3068 debbie.morris@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

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		outweighs the public interest in disclosing the information.		
Cabinet	1 Dec 2014 Reason: Expenditure more than £100,000	**Permanent Placement Grant** Financial support to create a downstairs bedroom and secure a permanent placement in a family for a disabled child. **PRIVATE** This report is exempt from disclosure on the grounds that it contains information relating to an individual under paragraph 1 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 Children and Education Ward(s): Outside the Borough Contact officer: Steve Miley Tel: 020 8753 2300 steve.miley@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	1 Dec 2014 Reason: Expenditure more than £100,000	**Capital monitor and budget variations 2014/15 (second quarter)** This report provides an update on the Council's Capital Programme and will request budget variations where necessary.	Cabinet Member for Finance Ward(s): All Wards Contact officer: Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	1 Dec 2014 Reason: Expenditure more than £100,000	**Tri-borough Senior Leadership and Management Academy Proposal** The decision required is authorisation to proceed with the planning and delivery of a Tri-borough Leadership Academy and associated spend.	Cabinet Member for Finance Ward(s): All Wards Contact officer: David Bennett Tel: 0208 753 1628 David.Bennett@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

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January				
Cabinet	5 Jan 2015 Reason: Expenditure more than £100,000	**Permission to tender for bi-borough printing, scanning and payment processing contracts for Parking Services** A bi-borough Parking Service was established in April 2014. Linked to the procurement of a shared Parking IT system scheduled for implementation in mid 2015, the boroughs will need to separately retender for services covering the printing of statutory documentation and the scanning and processing of incoming post and payments. **PART OPEN** **PART PRIVATE** Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.	Cabinet Member for Environment,Transport & Residents Services Ward(s): All Wards Contact officer: Matt Caswell Tel: 020 8753 2708 Matt.Caswell@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	5 Jan 2015 Reason: Expenditure more than £100,000	**Renewal of the H&F contract for the supply of temporary agency workers** H&F's contract with Pertemps for the supply of temporary agency workers will expire on 1st October 2015 without the possibility of an extension. Given the importance of maintaining flexibility in resourcing, the overall contract value and the time scale for a tendering process, we are seeking decisions on the objectives, options and timescale for procuring a new contract. **PART OPEN**	Leader of the Council Ward(s): All Wards Contact officer: Debbie Morris, George Lepine Tel: 020 8753 3068, Tel: 0208 753 4975 debbie.morris@lbhf.gov.uk, george.lepine@HFHomes.org.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

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		PART PRIVATE Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.		
Cabinet	5 Jan 2015 Reason: Expenditure more than £100,000	**Exiting three Community Admission Bodies from the Local Government Pension Scheme** H&F Pension Fund has seven Community Admission Bodies. Three no longer have any active members. Regulation 38 of the Local Government Pension Scheme (Administration) Regulations (the Regulations) now requires the Fund to treat these organisations as exiting employers. There are three options for doing this. Each deals differently with their outstanding liabilities and the exit payments required to cover those liabilities. The preferred option for exiting the organisations allows the Fund to fulfil its obligations under the Regulations while recovering some of their deficit to the Fund. The paper recommends that H&F Council should agree to act as guarantor for all three organisations to enable the Pension Fund to exit them on an on-going basis and agree repayment plans with two of the three organisations. The recommendation has financial implications for the Council. It creates a liability which would be another factor to consider at the time of the next triennial review	Cabinet Member for Finance Ward(s): All Wards Contact officer: George Lepine Tel: 0208 753 4975 george.lepine@HFHomes.org.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

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		and might, therefore, impact on the Council's contribution rate. However, it may be helpful to have in mind here that the Community Admission Bodies accounted for only 0.8% of the deficit when it was last measured at the triennial valuation at 31st March 2013. **PART OPEN** **PART PRIVATE** Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.		
Cabinet	5 Jan 2015 Reason: Expenditure more than £100,000	**Future Highway Maintenance Contracts 2015** Options for future highway maintenance contract provisions.	Cabinet Member for Environment,Transport & Residents Services Ward(s): All Wards Contact officer: Arif Mahmud Tel: 020 7341 5237 arif.mahmud@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	5 Jan 2015 Reason: Expenditure more than £100,000	**Change ICT service desk provider** At the end of the HFBP service contract the Council will need to transition all ICT services to other suppliers. By changing the service desk earlier than contract expiry, H&F will be able to reduce the effort, costs and risk and align to the one team Tri-borough. This paper recommends an early transition from the current service desk provider to the new service	Cabinet Member for Finance Ward(s): All Wards Contact officer: Jackie Hudson Tel: 020 8753 2946 Jackie.Hudson@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

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		desk provider by calling off the Tri-borough framework contract which has the benefit of providing a consistent user experience for staff. **PART OPEN** **PART PRIVATE** Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.		
Cabinet	5 Jan 2015 Reason: Expenditure more than £100,000	**ASC Information and Signposting Website - People First** Discussions and decision around rolling out the People First ASC information and signposting website to LBHF. Currently operational in RBKC and WCC. **PART OPEN** **PART PRIVATE** Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.	Cabinet Member for Health and Adult Social Care Ward(s): All Wards Contact officer: Mark Hill Tel: 0208 753 5126 mark.hill2@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

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Cabinet	5 Jan 2015 Reason: Expenditure more than £100,000	**Corporate Revenue Monitor 2014/15 Month 7** Update of Revenue Outturn forecast and approval of virement requests.	Cabinet Member for Finance Ward(s): All Wards Contact officer: Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet Full Council	5 Jan 2015 28 Jan 2015 Reason: Budg/pol framework	**Council Tax Base and Collection Rate 2015/16** This report contains an estimate of the Council Tax Collection rate and calculates the Council Tax Base for 2015/16	Cabinet Member for Finance Ward(s): All Wards Contact officer: Steve Barrett Tel: 020 8753 1053 Steve.Barrett@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet Full Council	5 Jan 2015 28 Jan 2015 Reason: Budg/pol framework	**Council Tax Empty Homes Premium** This report outlines the provisions available to charge a Council Tax premium on properties that have been empty for more than two years	Cabinet Member for Finance Ward(s): All Wards Contact officer: Steve Barrett Tel: 020 8753 1053 Steve.Barrett@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet Full Council	5 Jan 2015 28 Jan 2015 Reason: Budg/pol framework	**Hammersmith and Fulham's Council Tax support scheme** The Council need to agree a Council Tax support scheme for 2015/16	Cabinet Member for Finance Ward(s): All Wards Contact officer: Paul Rosenberg Tel: 020 8753 1525 paul.rosenberg@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be

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)*
				considered.
Cabinet	5 Jan 2015 Reason: Expenditure more than £100,000	**Strategic Housing Stock Options Appraisal** To authorise a programme of work to identify options and benefits for a different future for housing which may include the transfer of the Council's housing stock, and include the undertaking of detailed feasibility studies, prior to putting the issue before tenants in a ballot. **PART OPEN** **PART PRIVATE** Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.	Cabinet Member for Housing Ward(s): All Wards Contact officer: Geoff Wharton Tel: 020 8753 1313 Geoff.Wharton@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	5 Jan 2015 Reason: Expenditure more than £100,000	**Award of Tri-Borough Advocacy Services Framework Agreements** That the Leader and Cabinet Member for Community Care, in conjunction with the Tri Borough Executive Director for Adult Social Care, award four Framework Agreements and Call Off Agreements which will allow H&F to access the services. **PART OPEN** **PART PRIVATE** Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information)	Cabinet Member for Health and Adult Social Care Ward(s): All Wards Contact officer: Tim Lothian Tel: 020 8753 5377 tim.lothian@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

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		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	5 Jan 2015 Reason: Affects 2 or more wards	**HRA Disposal Policy** This report considers the future disposal policy for property held for Housing Purposes	Cabinet Member for Housing Ward(s): All Wards Contact officer: Kathleen Corbett Tel: 020 8753 3031 Kathleen.Corbett@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
2 February				
Cabinet	2 Feb 2015 Reason: Expenditure more than £100,000	**Contract Award : Child Obesity Prevention and Healthy Family Weight Services** To reduce the prevalence of obesity in the boroughs by helping children, young people and their families to eat healthier and be more active, tenders have been sought for two services: Lot 1 Planning, Policy and Workforce Development Lot 2 Prevention and Weight Management Programmes The report proposes that each of the three Councils enters into a contract with the recommended providers to deliver these services. **PART OPEN** **PART PRIVATE** Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act	Cabinet Member for Health and Adult Social Care Ward(s): All Wards Contact officer: Liz Bruce Tel: 020 8753 5001 liz.bruce@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

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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	2 Feb 2015 Reason: Expenditure more than £100,000	**Tri-borough Drug and Alcohol Core Services Recommissioning** Approval to proceed report for the recommissioning of core drug and alcohol services across the Tri-borough	Cabinet Member for Health and Adult Social Care Ward(s): All Wards Contact officer: Nicola Lockwood Tel: 020 8753 5359 Nicola.Lockwood@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet Full Council	2 Feb 2015 25 Feb 2015 Reason: Expenditure more than £100,000	**Capital Programme 2015-19** This reports sets the Council's four-year capital expenditure budget for 2015-19.	Cabinet Member for Finance Ward(s): All Wards Contact officer: Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	2 Feb 2015 Reason: Expenditure more than £100,000	**Capital monitor and budget variations 2014/15 (month 8)** This report provides an update on the Council's Capital Programme and will request budget variations where necessary.	Cabinet Member for Finance Ward(s): All Wards Contact officer: Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

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Cabinet Full Council	2 Feb 2015 25 Feb 2015 Reason: Affects 2 or more wards	**Revenue Budget & Council Tax Report** This reports sets out the Council's 2015/16 revenue budget proposals	Leader of the Council Ward(s): All Wards Contact officer: Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	2 Feb 2015 Reason: Expenditure more than £100,000	**London Enterprise Panel - New Homes Bonus Programme** DWP has top sliced the New Homes Bonus budget and allocated it to the London Enterprise Panel. Each London Borough has then been required to bid for the funding top sliced from their borough. For LBHF this is estimated as £1.6m. Activities have been required to align with LEP priorities. We have bid for a mixture of enterprise, employment and planning support. This report gives detail of the programme and asks for agreement of the Cabinet to accept the funding and deliver the programme of activities.	Cabinet Member for Economic Development and Regeneration Ward(s): All Wards Contact officer: Ingrid Hooley Tel: 020 8753 6454 Ingrid.Hooley2@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
2 March				
Cabinet	2 Mar 2015 Reason: Expenditure more than £100,000	**Corporate Revenue Monitor 2014/15 Month 9** Update of forecast Revenue outturn and agreement of virement requests.	Cabinet Member for Finance Ward(s): All Wards Contact officer: Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

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Cabinet	2 Mar 2015 Reason: Budg/pol framework	**London Borough of Hammersmith & Fulham Cycling Strategy** The Cycling Strategy sets out how the London Borough of Hammersmith & Fulham will improve the quality and extent of provision for cyclists, encourage more people to use bicycles, increase the number of journeys made by cycle, and improve public health outcomes. In order to achieve this, the Cycling Strategy develops an Action Plan that can be used to direct funding in a way that responds to the cycling needs of Hammersmith and Fulham residents / businesses. The Cycling Strategy is not a statutory document. However it has been identified as playing a crucial role in reducing congestion on our roads, relieving pressure on the public transport system, and improving the health of residents and visitors.	Cabinet Member for Environment,Transport & Residents Services Ward(s): All Wards Contact officer: Rory Power Tel: 020 8753 6488 rory.power@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
30 March				
Cabinet	30 Mar 2015 Reason: Expenditure more than £100,000	**Corporate Revenue monitor 2014/15 Month 10** Update Revenue Outturn forecast and agreement of virement requests	Cabinet Member for Finance Ward(s): All Wards Contact officer: Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

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)*
27 April				
Cabinet	27 Apr 2015 Reason: Expenditure more than £100,000	**Procurement of a Homecare service for the London Borough of Hammersmith and Fulham (H&F); Royal Borough of Kensington and Chelsea (RBKC) and Westminster City Council (WCC)** Seeking Cabinet agreement to the awarding of three new contracts for the provision of Homecare services in the London Borough of Hammersmith and Fulham. **PART OPEN** **PART PRIVATE** Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.	Cabinet Member for Health and Adult Social Care Ward(s): All Wards Contact officer: Michael Gray Tel: 0208 753 1422 Michael.Gray@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.