London Borough of Hammersmith & Fulham

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

Agenda

Tuesday 2 February 2016
7.00 pm
Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

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

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Date Issued: 25 January 2016

London Borough of Hammersmith & Fulham

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

Agenda

2 February 2016

Item		Pages
1.	**APOLOGIES FOR ABSENCE**	
2.	**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.

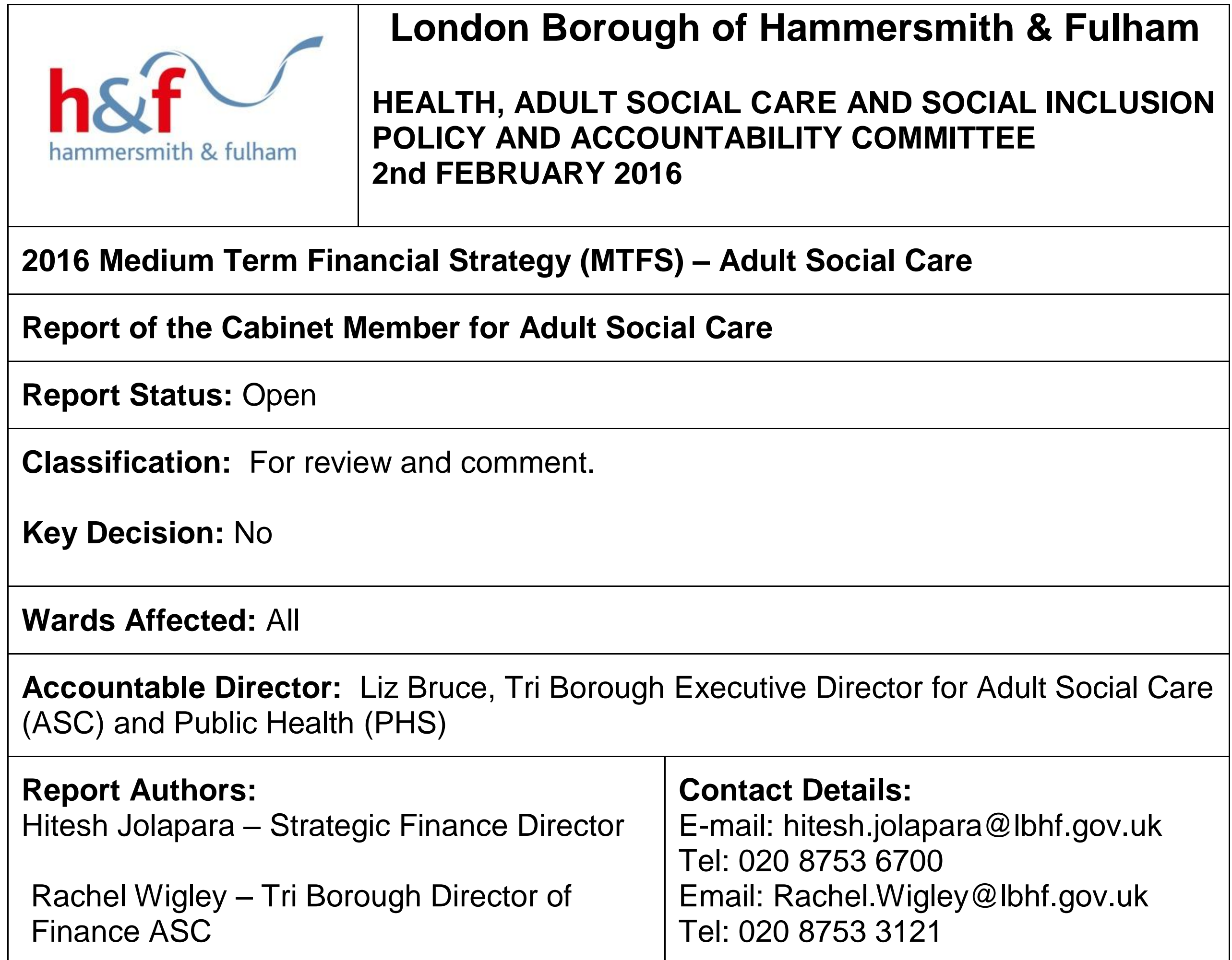
Item		Pages
3.	**ADULT SOCIAL CARE PROPOSALS**	1 - 20
4.	**PUBLIC HEALTH BUDGET PROPOSALS**	21 - 30
5.	**IMPERIAL COLLEGE HEALTHCARE NHS TRUST: A&E PERFORMANCE, HOW THE TRUST IS MEETING WINTER DEMANDS AND DELAYS IN PATIENT DISCHARGES.**	31 - 40
6.	**UPDATE ON THE CARE ACT PART 1**	41 - 48
7.	**WORK PROGRAMME**	49 - 50

The Committee is asked to consider its work programme for the

remainder of the municipal year.

8. DATES OF FUTURE MEETINGS

Monday 14 March 2016
Monday 18 April 2016



London Borough of Hammersmith & Fulham **HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE** **2nd FEBRUARY 2016**	
2016 Medium Term Financial Strategy (MTFS) – Adult Social Care	
Report of the Cabinet Member for Adult Social Care	
Report Status: Open	
Classification: For review and comment. **Key Decision:** No	
Wards Affected: All	
Accountable Director: Liz Bruce, Tri Borough Executive Director for Adult Social Care (ASC) and Public Health (PHS)	
Report Authors: Hitesh Jolapara – Strategic Finance Director Rachel Wigley – Tri Borough Director of Finance ASC	**Contact Details:** E-mail: hitesh.jolapara@lbhf.gov.uk Tel: 020 8753 6700 Email: Rachel.Wigley@lbhf.gov.uk Tel: 020 8753 3121

1. EXECUTIVE SUMMARY

1.1 The Council is obliged to set a balanced budget and council tax charge in accordance with the Local Government Finance Act 1992**.** Cabinet will present their revenue budget and council tax proposals to Budget Council on 24th February 2016.

1.2 This report sets out the budget proposals for the services covered by this Policy and Accountability Committee (PAC). An update is also provided on any changes in fees and charges.

2. RECOMMENDATIONS

2.1. That the PAC considers the budget proposals and makes recommendations to Cabinet as appropriate.

2.2. That the PAC considers the 33% cut in meals on wheels charges and the decision to freeze other fees and charges in the areas covered by this PAC.

3. INTRODUCTION AND BACKGROUND

3.1 The current Medium Term Financial Strategy (MTFS) forecast is set out in Table 1. The 2016/17 budget gap, before savings, is £15.4m, rising to £55.8m by 2019/20.

Table 1 – Budget Gap Before Savings

	£'m	£'m	£'m	£'m
	2016/17	2017/18	2018/19	2019/20
Base Budget	**167.4**	**167.5**	**167.5**	**167.6**
Add:				
- Inflation	2.3	4.8	7.3	9.8
- Contingency (includes pay)	2.0	4.0	6.1	8.1
- Growth	6.2	10.2	10.4	10.7
- New burden – Independent Living Fund	0.9	0.9	0.9	0.9
- Investment in efficiency projects to realise savings in future years	4.0	0	0	0
Budgeted Expenditure	**182.8**	**187.4**	**192.2**	**197.1**
Less:				
- Government Resources	(50.3)	(40.2)	(30.8)	(24.0)
- LBHF Resources	(115.1)	(113.9)	(114.5)	(115.3)
- Use of Developer Contributions	(2.0)	(2.0)	(2.0)	(2.0)
Budgeted Resources	**(167.4)**	**(156.1)**	**(147.3)**	**(141.3)**
Cumulative Budget Gap Before Savings	**15.4**	**31.3**	**44.9**	**55.8**
Risks	**10.2**	**18.0**	**22.7**	**25.5**

3.2 Money received by Hammersmith and Fulham Council from central government is reducing significantly every year. Funding reduced by £18m in 2015/16 (to £57.6m) and is forecast to reduce by a further £33.6m from 2015/16 to 2019/20. Based on the Provisional Local Government Finance Settlement the 2016/17 grant reduction[1] is £8.2m. In addition, Government has imposed £2.885m of new responsibilities on LBHF without providing any funding.

3.3 As part of the Provisional Local Government Finance Settlement the government announced that authorities can charge a 2% social care precept. This would raise £1.1m for Hammersmith and Fulham and is

[1] On a like for like basis 2015./16 grant was £57.6m and will reduce by £8.2m to £49.4m in 2016/17. In addition grant of £0.9m will be receivable in 2016/17 for the new burden associated with the Independent Living Fund. Total 2016/17 grant is £50.3m.

included in Government projections of LBHF's spending power[2]. The Council administration does not wish to apply this tax to residents, so it does not form part of the 2016/17 budget proposals.

3.4 Locally generated LBHF resources are council tax and the local share of business rates. The 2016/17 business rates taxbase will be confirmed in February. In future years business rates are projected to increase in line with inflation.

3.5 Property developments have placed increased pressure on council services in recent years. The budget strategy provides for use of £2m of developer contributions to support relevant expenditure.

3.6 Responsibility for supporting Independent Living Fund users transferred to local authorities, from government, in 2015/16. Estimated expenditure is £0.9m in 2016/17. It is anticipated that this will funded by government grant for the next year, but there is no certainty over future funding following that.

4. GROWTH, SAVINGS AND RISK

The growth and savings proposals for the services covered by this PAC are set out in Appendix 1 with budget risks set out In Appendix 2.

Growth

4.1 Budget growth is summarised by Department in Table 2.

Table 2 2016/17 Growth Proposals

	£'000s
Adult Social Care	1,475
Children's Services	3,164
Environmental Services	269
Corporate Services	1,218
Libraries Shared Services	65
Total Growth	**6,191**

4.2 Table 3 summarises why budget growth is proposed:

[2] As part of the settlement announcement the government state their view of the cut in local authority spending power. As well as government funding this includes their assumption on what local authorities will collect through council tax and business rates. For council tax the 2% social care precept is assumed and a 0.8% inflation increase.

Table 3 – Reasons for 2016/17 Budget Growth

	£'000s
Government related	2,884
Other public bodies	675
Increase in demand/demographic growth	463
Council Priority	1,774
Existing budget pressures funded by virements from budget underspends/savings	395
Total Growth	**6,191**

Savings

4.3 The council faces a continuing financial challenge due to Central Government funding cuts, inflation and growth pressures. The budget gap will increase in each of the next four years if no action is taken to reduce expenditure, generate more income through commercial revenue or continue to grow the number of businesses in the borough.

4.4 In order to close the budget gap for 2016/17 savings of £15.4m are proposed (Table 4).

Table 4 – 2016/17 Savings Proposals by Department

Department	Savings £'000s
Adult Social Care	5,321
Children's Services	3,227
Environmental Services	2,799
Libraries and Archives	20
Corporate Services	3,175
Housing	265
Council Wide Savings	1,050
Total All savings	**15,857**
Less savings accounted for in the grant/resource forecast[3]	(455)
Net Savings	**15,402**

Budget Risk

4.5 The Council's budget requirement for 2016/17 is £167.4m. Within a budget of this magnitude there are inevitably areas of risk and uncertainty particularly within the current challenging financial environment. The key financial risks that face the council have been identified and quantified. They total £10.2m. Those that relate to this PAC are set out in Appendix 2.

[3] The council has undertaken business intelligence projects that have generated extra grant and council tax income of £0.455m. These are shown within the resource forecast.

5 FEES AND CHARGES

5.1 The budget strategy assumes:

- Adult Social Care, Children's Services, Adult Learning and Skills, Libraries and Housing charges frozen.
- A standard uplift of 1.1% based on the August Retail Price index for some fees in Environmental Services. All parking charges are frozen.
- In the future, commercial services that are charged on a for-profit basis will be reviewed on an ongoing basis in response to market conditions and varied up and down as appropriate, with appropriate authorisations according to the Council constitution.

5.2 Charges for the meals on wheels service are to be reduced from £3 to £2 (33% reduction). This and other non-standard increase in fees and charges are listed in appendix 3.

6. 2016/17 COUNCIL TAX LEVELS

6.1 Cabinet propose to freeze the Hammersmith and Fulham's element of 2016/17 Council Tax. This will provide a balanced budget whilst recognising the burden on local taxpayers.

6.2 The draft GLA budget is currently out for consultation and is due to be presented to the London Assembly on 27th January, for final confirmation of precepts on 22nd February. It proposes that the GLA precept will reduce to £276 a year (Band D household). £12 of the £19 Band D reduction to achieve this relates to the end of the Olympic precept paid by London residents.

6.3 The impact on the Council's overall Council Tax is set out in Table 5.

Table 5 – Council Tax Levels

	2015/16 Band D	2016/17 Band D	Change From 2015/16
	£	£	£
Hammersmith and Fulham	727.81	727.81	0
Greater London Authority	295.00	276.00	(19.00)
Total	**1,022.81**	**1,003.81**	**(19.00)**

6.4 As part of the Provisional Local Government Finance Settlement the government announced that authorities can charge a 2% social care precept. This would raise £1.1m for Hammersmith and Fulham and is included in Government projections of LBHF's spending power. However,

the Council administration does not wish to apply this tax to residents, so it does not form part of the 2016/17 budget proposals.

6.5 Following last year's council tax cut, the current Band D Council Tax charge is the 3rd lowest in England[4]. The Band D charge for Hammersmith and Fulham is the lowest since 1999/2000.

7 Comments of the Executive Director for Adult Social Care on the Budget Proposals

7. 1 There are major changes which will have a dramatic impact on the shape and size of the Adult Social Care budget:

- The number of people using our services and the levels of support they need continues to increase, bringing pressure to our budgets;
- The care market across inner London is particularly fragile and recent Association of Directors of Adult Social Services (ADASS) work highlights inner London as having significant pressures across all care groups. There are a number of reasons why this is the case; Acuity and level of complexity is increasing alongside demographic changes; Workforce pressures from London Living Wage, National Living Wage, housing costs, retention and quality of staff; Improvement in the rigour of Care Quality Commission (CQC) regimes; Prices have been driven down over the last few years and this lack of investment has compounded the markets' ability to raise to the above challenges. A number of providers have exited the market in recent months and ASC expects this trend to continue. Whilst supporting the local voluntary sector is crucial in developing a mixed economy, it has also been affected by the challenges over the last few years. Market Management is now a duty for ASC under the Care Act and as such ASC is working across West London to develop strategies to mitigate the issues;
- The 2015 Spending Review announced an increase in the Better Care Fund (BCF), but this is back loaded so increases do not begin until 2017/18. The BCF includes the "Social Care to Benefit Health" funding which local authorities have received for the past four years and which is being used to sustain local social services;
- The local BCF Plan has signalled agreement on the direction of travel by Cabinet members and CCG Chairs. We are looking to fundamentally transform the quality and experience of care across health and social care over the next five years. The proposal is to create new joined up support and care within communities. The BCF document sets out investment from Health for a new Community Independence Service in order to deliver much larger savings. We are looking to drive reductions in emergency admissions to hospital and the demand for residential

[4] Excluding the Corporation of London

and nursing home care. Investment from Health, in partnership with the Council, is vital to the sustainability of Adult Social Care;
- The Spending Review also announced the ability for local authorities who are responsible for adult social care to introduce an adult social care precept. The precept could give local authorities the flexibility to raise council tax by up to 2% above the existing threshold to spend on adult social care, without the need for a local referendum. This authority will does not propose to increase council tax and will not apply the precept.
- The Independent Living Fund (ILF) was a scheme financed by the government to support disabled people with substantial high needs to live independently in the community rather than in residential care. From 1 July 2015 all social care support is provided by Councils and ILF funding for 2015/16 was transferred to Councils via a grant. We anticipate this will be a revenue grant in 2016/17 of £895,000 and we are awaiting the final details from DCLG;
- Phase 2 of the Care Act (the financial and funding changes) has been postponed by government until 2020.

7. 2 We need to ensure we maintain control over ASC's large and complex budgets during the changes set out above, whilst also reducing our cost base to meet each Council's budget target where possible. The reduction in public sector funding has made the need to make further savings inevitable and deeper than previously experienced.

7.3 We are aiming to do this by a focus on better for less through the following:

- Creating a portfolio of projects – with a focus on reviewing: the end to end journey of the customer and removing inefficiencies; These are designed to improve frontline services and deliver on major services transformation programmes. The savings within this section total £1,608,000 and consist of customer journey and prevention strategy with the aim to reduce costs by investing in assistive technology.
- Cost restraint in contracts and reducing costs where possible through a strategic and detailed approach to contract management; These are designed to reduce contract costs and improve procurement efficiency and effectiveness. The savings within this section total £1,430,000 and consist of reviewing of Care Pathways, supporting people through the reprocuring of contracts and the review Public Finance Initiative contractual savings resulting from the renegotiation of the contract.
- Reconfiguration of Services – aims to meet the increasing demands and numbers of customers through the remodelling of existing services and extensive review of existing processes. The savings within this section total £841,000 and consist of in Borough / at home support for younger adults through Learning Disability supported accommodation, the review of all high cost and high needs placements and review of Direct Payment Packages through a case file approach**.**
- Investment from Health – aims to integrate care provided from Health and Social Care to benefit both these parties. The savings within this

section total £1,165,000 and consist of improved outcomes and reduced dependency amongst residents through better joint services with NHS and delivering on outcomes based commissioning and accountable care through Whole Systems approach with Health.

- Enabling residents to remain in their own homes for as long as possible through good advice and information (including improving the web offer), prevention initiatives (including Assistive Technology), intensive reablement and a new home care offer focusing on flexible support and outcomes, as well as providing a 7 day ASC service (funded by Health);
- Other Efficiencies – these are efficiencies that do not fall into the above categories. The savings within this section total £277,000 and consist of a review of Supporting People Balances and Parkview review of costs.

7. 4 The scale of the savings are the largest and most complex we have undertaken to date in ASC. The scale of change cannot be under-estimated nor the work needed to track the savings.

Growth

7.5 The department has reviewed its demographic requirements and estimates for 2016/17 and as a result have identified potential growth pressures within Home Care and Direct Payments due to the proposed rate increases. The total pressure for 2016/17 is estimated at £2.370m.

7.6 There are increasing pressures on the Home Care Packages and Direct Payments budgets as part of the out of hospital strategy, to support customers at home and avoid hospital admission or to enable early discharge. With a proposed growth allocation of £0.849m.

7.7 Due to the introduction of the new home care contracts, which are outcome based, decisions needs to be made regarding changing the Direct Payment rate for Home Care, to reflect the new higher contract rate in line with the London living wage to be paid to providers or to adopt an alternative method for calculating the home care direct payments rates. The DP rates could be calculated according to the Resource Allocation System (RAS) which would allocate resources based on what it costs the Council to provide and purchase services to meet the varying needs of our customers determined through the care assessment. A proposed growth allocation of £0.600m has been allowed in the budget process.

7.8 Hammersmith and Fulham took responsibility for the payment of Independent Living Fund (ILF) to 48 customers on 1st July 2015. The unringfenced grant determination issued by the Department of Communities and Local Government confirmed funding for LBHF of £0.671m, which covers the ILF payments of the 48 ILF customers for the period 1st July 2015 to 31st March 2016. We anticipate a full year revenue grant in 2016/17 of £0.895m and we are awaiting the final details from DCLG.

7.9 Appendix 1 shows the Savings and Growth schedule.

Risks

7.10 Risks have been highlighted as £2.846m. These risks are confined to Integrated care and consist of the following:

- Demand pressures on Adult Social Care services would continue to increase as the population gets older. We continue to experience increases in numbers during this financial year.
- Investment from health through the Better Care Fund has been agreed for 2015/16 only and there is a level of uncertainty over future years funding. There is an outline, in principle agreement, for 2016/17, subject to agreement by CCG Governing Bodies.
- The department is anticipating residential and nursing home providers to submit above inflationary increases due to the introduction of the national living wage. A provisional risk has been set aside for such additional costs.

Fees and Charges

7.10 The Council provides meal services to eligible customers at a subsidised rate of charge. Income from charging for meals services has made a small but significant contribution to funding adult social care services.

7.11 In December 2014 the administration, as part of its commitment to social inclusion and in line with its election manifesto pledge, signalled its intention to review charges for meals services.

7.12 A review of the arrangements was taken for both the service model and charging for the delivered meals service the charge per meal was reduced from £4.50 to £3 per meal which was a reduction of £1.50 per meal from the 1st April 2015. It is proposed to further reduce by £1 with a proposed charge of £2 per meal from 1st April 2016.

7.13 The proposed charges for Careline are to freeze the charge as at the current year.

7.14 Appendix 3 shows the fees and charges exceptions table

8 Equality Implications

8.1 Published with this report is a draft Equality Impact Analysis ('EIA'). The EIA assesses the impacts on equality of the main items in the budget proposals relevant to this PAC. The draft EIA is attached, in Appendix 4. A final EIA will be reported to Budget Council.

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		

Appendix 1 – Savings and Growth Proposals

Appendix 2 – Risks

Appendix 3 - Fees and Charges Not Increasing at the Standard Rate

Appendix 4 – Draft Equality Impact Assessment

Adult Social Care Budget Proposals Appendix 1

Service	Description	2016-17 Budget Change (£000's)
Savings		
Integrated Care	Prevention strategy with the aim to reduce costs by investing in assistive technology	(275)
Integrated Care and Strategic Commissioning & Enterprise	Reviewing of care pathways	(748)
Integrated Care	Customer journey operations alignment	(1,333)
Strategic Commissioning & Enterprise	Supporting People reprocuring of contracts	(190)
Integrated Care	In borough / at home support for younger adults through learning disability supported accommodation	(89)
Whole Systems	Delivering on outcomes based commissioning and accountable care through whole systems approach with health	(200)
Integrated Care	Improve outcomes and reduce dependency amongst customers through better joint services with the NHS.	(965)
Integrated Care	Parkview review of costs	(77)
Integrated Care	Review all high cost / high needs placements for continuing health funding	(600)
Integrated Care	Review of direct payment packages through a case file approach	(152)
Integrated Care	Review of Supporting People balances	(200)
Integrated Care	Public Finance Initiative contractual savings resulting from the renegotiation of the contract	(492)
Savings Total		**(5,321)**

Adult Social Care Budget Proposals Appendix 1

Service	Description	2016-17 Budget Change (£000's)
Growth		
Integrated Care	Increase direct payment rates in line with improved home care contracts	600
Integrated Care	Demand and pressures on home care contracts	849
Integrated Care	Nubian Life Support	26
Growth Total		**1,475**

Integrated Care	Independent Living Fund new burden responsibility	895
New Burdens Requirement		**895**

Adult Social Care Budget Risks **Appendix 2**

Division	Short Description of Risk	2016/17 Value £000k
Adult Social Care		
Integrated Care	Demand pressures on Adult Social Care services would continue to increase as the population gets older. We continue to experience increases in numbers during this financial year.	546
Integrated Care	National Living Wage for Social Care Costs	300
Integrated Care	Investment from health through the Better Care Fund has been agreed for 2015/16 only. There is uncertainty over future years funding.	2,000
Adult Social Care Total		**2,846**

Fee Description	2015/16 Charge (£)	2016/17 Charge (£)	Proposed Variation (%)	Comment/Explanation
1. Meals Service				
Meals service charges - 33% reduction.	**£3.00**	**£2.00**	-33.0%	The current gross unit cost of providing meals is £7.04. A proposed reduction of 33% in the service user contributions would result in net subsidy of £5.04 per meal.
1. Careline Alarm Gold Service (Pendant) - Emergency Response & Monitoring Service				
Provided to Private Homeowners and Private tenants	**£22.89**	**£22.89**	0.0%	
Provided to Housing Association (RSL) tenants	**£17.02**	**£17.02**	0.0%	
Provided to Council Tenants (Non Sheltered)	**£3.94**	**£3.94**	0.0%	
Provided to Council Tenants (Sheltered)	**£2.19**	**£2.19**	0.0%	
Provided to SSD Referred Clients (Paid by SSD)	**£1.55**	**£1.55**	0.0%	
2. Careline Alarm Silver Service (Pendant) - Monitoring Service only				
Provided to Private Homeowners and Private tenants	**£15.94**	**£15.94**	0.0%	
Provided to Housing Association (RSL) tenants	**£10.19**	**£10.19**	0.0%	
Provided to Council Tenants (Non Sheltered)	**£2.35**	**£2.35**	0.0%	
3. Careline Alarm Gold Service (Pull cord) - Emergency Response & Monitoring Service				
(A) Provided to Registered Social Landlord Sheltered Accommodations (RSL Financed)	**£1.56**	**£1.56**	0.0%	

Equality Impact Assessment (EIA)

Adult Social Care (ASC)

Hammersmith & Fulham Budget proposals for 2016/17

EFFICIENCIES SAVINGS, GROWTH FEES AND CHARGES

The 2016/17 efficiencies proposals are detailed in this report. They are grouped into transformation projects, procurement and contract efficiencies, reconfiguration of services, investment from Health and other efficiencies.

Any efficiencies with a potential equalities impact on staff will be considered as part of the staffing establishment reorganisations. Other items are to do with more efficient ways of delivering services to the customers and carers and those are detailed below.

Also included in this report is new growth and proposed fees and charges.

Detailed EIA's will be carried out at the time the proposals are in development when the impact can be fully assessed.

1. Transformation Portfolio Projects:

The strategic plan for Adult Social Care over the coming years is to improve frontline services and deliver on major service transformation programs. This will be done through:

	H&F 2016/17 Savings
Customer Journey Operations Alignment	£1.333m
Prevention strategy with the aim to reduce costs by investing in assistive technology	£0.275m

Customer Journey Operations Alignment £1.333m: The aim of the measure is to design and implement a single ASC operating model and organisation structure which will include a core service offer to meet local service requirements.

This is likely to have a positive impact for the customer as it would;

- improve the customer and carer experience, streamline processes and make the best use of the operations staff.
- enable the Council to deliver a better quality of service to customers and carers by reducing bureaucracy.
- put the customers and carers in charge of their information that goes through the system and improve integration with social care workers when the information required is always readily available. There is now a people first website where customers and social work practice can obtain information and advice which would help in the assessment of services.

- Streamline the access of services and align the hospital discharge process.

Organisational models of alternative ASC Operations structures are under management review, prior to assembly of a business case for presentation in January 2016 This will include a full EIA impact.

Prevention strategy with the aim to reduce costs by investing in assistive technology £0.275m: This would have a positive impact for customers as it requires investment in assistive technology to prevent the cost of home care services. This proposal is based on increasing the number of people using tele care thereby enabling them to stay at home for longer. 19.9% of the borough population have long term health needs or disability and this would be a positive benefit to them as we increase the investment in assistive technology.

The stage of this project is a case audit seeking to verify the current impact of the project with a view to testing that the operational and customer benefits are being delivered and are linked to a whole systems approach.

2. Procurement and Contract Efficiencies:

	H&F 2016/17 Savings
Reviewing of Care Pathways	£0.748m
Supporting People reprocuring of Contracts	£0.190m
Public Finance Initiative contractual savings resulting from the renegotiation of the contract.	£0.492m

Reviewing of Care Pathways £0.748m : The aim of the contract efficiency savings is to reduce the cost of the Adult Social Care services currently commissioned through external providers

This would have a positive impact for the Council and ultimately benefit the customers by reviewing assessment of services, by:

- Benchmark against the market to ensure contracts represent the best value for money and are competitively priced.

- Renegotiate contract terms and reprocure services where necessary to secure the best value and minimise concentration of risk

- Reduce the number of contracts to ensure these can be effectively managed within available contract management resources.

- Harmonise contract management processes and systems.

Supporting People reprocuring of Contracts £0.190m: This proposal is centered around the reprocurement of homelessness contracts which is likely

to have a positive impact on customers as aspects of this measure will involve reprocuring to ensure that a more efficient service is being provided.

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Such decisions are subject to the usual decision making process which may include carrying out an Equality Impact Analysis at which stage the impact can be fully assessed.

Review Private Finance Initiative contractual savings resulting from the renegotiation of the contract £0.492m: This nursing home placements and extra care sheltered PFI long term contract has been renegotiation with the provider leading to full year savings. This settlement resulted in significant one off savings for the Council and for Health. The Council saved (£1.66m) which was reflected in the outturn figures in 2014/15. There is likely to have a neutral effect for customers as a result of the savings but with no change in service provision.

3. Reconfiguration of Services.

	H&F 2016/17 Savings
In Borough / At home support for younger adults through Learning Disability Supported Accommodation	£0.089m
Review of all high cost and high needs placements for continuing Health funding and review of Direct Payment Packages through a case file approach	£0.752m

In Borough / At home support for younger adults through Learning Disability Supported Accommodation £0.89m: This will have a positive impact for Adult Social Care customers as this aims to meet the increase in demand and numbers of people with Learning Disabilities in the borough through a range of remodelling existing accommodation services. There is a shortage of supply of high quality specialist housing provision in the borough to meet current and future complex health, social care and physical needs.

The department is working with housing to delivery re-modelled in-borough housing and support options for customers. The Council's aims is to provide access to a range of quality local housing provision avoiding the need for out of borough expensive residential care provision.

Review of all high cost and high needs placements for continuing Health funding and review of Direct Payment Packages through a case file approach £0.752m : This proposal will be to review high cost placement and care packages and refer to NHS continuing health care, as appropriate to the needs of the service users.

This is a review of high cost and direct care packages to ensure assessed needs is being met and services are tailored to the requirement of the customers.

These would have a positive impact as there would be more timely and appropriate interventions in an integrated care co-ordinated approach which would provide appropriate levels of care.

4. Investment from Health.

	H&F 2016/17 Savings
Improve Outcomes and reduce dependency amongst customers through better joint services with the NHS	£0.965m
Delivering on outcomes based Commissioning and accountable care through Whole Systems approach with Health	£0.200m

Improve Outcomes and reduce dependency amongst residents through better joint services with NHS £0.965m : This item relates to money being received by the Council from the NHS to benefit health and social care outcomes. This will be a positive impact in protecting front line services for all care groups who require a care package. 5% of the Borough population are above 65 with a further 4% above 75+ with ever increasing care needs.

Delivering on outcomes based Commissioning and accountable care through Whole Systems approach with Health £0.200m : The proposal will be to integrate care and to work increasingly with health care colleagues and having a joint commissioning programme of services. The aim is for this to have a positive impact on the customer through joint services for all care groups who require a care package. 5% of the Borough population are above 65 with a further 4% above 75+ with ever increasing health and social care needs.

5. Other Efficiencies.

	H&F 2016/17 Savings
Review of Supporting People Balances	£0.200m
Parkview review of costs	£0.077m

Review of Supporting People (SP) Balances £0.200m : This proposal is to fund supporting people services from the SP reserve and will have no impact on customers.

Parkview review of costs £0.77m : This proposal is to fund the remaining net revenue budget of £0.77m from S106 funding leaving no general fund contribution and has no impact on customers.

6. Growth.

Increase in demand for Home care services, Direct payment services £1.475m and New Burdens Independent Living Fund £0.895m.

Demand and pressures in Home care

Similar to the previous year, there are increasing pressures on the Home Care Packages and Direct Payments budgets as part of the out of hospital

strategy, to support customers at home and avoid hospital admission or to enable early discharge. This has led to an increase in home care costs above that which would have normally occurred. There is a net projected overspend of £0.732m in 2015/16.

The department jointly with the CCG have commissioned a piece of work to understand the pressures on the health system and what is causing the overspend in homecare. There will be additional cost pressures on the Homecare budget with the tendering of the new Home care contracts from 2016/17 - both from an increase in prices to improve quality and a potential increase in demand. For 2016/17 this will be funded from the ASC reserve and from 2017/18, a new growth bid has been proposed.

Direct Payment (DP) proposed rate increases

Due to the introduction of the new home care contracts, which are outcome based, decisions needs to be made regarding changing the Direct Payment rate for Home Care, to reflect the new higher contract rate in line with the London living wage to be paid to providers or to adopt an alternative method for calculating the home care direct payments rates. The DP rates could be calculated according to the Resource Allocation System (RAS) which would allocates resources based on what it costs the Council to provide and purchase services to meet the varying needs of our customers determined through the care assessment. A proposed growth allocation of £0.600m has been allowed in the budget process.

These will all be of high relevance to disabled people and will support the participation of disabled people in public life and help to advance equality of opportunity between disabled and non-disabled people. This is a positive impact as there will be additional funding to meet the increase in the demand and needs of these customers and carers.

Independent Living Fund new Burden
Hammersmith and Fulham took responsibility for the payment of Independent Living Fund (ILF) to 48 customers on 1st July 2015. The unringfenced grant determination issued by the Department of Communities and Local Government confirmed funding for LBHF of £671,292, which covers the ILF payments of the 48 ILF customers for the period 1st July 2015 to 31st March 2016. We anticipate a full year revenue grant in 2016/17 of £895,000 and we are awaiting the final details from DCLG.

These customers have had annual reviews of their Adult Social Care needs by social workers. Subject to final confirmation, funding is now available for 16/17 which should alleviate concerns and provide a positive impact on maintaining support and employment opportunities for these disabled customers.

7. Fees & Charges

Meals on Wheels: Proposed Price Reduction.

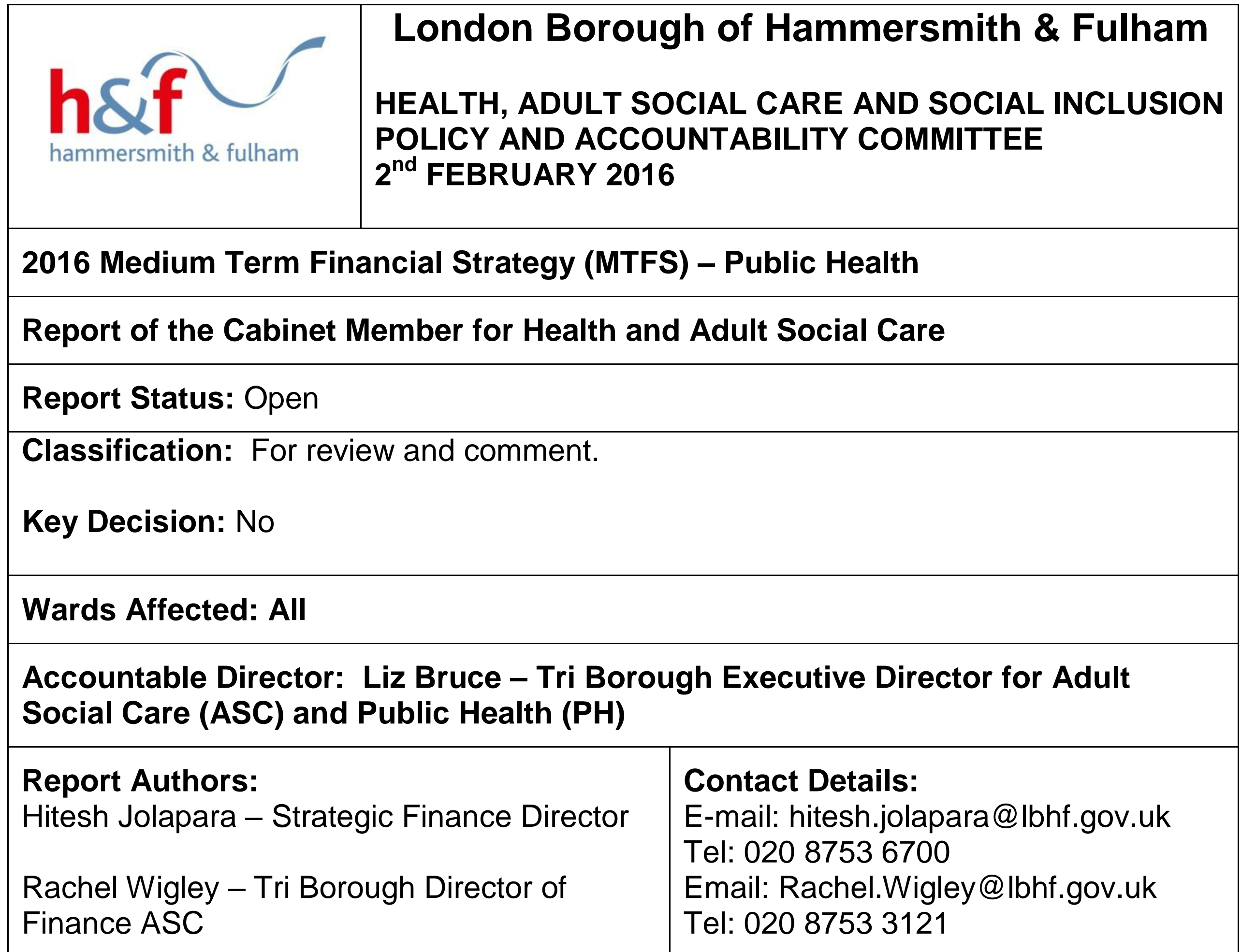
Hammersmith & Fulham provides a meal services for customers of the borough under the Care Act and charges customers a flat rate contribution towards the service.

Meals services are provided to customers by the contractor Sodexho Ltd. There is a part of a contract framework agreement with Sodexho Ltd and Hammersmith and Fulham Council is the lead authority. The contract commenced on 8th April 2013 and covers a five year period.

Reducing the price is expected to have a positive impact on 122 current service users customers as it improves their financial position and wellbeing.

Careline : Proposed Price Freeze

If there is no change on the careline charge from the 15/16 price, this will be a positive impact as it improves the financial position.



	London Borough of Hammersmith & Fulham **HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE** **2nd FEBRUARY 2016**
2016 Medium Term Financial Strategy (MTFS) – Public Health	
Report of the Cabinet Member for Health and Adult Social Care	
Report Status: Open	
Classification: For review and comment. **Key Decision:** No	
Wards Affected: All	
Accountable Director: Liz Bruce – Tri Borough Executive Director for Adult Social Care (ASC) and Public Health (PH)	
Report Authors: Hitesh Jolapara – Strategic Finance Director Rachel Wigley – Tri Borough Director of Finance ASC	**Contact Details:** E-mail: hitesh.jolapara@lbhf.gov.uk Tel: 020 8753 6700 Email: Rachel.Wigley@lbhf.gov.uk Tel: 020 8753 3121

1. EXECUTIVE SUMMARY

1.1 The Council is obliged to set a balanced budget and council tax charge in accordance with the Local Government Finance Act 1992. Cabinet will present their revenue budget and council tax proposals to Budget Council on 24th February 2016.

1.2 This report sets out the budget proposals for the services covered by this Policy and Accountability Committee (PAC). An update is also provided on any changes in fees and charges.

2. RECOMMENDATIONS

2.1. That the PAC considers the budget proposals and makes recommendations to Cabinet as appropriate.

3. INTRODUCTION AND BACKGROUND

3.1 The current Medium Term Financial Strategy (MTFS) forecast is set out in Table 1. The 2016/17 budget gap, before savings, is £15.4m, rising to £55.8m by 2019/20.

Table 1 – Budget Gap Before Savings

	£'m	£'m	£'m	£'m
	2016/17	2017/18	2018/19	2019/20
Base Budget	**167.4**	**167.5**	**167.5**	**167.6**
Add:				
- Inflation	2.3	4.8	7.3	9.8
- Contingency (includes pay)	2.0	4.0	6.1	8.1
- Growth	6.2	10.2	10.4	10.7
- New burden – Independent Living Fund	0.9	0.9	0.9	0.9
- Investment in efficiency projects to realise savings in future years	4.0	0	0	0
Budgeted Expenditure	**182.8**	**187.4**	**192.2**	**197.1**
Less:				
- Government Resources	(50.3)	(40.2)	(30.8)	(24.0)
- LBHF Resources	(115.1)	(113.9)	(114.5)	(115.3)
- Use of Developer Contributions	(2.0)	(2.0)	(2.0)	(2.0)
Budgeted Resources	**(167.4)**	**(156.1)**	**(147.3)**	**(141.3)**
Cumulative Budget Gap Before Savings	**15.4**	**31.3**	**44.9**	**55.8**
Risks	**10.2**	**18.0**	**22.7**	**25.5**

3.2 Money received by Hammersmith and Fulham Council from central government is reducing significantly every year. Funding reduced by £18m in 2015/16 (to £57.6m) and is forecast to reduce by a further £33.6m from 2015/16 to 2019/20. Based on the Provisional Local Government Finance Settlement the 2016/17 grant reduction[1] is £8.2m. In addition, Government has imposed £2.885m of new responsibilities on LBHF without providing any funding.

3.3 As part of the Provisional Local Government Finance Settlement the government announced that authorities can charge a 2% social care precept. This would raise £1.1m for Hammersmith and Fulham and is

[1] On a like for like basis 2015./16 grant was £57.6m and will reduce by £8.2m to £49.4m in 2016/17. In addition grant of £0.9m will be receivable in 2016/17 for the new burden associated with the Independent Living Fund. Total 2016/17 grant is £50.3m.

included in Government projections of LBHF's spending power[2]. The Council administration does not wish to apply this tax to residents, so it does not form part of the 2016/17 budget proposals.

3.4 Locally generated LBHF resources are council tax and the local share of business rates. The 2016/17 business rates taxbase will be confirmed in February. In future years business rates are projected to increase in line with inflation.

3.5 Property developments have placed increased pressure on council services in recent years. The budget strategy provides for use of £2m of developer contributions to support relevant expenditure.

3.6 Responsibility for supporting Independent Living Fund users transferred to local authorities, from government, in 2015/16. Estimated expenditure is £0.9m in 2016/17. It is anticipated that this will funded by government grant for the next year, but there is no certainty over future funding following that.

4. GROWTH, SAVINGS AND RISK

The growth and savings proposals for the services covered by this PAC are set out in Appendix 1 with budget risks set out In Appendix 2.

Growth

4.1 Budget growth is summarised by Department in Table 2.

Table 2 2016/17 Growth Proposals

	£000s
Adult Social Care	1,475
Children's Services	3,164
Environmental Services	269
Corporate Services	1,218
Libraries and Archives	65
Total Growth	**6,191**

4.2 Table 3 summarises why budget growth is proposed:

[2] As part of the settlement announcement the government state their view of the cut in local authority spending power. As well as government funding this includes their assumption on what local authorities will collect through council tax and business rates. For council tax the 2% social care precept is assumed and a 0.8% inflation increase.

Table 3 – Reasons for 2016/17 Budget Growth

	£000s
Government related	2,884
Other public bodies	675
Increase in demand/demographic growth	463
Council Priority	1,774
Existing budget pressures funded by virements from budget underspends/savings	395
Total Growth	**6,191**

Savings

4.3 The council faces a continuing financial challenge due to Central Government funding cuts, inflation and growth pressures. The budget gap will increase in each of the next four years if no action is taken to reduce expenditure, generate more income through commercial revenue or continue to grow the number of businesses in the borough.

4.4 In order to close the budget gap for 2016/17 savings of £15.4m are proposed (Table 4).

Table 4 – 2016/17 Savings Proposals by Department

Department	Savings £000s
Adult Social Care	5,321
Children's Services	3,227
Environmental Services	2,799
Libraries and Archives	20
Corporate Services	3,175
Housing	265
Council Wide Savings	1,050
Total All savings	**15,857**
Less savings accounted for in the grant/resource forecast[3]	(455)
Net Savings	**15,402**

Budget Risk

4.5 The Council's budget requirement for 2016/17 is £167.4m. Within a budget of this magnitude there are inevitably areas of risk and uncertainty particularly within the current challenging financial environment. The key financial risks that face the council have been identified and quantified. They total £10.2m. Those that relate to this PAC are set out in Appendix 2.

[3] The council has undertaken business intelligence projects that have generated extra grant and council tax income of £0.455m. These are shown within the resource forecast.

5 FEES AND CHARGES

5.1 The budget strategy assumes:

- Adult Social Care, Children's Services, Adult Learning and Skills, Libraries and Housing charges frozen.
- A standard uplift of 1.1% based on the August Retail Price index for some fees in Environmental Services. All parking charges are frozen.
- In the future, commercial services that are charged on a for-profit basis will be reviewed on an ongoing basis in response to market conditions and varied up and down as appropriate, with appropriate authorisations according to the Council constitution.

There are no proposals regarding fees and charges for Public Health.

6. 2016/17 COUNCIL TAX LEVELS

6.1 Cabinet propose to freeze the Hammersmith and Fulham's element of 2016/17 Council Tax. This will provide a balanced budget whilst recognising the burden on local taxpayers.

6.2 The draft GLA budget is currently out for consultation and is due to be presented to the London Assembly on 27th January, for final confirmation of precepts on 22nd February. It proposes that the GLA precept will reduce to £276 a year (Band D household). £12 of the £19 Band D reduction to achieve this relates to the end of the Olympic precept paid by London residents.

6.3 The impact on the Council's overall Council Tax is set out in Table 5.

Table 5 – Council Tax Levels

	2015/16 Band D	2016/17 Band D	Change From 2015/16
	£	£	£
Hammersmith and Fulham	727.81	727.81	0
Greater London Authority	295.00	276.00	(19.00)
Total	**1,022.81**	**1,003.81**	**(19.00)**

6.4 As part of the Provisional Local Government Finance Settlement the government announced that authorities can charge a 2% social care precept. This would raise £1.1m for Hammersmith and Fulham and is included in Government projections of LBHF's spending power. However,

the Council administration does not wish to apply this tax to residents, so it does not form part of the 2016/17 budget proposals.

6.5 Following last year's council tax cut, the current Band D Council Tax charge is the 3rd lowest in England[4]. The Band D charge for Hammersmith and Fulham is the lowest since 1999/2000.

7 Comments of the Executive Director for Public Health on the Budget Proposals

For 2016/17 Public Health will continue to be fully funded by the Department of Health's grant and thus will stay a nil budget service to the Council.

In the spending review it was announced that ring fencing of the Public Health grant would continue for 2016/17 and 2017/18. No statement was made about 2018/19 and beyond. It was also announced that Public Health would in future be funded locally from business rates, but no further details are available at this time.

In addition, there will be reductions in the level of Public Health grant to 2019/20 and a government review of the allocation formula (see below).

Given these developments a root and branch review of the use of the Public Health grant will be undertaken over the next 12 months and a variety of options will be presented for consideration.

7.1 GRANT

2015/16 saw in-year cuts of £1.4M to the Public Health grant. This reduction in funding was met with monies ear-marked for future Public Health activities.

2016/17 will see the Public Health Service receive the full grant for the 0-5 Programme (an additional £2M). However, this will be partially offset by an estimated further reduction in the overall Public Health grant (see below).

PUBLIC HEALTH GRANT MOVEMENTS

	£000's
Original 2015/16 Grant	22,851
In-year Reduction 15/16	(1,417)
Final Base Line 15/16	21,434
2016/17 additional 0-5 Programme Grant	1,996
Estimated reductions for 16/17	(914)
	22,516

[4] Excluding the Corporation of London

7.2 BUDGETED EXPENDITURE

Public Health England has indicated that the Public Health grant will continue to reduce over the life of this Parliament. In order to maintain a sustainable service there will be a requirement to reduce some spending on Public Health services.

A review of the current services was undertaken by the senior management team and commissioners. The following changes were put forward with the minimum impact to front line services.

Team	Service	Budget 2015/16	Savings 2016/17 000's	Budget 2016/17 000's	% Change
Behaviour Change	Stop Smoking	**924**	**(195)**	**729**	**-21%**
	Health Checks	**414**	**(90)**	**324**	**-22%**
	Community Champions	**403**	**(116)**	**287**	**-29%**
	Other Behaviour Change	**35**	**(25)**	**10**	**-71%**
	Health Trainers	**777**	**-**	**777**	**0%**
	Cardiovascular (full year in 16/17)	**200**	**200**	**400**	**100%**
		2,753	**(226)**	**2,527**	**-8%**
Substance Misuse	Core drug and alcohol re- procurement	**3,518**	**(488)**	**3,030**	**-14%**
	Starting Over	**280**	**(45)**	**235**	**-16%**
	Other Substance Misuse	**1,076**	**(61)**	**1,015**	**-6%**
	Detox & Residential Placements	**590**	**-**	**590**	**0%**
		5,464	**(594)**	**4,870**	**-11%**
Sexual Health	Sexual Health Screening & Contraception	**1,072**	-	**1,072**	**0%**
	GUM	**4,026**	**-**	**4,026**	**0%**
	Other Sexual Health (Including HIV & Chlamydia)	**1,312**	**(642)**	**670**	**-49%**
		6,410	**(642)**	**5,768**	**-10%**
Families & Childrens	School Nursing	**1,920**	**(600)**	**1,320**	**-31%**
	Obesity & Dietetics	**1,089**	**(239)**	**850**	**-22%**
	0-5 Programme (full year in 16/17)	**1,996**	**1,996**	**3,992**	**100%**
	Other Family & Children's	**292**	**(14)**	**278**	**-5%**
		5,297	**1,143**	**6,440**	**22%**
Intel & Social Determinants	PH leadership forum (IS210)	**6**	**(6)**	**-**	**-100%**
	Making every contact count	**15**	**(13)**	**2**	**-87%**
	Specialist project work	**15**	**(5)**	**10**	**-33%**
	NHS data access	**5**	**(5)**	**-**	**-100%**
	Other Intel & Social Determinants	**48**	**-**	**48**	**0%**
		89	**(29)**	**60**	**-33%**
Total Contracted Services		**20,013**	**(348)**	**19,665**	**-2%**
Salaries and overheads		**1,435**	**(150)**	**1,285**	**-10%**
Public Health Investment Fund		**2,185**	**(23)**	**2,162**	**-1%**
Total Budgeted Spend		**23,633**	**(521)**	**23,112**	**-2%**

These reductions are to be made through a review of each service.

7.3 PUBLIC HEALTH INVESTMENT

In addition to the commissioned services, it has been recognised that a number of other Council departments provide services that meet both desired Public Health outcomes and the conditions of the grant.

Public Health will continue to work with other departments to build on the projected spend of £2.2M for 2015/16.

7.4 RESERVES

The combination of on-going services and planned investment in other departments for 2016/17 requires a draw-down of £596,000 from the Public Health reserves. In 2014/15, unspent grant of £4.1M was rolled forward for future Public Health use (as per the grant conditions). It has been recognised that investment in other departments to deliver desired outcomes is a good use of these reserves.

8 Equality Implications

8.1 Equality Impact Analysis ('EIA') will be undertaken for each service review.

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		

Appendix 1 – Service Overview

Appendix 1 – Service overview

1.1 Public Health is concerned with the health of the entire population, rather than the health of individuals and that a collective effort is required to tackle the wide range of factors that impact on health. It also recognises that prevention, treatment and care are also important to improving health, but again from a population rather than an individual perspective; services need to be accessible to the whole population. It focuses on 'upstream' interventions that target the circumstances that produce behaviour that has an adverse impact on people's health. With this focus on prevention, many of the benefits take a long time to be realised.

1.2 There are three domains of Public Health:

Health Improvement - including contributing to increased life expectancy and healthier lifestyles as well as reducing inequalities in health and addressing the wider social determinants of health. This is an area where we commission a number of services.

Health Protection and Promotion - including protection from infectious diseases, environmental hazards and emergency preparedness.

Healthcare Public Health - including assisting those who plan health care to understand the health profile and health needs of the local population, and plan services to meet those needs, as well as evaluating how successful services are in meeting needs. This is where our 'Core Offer' to the CCGs sits with the expectation that 40 percent of each Deputy Director's and Public Health Analyst's time is allocated. It is also where the production of Joint Strategic Needs Assessments (JSNAs) sits, which identify needs within the population to support evidence based interventions and outcome based commissioning.

1.3 The responsibilities are divided across five portfolios with business support provided across the department:

- Social Determinants and Public Health Intelligence

  This team covers Public Health intelligence and knowledge management. It works across the Councils providing Public Health advice in relation to work, housing, planning and regeneration, crime and violence. It also works to develop Public Health skills in the non-specialist Public Health workforce.

- Children's and Families Service

  As well as a focus on Families and Children, including the commissioning of school nursing and the healthy schools

programme, this team leads on early years nutrition, the promotion of health weight, third sector and community engagement and mental health protection and promotion.

- Behaviour Change and Sexual Health

  This team commissions a range of services to support behaviour change, including the health check programme as well as delivering the Councils’ responsibilities for sexual health and health protection, including assurance of infection prevention, screening, immunisation and health emergency preparedness, resilience and response arrangement.

- Substance Misuse and Offender Care

  This team provides care management and assessment for people with drug and alcohol problems. The scope of activity undertaken by the Substance Misuse team includes the delivery of Drug and Alcohol Misuse services, Primary Care and Substance Misuse services for young people.

Imperial College Healthcare NHS
NHS Trust

Report on Imperial College Healthcare NHS Trust winter resilience planning, A&E performance and Cerner programme to the London Borough of Hammersmith & Fulham Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

1. Background

This paper has been produced in response to a request from the Health, Adult Social Care and Social Inclusion Policy and Accountability Committee to provide a summary of the Trust's winter resilience planning, A&E performance and progress on the implementation of its Cerner programme.

2. Introduction

Imperial College Healthcare NHS Trust ('the Trust') provides acute and specialist healthcare for a population of nearly two million people in North West London, and more beyond. We have five hospitals – Charing Cross, Hammersmith, Queen Charlotte's & Chelsea, St Mary's and The Western Eye – as well as a growing number of community services.

With our academic partner, Imperial College London, we are one of the UK's seven academic health science centres, working to ensure the rapid translation of research for better patient care and excellence in education. We are also part of Imperial College Health Partners – the academic health science network for north west London – spreading innovation and best practice in healthcare more widely across our region.

3. Emergency departments and urgent care centres

Our accident and emergency (A&E) services include emergency departments, urgent care centres (UCC's) and specialist emergency centres.

Emergency departments are located at St Mary's and Charing Cross hospitals. UCC's are located at St Mary's, Charing Cross and Hammersmith hospitals.

Our hospitals are also the home to some of London's specialist acute medicine centres:

- major trauma centre at St Mary's Hospital
- hyper acute stroke unit at Charing Cross Hospital
- heart attack centre at Hammersmith Hospital
- 24 hour ophthalmic emergency service at the Western Eye Hospital

Emergency departments treat those with life-threatening injuries and illnesses. All emergency departments use a priority system where the most seriously ill patients are seen first. We treat a range of life-threatening injuries and illnesses, including loss of consciousness, persistent, severe chest pain, breathing difficulties and choking and severe bleeding that cannot be stopped.

UCCs can treat a range of urgent medical problems and minor injuries. Patients who need to be seen quickly, but who do not have life-threatening illnesses or injuries, can walk into one of our three UCCs.

UCCs treat a variety of conditions that are too urgent to wait for a GP appointment (usually 48 hours) but do not need emergency treatment at an A&E.

4. Winter resilience planning

On an annual basis we plan to maintain our commitment to delivering high quality care for our patients throughout the winter. The NHS however, has been facing a significant challenge again this winter. More very ill people - often frail, elderly people with multiple health problems – are in need of extensive hospital care and subsequent rehabilitation and integrated community-based support.

Given increasing and complex demand, the key to ensuring timely and high quality care is keeping the flow of patients through the whole health system, from early support to prevent deterioration, to A&E when necessary, through to discharge with the right package of follow-up care in place.

Our winter resilience work is cumulative with tried and tested measures introduced each year and in some cases permanently adopted as year round services.

The Trust's winter resilience plan aims to help manage the additional pressures on services anticipated over the period November-March. It seeks to optimise our urgent and emergency care pathways as well as to provide some additional capacity. As such, the focus is on activities that help:

- avoid unnecessary hospital admissions (including use of the community independence service and new frailty units)
- support fast access for patients who do need to be admitted
- make best use of our beds and capacity across all of our sites
- Facilitate best practice discharge processes (including support from a 7-day discharge team).

4.1 Community independence service

One key initiative is the community independence service (CIS) – developed in partnership with local commissioners, Central London Community Healthcare NHS Trust (CLCH) and adult social care across three boroughs (Hammersmith & Fulham, Kensington & Chelsea, and Westminster) to support people with complex needs in their own home, preventing them from reaching crisis point and what would often be lengthy hospital stays.

GPs can refer an individual to the service's multi-disciplinary rapid response team. The team will make a home visit within two hours to work out an urgent package of medical, nursing, social and rehabilitation care. The CIS team also operates an 'in-reach' service – supporting appropriate Emergency Department patients to be able to return home after treatment without needing to be admitted to hospital. If someone has had a stay in hospital, supporting their discharge home by providing up to a six-week home rehabilitation package.

4.2 Frailty units

Sometimes older people do need a short hospital stay and the Trust has recently opened frailty units at Charing Cross and St Mary's hospitals. The units provide dedicated bed space for older people requiring a short stay in hospital. A specialist team including doctors, nurses and therapists help older patients manage new and existing problems such as falls, poor memory, weight loss and mobility problems.

Patients can be referred to the frailty units and rapid access clinic by their GP, specialist consultant or community nurse. Patients may also be transferred from A&E.

5. A&E performance and additional measures

Like the majority of NHS providers in London, we have been unable, for some months, to meet the national waiting time standard for 95 per cent of people attending A&E to be assessed, treated and admitted or discharged, within four hours.

We are continuing to provide a safe and effective A&E service. All patients are assessed as soon as they arrive in A&E and those with the highest need are prioritised for treatment. We have increased the number of consultants working in St Mary's and Charing Cross hospital A&Es as well as the number of consultants available to make decisions about specialist treatment when required.

A&E waiting time standard and patient types:

Total waiting time in the A&E department: measured from the time of arrival and registration on the hospital information system to the time that the patient leaves the department to return home or to be admitted to the ward bed (including the A&E department observation beds)
National waiting time standard: national minimum threshold is 95 per cent of All Types of A&E patients assessed, treated, admitted or discharged within four hours
Patient categories:

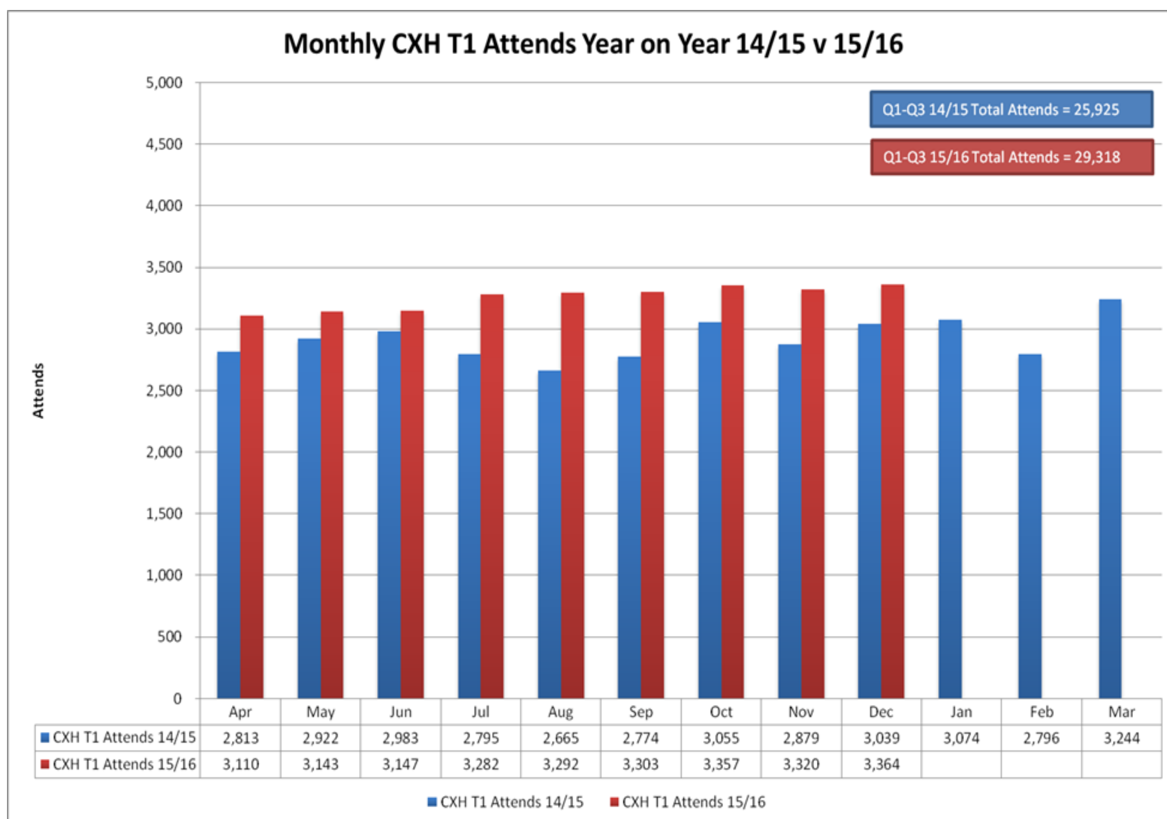
- **Type 1** A consultant-led 24-hour service with full resuscitation facilities; applies to emergency departments at Charing Cross and St Mary's hospitals.
- **Type 2** A consultant-led single specialty A&E service (eg ophthalmology); applies to emergency department at Western Eye Hospital.
- **Type 3** Minor injury units/Urgent care centres: applies to UCCs at Charing Cross, Hammersmith and St Mary's Hospitals.

The following set of tables provides a year on year comparison of year to date (April-December) A&E attendances for 2014/15 and 2015/16.

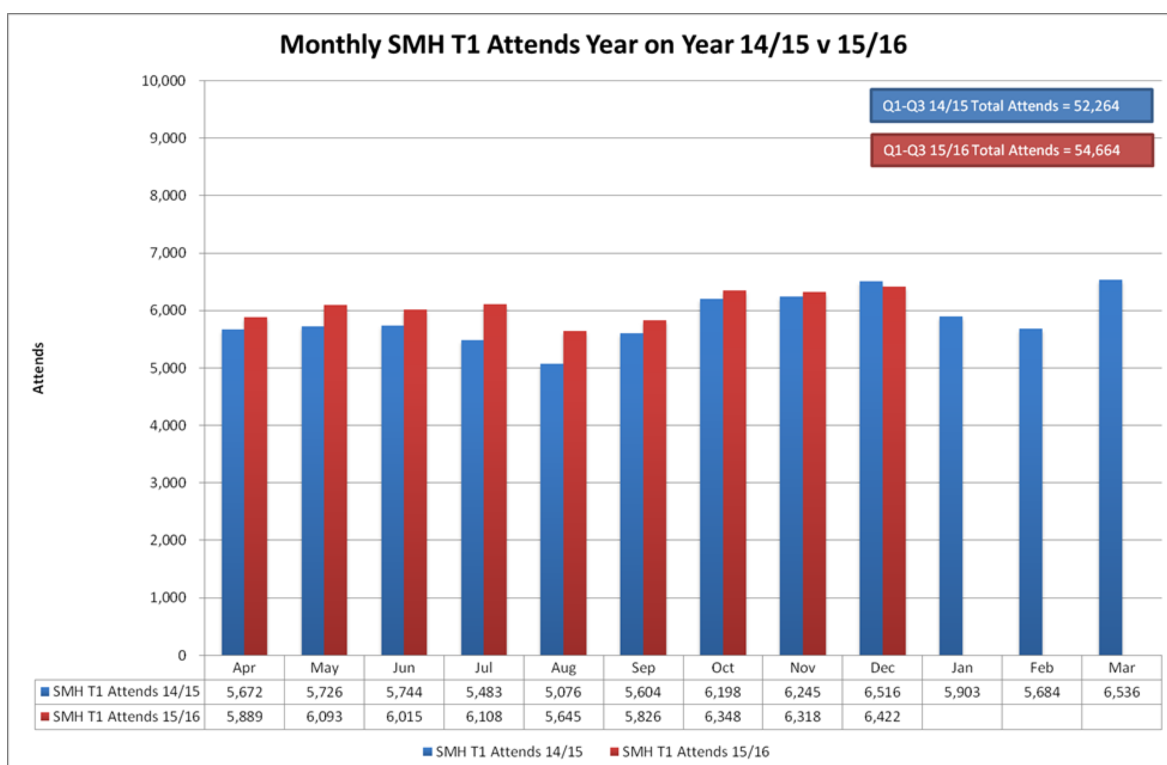
Year on Year A&E Attendances Comparision 2014/15 v 2015/16 April-December:

	2014/15	2015/16	Change YoY %
ICH Total Attends	213,832	208,119	-2.7%
ICH T1 Attends	87,427*	83,982	-3.9%
CXH T1&T3 Attends	58,017	60,095	+3.6%
SMH T1&T3 Attends	90,828	90,628	-0.2%
CXH T1 Attends	25,925	29,318	+13.1%
SMH T1 Attends	52,264	54,664	+4.6%

ICH: Imperial College Healthcare CXH: Charing Cross Hospital SMH: St Mary's Hospital
* Includes Hammersmith Hospital up to 10 September 2014



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
CXH T1 Attends 14/15	2,813	2,922	2,983	2,795	2,665	2,774	3,055	2,879	3,039	3,074	2,796	3,244
CXH T1 Attends 15/16	3,110	3,143	3,147	3,282	3,292	3,303	3,357	3,320	3,364			



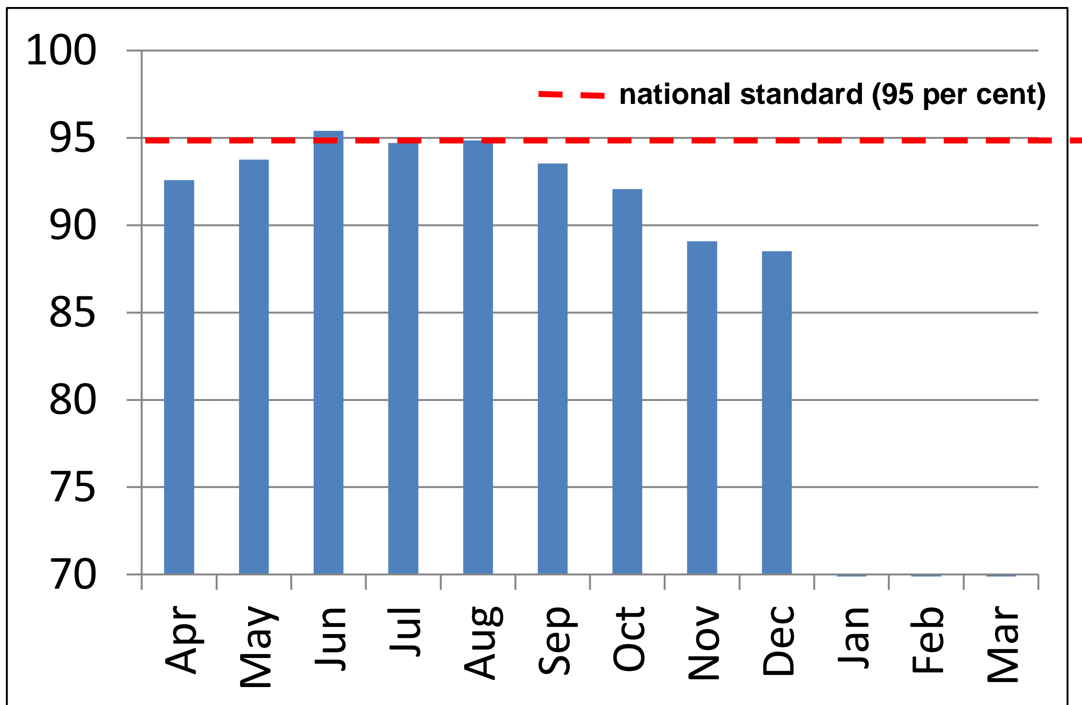
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
SMH T1 Attends 14/15	5,672	5,726	5,744	5,483	5,076	5,604	6,198	6,245	6,516	5,903	5,684	6,536
SMH T1 Attends 15/16	5,889	6,093	6,015	6,108	5,645	5,826	6,348	6,318	6,422			

Trust-wide performance in the last four months of 2015 against the monthly 4-hour A&E waiting time standard for All Types (with 2014 performance in brackets) has been as follows:

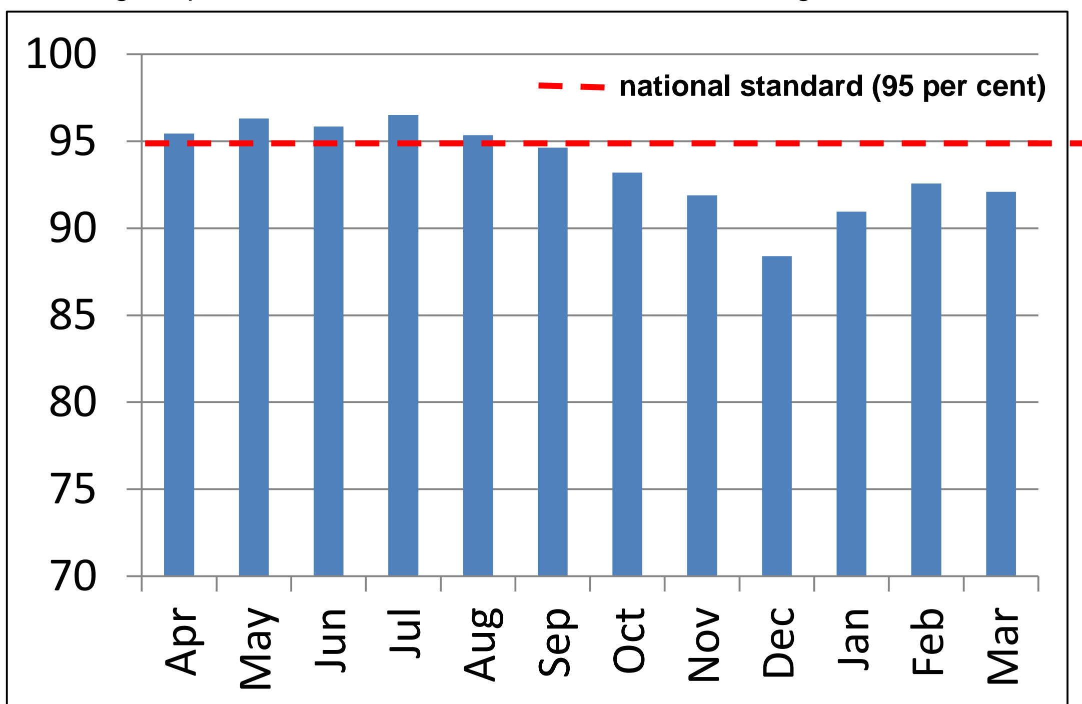
- September: 93.54 per cent (94.64 per cent)
- October: 92.07 per cent (93.20 per cent)
- November: 89.09 per cent (91.89 per cent)
- December: provisional figure 88.52 per cent (88.39 per cent)

In comparison with the same four-month period of 2014, there is a similar trend in A&E performance year-on-year, as can also be seen in the following tables.

A&E 4-hour wait standard 2015/16:
Percentage of patients assessed, treated, admitted or discharged within four hours



A&E 4-hour wait standard 2014/15:
Percentage of patients assessed, treated, admitted or discharged within four hours



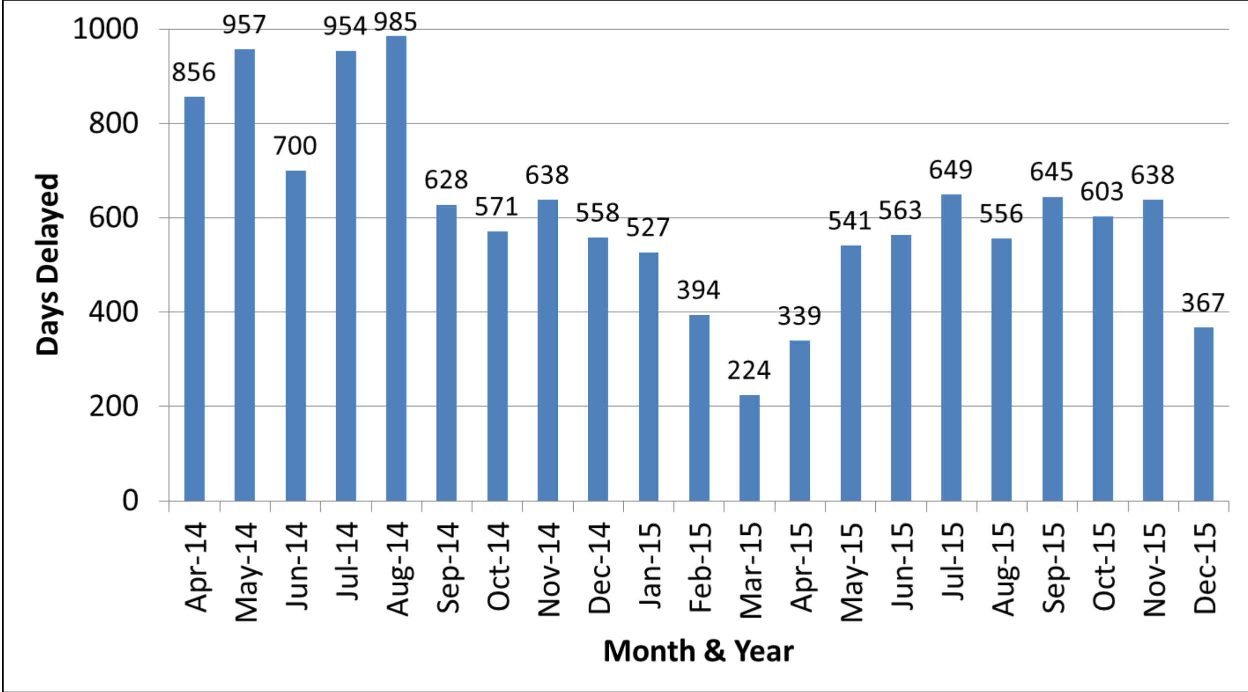
The root cause of the pressure on our urgent and emergency services is complex and multi-factored:

- There has been an increase in the acuity of patients attending our A&E departments at both St Mary's and Charing Cross hospitals and, while attendances at St Mary's A&E are not significantly higher this year than last, we are seeing higher numbers at Charing Cross A&E which is impacting on our total capacity across the Trust and having a significant knock-on to our patient flow through St Mary's Hospital in particular.
- We continue to experience delays in transferring patients, when ready, into community-based care and, if they have been receiving specialist – or tertiary services, to their local general hospitals.
- More generally, we have not been able to achieve an efficient flow of patients through the hospital. We need to achieve a larger proportion of discharges from hospital before noon so that we can make use of the beds for patients who need to be admitted for urgent or emergency care.

A 'delayed transfer of care' occurs when an adult inpatient in hospital is ready to go home or move to a less acute stage of care but is prevented from doing so. Delayed transfers of care are a problem for the NHS as they reduce the number of beds available to other patients who need them, as well as causing unnecessarily long stays in hospital for patients. Delays can occur when patients are being discharged home or to a supported care facility such as a residential or nursing home, or require further, less intensive care and are awaiting transfer to a local hospital or hospice.

The following table shows the number of bed days delayed each month due to delayed transfers of care from April 2014 to December 2015.

Delayed Transfers of Care: April 2014 – December 2015:



Given this complexity, we are working with partners in the wider health and social care system to make improvements as well as improving our own capacity and systems. This includes:

- Opening additional beds at St Mary's Hospital and at Charing Cross Hospital.
- Extending our discharge team service to seven days a week from the 30 November 2015, and expanding the direct support they are able to provide to wards in terms of securing community-based care packages for patients ready to leave hospital.

- Working across the sector to improve transfer of care back to local general hospitals and to community-based care. We are also making use of the tri-borough community independence service wherever possible.
- Expanding the opening times for our ambulatory emergency care services since August 2015 so that we can care for more urgent and emergency patients on a day-basis so that they do not have to be admitted to hospital. We are currently in the process of running a trial of weekend opening.
- Focusing on improving our own discharge processes so that we ensure patients are able to leave hospital promptly when they are clinically ready to do so.
- Introducing an 'escalation' policy that sets out how the whole Trust has to respond to provide additional support at times of very high pressure on A&E services.

Meeting the 95 per cent 4-hour A&E waiting time standard is one of our top priorities, together with ensuring we provide, above all, a safe service. While performance is expected to improve, it is not our forecast that the Trust will achieve the standard at the St Mary's Hospital site within the 2015/16 financial year. However, it is projected that the Charing Cross Hospital site will get back to meeting the standard by March 2016.

6. Cerner programme

6.1 Summary of the Cerner programme

The first major phase of the Cerner programme, which included a new Patient Administration System for managing patient registrations, outpatient appointments and inpatient admissions, was successfully implemented in April 2014. The Cerner Patient Administration System gave the Trust the foundation for moving to electronic patient records.

As anticipated, with such a major change, the new system required a period of bedding in. We are confident that our data now is at least as accurate as before the switchover and in many areas, more accurate.

Detailed plans were developed for the rollout of the next significant phase of Cerner, including digitising patient records and enabling electronic prescribing and administration of medications. The implementation across the Trust began in September 2015 and will be completed by March 2016.

The move to the Cerner system has allowed our Trust to make significant progress towards a fully digital system, so that current patient information is available in real-time wherever needed.

6.2 Cerner Patient Administration System

Following the implementation of the Cerner module for electronic ordering and reporting of pathology and radiology tests in August 2011, detailed planning began for the implementation of the new Cerner Patient Administration System. The system would manage patient registrations, outpatient appointments and inpatient admissions. In most services, clinical notes for patients would continue to be recorded predominantly on paper. The exception to this was the maternity service as this phase also included the Cerner module for maternity.

Implementation of any new patient administration system always presents organisations with significant challenges. The Trust put in place a rigorous approach to provide assurance that the system was ready to be taken into live operation. We rigorously tested the system and took learning from the experience of other trusts.

The change affected both clinical and non-clinical staff across the Trust and a significant change and communication programme was undertaken to ensure our staff were prepared. A very high percentage of staff were trained; a wide range of support materials were made available including standard operating procedures, quick reference guides and crib sheets;

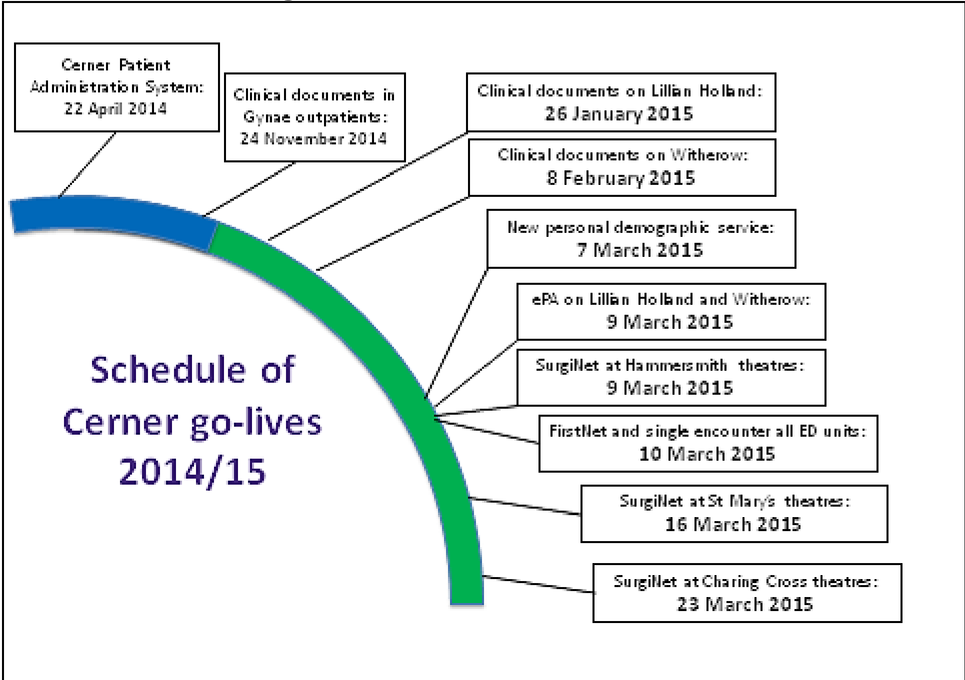
and staff were supported through a network of Cerner champions and floorwalkers. In addition, a wide range of data quality performance indicators were produced and actively managed to ensure that data quality was maintained.

After the necessary careful preparations, Cerner replaced our previous Trust-wide patient administration system from 22 April 2014. The transfer took place over the Easter period to take advantage of a lower level of planned activity during the holiday period. Overall, the switchover to the new system was successful and demonstrated an enormous team effort by our staff. After the system went live, as expected given the scale and complexity of the change, there were some teething problems. The two main issues related to data quality and outpatient clinics. We put in place a set of actions to address both these issues including using extra staff and additional training to improve the situation.

One of the goals in introducing the new Cerner Patient Administration System was to improve the collection and quality of our activity data, making it easier for data to be entered right first time. Cerner has provided the assurance that our data is substantially improved and we are able to more properly plan our resources as well as have confidence in discussions with our commissioners and stakeholders that we are presenting an accurate reflection of the work that we do in treating and caring for our patients.

After the new Cerner Patient Administration System went live across the Trust, we had a series of ‘go-lives’ that included small pilots for clinical documentation and medications management and the implementation of Cerner’ SurgiNet’ in our operating theatres and ‘FirstNet’ in our A&E units. Together these rollouts represented a significant expansion of the system involving nearly 1,000 additional users.

Schedule of Cerner go-lives 2014/15



6.3 Cerner clinical documents and electronic prescribing and administration

The next major phase of our Cerner programme was the Trust-wide implementation of clinical documentation - which means that clinical staff record interactions with patients in the Cerner digital record rather than the paper medical record - and of electronic prescribing and administration of medications.

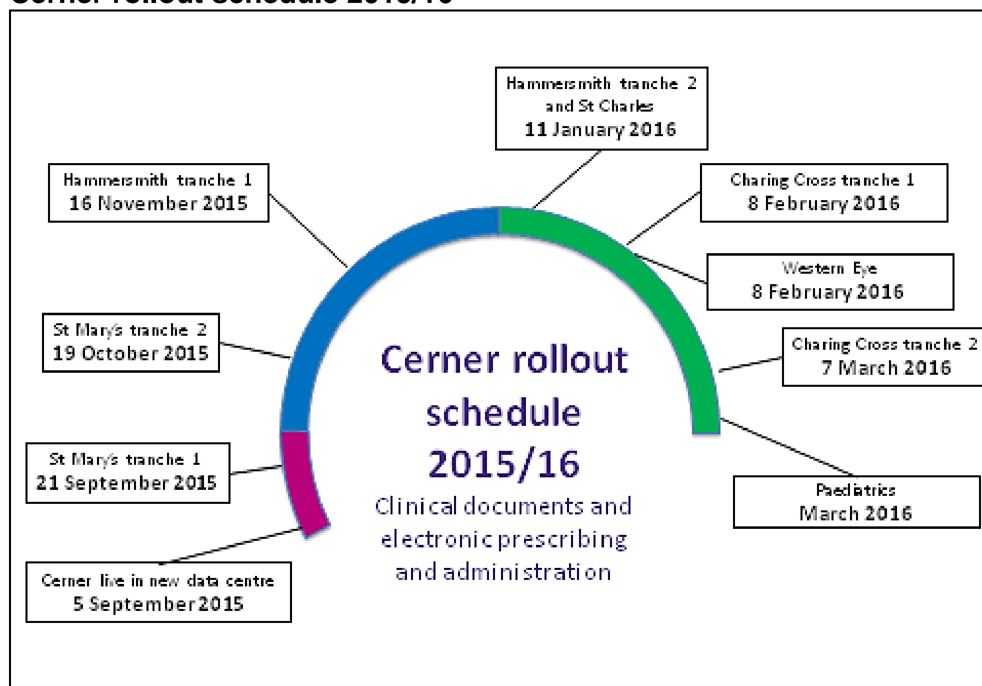
Pilots at St Mary's Hospital in gynaecology and elderly care for inpatients and outpatients in late 2014 and early 2015 went well. Building on the lessons learned from these pilot areas, detailed plans for rollout across the whole organisation were developed.

The implementation across the whole Trust is being delivered in a series of tranches between September 2015 and March 2016 and the approach using gateway criteria, which has been applied successfully across previous phases, is being utilised again. We continue to apply all the learning we have from other organisations and from our own experience with the Patient Administration System, maternity, emergency departments and theatres go-lives and from our pilots of clinical documents, and electronic prescribing and administration.

The rollout programme started at St Mary's Hospital first, followed by Hammersmith and Queen Charlotte's and Chelsea hospitals next, and will finish with Charing Cross Hospital and Western Eye Hospital. The implementation is currently on schedule and 50 per cent complete.

Implementing Cerner clinical documentation and medications management is a significant step towards recording much more information electronically and reducing our reliance on paper health records. Although for existing patients clinical history will remain in the paper record, this implementation will significantly shift the balance in favour of electronic.

Cerner rollout schedule 2015/16



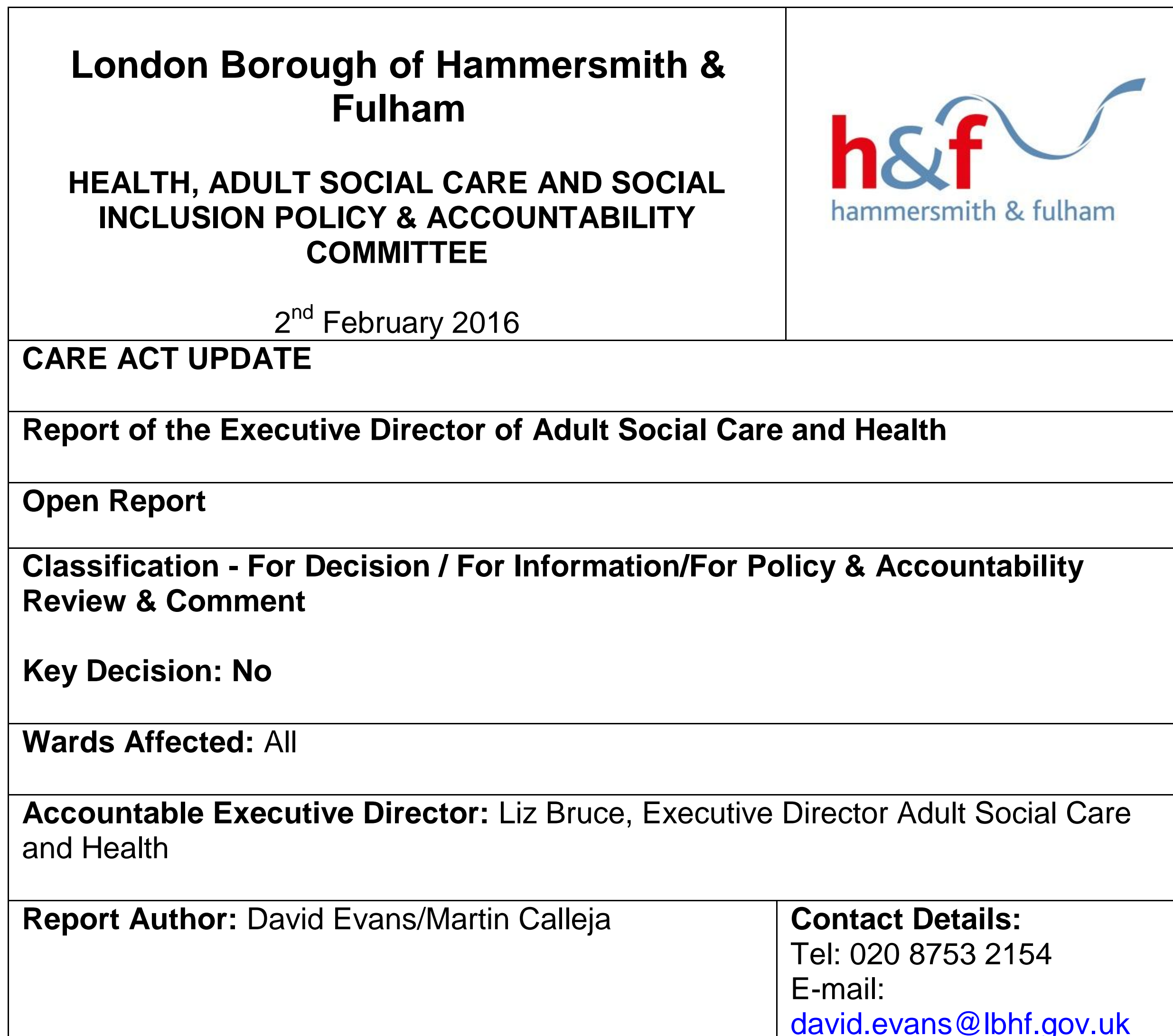
6.4 Next steps following the implementation of the Cerner digital patient record
Bedside medical device integration will follow quickly after the Cerner rollout and will mean that measurements from patient monitoring devices can go direct into the patient's Cerner electronic record, saving time and improving patient safety. This is already live at one St Mary's Hospital ward and at Charing Cross Hospital Emergency Department and will be rolled out this year to 26 other clinical areas.

The Care Information Exchange is a programme funded by Imperial College Healthcare Charity that will provide a web application for viewing and discussing information about individuals' care from different organisations, with consent controlled by the individual. In the long term it will:

- give individuals a single view of information about their care held by a range of health and social care providers

- allow individuals to share relevant aspects of that information with health and social care professionals, and to record and monitor information about their own health and care
- providing tools for communication between individuals and health and social care professionals, such as secure messaging

The programme is currently in a pilot phase with six projects across North West London preparing to go live.



London Borough of Hammersmith & Fulham HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY & ACCOUNTABILITY COMMITTEE 2nd February 2016	h&f hammersmith & fulham
CARE ACT UPDATE	
Report of the Executive Director of Adult Social Care and Health	
Open Report	
Classification - For Decision / For Information/For Policy & Accountability Review & Comment **Key Decision: No**	
Wards Affected: All	
Accountable Executive Director: Liz Bruce, Executive Director Adult Social Care and Health	
Report Author: David Evans/Martin Calleja	**Contact Details:** Tel: 020 8753 2154 E-mail: david.evans@lbhf.gov.uk

1. EXECUTIVE SUMMARY

1.1. This report provides an update on the impact of the Care Act 2014 following the introduction of Part 1 of the Act in April 2015. The report is based on a statutory stock take return to the Department of Health covering the period 1st April 2015 – September 2015.

1.2. The committee is advised no compliance issues associated with meeting Part 1 requirements have emerged since the changes went live. There are emerging considerations regarding demand and costs, particularly with regards to meeting carers requirements and implementation of the national eligibility standard. However it is too early to draw any firm conclusions and there are a range of other factors that need to be taken into consideration including increasing demand associated with an ageing population. It is expected that the impact of the Care Act 2014 on demand and costs for 2015/16 will be contained within the provisions made by the Care Act grant and contribution from the Better Care Fund.

2. RECOMMENDATIONS

2.1. Continued monitoring of the impact of Part 1 of the Care Act Grant will be undertaken and aligned to the wider service improvement planning and budget management processes that are Corporate requirements of the Council.

2.2. Following successful delivery of the Care Act, the implementation programme which was closed in October 2015. Work has continued to consolidate and bed down requirements through business as usual service delivery.

3. REASONS FOR DECISION

3.1. This is an information report.

4. INTRODUCTION AND BACKGROUND

4.1. The Care Act 2014 was recognised as the most substantial change to the delivery of adult social care (ASC) for a generation. The Act provides a unified legal framework for the delivery and development of adult social care services. Part 1 became a legal requirement on 1st April 2015.

4.2. Part 2 committed to establishing a national cap on long term care charges and a national system for appeals. It was announced by government in 2015 that Part 2 would be delayed until 2020, due to increasing pressures on the health and social care systems being felt.

5. KEY PART 1 PROVISIONS AND IMPLEMENTATION OF THE CARE ACT

5.1. The key provisions of Part 1 of the Care Act include:

- Universal duty to promote well-being.
- New rights to an assessment and an advocate.
- National eligibility system with needs and outcomes for prevention, care and support to be catered for.
- Carers given the same rights as adults with care and support needs.
- Independent personal budgets and offering deferred payments for care are to be offered as standard.
- Scope of safeguarding responsibilities extended.
- Exacting standards for information and advice (to be delivered in partnership with health and housing) and for hospital discharge and reablement management.
- New duties for work with providers (candour, human rights and provider failure).
- Duties for market management strengthened.
- Duty to promote and develop an integrated health and social care service system.

5.2 Part 1 was successfully implemented with all the requirements met to the 1st April 2015 deadline. The programme was closed in October 2015, although a

plan to consolidate work is in place and is being delivered. A key achievement was the involvement of staff from all service areas and levels as Change Champions.

5.3 The department has three core transformation programmes that have inter-dependencies with this consolidation work. These programmes are; the Customer Journey Programme, Commissioning Strategy and Savings Programme and Whole Systems Integration Programme.

5.4 Part 2 of the Act included provisions for social care funding reform which include:

- Introduction of a cap on the costs of care to meet eligible care needs which an individual is liable to pay.
- Changes which would have made the capital limits, which set the means test of who can receive support with the costs of paying for care, more generous.

5.5 Part 2 was originally due for implementation for April 2016, however, the government announced in Summer 2015 that it would be delaying the implementation of Part 2 until April 2020 due to increasing pressures on the health and social care system being felt.

6. IMPACT TO DATE

6.1 Detail of the impact is required by the Department of Health on a quarterly basis with the last verified return provided in November 2015 and covering the period 1st April 2015 – 30th September 2015. The following summary also considers experience from services working on the ground including a view of customers' priorities.

6.2 National Eligibility Standard - Adults.

6.2.1 The Care Act set a national minimum standard for providing care and support services to adults with a physical or mental impairment or illness.

6.2.2 Services must be provided when two or more outcomes could not be achieved from ten key areas and not providing a service would have a significant impact on well-being. The key areas are; nutrition, personal hygiene, toileting needs, appropriate clothing, home safety, habitable home, maintaining family and personal relationships, work, training and educational, making use of community facilities and meeting caring responsibilities for a child.

6.2.3 Compared to the local Fair Access to Care eligibility system that was in place prior to 1st April 2015, the Care Act both extended the scope of outcomes that must be catered for in a standardised way and provided new and detailed guidance on the key issue of when personal care must be provided.

6.2.5 The Care Act does not appear to have made substantial impact to levels of assessment or eligibility levels although conclusions cannot be drawn at this

point. Particular scrutiny of low level home care packages is taking place as this shows a moderate level of increase through the first 6 months of the year followed by a reduction through Q3. This may be associated with the impact of the Care Act in the first instance, when care managers were getting to grips with the new eligibility system, followed by efforts to make more consistent judgements against the new system. This is being scrutinised further.

6.2.6 In terms of the wider view from practice on the ground, considering customers priorities, the following key points are highlighted.

- The Care Act has brought prevention to the heart of care planning.
- Helps customers to understand what is on offer in terms of their needs and the outcomes they want to achieve.
- Meeting requirements requires continuity of a portfolio of prevention services.
- There remains the need for social care professionals, working closely with customers, to make a judgement call in many cases.

6.3 National Eligibility Standard - Carers

6.3.1 The Care Act also sets a national minimum standard for providing care and support services to adults with a caring role.

6.3.2 Services must be provided when any outcomes could not be achieved from eight key areas and not providing a service would have a significant impact on well-being. The outcomes are; meeting caring responsibilities for a child, providing care to other persons nutrition, habitable home, maintaining family and personal relationships, work, training and education, making use of community facilities and recreation.

6.3.3 The Care Act requires that carers needs are assessed independently of the adult that they care for and shifts the emphasis of the support that is provided from one that allows those under great strain to cope to achieve a quality life.

6.3.4 There have more in-depth standard of assessment required under the Care Act and application of the eligibility standard. There has been a significant increase in the level of eligibility following assessment.

6.3.5 The assessment process has been streamlined so that it could be undertaken quicker whilst still meeting requirements. This new streamlined process went live in November 2015 and is supporting a focused effort to improve performance in this area.

6.4 Advocacy

6.4.1 98 customers were provided with access to an independent advocate since 1st April 2015. This is a new form of advocacy service to address difficulties in involvement and where an appropriate adult is not available to provide the support that is needed.

6.4.2 In terms of the wider view from practice on the ground and considering customers priorities the following key points are highlighted;

- It is important that advocates are not a substitute for good customer care and taking all reasonable steps to satisfy the customer and manage their expectations
- Overall facilitation of an advocate has been a useful contribution for both staff and customers.
- Understanding the role of the advocate (what they can and cannot do) and building trust are key priorities for customers.

6.5 Safeguarding

6.5.1 The Care Act strengthens the role and requirements of the local Safeguarding Adults Boards and extended the scope of what must be managed within the strong framework for safeguarding management in the borough e.g. self-neglect and domestic violence have been brought into framework.

6.5.2 There has been a 17% increase in safeguarding enquiries in the first half of the year compared to the level made in 2014/15. This was anticipated as a potential scenario given the extended definition and ongoing efforts to encourage reports and improve recording and categorisation. The quality of work undertaken in this area is supported by a robust management framework which includes close partnership working and a well planned approach to meeting the extended definition.

6.6 Deferred Payments

6.6.1 The Care Act 2014 requires local authorities to offer Deferred Payments Agreements to allow persons to defer the sale of their home where it is needed to fund care home fees. Whilst this flexibility was previously offered on a discretionary basis the Care Act required it to be offered as a statutory standard.

6.6.2 The Council already offered deferred payments prior to the Care Act 2014 with a limted take up. The introduction of the Act has made no substantial difference to uptake.

7. CONCLUSIONS

7.1. The overall impact of the Care Act for staff and customers has been a positive one.

7.2. The impact on activity and demand is not year clear and it is early days. Impact needs to be considered carefully with other dynamics which both push up

demand (e.g. an ageing population) and are working to reduce it (the delivery of services which aim to prevent or delay the need for long term care).

7.3. There is some evidence that implementation of the Care Act locally may now be driving up levels of eligibility for adults and carers. This requires further analysis and close monitoring.

7.4. Mid-year measures provide a limited picture, particularly where work is taking place to improve performance on services to carers.

7.5. Increased costs and demand are catered for through specific funding streams and demands and costs could increase in the future.

8. CONSULTATION

8.1. A wide range of communications and consultation with customers, residents and partners was undertaken through the Care Act Implementation Programme that was delivered up to October 2015. Care Act considerations continue to inform ongoing activity.

9. EQUALITY IMPLICATIONS

9.1. The Care Act 2014 is a statutory requirement that ratifies requirements of the Equality Act 2010 as relates to the delivery of adult social care services. Key aspects highlighted include the need to make reasonable adjustments so that information and advice is accessible and in the commissioning and provision of care and support services and data collection. This is core business for the Adult Social Care Department.

10. LEGAL IMPLICATIONS

10.1 As indicated in paragraph 4 above the Care Act 2014, Part 1 of which came into force on 1st April 2015, was a momentous change in the law relating to adult social care. However although the Care Act 2014 included new provisions, many of the requirements consolidated good practice which was already part of the operating framework.

10.2 Legal Services worked closely with Adult Social Care throughout the implementation programme so that the Council was best placed to face the challenge posed by the introduction of the Care Act. Legal Services continues to work closely with Adult Social Care, providing advice and support generally, and in particular in respect of potential legal challenges.

10.3 Case law will develop and will be closely monitored as it may require changes to practice and decision making. However very little case law has been created in the first 9 months under the Care Act.

10.4 The Council has faced surprisingly few pre-action letters threatening judicial review, and no actual judicial review applications as yet. This is consistent with the feedback at the Bimonthly meeting of the London Care Act Lawyers Group. It

is unlikely that this period of relative calm will continue indefinitely and those attending the London Care Act Lawyers Group all anticipate more activity in respect of case law nationally and legal challenges for each borough.

10.5 Implications verified by Kevin Beale, Principal Social Care lawyer, 0208 753 2740.

11. FINANCIAL AND RESOURCES IMPLICATIONS

11.1. The additional requirements of the Care Act 2014 represent a major risk to increased demand and costs. This risk is being catered for by undertaking analysis of potential costs, careful tracking, continued focus on delivering savings through transformation and making use of the Care Act Grant allocated by the Department of Health of £840,000 for 2015/16.

11.2. The Care Act Grant allocation is now included in the Revenue Support Grant. This grant/allocation, along with work to align the Department's Better Care Fund plan to support delivery in this area, is expected to meet the additional burdens of the Care Act during 2015/16 and 2016/17.

11.3. Implications verified/completed by: (Rachel Wigley, Tri-borough Director of Finance, Adult Social Care) .

12. IMPLICATIONS FOR BUSINESS

12.1 Providers of care and support services in the Borough must comply with a range of requirements as set out in the Act including a duty of candour as set out in 5.1.

13. RISK MANAGEMENT

13.1 This is an information report.

14. PROCUREMENT AND IT STRATEGY IMPLICATIONS

14.1 This is an information 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.	ASC Department Implementing the Care Act Programme Closure Report October 2015	Martin Calleja, Head of Transformation, ASC	ASC Department Town Hall Annex
2	Q2 Care Act Stocktake return to	Martin Calleja, Head of	ASC

	the Department of Health, November 2015	Transformation, ASC	Department Town Hall Annex

Agenda Item 7

Health, Social Care and Social Inclusion Policy and Accountability Committee

Work Programme 2015/2016
3 June 2015
Preparing for Adulthood: A Report About Young People Aged 14-25 with Disabilities Chelsea and Westminster Hospital NHS Foundation Trust: CQC Report The Francis Inquiry Recommendations: Responses by Chelsea and Westminster Hospital NHSFT and Imperial College Healthcare NHS Trust Chelsea and Westminster Hospital NHSFT: Integration with West Middlesex Hospital
7 July 2015
Addressing Food Poverty in Hammersmith & Fulham Chelsea and Westminster Hospital NHSFT: Integration with West Middlesex Hospital Primary Care Briefing: GP Networks Network Plan 2015-2016 and Out of Hospital Services
14 September 2015
Customer Satisfaction Immunisation Uptake New Home Care Service West London Mental Health NHS Trust: Development of Services
4 November 2015
Immunisation Uptake: Update CQC Inspections: Central London Community Healthcare NHS Trust and West London Mental Health NHS Trust Public Health: introduction to community services and strategy and in year Public Health savings
19 January 2016
Healthcare Commission Report Safeguarding Adults: H&F Report
2 February 2016
2016 Medium Term Financial Strategy Imperial College Healthcare NHS Trust: Winter Pressure and Outpatients PAS Update Care Act Part 1
14 March 2016
Charing Cross: Revised Plans Flu Vaccination: Update and Monitoring Data (to include CNWL) GP Access
18 April 2016
Meal Agenda

Future Meetings
Digital Inclusion Strategy Impact of devolution on Local Health Services Care Act Chelsea and Westminster Hospital NHS Foundation Trust: Integration with West Middlesex Hospital Co-commissioning Work Commissioning Strategy: Providers Community Champions Community Independence Service Customer Journey: Update End of Life Care: JSNA and CLCH to Update on Action Plan Equality and Diversity Programmes and Support for Vulnerable Groups H&F CCG Performance H&F Foodbank Immunisation: Report from the HWB Task and Finish Group Integration of Healthcare, Social Care and Public Health Listening To and Supporting Carers Public Health Report Self-directed Support: Progress Update Vaccinations West London Mental Health Trust: Update