

Housing, Health And Adult Social Care Select Committee

Agenda

Tuesday 15 November 2011

7.00 pm

Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

| Administration: | Opposition | Co-optees |
|--|--|----------------------|
| Councillor Lucy Ivimy (Chairman) Councillor Michael Adam Councillor Oliver Craig Councillor Charlie Dewhirst Councillor Steve Hamilton Councillor Peter Tobias | Councillor Iain Coleman Councillor Stephen Cowan Councillor Rory Vaughan | Maria Brenton, HAFAD |

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Date Issued: 04 November 2011

Housing, Health And Adult Social Care Select Committee Agenda

15 November 2011

| <u>Item</u> | <u>Pages</u> |
|---|--------------|
| 1. MINUTES AND ACTIONS | 1 – 11 |
| (a) To approve as an accurate record, and the Chairman to sign the minutes of the meeting of the Housing, Health & Adult Social Care Select Committee held on 13 September 2011. | |
| (b) To monitor the acceptance and implementation of recommendations as set out at Appendix 1. | |
| (c) To note the outstanding actions. | |
| 2. APOLOGIES FOR ABSENCE | |
| 3. DECLARATIONS OF INTEREST | |
| If a Councillor has any prejudicial or personal interest in a particular item they should declare the existence and nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent. | |
| At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a prejudicial interest may also make representations, give evidence or answer questions about the matter. The Councillor must then withdraw immediately from the meeting before the matter is discussed and any vote taken unless a dispensation has been obtained from the Standards Committee. | |
| Where Members of the public are not allowed to be in attendance, then the Councillor with a prejudicial interest should withdraw from the meeting whilst the matter is under consideration unless the disability has been removed by the Standards Committee. | |
| 4. REVIEW OF RESIDENT INVOLVEMENT IN LBHF | 12 - 57 |
| This report updates Members on the interim findings of the review of Resident Involvement. | |
| 5. NHS INNER NORTH WEST LONDON COMMISSIONING INTENTIONS | 58 - 66 |
| Hammersmith and Fulham Shadow Clinical Commissioning Group (CCG) has developed Commissioning Intentions for 2012/13, which inform the Quality, Innovation, Productivity and Prevention (QIPP) Plans for 2012/13 and beyond. | |

- 6. CONTINUITY OF CARE** 67 – 76
- This report provides a brief outline of the Hammersmith and Fulham Continuity of Care programme and details of the initiatives being implemented.
- 7. WHITE CITY COLLABORATIVE CARE CENTRE** 77 - 83
- This report presents progress on planning for the White City Collaborative Care Centre together with confirmation of affordability.
- 8. REMODEL OF DAY SERVICES** 84 - 88
- The remodel of day services includes proposals on relocation of some services and sharing building space with various groups.
- 9. SHADOW HEALTH AND WELL-BEING BOARD** 89 - 94
- The minutes of the meeting held on 13 September 2011 are attached for information.
- 10. WORK PROGRAMME AND FORWARD PLAN 2011-2012** 95 - 110
- The Committee's work programme for the current municipal year is set out as Appendix A to this report. The list of items has been drawn up in consultation with the Chairman, having regard to relevant items within the Forward Plan and actions and suggestions arising from previous meetings of the Committee.
- The Committee is requested to consider the items within the proposed work programme and suggest any amendments or additional topics to be included in the future. Members might also like to consider whether it would be appropriate to invite residents, service users, partners or other relevant stakeholders to give evidence to the Committee in respect of any of the proposed reports.
- Attached as Appendix B to this report is a copy of the Forward Plan items showing the decisions to be taken by the Executive at the Cabinet, including Key Decisions within the portfolio areas of the Cabinet Member for Housing and the Cabinet Member for Community Care, which will be open to scrutiny by this Committee.
- 11. DATES OF NEXT MEETINGS**
- The Committee is asked to note that the dates of the meetings scheduled for this municipal year are as follows:
- 18 January 2012
22 February 2012
17 April 2012.

Agenda Item 1



London Borough of Hammersmith & Fulham

Housing, Health And Adult Social Care Select Committee Minutes

Tuesday 13 September 2011

PRESENT

Committee members: Councillors Lucy Ivimy (Chairman), Michael Adam, Stephen Cowan, Oliver Craig, Charlie Dewhirst, Steve Hamilton, Peter Tobias and Rory Vaughan

Co-opted members: Maria Brenton (HAFAD)

Other Councillors: Joe Carlebach, Stephen Greenhalgh and Andrew Johnson

Officers: Mel Barrett (Director of Housing Options), Sue Perrin (Committee Co-ordinator) and Gerald Wild (Interim Assistant Director, Housing Options)

Imperial College Healthcare NHS Trust: Professor Nick Cheshire (Director of Circulation Sciences and Renal Medicine) and Lesley Stephen (Director of Performance, Planning and Information)

London Health Programmes: Thomas Pharaoh, Senior Project Officer

West London Mental Health Trust: Ruth Lewis, Director of Organisation Development and Workforce

15. MINUTES AND ACTIONS

RESOLVED THAT:

- 1.The minutes of the meeting held on 28 June 2011 be approved and signed as an accurate record of the proceedings.
2. Outstanding actions be noted.

16. APOLOGIES FOR ABSENCE

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

Apologies were received from Councillor Iain Coleman and from Councillors Steve Hamilton and Michael Adam for lateness.

17. DECLARATIONS OF INTEREST

Councillor Carlebach declared a personal interest in respect of item 4, 'Imperial College Healthcare NHS Trust', as he is a trustee of Arthritis Research UK, and remained at the meeting.

18. IMPERIAL COLLEGE HEALTHCARE NHS TRUST

Lesley Stephen updated the Committee on the proposal to transfer arterial surgery from Charing Cross Hospital to St Mary's Hospital. Patient numbers were small and arterial surgery was extremely specialised. In previous years there had been a roughly equal split of arterial surgery between St. Mary's and Charing Cross (350 – 400 operations per year at each site). Approximately half of these on each site were urgent and half were planned.

Ms Stephen stated that Imperial College Healthcare NHS Trust (ICHT) had met the key requirements of greater stakeholder engagement, with the clinical community, commissioners and the public. Overall feedback had been positive, with encouragement to proceed with the proposals.

In addition, third party assurance had been provided through the National Clinical Advisory Team (NCAT) and Gateway, which had given a clear steer that arterial surgery should be located at St. Mary's. Both reports and ICHT's response in respect of immediate actions and plans to address outstanding issues had been provided to the committee. ICHT had given assurance that the proposals would not impact on the future of Charing Cross Accident & Emergency department or materially on Charing Cross Hospital. In addition, ICHT did not consider that the proposals constituted a substantial service change.

Councillor Ivimy queried the impact on Charing Cross Accident & Emergency Department of the proposed move of arterial surgery. Professor Cheshire responded that the future of the Accident & Emergency Department was not dependent on arterial surgery, which was the complex part of vascular surgery. Patients attending Accident & Emergency would normally be treated by general surgeons. Support would be provided to the Accident & Emergency Departments at Charing Cross and Northwick Park from a St. Mary's base by clinicians with ten years experience across sites, including the Royal Brompton. Patients with, for example, knife wounds would be transferred to the Major Trauma Unit.

Councillor Cowan referred to the recent press allegations in respect of St. Mary's Hospital closure. Ms Stephen responded that ICHT categorically denied that there were any plans to close St Mary's Hospital or any of its other hospital sites, with a view to converting it into residential properties. The District Valuer was undertaking a site valuation for the majority of London trusts.

Councillor Cowan queried whether the requirement for major financial savings was driving the strategy. Ms Stephen responded that the arterial surgery move had been 'decoupled' because of concerns from the Council in respect of the future of Charing Cross Accident & Emergency Department. ICHT intended to put forward a series of options in respect of the delivery of orthopaedic services by the Autumn.

Councillor Carlebach stated that the Committee had considerable difficulty in approving piecemeal changes to services and suggested that the arterial proposals be noted by the committee.

Professor Cheshire stated that there were both clinical and economic reasons for amalgamating the two units on to one site. In addition, there was capacity for arterial surgery to provide access for the whole of North West London. However, ICHT was still vulnerable to Northwick Park, should it not be possible to centralise arterial surgery at St. Mary's. It was likely that only five hospitals in London would be performing arterial surgery in future. Professor Cheshire clarified that the evidence suggested better outcomes through the provision of arterial surgery on fewer sites.

Councillor Greenhalgh stated that ICHT needed to demonstrate: that the proposals would bring about real improvements for residents; what the changes meant; and where they were leading. ICHT had stated that 24/7 Accident & Emergency facilities would be available to the population of Hammersmith and Fulham but had not confirmed where these facilities would be provided or given a commitment that this would be ongoing.

Councillor Greenhalgh was concerned at the recent move of colorectal surgery to St. Mary's without consultation, and also bariatric surgery from Charing Cross to St. Mary's. In addition, medical oncology had moved on to the Charing Cross site.

Councillor Greenhalgh considered that there was an absence of vision and financial strategy.

Councillor Cowan queried why there were uncertainties in the responses to the questions from Councillor Greenhalgh. Professor Cheshire responded that ICHT was working in partnership with West Middlesex University Hospital NHS Trust and the North West London Sector on the development of a long-term service strategy and McKinsey (funded by the North West London sector) had been commissioned to advise on service configuration options.

Ms Stephen stated that leading academics had agreed a clinical strategy, which could be found on the Imperial College website. In addition the Trust, in partnership with Imperial College London had secured £112 million funding, through its bid for re-designation as a National Institute of Health Research comprehensive Biomedical Research Centre.

Councillor Greenhalgh recommended that ICHT considered an integrated cardio-vascular unit on the Hammersmith Hospital site. Ms Stephen responded that ICHT would be seeking the views of the Council, in addition to those of the Trust's clinical teams. ICHT was open and genuine in its consultation in respect of the configuration of services.

Ms Stephen was specifically asked to provide assurances about the long-term future of 24/7 Accident & Emergency services at Charing Cross Hospital. She responded that she was not able to give any assurance while the review was underway.

Councillor Greenhalgh re-iterated his concern in respect of a 24/7 Accident & Emergency service, and the need for the Council to understand the long term viability of Charing Cross.

1. The committee noted the de facto move of arterial surgery from Charing Cross Hospital to St. Mary's Paddington and agreed not to require formal consultation for this.
2. The committee noted the Trust's plans in respect of orthopaedic surgery.
3. The committee recommended that the Trust considered a new build cardio-vascular unit on the Hammersmith Hospital site and would welcome its response.
4. The committee requested that the Trust notes the considerable difficulty in approving piecemeal changes to services in the absence of any long term overall and site strategy; welcomed the Trust's development of a long term overall and site strategy and called for the options which emerge to be presented to the committee by the Chief Executive and Chairman at the earliest opportunity.

This item was taken before item 4.

19. LONDON CANCER SERVICES: IMPLEMENTING THE MODEL OF CARE

Thomas Pharaoh outlined the background to the clinical led review, which had been supported by a patient panel and had resulted in the proposed model of care. The model proposed integrated cancer systems, with groups of hospitals working together to ensure that patients experience seamless cancer care. Two proposed systems had been submitted for London: 'The Crescent' and 'London Cancer'.

Mr Pharaoh stated that work was ongoing with other health authorities to improve early diagnosis by addressing public awareness, GP access to diagnostics, screening uptake rates and health inequalities.

Councillor Ivimy queried how London Health Programmes worked with health trusts and specifically Imperial College Healthcare NHS (ICHT) Trust. Mr Pharaoh responded that an Implementation Board had been formed to deliver the programme, with representatives from all trusts and a high level of clinical engagement and leadership. Mr Pharaoh confirmed that ICHT clinicians were involved in the work.

Councillor Dewhurst how the model would ensure equalities in treatment and care. Mr Pharaoh responded that there were wide variations in London, with some areas of excellence, but inequalities in access and outcomes existed. The model would bring about standardisation of treatment.

Councillor Cowan queried the impact on patients. Mr Pharaoh responded that patients would experience seamless cancer care between different NHS institutions. There would be no fragmentation of care, which can lead to, for example repeat tests or the loss of medical records. In addition, there would be standardisation of information provided to patients.

Mr Pharaoh responded to Councillor Cowan that he did not have information in respect of the number of medical records lost, but London's performance in a recent survey had been higher than that nationally.

Councillor Cowan queried health inequalities from the patient's perspective. Mr Pharaoh responded that the commissioning process would measure information from all providers including patient experience.

Councillor Ivimy queried why it had been assumed that standardisation would bring standards up to the level of the best, as opposed to reducing them to the level of the worst. Mr Pharaoh responded that the model would change the way in which commissioners worked and there would be incentives, including financial incentives, to hold the integrated system to account. There would be different levels of expertise, with shared learning and processes.

Ms Brenton queried the role of the model of care in raising public awareness in relation to early diagnosis and the role of GPs, when they became commissioners. Mr Pharaoh responded that the London Health Improvement Board would focus on prevention and early diagnosis of cancer and would report on proposals for potential interventions in October. In addition, raising awareness at a local level could possibly be more effective.

Councillor Carlebach referred to the significant time lag between GP diagnosis and subsequent tests and treatment. Mr Pharaoh responded that there were a number of initiatives to speed up this process, for example Department of Health work nationally in respect of direct access to diagnosis and the two week wait rule for hospitals reporting back to GPs. The programme specification included: a requirement to work better with GPs and a feedback process; and link in with other aspects of care such as palliative care and end of life care. Mr Pharaoh would provide information in respect of how this was monitored.

Councillor Vaughan queried whether there was a model of best practices in respect of standardisation of treatment and care and how the implementation of the new service plans would be monitored. Mr Pharaoh responded that there were best practice pathways, which could be adapted locally. Commissioners would monitor the performance of providers, and the pan London Board would look at score cards, tangible measures of performance. Development work was ongoing.

Councillor Cowan considered that the case for change had not been substantiated, and had not informed the committee of whether the model of care was a cost saving or genuinely an improvement in care. Mr Pharaoh responded that the case for change had been published on London Health Programmes' website.

RESOLVED THAT:

1. London Health Programmes should update the committee on any recommendations, which had local implications.
2. At future meetings, representatives of both commissioners and providers should be asked to attend and an information rich report be provided to demonstrate current standards and the improvement in outcomes for Hammersmith & Fulham residents.

ACTION:

1. Information to be provided in respect of monitoring the programme specification.

Action: London Health Programmes

2. The link to be provided to the London Health Programmes website.

Action: Committee Co-ordinator

20. WEST LONDON MENTAL HEALTH TRUST: FOUNDATION TRUST CONSULTATION PROCESS

Mrs Ruth Lewis re-stated the process of becoming a foundation trust, which West London Mental Health NHS Trust (WLMHT) was following as part of a wider programme of change, following the unfavourable report from the Care Quality Commission. WLMHT had embarked upon an ambitious plan to develop services and improve the Trust's sites.

The Trust had a statutory duty to consult for a minimum of 12 weeks on the Constitution and the development path for the new foundation trust. The consultation period ended at the end of October 2012. As the Trust is licensed to provide high secure care, it would become a 'foundation trust equivalent'.

Mrs Lewis stated that the Trust Board had suggested two names for the new foundation trust and was seeking the views of local people and organisations as part of the consultation process. The two future names were: West London Mental Health NHS Foundation Trust, and West London NHS Foundation Trust '*Excellence in Mental Health*', and there was a marginal preference for keeping the existing title.

WLMHT saw its future as a specialist mental health provider. Currently, forensic services represented 60% of its business, and it was not intended to change the emphasis of services.

Mrs Lewis responded to Councillor Dewhirst that the Trust's considerable estate was being reviewed and that a degree of centralisation was possible, along with the provision of services by community mental health teams and mobile technology. It was intended to sell part of the estate to fund medium secure development, with some Government support. There was a large area of land at Broadmoor not conducive to patient care. In addition, there were two large capital programmes in respect of the St. Bernard and Ealing sites. Whilst the unit at Charing Cross was in good accommodation, the majority of accommodation was poor.

Councillor Vaughan queried how foundation trust status would improve services. Mrs Lewis responded that foundation trust status by April 2013 was a Government requirement and gave the following examples of freedoms of foundation trusts:

- greater engagement with staff and stakeholders;
- greater financial stability and no requirement to achieve financial breakeven but must be financially viable; and
- ability to borrow from commercial sources to improve facilities.

Mrs Lewis stated that WLMHT would look at rationalisation of back office functions. Councillor Cowan urged the Trust Board to explore back office savings as a priority.

RESOLVED:

The Committee supported the aspirations of the Trust to achieve foundation trust status and noted the due process to be followed and the requirement for formal consultation.

The Committee invited the Trust to attend a future meeting to share their service developments in more detail.

The Committee recommended that the Trust explored means to cut back office costs, including shared services.

21. HOUSING BENEFITS CAP

The committee received a report on the progress of the Housing Benefit Assist (HB Assist) team, which had been working closely with private landlords and Housing Associations to mitigate the impact of the housing benefit caps on residents. Mel Barrett and Gerald Wild took questions.

Councillor Ivimy queried the number of households claiming housing benefit above the caps. Mr Wild responded that the focus of HB Assist was in finding appropriate solutions for the 546 vulnerable households, and it was likely that there would remain only a small number of households within this group above the caps. No households, from the 546 within scope of the HB Assist service had been forced to move, without alternative accommodation.

Mr Wild responded to Councillor Dewhirst that of the 86 tenants re-housed, 75 had been within the borough and 11 in neighbouring boroughs. A further 29 landlords had agreed to reduce rents, but had not currently signed the Deeds of Variation. Where rents could not be re-negotiated, eligible households could apply for Discretionary Housing Payments to bridge the gap, until alternative accommodation could be found. 116 cases remained to be resolved by March 2012. Of these tenancies, 103 were households where the Council had not accepted a statutory housing duty.

Councillor Cowan considered that a significant number of people had been excluded from the report. In the previous report, it had been stated that there were some 1900 households above the housing caps in addition to the 546 HB Assist clients.

Councillor Ivimy queried whether the Council would be aware if there was wider homelessness. Mr Wild responded that officers would be aware of it through approaches at 145 King Street, and added that existing claimants were protected for nine months from the renewal date of their claim.

Councillor Cowan queried letters being sent by registered social landlords and large private sector landlords to tenants. Mr Wild responded that the letters did not represent evictions, but protected the landlord's position, and agreed to provide, as far as possible, the number of letters sent.

Mr Wild responded to queries from Council Cowan in respect of residents that:

- There had been no significant increase in homelessness demand.
- Residents in temporary accommodation had increased from 890 to 921.
- The number of households for which the Council had a statutory duty to re-house had decreased from 642 to 622.

Mr Wild agreed to: research the number of people, for whom the Council did not have a statutory duty, who had been refused housing; and provide the number of people moved out of temporary accommodation because of the changes in housing benefits.

The Director of Housing and Regeneration agreed to provide a report on the broader percentage of people within the borough for a future meeting.

RESOLVED THAT:

A broader report to include households which had established tenancies independently would be added to the work programme.

ACTION:

Information to be provided in respect of:

1. The number of letters sent by RSLs and large PSLs to tenants.
2. The number of people, for whom the Council did not have a statutory duty, who had been refused housing.
3. The number of people moved out of temporary accommodation because of the changes in housing benefits.

Action: Assistant Director of Housing Options

22. SHADOW HEALTH & WELL-BEING BOARD

The draft minutes of the meeting held on 28 June 2011 were received for information.

23. WORK PROGRAMME AND FORWARD PLAN 2011-2012

It was agreed that a report on the transition between children's and adult social care be added to the work programme.

24. DATES OF NEXT MEETINGS

15 November 2011
18 January 2012
22 February 2012
17 April 2012

Meeting started: 7.05 pm
Meeting ended: 9.55 pm

Chairman

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

APPENDIX 1

Recommendation and Action Tracking

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

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

| Minute No. | Item | Action/recommendation Lead Responsibility | Progress/Outcome | Status |
|-------------------|--|---|--|---------------|
| 8. | Imperial College Healthcare NHS Trust: Vascular and Orthopaedic Surgery Consultation | The following to be circulated to members: (i) correspondence between the Leader of the Council and ICHT and the PCT Chief Executive and ICHT; (ii) the NCAT and OGC Gateway reviews; (iii) Major Trauma Caseload Review: and (iv) Information in respect of robotics. Committee Co-ordinator | Correspondence and information circulated July 2011. | Complete |
| 10. | Milson Road Health Centre: A Consultation on Re-locating Clinical Services | The following to be circulated to members: (i) a list of buildings being sold; and (ii) the feedback from the consultation. Interim Borough Director, NHS Hammersmith & Fulham | Circulated 04 August 2011 Expected end September | |

| | | | | |
|-----|---|---|--------------------------|----------|
| 11. | Imperial College Healthcare NHS Trust | Recommended that the Trust considered a new build cardio-vascular unit on the Hammersmith Hospital site. | | |
| 19. | London Cancer Services: Implementing the Model of Care | The following to be circulated to members: (i) information in respect of monitoring the programme specification, and (ii) the link to the London Health Programmes website. | Circulated October 2011. | Complete |
| 21. | Housing Benefit Caps | The following information to be circulated to members: (i) the number of letters sent by RSLs and large PSLs to tenants; (ii) the number of people for whom the Council does not have a statutory duty, who have been refused housing; and (iii) the number of people moved out of temporary accommodation because of the changes in housing benefits. | Circulated October 2011 | Complete |



London Borough of Hammersmith & Fulham

HOUSING HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

| DATE | TITLE | Wards |
|------------------|--|--------------------------|
| 15 November 2011 | Review of Resident Involvement in LBHF | All Wards in the Borough |

SYNOPSIS

This paper updates Members on the interim findings of the review of Resident Involvement.

CONTRIBUTORS

Geoff Wharton
Interim Assistant
Director, HRD

RECOMMENDATION(S):

That Members note the report, and make comment upon the content of the attached Review document as part of the consultation process.

CONTACT

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NEXT STEPS

The review will continue as indicated

1. EXECUTIVE SUMMARY

- 1.1 Housing and Regeneration have commissioned an independent review of its current arrangements for of Resident Involvement. Interim findings and preliminary recommendations are made in the attached document.

2. INTRODUCTION

- 2.1 Members will recall that LBHF regained management of its housing stock on 1st April 2011 when the ALMO contract ended. This presented the Council with an opportunity to review current working practices and ensure they were fit for purpose and in line with the Councils corporate model of service delivery
- 2.2 Resident Involvement is a key factor to satisfaction for our tenants and leaseholders. However, it can also be used to drive continuous improvement, quality assurance and value for money to ensure our services are as effective and as efficient as possible.
- 2.3 The independent review has two key objectives:
 - 2.3.1 Assess the current arrangements and determine their fitness for purpose against best practice and statutory compliance;
 - 2.3.2 Engage with our residents to seek their views, and make recommendations for improvement.
- 2.4 The Council commissioned Phil Morgan to lead the independent review. As the former Chief Executive of the Tenant Participation and advisory service (TPAS) and Executive Director of Tenant Services at the Tenant Services Authority (TSA) he is considered to be one of the country's leading authorities with regard to resident involvement.

3. REPORT

- 3.1 The attached report details Phil Morgan's initial findings when he reviewed a number of key documents and held sessions with representatives from all key stakeholders
- 3.2 This document has been circulated to all key stakeholders, including approximately 1000 residents who have expressed an interest in Resident Involvement. It has also been publicised on our website and in press releases.

- 3.3 The document is open to consultation until the 5th December 2011, when responses will be collated, and presented with recommendations, to the Council by Phil Morgan.
- 3.4 The Council will await the recommendations in the final report and take any relevant issues to the January Cabinet for decision.
- 3.5 Where recommendations have been made that are good practice, or meet statutory compliance criteria the Council will implement these without unnecessary delay, for instance the Repairs Working Group is currently being set up.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS

| No. | Description of Background Papers | Name/Ext of holder of file/copy | Department/ Location |
|------------|---|--|-----------------------------|
| 1. | Resident Involvement Review | | |

Review of Resident Involvement in LB Hammersmith and Fulham

Foreword by Councillor Andrew Johnson, Cabinet Member for Housing London Borough of Hammersmith and Fulham

When the Council brought the housing service back in-house we made a commitment that we would continue to build on the improvements that have already been made in the housing service. This continues to remain our highest priority.

Our aim is to ensure that we have a truly responsive, efficient housing service that delivers value for money and places tenants and leaseholders at the heart of everything we do.

That is why we have carried out this review and that is why I am delighted that we secured the services of Phil Morgan to carry it out. Mr Morgan was the Chief Executive of the Tenant Participation Advisory Service and has initiated landmark projects such as an accreditation scheme for landlords and contractors on Resident Involvement and Resident Scrutiny. There are few people better qualified in this country to undertake this work.

I am grateful to Mr Morgan for setting out some hard questions about how well we involve residents at present and proposing some clear ways forward to address these questions. I intend to agree improvements to our approach on Tenants and Residents Associations, Estate Walkabouts and Local Offers. I also intend to accept the proposals to set up a Local Residents Panel to challenge us on our services, and a Repairs Working Group to focus on what is the number one issue for tenants.

I'm also grateful for all the contributions from residents, staff and others to the review. Now it is important that we test what we are proposing with the people who matter most – the residents. So I intend to start a consultation on our approach and get both your feedback and your interest in being involved. I look forward to hearing what you have to say.

Andrew Johnson, October 2011

Review of Resident Involvement in LB Hammersmith and Fulham

Introduction

1. I have been commissioned by LB Hammersmith and Fulham to undertake a review of resident involvement and “To create a fit-for-purpose and regulatory compliant approach to resident involvement that places tenants at the heart of the London Borough of Hammersmith and Fulham’s housing service delivery and improvement”.
2. To support the review I have reviewed over 20 documents relating to resident involvement including those relating to resident involvement strategies, HAFFTRA and the Tenants Levy, and discussions by the former HF Homes Board.
3. I have also met with over 20 staff, 50 residents (including those active in Tenants and Residents Associations (TRAs) and others currently uninvolved but interested in doing so), former HFH Board Members, leading Councillors from both parties and a local MP. I would like to thank all for their courtesy and time as well as the openness of their views.

Executive Summary

4. That the current approach to resident involvement in relation to housing management services falls short of best practice. Although there is a Resident Involvement Strategy in place from 2009, a step change improvement is required.
5. That the Council should consider the recommendations in the report that will support meaningful resident involvement in relation to its day to day Housing Services such as repairs and management, provide evidence of regulatory compliance and engage residents in consultation on a new Resident Involvement Strategy.

Key findings

6. Whilst there are some examples of good practice, these are not comprehensive or consistent, and overall resident involvement cannot be evidenced as being as strong as it should be. Although there is a Resident Involvement Strategy in place from 2009 which was endorsed by the Audit Commission resources were not applied to sustain the proposed approach after an initial period following the Inspection, and therefore the strategy does not reflect the reality on the ground.

7. Whilst there is some evidence of resident involvement to service delivery such as focus groups, this is not comprehensive and requires further development.
8. Residents regard both the service they receive and the opportunity to resolve issues using the current framework as capable of significant improvement.
9. Residents are particularly concerned about Repairs and Maintenance.
10. That the current arrangements provide merely an inefficient 'talking shop'. This does not satisfy residents involved, nor does it create a wider opportunity for other residents to be involved. There is little evidence that residents feedback has a noticeable impact on landlord services.
11. This is particularly the case with Estate Inspections and, to an extent, Area Forums.
12. There is an overreliance on working with registered TRAs and HAFFTRA. The TRA's have a range of capacity and competence and can become overloaded with issues which should be resolved by the Council.
13. That the current arrangements on the Tenant Levy and HAFFTRA detract from the Council's responsibility for resident involvement, add little to regulatory compliance and are poorly managed.
14. That current arrangements for resident involvement fails to recognise the diversity of the resident population. The Council hold comprehensive information on a diverse range of uninformed residents on its TP Tracker system, but this is currently underutilised.
15. That there are few ways in which residents can be involved outside of the current TRA structure. There are some encouraging signs of movement though including residents helping shape changes to Estate Inspections.
16. There are some interesting approaches in terms of working with residents in the Regeneration schemes. The experience and lessons learnt should be used more widely within the Housing and Regeneration Department to support resident involvement in housing management.
17. There is an appetite for more involvement by residents shown both through the 2010 Satisfaction Survey and residents attending the Focus Groups. Staff too are supportive of more resident involvement and welcome closer working on service delivery and improvement.

18. There is no consistent approach to demonstrating regulatory compliance and steps need to be taken to introduce resident monitoring of services, setting the landlord 'offer' and extending Local Offer pilots.

Recommendations

19. Following on from these findings I have set out two parallel ways forward; Short Term Actions, designed to address the most pressing issues, and a consultation on a Resident Involvement Strategy designed to develop a more considered approach by the Council.
20. These will both support resident involvement becoming fit for purpose and demonstrate regulatory compliance.

Short Term Actions

21. **Recommendation 1:** To set up a Repairs Working Group involving residents and key staff. This should work alongside the current staff led working group on retendering of the Repairs Contract. To invite residents including those who attended the recent focus groups to join the Working Group. For the Group to have an agreed work plan until April 2012 including:

- a. Review of current arrangements;
- b. Interviewing contractors on their performance;
- c. Planning the involvement of residents in the recruitment of contractors when the contract is due for renewal in April 2013;
- d. Setting clear performance targets and commitments and ensuring these are communicated to residents.

22. **Recommendation 2:** To set up a Local Residents Panel to carry out the tasks set out by Grant Shapps MP as Housing Minister "I want to put [residents] firmly in the driving seat so they have more opportunities about how their services are provided. I want them to challenge landlords to up their game where improvements can be made." The Panel should have an agreed workplan until April 2012 including the following

- a. Monitoring of services (except repairs and maintenance);
- b. Review of Complaints;
- c. Review and update the Resident Involvement Strategy;
- d. Setting of 'offers' against the current and new TSA Standards
- e. Visit to another Local Residents Panel.

23. The Panel should be recruited, by interview, through an open process that utilises the Council TP Tracker and includes the residents who attended the recent focus groups. A draft Terms of Reference is attached at Annex 1.

24. **Recommendation 3:** The current review of Estate Inspections should be quickly concluded and these carried out on a meaningful basis for both staff and residents. The attendance of a Technical Officer at these Inspections is key to ensuring accountability and improving performance. All involved need to be clear about the role and remit of Inspections.
25. **Recommendation 4:** A new approach set out for TRAs with clear recognition criteria based on good practice elsewhere and including conduct, timeliness of accounts and inviting staff to meetings. It is important that TRAs are accountable to their members and abide by recognition criteria. The Council will work with TRAs on the criteria. This should be implemented by 1 April 2012 and supported by training sessions from an external body recruited by residents and officers designed to bring TRAs up to the criteria.

Resident Involvement Strategy

26. The above Short Term Actions will support making involvement fit for purpose and compliance with the Regulatory Framework. However, there is a need to consult more fully on a range of issues identified by this Review.
27. **Recommendation 5:** That consultation take place with residents in the near future based on the recommendations in this report.
28. The consultation should help the Council and the new Local Residents Panel understand the views of residents about the proposals and respond accordingly.
29. It will also be an opportunity to help populate the new arrangements. Residents would not only be asked their views about new methods of involvement but be able to sign up for them as well. This also serves as a useful 'filter' for proposals which seems fine in theory but residents are simply uninterested in taking part in practice.
30. It also allows residents to initiate new approaches identified by themselves.
31. **Recommendation 6:** Discussions should take place with HAFFTRA about their role in supporting the Strategy both in terms of their independent role on behalf of their members and the now overdue Review of the Tenant Levy.

TSA Compliance

32. The Tenant Services Authority was created in December 2008 following the passing of the Housing and Regeneration Act 2008. Following a period of

extensive consultation with residents and tenants the Regulatory Framework was published in April 2010. This set out a series of requirements on social housing landlords including compliance with a range of Standards including one on Involvement and Empowerment.

33. The election of a new Government has seen a greater emphasis on the replacement Social Housing Regulator (as it will be called from April 2012) dealing primarily with economic regulation. Consumer regulation will be primarily left to landlords and their residents with a strong emphasis on local resolution through Local Resident Panels and a new approach to complaints with an enhanced role for MPs, Councillors and Resident Panels. The Regulator will still intervene in cases of serious detriment to residents.
34. The basis for regulation is through a concept called co-regulation. This expects landlords to set out how they will meet the Standards, involve their tenants on shaping service delivery and improvement, include honest and robust self-assessment, involve residents in the Annual Report, ensure and support resident monitoring of performance and develop local offers.
35. There has been little preparation for how LB Hammersmith and Fulham will meet the new requirements on all social housing landlords and apart from the 2010 and 2011 Annual Report (one of the regulatory requirements) and currently there appears to be no systematic approach to meeting these requirements.
36. The 2010 Annual Report does cover the 5 Regulatory Standards and gives a fair coverage of what the housing service provided. However, the coverage of targets were patchy, there was nothing resembling an offer against the Standards and there appeared to be little input from residents into the Annual Report.
37. There are Performance Indicators reported to Area Forums that could form the basis of an 'offer' against the regulatory standards and monitoring of progress against set targets.
38. The 2011 Annual Report is much shorter, covers 7 main areas and summarises some Performance Information both against last years and this year's target. The information is not consistent with that shared at Area Housing Forums and is scarce on resident satisfaction. The Report does show some improvements in performance and is generally positive about current performance against targets. Again there is no formal 'offer' against the standards and no input from residents.

39. There is coverage of regulatory standards in a Board Members report to the HFHomes Board in January including a reference to co-regulation and the Involvement Standard. However, this is mostly connected with the discussion on a proposed Advisory Board after the abolition of the ALMO. This discussion in turn muddled up scrutiny and the need for an arena to discuss key issues and policies with the Council.
40. There are encouraging signs, especially on pilot Local Offers. These need to be rolled out for all residents.
41. This review has considered a series of questions about co-regulation based at Annex 2. These show limited evidence of co-regulation.
42. I have also looked at the specific outcomes and expectations of the current involvement standard (along with any coverage of proposed changes) at Annex 3. Again these show limited evidence of regulatory compliance.
43. Although I have not considered the remainder of the TSA Standards in any depth the failure to set an 'offer' against any of them needs to be addressed.
44. My conclusion is that currently the Council does not have in place approaches to support co-regulation and only sporadic attention has been given to this in the past 30 months. This can and should be, swiftly addressed
45. **Recommendations 1, 2 and 5** will help deal with the more pressing issues – setting up a Local Resident Panel that can meet the requirements of the current regulatory framework (and the proposed changes in the Localism Bill to regulation), consideration of complaints and development of a new Resident Involvement Strategy will all help demonstrate compliance.
46. However the Resident Involvement Strategy is also an opportunity to start to develop longer term thinking around resident input and challenge to service delivery.

Resident Involvement

47. One of the characteristics of regulation is that it can be a 'tick box' exercise. Perfectly good landlords can have in place excellent arrangements for involving residents without meeting every regulatory tick box. Likewise poor landlords can tick the box for involvement without either taking it seriously or providing good services.
48. The current arrangements do not clearly demonstrate that they tick the regulatory box or are fit for purpose.

49. Resident involvement has seen fundamental change in the past 10 years. Traditional arrangements around TRAs reporting to Federations (such as HAFFTRA) who then act as the sole point of contact with landlords have been found wanting and almost universally changed.
50. Instead landlords and resident bodies have looked at three main areas of change:
- a. Looking to involve more residents. Residents now expect to have more opportunity for involvement;
 - b. Looking to create more methods of involvement. Residents now expect to have more ways in which they can decide to be involved;
 - c. Linking involvement and service delivery. By introducing resident inspectors, resident monitoring, service improvement panels and making them work residents have a real opportunity to shape service delivery. Where they do so successfully resident satisfaction sharply rises (and where it doesn't work it equally sharply falls). This also supports Value for Money.
51. Successful landlords have introduced this alongside existing resident structures together ensuring it makes an impact.

Resident Involvement Strategy

52. There is a Resident Involvement Strategy for 2009/2012, following the last Resident Involvement Review, which was put in place to support the HFHomes inspection by the Audit Commission.
53. At that time the Audit Commission commented that "the resident involvement strategy is comprehensive, well-resourced and offers a wide selection of ways to be involved. Involvement and mystery shopping by residents are effective in developing and improving the service". They also commented that resident involvement was not sufficiently assessed and recommended that involvement be improved through working with uninvolved residents, setting out the options for involvement, improving the monitoring of involvement and developing opportunities for young people to be involved.
54. Although the Strategy was initially followed up, since then little appears to have been done to systemically implement or monitor the Strategy. Likewise there appears to have been no implementation of the Audit Commission recommendation.
55. A quick summary of the mechanisms identified in the Strategy is in Annex 4.

56. The Strategy itself is at times limited. For a current Strategy it would need more complete coverage of regulatory compliance. Apart from the email Panel there is little coverage of new technology. However, the Action Plan and associated targets were encouraging and if it had been implemented then a reasonable, if limited, approach to resident involvement would now be in place.
57. The Resident Involvement Team was disbanded shortly after the Audit Commission inspection and it appears no meaningful activity has taken place since, either in terms of implementing the policy or monitoring its effectiveness. This is supported by **Key Point 2** from the Focus Groups which is listed in Annex 6.
58. My view is that the current arrangements have been in need of review for some time and have been increasingly put under strain. The adoption of the Strategy in 2009 should have been the start of changing those arrangements. Instead the effective abandonment of the Strategy, and a continued reliance on HAFFTRA to discharge the landlords obligations meant that the previous arrangements have become ever more unable to cope with demands of both residents and good landlord practice.

2010 Survey of Residents

59. The Satisfaction Survey of Residents in 2010 (Annex 5) shows an encouraging level of support from residents wanting to be involved. This includes:
- a. Improving your local area 45%;
 - b. Improving customer service 39%;
 - c. Making documents easier to understand 34%;
 - d. Training for residents with difficulties 31%;
 - e. TRA/HAFFTRA 29%.
60. This supports both that residents are interested in being involved and that they want a range of opportunities to do so. This was supported by the Focus Groups with residents where a number of those attending expressed their interest in doing so again. The draft Resident Involvement Strategy should reflect residents' views accordingly.

Service Improvement

61. The failure to link involvement and service improvement was highlighted by the Focus Groups. **Key Point 1** which suggest that there are parallels in the

perception of poor services and poor involvement. It was noticeable when asked about involvement residents often talked about poor services. What was encouraging was their willingness to be involved despite their sometimes negative experiences to date.

62. Likewise officers also showed enthusiasm for working with residents on service delivery and improvement.
63. The area of most comment was **Key Point 3**. Repairs and Maintenance is of particular concern to residents, including contractors and appointments. It is not unusual for this area of work, which is the most visible service offered by any social landlord, to be remarked upon. The consistently poor feedback was more worrying. The repairs reportcard in the 2011 Annual Report does show appointment keeping at 99%, 'right first time' at 84%, house and communal repairs on time at 98% and gas repairs at 98%. Most reach target and all are improvements from 2009/10.
64. Complaints too highlighted two issues in **Key Point 4**. There is a perceived link of poor service, poor complaints and dissatisfaction. It was raised that there is a difficulty in resolving issues.
65. However, this also marked a more fundamental issue about alignment. Because issues were not being resolved through landlord channels it meant they appeared elsewhere. Where TRAs existed they become the channel and increased the workloads of resident officers of TRAs. These in turn get passed 'up the chain' to both HAFFTRA and Area Forums, in the latter case helping further weaken its role. This alignment is fundamentally wrong and simply exacerbates the issue. It should be for the landlord to provide good services including the ability to remedy issues when they arise. For them to be deflected through resident bodies further weakens the ability to actually resolve issues and detracts from their purpose as well.
66. It would be naïve to expect no problems to be raised at resident meetings. Although, there are other reasons for doing so all TRA meetings should follow the best practice of existing TRA's and have opportunities for residents to talk to appropriate Officers (especially Management and Technical Officers directly in line with **Key Point 11**). Face to face communication was valued by residents as a way of resolving issues. This should be supported by the continuation of 'Open Days' which allow residents to engage with staff directly.
67. There was also feedback (**Key Point 12**) about the impact of high staff turnover on both service delivery and ability for residents to resolve issues.

68. **Recommendations 1, 2 and 5** cover repairs, service delivery and complaints.

Implementation of the Strategy

69. There are four areas in which the Resident Involvement Strategy is being implemented.

Estate Inspections

70. One of the four areas in the Strategy which is being delivered at present is Estate Inspections. However **Key Point 8** notes that the current arrangements for Estate Inspection are seen by staff and residents alike as ineffective. As such it represents unwittingly the worst aspect of resident involvement – the pretence of involvement but with no impact.

71. **Recommendation 3:** The review of Estate Inspections, which has involved residents should be quickly concluded and relaunched on a meaningful basis for both staff and residents. The attendance of a Technical Officer at these Inspections is key to ensuring accountability and improving performance.

TRAs

72. The second area in the Strategy which has been in place is the existence of TRAs. TRAs can provide a vital resident led approach with a strong community focus. There are over 30 TRAs and they are the fifth most popular option for involvement by residents and their members can make a significant contribution and should be supported to deliver their role effectively.

73. The feedback from residents was mixed about their effectiveness in providing this approach. **Key Point 6** noted “that TRAs have a wide range of effectiveness”. Given trends elsewhere it is unlikely and unreasonable to expect TRAs to expand to cover all residents or geographical areas.

74. Where strong TRAs exist they are clearly providing an excellent role. However the concerns about others who were less strong were also shared. Less than half of accounts were received by HAFFTRA on time. Concerns expressed about conduct, timeliness, availability of accounts, minutes and accountability of officers at the lower range of effectiveness.

75. Therefore, as part of making a sustained and enduring commitment to TRAs the Council should set out clear criteria for TRA recognition, based on good practice elsewhere. This should be in place for 1 April 2012 and to support TRAs the Council should commission (in a process involving residents) an

independent organisation to provide training for TRAs to ensure they can meet that criteria successfully. There should be on-going support and monitoring of compliance with the Criteria. This is covered in **Recommendation 4**.

76. Recognised TRAs should also receive funding to join independent national tenant bodies such as the Tenant Participation Advisory Service (TPAS) or the Tenants' and Residents' Organisation of England (TAROE).

Area Forums

77. The third area in the Strategy that has been in place is the four Area Forums. **Key Point 5** simply states that the Area Forums are ineffective. This comes from both staff and residents alike. In part this is due to the reasons stated above and the alignment of complaints towards resident structures rather than the landlord.

78. Area Forums do currently receive a good range of Performance Indicators and these offer potential for both Area Forums and the Local Resident Panel to scrutinise. However, this does not appear to be fully realised by all Area Forums at present.

79. Area Forums also need to be revisited in terms of their structures. The council has demonstrated this can be done through the successful model used by the Leaseholder meetings. Area Forums should consider being open to all residents and creating a drop-in session (which already takes place at two Area Forums) that allow residents, including those not in TRAs, to discuss their concerns and complaints face-face with officers.

HAFFTRA

80. HAFFTRA is an independent body accountable to its TRA members through its constitution. It has a Workers Annual Report setting out its work for that year published on their website and a Chairs Annual Report.

81. Currently HAFFTRA fulfils three roles:

- a. It administers the Tenants Levy
- b. It acts as a partial default resident involvement mechanism and as such it is the main mechanism for involved residents.
- c. It acts as the umbrella body for Tenant and Resident Associations and provides support services to them

82. The emphasis on solely working through a Federation, representing Tenant and Resident Associations, is now almost universally disregarded as a

suitable way of involving residents. Nearly all landlords, and every good one, now has in place a wider involvement approach that will take account of representative resident bodies but in the context of commitments to involve more residents in more ways with more impact.

83. **Key Point 7** states “HAFFTRA generates a wide range of views about its role, effectiveness and approach.” Many TRAs representatives were supportive of it as were former HFHomes Board Members. HAFFTRA has worked closely with the Council and HFHomes for a considerable number of years.

84. There were also concerns expressed about their approach, role and accountability

85. The arrangements for the relationship with HAFFTRA on the Tenants Levy are arcane and unfit for purpose. There are no proper service standards in place, there are no quantitative or qualitative measures in place, there are no SMART targets and no proper or effective monitoring of the activity or impact of the Tenant Levy funding. There is no coverage of Value for Money for the Levy.

86. There appears to be no effective use of Annual Reviews that would allow these issues to be addressed.

87. Likewise the Workers Annual Report provides good coverage of broad areas of work but little in the way of outputs or outcomes for that work to residents. This means that the current arrangements provide little in the way of accountability to either landlord or residents for the Levy.

88. HAFFTRA and its administration of the Tenant Levy has been a convenient ‘tick box’ approach to resident involvement. By continuing the funding, and paying little attention to how it was being spent, the Council has simply avoided its responsibilities on wider resident involvement. This is an unsustainable situation.

89. The Council may also want to be aware of likely changes to benefit rules for residents and the impact this may have on residents in the event of the Levy continuing. The Levy itself is overdue for review and a decision needs to be taken on this for April 2012.

90. The Council should have two parallel discussions with HAFFTRA as set out in **Recommendation 6:**

- a. To seek to continue to recognise HAFFTRA as the umbrella body for Tenant and Resident Associations and capture this in a formal

agreement setting out the roles of both HAFFTRA and the Council in helping deliver the Resident Involvement Strategy. This is separate from the Tenant Levy;

- b. To consider with it the future of the Tenants Levy in time for a decision to be implemented for 1 April 2012.

Regeneration Schemes and Independent Resident Led Challenge

91. Andrew Slaughter MP expressed his support for independent support for residents that allowed for constructive challenge to and dialogue with the Council. Both he and Councillor Cowan strongly supported the provision of independent advice in the three main regeneration schemes involving potential demolition and replacement.

92. My remit does not extend directly to the three major regeneration schemes at Earls Court, White City and Old Oak/ Park Royal. However I have looked at the current consultation approaches being carried out for the regeneration schemes. These have involved a very detailed approach and support for a Steering Group in Earls Court which receives both independent legal advice and ad hoc advice on housing issues.

93. Likewise in White City (where I commented earlier on the strong TRA) the White City Neighbourhood Forum including local residents, businesses, and voluntary sector partners has been established at a public convention on 24 September (attended by more than 50 people). This is a ground up initiative that was started by local people in recognition of the significant regeneration planned for the area that would require coordinated local input, and also the Localism Bill that is currently progressing through parliament.

94. The Council also helped to secure the support of CABE who funded an independent specialist to advise the group on the localism context, governance structure, TOR and wider engagement.

95. Whilst not wanting to comment on the specific circumstances of the regeneration schemes there are both skills and techniques that have been employed in engagement of residents that help create a pool of experience within the Housing and Regeneration Department that can support the approach outlined in this Review.

96. I also support independent advice for residents involved in these schemes both on legal and other specialist issues and through an Independent Resident Advisor.

Minor Estates Improvement programme

97. Although not part of the 2009/12 Strategy the Minor Estates Improvement programme is an example of how TRAs and Area Forums directly influence major expenditure. This is currently subject to a review and this programme may change as a result to deal with concerns about Value for Money of the programme, access of other community groups and consistency of handling.

New Structures

98. The previous HFHomes Board did consider the future of resident involvement in the Borough and the creation of a new Advisory Board that included some elements of what the ALMO board did, some elements of resident scrutiny and some elements of being as advising the Lead Member for Housing.

99. It is important not to confuse the role of monitoring (which challenges the Council as a landlord) with advice on decision making. Therefore the Local Resident Panel should remain separate. It should be recruited against a person specification, work to agreed Terms of Reference that support regulatory compliance and have an agreed workplan led by Residents. This is set out in **Annex 1** and **Recommendation 2**.

100. Likewise it would be helpful to follow up part of the previous discussion and have an arena for residents to discuss issues with the Lead Member. This could be based on the Borough Forum with meetings open to all residents and its role become a 'think tank' allowing residents views to be considered in policy development and decisions. It should be clear that its role is merely advisory and the responsibility for decisions will continue to rest with the Lead Member, Cabinet or Council as appropriate.

101. The above proposals will also require four supporting changes in the staff structures:

- a. Integration of resident involvement at Housing Officer level;
- b. A strategic lead ensuring regulatory compliance, that resident involvement makes an impact and working with peers to achieve that impact;
- c. Administrative support for meetings, TRAs and lists of involved/interested residents;
- d. Assistant Director to act as Involvement 'Champion'.

102. Leaseholders should also be invited to join new structures where appropriate.

Draft Resident Involvement Strategy

103. The draft Strategy should draw upon the above in line with **Recommendation 6** and consider the following objectives:
- a) Increasing the number of residents involved;
 - b) Widening the ways in which residents can be involved:
 - i. Improving local area - Estate Inspections and Local Offers/outcomes (46% of residents);
 - ii. Improving customer service – mystery shopping, service improvement panels, quality assessors, satisfaction surveys and focus groups (39% of residents);
 - iii. Making documents easier to understand - Readers Groups (34% of residents);
 - iv. Training for residents with difficulties – complaints handling and learning (31% of residents);
 - v. TRA/HAFFTRA – work with TRA and HAFFTRA (29% of residents);
 - c) Links involvement and service delivery;
 - d) Sets out proposals for resident scrutiny of housing services;
 - e) Sets out future support for TRAs including funding to join national tenant bodies, recognition criteria based on good practice elsewhere and support.
104. There should be a full consultation followed by a report on feedback and proposed response. This should be given to the Lead Member for Housing by the end of the calendar year. The draft Strategy is attached at Annex 7.

Phil Morgan

October 2011

Annex 1

LOCAL RESIDENTS PANEL

Purpose – to improve services through resident-led monitoring and challenge.

Terms of Reference

1. To act as the independent service evaluation body on behalf of residents to ensure standards are agreed with residents, delivered and are properly and consistently maintained.
2. To monitor outputs and performance.
3. To consider and comment upon the Council's Resident Involvement Strategy.
4. To ensure service improvement and development is effectively influenced by residents and questioning and, as necessary, challenge, information to test that services are meeting promised standards and residents' priorities.
5. To report findings and recommendations to residents, Council Officers and Elected Members and to monitor Council compliance with Panel recommendations.
6. To consider development, monitoring and review of the Complaints policy including handling of complaints, learning from complaints and that residents are informed where to take complaints to if they are unhappy with the outcome.
7. To be able, where there is a serious breach of the Regulatory Standards that causes serious detriment to residents, and this has not been effectively addressed, to refer this to the Social Housing Regulator.
8. To check and sign off the Annual Report including ensuring there is resident input into its development.
9. To monitor equality and diversity policies and practice to ensure the different needs of residents are understood and acted upon.
10. To consider and agree the Local Offer process and content.

Panel Membership

1. The Panel will consist of up to 12 residents.

2. Members of the Panel are recruited via an open and transparent application and selection process open to all residents.
3. Recruitment is carried out by a 'Recruitment Panel' based on the criteria outlined in the person specification.
4. Membership of the Panel is open to all residents over the age of 18 years living in council-owned property (who are not a LBHF employee or Elected Member) providing that they are not in serious breach of the terms and conditions of their tenancy or lease.
5. Members of the Panel are appointed to serve a 2 year term of office. At the end of their 2nd year members will be eligible to re-apply and if successfully re-appointed may serve for a further term of two years

Communication and Review

1. Reports will be submitted to the Council through the Director for Housing and Regeneration and the Lead Member for Housing.
2. There will be an independent annual review and appraisal of the work and effectiveness of the Panel. This will include feedback from each individual Panel member, residents, Officers who work with the Panel, Officers, the Lead Member and Deputy Lead Member and other elected members who have been involved in their work, on how the Group overall and individual members have met the Terms of Reference and their responsibilities.
3. The Panel will produce regular updates of its work for residents, staff and councillors.
4. Peer to peer reviews, and the use of "critical friends".

Effective Running

1. There shall be a quorum of 4 residents.
2. The Panel will elect a Chair and Vice Chair.
3. Travel and reasonable expenses will be paid in accordance with agreed guidelines and procedures including but not limited to:
 - Travel expenses – including visits to other social landlords;
 - Care (for adults or children) costs.
4. Panel members agree to participate in training programmes, following a detailed skills audit to assess their strengths and weaknesses.
5. Panel members will abide by the agreed Codes of Conduct and Confidentiality. Members can be asked to leave the Panel in the event of a

serious breach of the Code being determined by the Director of Housing and Regeneration.

6. Panel members agree to the commitment and time available to fulfil the responsibilities of the Panel.

Council Commitment to Resources

1. A continuing training programme, including induction training, to support the Panel's work and development needs.
2. Access to IT equipment and any necessary training.
3. Administrative support dedicated to supporting the work of the Panel and assisting the Group with obtaining information and producing reports.
4. Support from staff (at all levels) to ensure:
 - a. good quality, accessible information is available for Panel members;
 - b. resident feedback is provided;
 - c. access is provided as necessary to staff and equipment;
 - d. Panel recommendations are responded to.
5. Support from Elected Members to ensure:
 - a. good quality communication between the Panel and elected members;
 - b. policy is set and reviewed to support the work of the Panel;
 - c. a budget is put in place to enable Panel to fulfil its role;
 - d. Panel recommendations are responded to.

Work Programme

1. There will be an programme of activity developed with the Local Residents Panel with contributions from tenants, members and officers
2. The initial work programme will be based on the following five areas:
 - a. Monitoring of services (except repairs and maintenance);
 - b. Review of Complaints;
 - c. Development of new Resident Involvement Strategy;
 - d. Setting of 'Offers' against the current and new TSA Standards;
 - e. Visit to another Local Resident Panel.

Code of Conduct

1. The Local Residents Panel represents the interests of all residents.
2. The Local Residents Panel will promote equal opportunities and oppose discrimination.

3. The Local Residents Panel will abide by confidentiality when asked.
4. Mobiles Phones will be turned off or put on silent mode.
5. All present will respect the Chair of the meeting:
 - a. Anyone wishing to speak shall raise their hand;
 - b. The Chair will invite contributions;
 - c. All present will respect the right to speak;
 - d. The agenda shall be followed.
6. Any potential conflict of interest shall be recorded and avoided.
7. Apologies to be given when unable to attend.
8. No-one shall behave aggressively and all shall show common courtesy throughout.
9. If anyone breaches the Code of Conduct the Chair has the right to ask them to leave the meeting, or in case of repeated breaches, leave the Panel.

Annex 2

Co-Regulation Check

- a. ***Does the Council have in place Quality Assurance and external validation? Does it use this? What impact does it have?***

There appears to be no Quality Assurance or external validation in place and therefore no impact or reporting to residents about its reports.

- b. ***How has the landlord involved residents? In what areas? Can it demonstrate what difference it has made?***

There is limited involvement of residents, mostly through TRAs and with little impact on landlord services. However there is evidence that Residents have been involved in service improvement groups, for example reviewing the Tenancy Agreement. This is an example of good practice that needs to be adopted on a more comprehensive basis.

- c. ***Is there evidence that there is resident monitoring of the landlord offer, local offer, delivery of those offers and annual report?***

Apart from some coverage in the 2010 and 2011 Annual Reports and the end of term report by the HFHomes Board there is no offer against the TSA Standards. There are Performance Indicators reported to Area Forums plus some others in the 2011 Annual Report. Taken together these could form the basis for a landlord offer against the TSA Standards. There is resident scrutiny of Performance Indicators through the Area Forums. This could be enhanced further through examining a wider range of Performance Indicators and through training and development for group members.

- d. ***Did residents have an opportunity to agree Local Offers by 1 April 2011, that there are in place arrangements for monitoring and scrutiny, what happens if the Offers are not met, redress and Review arrangements?***

There are some pilots but at present no systemic approach involving making these available to all residents.

- e. ***Are Complaint policies robust? Are they clear and accessible? Are they monitored for tenant outcomes? Is learning captured, and if so is it used to improve service delivery? Does it feature in the Annual Report? What are the roles for advocates in the policy?***

There is a Council wide Complaints policy with quarterly reporting of trends and some case studies. However, Housing and Regeneration are still operating separately from the rest of the Council. This has been the subject of a recent report, and is in the process of being addressed. There was considerable feedback from residents that complaints were not, on the whole, treated seriously by Housing. It does feature in the 2011 Annual Report and there is currently no resident overview of handling or learning.

- f. ***Was the Annual Report developed and agreed with residents? Was the content monitored?***

There appears to be no resident input into the 2011 Annual Report.

- g. ***Is there capacity building in place for residents to carry out their roles effectively?***

Apart from the work carried out by HAFFTRA there appears to be no capacity building in place. As the roles of residents in co-regulation are unrecognised what capacity building is in place is not orientated to support those roles.

- h. ***Does co-regulation support improved service delivery?***

No. There is little sign of links with service delivery either from residents or staff.

Annex 3

Review of Compliance with the Involvement and Empowerment Standard

- a. There is little resident monitoring of handling of and learning from complaints.
- b. There is only limited, rather than comprehensive, opportunity for residents to shape housing policies and the delivery of housing related services.
- c. There are some Local Offer pilots taking place. These can form the basis for rolling out Local Offers to all residents but this is not currently in place.
- d. There are some Performance Indicators in place for reporting and monitoring to Area Forums. These, together with other Indicators covered in the Annual Report, could form the basis of an 'offer' against the TSA Standards. This would be best carried out with Residents and could form the basis for the 2012 Annual Report.
- e. There is no involvement of residents in the 2011 Annual Reports.
- f. There are limited opportunities for residents to monitor performance against any standards that might be set. The current format used at Area Forums has been agreed with residents, but has room for improvement and should be reviewed.
- g. There is little capacity building apart from the HAFFTRA Tenant Levy to support residents to be involved.
- h. There appears to be little coverage of how the landlord understands and responds to the different needs of residents including the seven equality strands. Resident profiling information is currently being loaded into the Councils Iworld system, but there needs to be a clear strategy to drive continuous improvement, and tailor services to the individual residents.
- i. There have been no opportunities for residents to monitor the effectiveness of resident involvement policies.

Annex 4

Resident Involvement Strategy 2009-2012

- a. TRAs – in place although the feedback about them is that they are currently covering a wide range of capability and effectiveness.
- b. HAFFTRA – partly in place although both officers and HAFFTRA are critical of how this is working (for different reasons).
- c. Resident Involvement Steering Group – in place but effectiveness is questionable.
- d. Resident Mystery Shopping – defunct (but see below re resident inspectors).
- e. Decent Homes consultation – completed
- f. Regeneration project teams – There are major regeneration schemes underway and the Council supports residents affected by the schemes. This is separate from housing management.
- g. Focus Groups with involved and uninvolved residents – evidence of them on recent issues such as Tenancy Agreement and Recharge Policy.
- h. Survey programme – surveys do take place but their findings are not shared with or monitored by residents.
- i. Neighbourhood Respect and ASB Panel – well attended with committed individual residents involved (who had previously had ASB cases).
- j. Local Area Forums – in place but heavily criticised by both residents and staff. Currently not open meetings, which must be addressed.
- k. Borough Forum – in place.
- l. Leaseholder Forum – in place and open to all leaseholders.
- m. P2P (Young People) – operates on several estates in the Borough.
- n. Equalities Champions Group – under review.

- o. Specific Service Review – carried out on an ad hoc basis rather than in a programmed manner.
- p. Local Consultation meetings –there are some ‘open days’ which show an interest in creating opportunities for residents at a local level.
- q. Diversity Forums – defunct.
- r. Residents Conference – has not take place this year.
- s. Housing Improvement Teams – defunct.
- t. Estate Project teams – Estate Improvement Officers in place. Have developed Estate Strategies in 5 key estates in consultation with residents.
- u. Email Panel//Readers Panel – defunct.
- v. Service Standards Panel – defunct.
- w. Resident Quality Assessors – defunct.
- x. Resident Estate Inspectors- there are four resident inspectors for Estate inspections with Caretakers (who have not been used yet).
- y.
- z. Resident Led Self-Regulation Group– defunct.
- aa. There are commitments to resident training which have not been followed up. Training takes place through HAFFTRA.
- bb. Local Neighbourhood Panels – defunct.
- cc. Engaging with disabled people – Ongoing through HAFAD.
- dd. Local respect/equalities – defunct.
- ee. Support for residents to be involved – defunct.

Annex 5

Findings from the 2010 survey of residents

Almost half of residents in the Hammersmith North area would like to get involved with Estate Inspections and improving their local area.

Overall residents in Hammersmith North are most likely to want to get involved, in contrast Fulham North are least likely to get involved.

| Tenants Data 2010 | South Fulham | Fulham North | South Hammersmith | Hammersmith North | Total |
|---|--------------|--------------|-------------------|-------------------|-------|
| Satisfied with being kept informed | 83.1% | 80.7% | 80.8% | 78.3% | 80.7% |
| How would you like to be kept informed | | | | | |
| Residents' groups/local forums | 16.1% | 22.2% | 20.2% | 17.5% | 19.2% |
| Internet | 13.8% | 13.9% | 14.1% | 15.4% | 14.3% |
| Leaflet / letter | 84.3% | 82.8% | 85.1% | 86.9% | 84.7% |
| HF Homes Magazine | 48.1% | 45.2% | 44.4% | 48.9% | 46.5% |
| Mobile phone | 1.0% | 0.9% | 0.7% | 0.4% | 0.8% |
| Notice Board | 0.6% | 0.5% | 0.5% | 0.0% | 0.4% |
| Personal visit | 0.0% | 0.2% | 0.5% | 0.2% | 0.2% |
| Other | 0.8% | 0.9% | 2.2% | 1.5% | 1.4% |
| How would you like to be involved? | | | | | |
| Improving local area | 41.7% | 46.8% | 43.6% | 49.7% | 45.5% |
| TRA / HAFFTRA | 29.9% | 30.0% | 27.9% | 27.3% | 28.7% |
| Making Documents easier to understand | 33.4% | 37.6% | 31.4% | 34.0% | 34.0% |
| Improving our customer service | 36.1% | 35.8% | 41.5% | 43.6% | 39.4% |
| Training for residents with difficulties | 31.4% | 25.3% | 32.1% | 33.7% | 30.6% |
| Already involved | 0.3% | 0.3% | 1.9% | 0.0% | 0.7% |
| Do not wish to get involved | 5.6% | 5.8% | 5.6% | 5.3% | 5.6% |

| Leaseholders and Resident Involvement 2010 | South Fulham | Fulham North | South Hammersmith | Hammersmith North | Total |
|---|---------------------|---------------------|--------------------------|--------------------------|--------------|
| Satisfied with being kept informed | 65% | 69% | 67% | 74% | 69% |
| How would you like to be kept informed | | | | | |
| Residents' groups/local forums | 31% | 31% | 28% | 21% | 28% |
| Internet | 40% | 33% | 38% | 36% | 36% |
| Leaflet / letter | 70% | 77% | 79% | 79% | 77% |
| HF Homes Magazine | 33% | 33% | 38% | 25% | 33% |
| Mobile phone | 0% | 1% | 1% | 0% | 0% |
| Notice Board | 1% | 2% | 1% | 0% | 1% |
| Personal visit | 0% | 0% | 0% | 0% | 0% |
| How would you like to be involved? | | | | | |
| Improving local area | 31% | 29% | 35% | 34% | 32% |
| TRA / HAFFTRA | 28% | 26% | 29% | 29% | 28% |
| Making Documents easier to understand | 23% | 14% | 13% | 14% | 16% |
| Improving our customer service | 30% | 29% | 33% | 38% | 32% |
| Training for residents with difficulties | 12% | 12% | 14% | 13% | 13% |
| Already involved | 2% | 1% | 1% | 0% | 1% |
| Do not wish to get involved | 5% | 1% | 2% | 4% | 3% |

Annex 6

Summary of views expressed at meetings involving 50 residents and former HFH Board Members, 22 housing management and repairs staff, 2 leading Councillors, 1 MP, HAFFTRA Executive and workers.

Overall the views shared at these meetings was one of concern about resident involvement and the services provided to residents. Resident involvement was seen as sporadic and in cases, ineffective. There were some innovative approaches being trialled and encouraging enthusiasm shown by residents attending to be involved and staff in working with residents.

Key Points

1. Some services provided by the landlord were generally perceived to be unresponsive and seen as needing improvement.
2. Resident Involvement is seen as ineffective and in need of substantial improvement.
3. Repairs and Maintenance is of particular concern to residents, including contractors and appointments.
4. Complaints are poorly handled and seen as needing improvement.
5. Area Forums were perceived as ineffective although they do have a role in reviewing performance with residents.
6. TRAs have a wide range of effectiveness.
7. HAFFTRA generates a wide range of views about its role, effectiveness and approach.
8. The one other consistent approach to resident involvement beyond TRAs, Estate Inspection, is seen by staff and residents alike as ineffective. However it was also noted that a focus group was recently held with residents to review this process. The recommendations for improvement are due to be implemented shortly.
9. There should be more, and varied, ways to be involved. The Council has tools such as TP Tracker and E-panels which can be quickly and easily used.
10. Communication needs to be better – with more ‘you said, we did’.
11. Face to face communication was valued by residents as a way of resolving issues. The Council currently does some of this at pre-forum meetings for example, but it is not done as a consistent strategy for delivering this aim.
12. Staff turnover causes problems with delivery of services and engagement with residents.
13. Some people expressed a view of being isolated by current arrangements as they were excluded from attending meetings as they were not members of the TRA or HAFFTRA, and did not want to join their group

The main areas for comment were:

- i. Repairs came in for sustained criticism. Examples were given where Contractors had offered poor, unresponsive and rude service. Appointments were not kept and it was unclear if resident satisfaction was recorded, and if it was, was it monitored.
- ii. Where issues were raised with the landlord their handling of concerns and complaints was sometimes disappointing.
- iii. There should be different ways to get involved.
- iv. There is a wide range of competence and effectiveness of Tenant and Resident Associations. Some were exemplary and clearly benefitted from substantial commitment from residents. However no-one saw this as consistent and negative views were also shared about the effectiveness, conduct and accountability of some TRAs. This was also supported by views about the patchy returns of accounts, an area of sensitivity with some residents as well.
- v. There was support for getting all TRAs to be accountable and effective and a need for training to support this.
- vi. Some TRAs reported substantially workloads dealing with complaints on behalf of residents.
- vii. The views about HAFFTRA, where residents knew of them were generally, but not exclusively, positive. They were seen as supportive to TRAs and providing both background and input into decision making. However this was muted by suggestions that they were sometimes condescending and imposed rather than informed solutions.
- viii. There was uncertainty, especially from Officers, about exactly what HAFFTRAs role was and a view expressed by a former Board Member that they were in 'danger of filling the vacuum left by the Council.' There was a view that despite fulfilling a useful role in the past that their current role needed to change.
- ix. HAFFTRA sometimes acted as a mechanism used by the Council in lieu of other resident involvement.
- x. There were some signs of successful initiatives involving residents including engagement of staff at TRA meetings, initiating Local Offer pilots and training 4 Resident Inspectors. However, these are a result of individual enterprise rather than a coherent approach.
- xi. All expressed interest in more direct staff/resident interface. This was seen as a positive step forward and allowing all involved an opportunity to resolve issues more effectively.
- xii. Area Forums were not viewed positively. Staff viewed them as ineffective and repetitive as they had no ability to influence the agenda. Very often these meetings were consumed with Minor Estate Improvement (MEI) issues rather than being proactive on a wider agenda. "Groundhog Day" was one comment

- made. Residents too were critical that “nothing ever gets done”. There is confusion over handling of individual concerns and strategic discussions.
- xiii. The Sheltered Forum and Leaseholder Forums (the latter with an open meeting and drop-in session) were seen more positively.
 - xiv. The MEI programme was criticised in its current format by staff as being both overly focussed on TRAs and an ineffective use of resources. It was noted that this is currently under review
 - xv. There was an appetite to try new technology (whilst accepting some would be unable to access it).
 - xvi. Resident Involvement was generally viewed as having considerable room for improvement. For some this had been long term issue, others since the Audit Commission inspection and others since the demise of the ALMO.
 - xvii. Estate Inspections were seen as particularly ineffective by both staff and residents. “Nothing happens” and “they don’t work” being consistent criticisms. These currently take place with representatives from Housing Management, Contractors and Caretakers but not Technical Officers which means there is discontinuity over issues identified and the ability to action these issues. There are also issues about what should be covered as Health and Safety, and what might be either improvement or minor works and better covered either by the Minor Estates Improvement programme or a new small grant budget.
 - xviii. There are also issues about the quality of work carried out under Decent Homes and the accountability of contractors at the end of their contract.
 - xix. There was support from staff for greater engagement with residents
 - xx. The turnover of staff, and the ability of some to swiftly respond to new challenges was of concern to residents, ex Board Members and Councillors.
 - xxi. There were issues of tenancy compliance.
 - xxii. There were concerns about the attitude of some Council Officers and the Call Centre.
 - xxiii. Communication is ineffective
 - xxiv. There is a lack of diversity in current involvement mechanisms
 - xxv. There was a lack of an accurate record of active residents by the Council
 - xxvi. More could be done to recognise the contributions made by residents
 - xxvii. Residents supported value for money in the services they received
 - xxviii. The 2009 Involvement Strategy had started and then been abandoned

Annex 7 – Draft Resident Involvement Strategy

Introduction

“This draft Strategy sets out LB Hammersmith and Fulham’s approach to involving residents. We see Resident Involvement as crucial to promoting accountability, providing valued feedback about services and improvement of those services. Whilst we already have some resident involvement the recent review of Resident Involvement showed we needed to do more about involving more tenants, through different ways and with greater input into service delivery than before. This Strategy is the start of the process and will help shape how we involve you as residents in the future.”

Councillor Andrew Johnson, Lead Member for Housing

Below we have set out our draft Resident Involvement Strategy, with a question for your consideration beneath each section. We would like you to consider what we have proposed, and the question we have listed. Please let us know your thoughts, on these issues, and any others related to Resident Involvement, and we will incorporate them wherever practically possible in the final Strategy.

1. Our principles:
 - a. We will increase the number and diversity of residents involved;
 - b. We will widen the ways in which residents can be involved;
 - c. We will ensure resident involvement delivers continuous improvement, value for money and services shaped by our residents;
 - d. We will ensure residents have the information they need to monitor and make accountable Housing Services.

Question 1 – do you agree with these principles? Are there others we have missed?

2. We currently have hundreds of residents involved through Tenants and Resident Associations (TRAs). They play an important role in working with officers and at their best a strong leadership role in their communities. However we know over 1,000 residents have told us that they are interested in being involved in some form. A survey of residents in 2010 showed up to 45% of residents wanted to be involved.
3. We also want to make sure that involvement will reflect the diversity of the resident population and ensure that we engage with young people, people from ethnic minorities and people with disabilities are also given the opportunity to be involved.

Question 2 – do you agree more residents should be involved?

4. The 2010 Survey of residents showed support for five key mechanisms of involvement:
 - a. Improving local area - estate inspections (46% of residents);
 - b. Improving customer service – mystery shopping, service improvement panels, quality assessors, satisfaction surveys and focus groups (39% of residents);
 - c. Making documents easier to understand - Readers Groups (34% of residents);
 - d. Training for residents– complaints handling and learning (31% of residents);
 - e. TRA/ Hammersmith and Fulham Federation of Tenants and Resident Associations (HAFFTRA) – work with TRA and HAFFTRA (29% of residents).

5. Improving local areas. We will make six proposals to involve residents in improving local areas:
 - a. We will ensure Resident Involvement is a key part of local Housing and Technical Officers work and they report on this to managers, Councillors and Residents;
 - b. We will look again at Estate Inspections and ensure the right staff are involved in these and take forward agreed actions with Residents;
 - c. We will look at the learning from our pilots on Local Offers (sometimes called Neighbourhood Agreements) and ensure every resident has the opportunity to agree Local Offers in their area or on their service;
 - d. We will ensure residents have access to independent advice if their area is being considered for regeneration;
 - e. We will create opportunities for residents to engage directly with Housing and Technical staff both at TRA meetings and through 'Open Days';
 - f. We will review with residents our approach to Minor Estate Improvement, allowing access of all community groups to the programme and introduce a new resident driven approach to assessing their value for money and effectiveness.

Question 3 – do you agree with these proposals? Are there other ways in which we can involve local residents in improving local areas?

6. Improving customer service. We will make the following proposals to link involvement with customer service:

- a. Introduce a Repairs Working Group, drawn from all residents, that looks critically at the Repairs Service provided. It will examine the performance of the Contractors, including the ability to interview them, and compare performance between different areas. It will also provide resident input into the contracting of the repairs service including resident members on the Interview Panel;
- b. We will look at setting up other Groups covering areas of interest to residents. These will look at performance in those areas and how this can be improved;
- c. We will hold focus groups with Residents on their experience of service delivery and use that experience to improve our services;
- d. We will ensure that when residents have made an impact in terms of services that we openly acknowledge that impact including in our publications.

Question 4 – do you agree with setting up a Repairs Working Group? Do you agree with setting up other service improvement Groups?

Question 5 – are you interested in joining a service improvement or Focus Group?

- 7. Making documents easier to understand. We will set up a Readers Group of residents. This Group will look at all documents being shared with residents to ensure they can be easily understood.

Question 6 – do you agree with setting up a Readers Group?

Question 7 – are you interested in joining a Readers Group?

- 8. Training for residents - we will make the following proposals:
 - a. To look again at our approach to Complaints. This will be led by our new Local Residents Panel and will consider the current approach to complaints, residents' experiences of complaints and what learning there is from complaints;
 - b. We will provide training and support for leading residents to ensure they can act as advocates for other residents.

Question 8 – do you agree with our proposals for supporting residents? Are there other ways in which we can help?

9. Work with TRAs and HAFFTRA. Currently the Council works with over 30 TRAs. TRAs have an umbrella body, HAFFTRA, that supports the work of TRAs through the Tenants Levy. We have some exceptionally strong TRAs that work effectively with officers and provide real leadership in their communities. We would like all TRAs to work towards that high level of achievement. We will make the following proposals:
- a. To set clear recognition criteria based on good practice internally and elsewhere. This will include return on accounts on time and ensure accountability to residents for the work of their TRAs. We will look to work with our neighbouring Borough of Kensington and Chelsea and see what lessons we can learn from their Gold Standard for TRAs and the benefits to TRAs. This will be in place from 1 April 2012 and we will work with TRAs on agreement of the recognition criteria;
 - b. To set up and run a series of training courses designed to support TRAs and their Officers to meet the criteria. We will involve TRAs in the recruitment of trainers to deliver this training, or deliver it internally;
 - c. We will continue to support and monitor compliance with the criteria;
 - d. We will support TRAs joining national resident bodies such as TPAS and TAROE to help gain a wider understanding of issues facing active residents elsewhere;
 - e. We will continue to recognise HAFFTRA or a similar group as the umbrella body for TRAs and capture this in a formal agreement setting out the roles and responsibilities of both parties;
 - f. Once this strategy has been agreed we formally discuss the future of the Tenant Levy, which is due for Review;
 - g. That for all TRA (and other meetings such as Area Forums) there are officers present before the meeting to hold a drop-in sessions and allow complaints and concerns to be dealt with effectively.

Question 9 – do you agree with our approach to TRAs? Are there further improvement we can make?

10. We will also set up a Local Resident Panel. This will lead the comprehensive monitoring of all our services, review the effectiveness of this strategy, agree performance targets for the service, monitor complaints and help develop the Annual Report. It will meet monthly and effectively inform the Lead Member for Housing and Director for Housing and Regeneration.
11. We will also look afresh at our Area Forums. These do provide an opportunity for some TRA reps to scrutinise our performance in each area although there is currently no wider opportunity for residents to attend or take part.

12. We will also look to extend our current approach to training and working with resident inspectors to check out, from a residents perspective, the work we carry out.

Question 10 – do you agree with setting up a Local Resident Panel to monitor our performance?

Question 11 – do you want to be considered for membership of the Panel?

Question 12 – do you want to be considered to be one of our Resident Inspectors?

13. We know the importance of communication to residents – both in terms of the services we provide and the opportunity to be involved. The 2010 Residents survey set out four ways in which residents wanted to be kept informed.

- a. Leaflets and letters (85% of residents);
- b. Magazine (47% of residents);
- c. Resident Groups and TRAs (19% of residents);
- d. Internet – website groups and E-Panel (16% of residents).

14. We will make the following proposals in these four areas:

- a. Maintain and improve our coverage of services and involvement opportunities through our leaflets and letters to you;
- b. Ensuring that the magazine has resident input into both the content and measuring its effectiveness;
- c. By maintaining a good level of communication with TRAs through officers and written information so they are well placed to work with their members;
- d. Opening up how we use the internet including setting up website groups on areas of interest to residents and an E-Panel able to give us quick and easy responses on topical issues.

Question 13 – do you agree with our proposals on communication? Are there other methods you would like to see in place?

Question 14 – do you want to join the E-Panel?

15. We recognise the strength that comes from the diversity of our residents and the importance of both understanding that diversity and using that understanding to inform our services. We will continue monitor the diversity of both our residents and those involved to ensure all residents get the same opportunity for good services and involvement.

Question 15 – do you agree with our approach to diversity? Could we do more and if so what?

16. Much of the above will support our relationship with leaseholders. We regard the Leaseholder Forum as a good model of creating opportunities to discuss individual issues beforehand and wider issues at meeting, and those meetings being open to all leaseholders. We will ensure 3 leaseholders are members of the Local Resident Panel and invited to join other Panels as appropriate.

Question 16 – do you agree with our approach to involving leaseholders?

17. We will monitor the impact of the Resident Involvement Strategy throughout the year including reporting to the Local Residents Panel quarterly on progress. We will also carry out an annual review of effectiveness working with and reporting to the Local Resident Panel.
18. We will also consider the role of residents in helping understand their views of our policies. We will therefore open up the Borough Forum to all residents and use this as a 'think tank' to explore resident views to help us understand resident views when developing and agreeing policies.

Question 17 – do you agree the Borough Forum should be open to all residents?

19. We will maintain the Sheltered Housing Forum including in its useful work, developing Local Offer pilots.

Question 18 – do you agree with our approach to involving residents in sheltered schemes?

Thank you for taking the time to read this important document. Please send your comment to:

Housing Services, Housing & Regeneration
London Borough of Hammersmith & Fulham
3rd Floor, Town Hall Extension,
King Street, London W6 9JU

Tel: 020 8753 1633

Fax: 020 8753 4755

Email: batool.reza@lbhf.gov.uk or Nivene.Powell@lbhf.gov.uk or fiona.buist@lbhf.gov.uk

If you would like to apply to join any of the groups listed in this document, you will find an application form attached.

Annex 8 – Resident Group Recruitment Pack

LBHF Local Residents Panel & Repairs Working Group – Recruitment Pack

LB Hammersmith and Fulham are committed to improving services and involving residents. We know that when we involve our Residents and develop good working relationships with them, we make better progress and deliver better services. It is important to us that as well as finding ways for Residents to feedback to us, we develop new ways for our Residents to hold us to account for the service we provide.

To support resident challenge we are setting up a Local Resident Panel and a Repairs Working Group. This will lead monitoring of all our services, review the effectiveness of our Involvement Strategy, agree performance targets for the housing service, monitor complaints and help develop the Annual Report to residents. It will meet monthly and feed its views directly to officers at meetings and through reports to the Lead Member for Housing and the Director for Housing and Regeneration.

We are keen to hear from Residents who want to have a constructive voice and be part of service improvement. To support interested residents and LB Hammersmith and Fulham we have asked Phil Morgan to support us on setting up the groups. Phil developed the idea of Resident Involvement and brings experience of setting up similar Panels.

The role is voluntary and unpaid, although expenses will be paid to group members.

This pack of information provides you with a summary of information about the groups and an application form. If you would like to apply, we would be pleased to hear from you, please fill in your application form and return it to us before 14th November 2011. If you are in two minds about applying and would like to talk about it, you can come to one of our drop in sessions.

We will carry out interviews on the 22nd and 23rd of November and the first meeting of the Group will be soon after. We very much look forward to hearing from you.

Local Residents Panel – Outline terms of reference

1. To act as the independent service evaluation body on behalf of residents to ensure standards are agreed with residents, delivered and are properly and consistently maintained.
2. To monitor outputs and performance.
3. To consider and comment upon the Council's Resident Involvement Strategy.
4. To ensure service improvement and development is effectively influenced by residents and questioning and, as necessary, challenge, information to test that services are meeting promised standards and residents' priorities.
5. To report findings and recommendations to residents, Council Officers and Elected Members and to monitor Council compliance with Panel recommendations.
6. To consider development, monitoring and review of the Complaints policy including handling of complaints, learning from complaints and that residents are informed where to take complaints to if they are unhappy with the outcome.
7. To be able, where there is a serious breach of the Regulatory Standards that causes serious detriment to residents, and this has not been effectively addressed, to refer this to the Social Housing Regulator.
8. To check and sign off the Annual Report including ensuring there is resident input into its development.
9. To monitor equality and diversity policies and practice to ensure the different needs of residents are understood and acted upon.
10. To consider and agree the Local Offer process and content.

Repairs Working Group – Outline terms of reference

1. We are also looking for residents to join our Repairs Working Group. We know from your feedback that Repairs and Maintenance is what matters most to you. That's why it's absolutely vital that we get the service right and why we understand how you view that service. During the recent review of Resident Involvement residents again highlighted the importance of repairs and maintenance.

2. We will soon begin to retender our repairs and maintenance contract. We view resident involvement as an important part of the process to get the right contractors in terms of service and value for money.
3. The Repairs Working Group will look at four main areas:
 - Review of current arrangements;
 - Interviewing current contractors on their performance;
 - Planning the involvement of residents in the recruitment of contractors when the contract is due for renewal. To include resident input into Pre-Qualification Questionnaire, shortlisting and selection;
 - Setting clear performance targets and commitments and ensuring these are communicated to residents.
4. It will include 8 residents and meet monthly. We will provide training and support to the Group and travel expenses for those attending. We will expect residents to abide by the Code of Conduct and respect confidentiality.

Group Membership

1. The Group will consist of up to 12 residents.
2. Members of the Group are recruited via an open and transparent application and selection process open to all residents.
3. Recruitment is carried out by a 'Recruitment Panel' based on the criteria outlined in the person specification.
4. Membership of the Group is open to all residents over the age of 18 years living in council-owned or leasehold property (who are not a LBHF employee or Elected Member) providing that they are not in serious breach of the terms and conditions of their tenancy or lease.
5. Members of the Group are appointed to serve a 2 year term of office. At the end of their 2nd year members will be eligible to re-apply and if successfully re-appointed may serve for a further term of two years

Communication and Review

1. Reports will be submitted to the Council through the Director for Housing and Regeneration and the Lead Member for Housing.
2. There will be an independent annual review and appraisal of the work and effectiveness of the Group. This will include feedback from each individual Group member, residents, Officers who work with the Group, Officers, the Lead Member and Deputy Lead Member and other elected members who have been involved in their work, on how the Group overall and individual members have met the Terms of Reference and their responsibilities.
3. The Group will produce regular updates of its work for residents, staff and councillors.

4. Peer to peer reviews, and the use of “critical friends”

Effective Running

1. There shall be a quorum of 4 residents.
2. The Group will elect a Chair and Vice Chair.
3. Travel and reasonable expenses will be paid in accordance with agreed guidelines and procedures including but not limited to:
 - Travel expenses – including visits to other social landlords;
 - Care (for adults or children) costs.
4. Group members agree to participate in training programmes, following a detailed skills audit to assess their strengths and weaknesses.
5. Group members will abide by the agreed Codes of Conduct and Confidentiality. Members can be asked to leave the Group in the event of a serious breach of the Code being determined by the Director of Housing and Regeneration.
6. Group members agree to the commitment and time available to fulfil the responsibilities of the Group

Council Commitment to Resources

1. A continuing training programme, including induction training, to support the Group’s work and development needs.
2. Access to IT equipment and any necessary training.
3. Administrative support dedicated to supporting the work of the Group and assisting the Group with obtaining information and producing reports.
4. Support from staff (at all levels) to ensure:
 - a. good quality, accessible information is available for Group members;
 - b. resident feedback is provided;
 - c. access is provided as necessary to staff and equipment;
 - d. Group recommendations are responded to.
5. Support from Elected Members to ensure:
 - a. good quality communication between the Group and elected members;
 - b. policy is set and reviewed to support the work of the Group;
 - c. a budget is put in place to enable Group to fulfil its role;
 - d. Group recommendations are responded to.

Code of Conduct

1. The Group represents the interests of all residents.
2. The Group will promote equal opportunities and oppose discrimination.
3. The Group will abide by confidentiality when asked.
4. Mobiles Phones will be turned off or put on silent mode.
5. All present will respect the Chair of the meeting:
 - a. Anyone wishing to speak shall raise their hand;
 - b. The Chair will invite contributions;
 - c. All present will respect the right to speak;
 - d. The agenda shall be followed.
6. Any potential conflict of interest shall be recorded and avoided.
7. Apologies to be given when unable to attend.
8. No-one shall behave aggressively and all shall show common courtesy throughout.
9. If anyone breaches the Code of Conduct the Chair has the right to ask them to leave the meeting, or in case the case of repeated breaches, leave the Group.

Person Specification

1. We want residents who are interested in raising our standards of service, understand how involvement can work, can work in a team, make balanced judgements and act on behalf of all residents. We will support residents who take on this role through individual and team training.

Criteria for selection

1. A strong commitment to raising standards - We really need residents who want to make a difference. Ask yourself 'why do I want to do this role?'. If you can honestly answer 'because I believe I can help services to be delivered in a better way', you are just the sort of person we are looking for.
2. An understanding of the principle of Monitoring - We only need you to be able to understand why monitoring is important, we can provide the detailed knowledge through training.
3. Able to reach joint decisions - We need team players who are comfortable about reaching decisions together. Ask yourself 'Do I like working with

others?', if you can answer 'working with others helps me to form my own point of view', you will be a valuable member of the team.

4. Able to make balanced judgements - This is all about having good sense and this can be shown in a variety of ways, for example listening and taking on board other people's opinions before making your own decisions.
5. A commitment to act in the interests of the wider resident body - The Group will act as a whole, not in the interests of individual people, schemes or services. Ask yourself 'on whose behalf would I be happy to act'. If you are happy to contribute for the benefit of wider service improvement you will be greatly valued.
6. A commitment to individual and group learning - We will be looking to provide training for residents to support them in their role – Are you willing to do this?
7. Willingness to undertake an annual appraisal - We will look to see how well members are doing in this role every year and support Group members with their own skill development – would you be willing to do this?
8. Reflecting the diversity of the tenant population - We are seeking a balanced group that reflect our resident population.

Benefits

1. LB Hammersmith and Fulham is committed to supporting its residents to have a greater say in how the Housing and Regeneration Department is run, and we know our Residents are keen to be involved. Below is a summary of the benefits that Group members can expect.

What is and is not included as a benefit

1. Group members will not be paid for attendance at any event and should understand that this is a voluntary role.
2. Group Members will receive:
 - Support whilst the Group develops, helping individuals and the group to develop their skills and contributions;
 - Learning and development opportunities specific to their role as a Group Member;
 - Direct insight into the running of LB Hammersmith and Fulham and an opportunity to speak with and raise issues with officers and elected members of LB Hammersmith and Fulham;
 - Direct travel expenses to get to Group meetings and other associated meetings and events (e.g. training);
 - Annual feedback about their contributions as Group members;
 - Refreshments as appropriate to the meeting time and venue;
 - An opportunity to make a direct difference to the service provided by LB Hammersmith and Fulham;

Local Resident Panel and Repairs Working Group Application Form

Name:

Address:

.....

.....

..... Postcode

Telephone: Home: Mobile:

Email:

Preferred time / method of contact:

Preferred time or date (22nd or 23rd Nov) if called for interview.....

Are you a tenant or a leaseholder? Please circle as applicable

Please tell us why you would like to join the Local Resident Panel or Repairs Working Group and how you think you could make a difference

Please continue on a separate sheet if necessary

Please return this form by post to: Batool Reza, Housing Services, Housing & Regeneration, London Borough of Hammersmith & Fulham, 3rd Floor, Town Hall Extension, King Street, London W6 9JU



London Borough of Hammersmith & Fulham

HOUSING HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE

| DATE | TITLE | Wards |
|------------------|----------------------------------|-------|
| 15 November 2011 | Commissioning Intentions 2012/13 | All |

SYNOPSIS

Hammersmith and Fulham Shadow Clinical Commissioning Group (CCG) has developed Commissioning Intentions for 2012/13.

The Commissioning Intentions will inform the Quality, Innovation, Productivity and Prevention (QIPP) Plans for 2012/13 and beyond, and will not only reflect the productivity and efficiency intentions of the CCG but also the quality improvements and innovations needed to ensure commissioned services meet the needs of the respective populations.

CONTRIBUTORS

Hammersmith and Fulham Shadow Clinical Commissioning Group

RECOMMENDATION(S):

The Committee is asked to review and comment on the commissioning intentions for 2012/13 with particular focus on the alignment of the health and social care objectives.

CONTACT

Tim Tebbs
PCT Borough Director,
H&F

NEXT STEPS

The CCG commissioning intentions will feed into the 2012/13 North West London Commissioning Intentions which are due to be completed by January 2012. The plans will then be used to inform provider contracts. A progress report will be available for a future committee meeting.

Commissioning Intentions 2012/13

- **How we have developed our plans**
 - Developed and owned by Shadow CCG Board
 - Recognises scale of financial challenge and the need for a sustainable health & social care economy
 - Builds on vision for ‘Continuity of Care’ and outputs of CofC Leadership Team
 - Builds on current initiatives – ICP, Practice Plan, Practice Networks etc

H&F CCG - Strategic Objective 1

System-wide approach to unscheduled care

to shift the emphasis to planned, personalised and pro-active care:

- Improve feedback to frontline workers
- Fully implement and extend scope of ICP
- Process map and model unscheduled activity
- Understand the elements of the system to change
- Adopt lean re-engineering approach
- ❖ Reduce unscheduled hospital activity by 30% over 5yrs
- ❖ Reduce high intensity social care placements by 20%
- ❖ Achieve at least 50% deaths in place of choice

H&F CCG - Strategic Objective 2

Empowering the patient

- Improve support and navigation for patients
- Promote patient education and self-management
- Promote and adopt Personalised Care Planning
- Develop a patient portal
- Support for patients and their carers
- Working with community & voluntary groups
- Use patient feedback to inform and shape decisions
- ❖ A fully operational patient portal for patients to access their own care plans (linking with ICP IT programme)
- ❖ To increase from 37%* to 50% the proportion of people dying at home (including care home)

H&F CCG - Strategic Objective 3

Using our understanding of health & social care to inform commissioning priorities

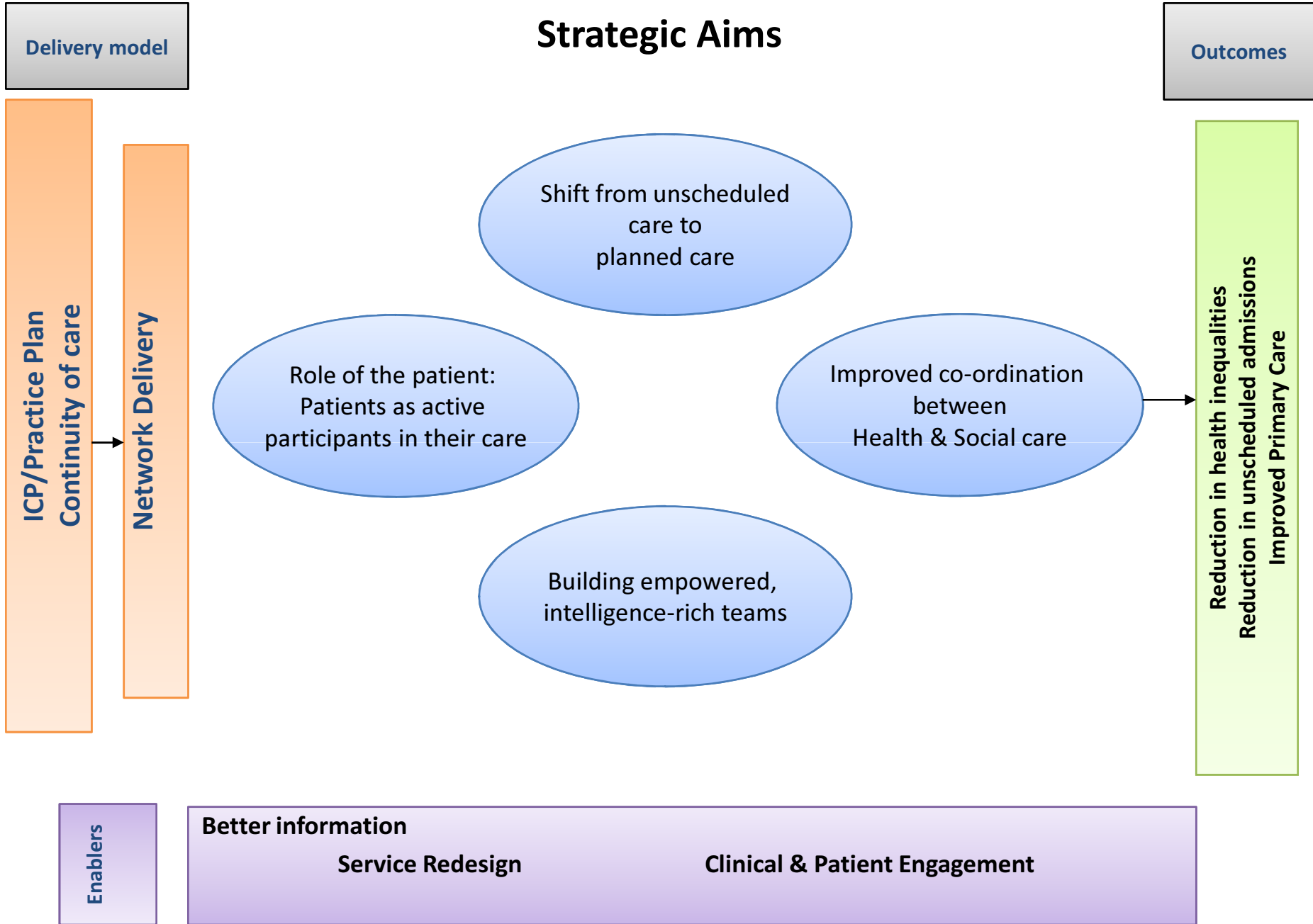
- Understand the 'Social determinants of health'
- Using JSNA and H&WBB to develop needs based strategy
- Standardise social and community care assessments
- Developing Health & Social Care Co-ordinators
- Developing hybrid H&SC Workers
- Linking with Hammersmith Circle
- ❖ Marked reduction in health inequalities – engaging with hard to reach community
- ❖ 75% of our high risk patients receiving a joint health and social care assessment and care plan
- ❖ An aligned health and social care commissioning strategy

H&F CCG - Strategic Objective 4

Developing an integrated local delivery model through building empowered, intelligence rich teams

- ❑ Commissioning for better quality, timely, standardised digital information flows
- ❑ Using experience of peer review, case management and MDG case conferences to inform initiatives
- ❑ Building on ICP resource allocation approach to involve frontline workforce in resourcing decisions
- ❑ Incentivising behaviour change in the utilisation of commissioned resources
- ❖ Demonstrable shift in behaviours from providers where concept of the MDG is fully adopted – this will be measured through the ICP performance review process

Hammersmith and Fulham Strategic Aims



H&F Social Care Objectives Align...

Giving everyone opportunities to lead full and independent lives:

- ❑ **Help people to help themselves** - investing wisely in voluntary services which support community participation like H&F Circle; facilitating self care & healthy lifestyles through EPPs, hybrid workers, community champions, and telehealth/telecare
- ❑ **Help people to help others** – building on our excellent carers services; using personal budgets to allow choice and control; investing wisely in initiatives that bring communities together
- ❑ **Help those who need help** - integrating assessments & care with health; exploiting all opportunities for reablement, rehabilitation and recovery; preventing unplanned hospital and care home admissions
- ❖ **Reduce nursing home placements by 20%**

H&F CCG - Strategic Objectives

What next?

- Whole systems mapping of urgent care
- Wider consultation on objectives
- Critical success factors and phasing
- Detailed commissioning intentions and QIPP plans

Agenda Item 6



London Borough of Hammersmith & Fulham

HOUSING HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE

| DATE | TITLE | Wards |
|------------------|--------------------|--------------|
| 15 November 2011 | Continuity of Care | All |

SYNOPSIS

This paper provides a brief outline of the Hammersmith and Fulham Continuity of Care programme and details of the initiatives being implemented.

CONTRIBUTORS

Tim Deeprise

RECOMMENDATION(S):

The Committee is asked to review and comment on the programme structure and objectives, with particular focus on the three project areas:

- Health and Social Care coordination
- Rapid Response; and
- End of Life Care

CONTACT

Tim Tebbs, PCT
Borough Director, H&F

NEXT STEPS

The Continuity of Care Programme action plan will now be taken forward in partnership with colleagues at the Council. Programme leads will be available to present an update on progress at a future committee meeting.

CONTINUITY OF CARE

1. EXECUTIVE SUMMARY

This paper provides a brief outline of the Hammersmith and Fulham Continuity of Care programme and details of the initiatives being implemented.

Continuity of Care is a principle of care delivery which ensures: -

- A system-wide approach to deliver a sustainable H&SC economy by adopting lean re-engineering approaches and shifting the emphasis from unscheduled to planned, personalised, pro-active activity.
- A new role for the patient.
- We develop our understanding of the relationship between Health and Social Care to inform commissioning priorities.
- We develop an integrated local delivery model through building empowered, intelligence-rich teams.

2. INTRODUCTION

The Committee is asked to review and comment on the programme structure and objectives, with particular focus on the three project groups as set out in sections 1, 2 and 3 of the paper:

- Health and Social Care coordination
- Rapid Response; and
- End of Life Care

3. REPORT

BACKGROUND

Several indicators illustrate the challenges faced by health and social care services in Hammersmith and Fulham:

- GPs experience barriers to delivering continuity of care (lack of timely information, limited control over community care resources)
- We have the highest rate of nursing home admissions in London
- Our rate of unplanned hospital admissions is above average for older people and people with LTCs (>2000 admissions could be prevented by better care closer to home)
- Hospital and care home admissions are linked (70% of care home admissions follow hospital admission)

- Most people prefer care at home (but for example, 60% of H &F residents die in hospitals)

Since the publication of *Healthcare for London*, there have been several initiatives to address these problems including, the Out of Hospital programme, Early Care, the Polysystems programme and further initiatives to increase integrated working between health and social care.

The Continuity of Care Programme in Hammersmith and Fulham now builds upon the previous work.

WHAT IS CONTINUITY OF CARE?

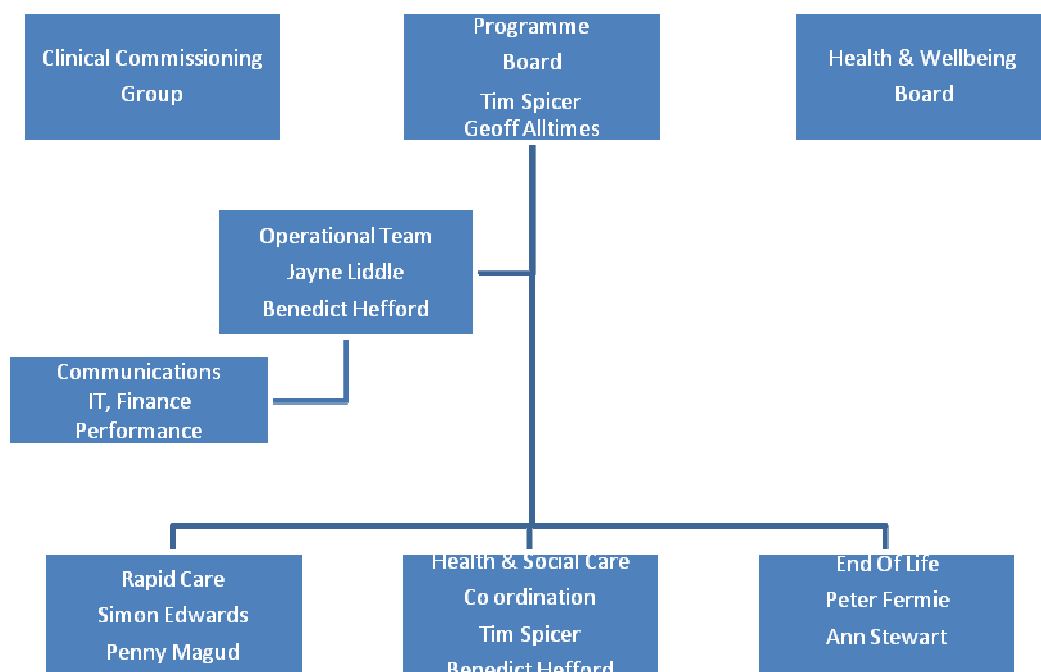
Continuity of Care is a principle of care delivery which ensures: -

- A system-wide approach to deliver a sustainable H&SC economy by adopting lean re-engineering approaches and shifting the emphasis from unscheduled to planned, personalised, pro-active activity.
- A new role for the patient.
- We develop our understanding of the relationship between Health and Social Care to inform commissioning priorities.
- We develop an integrated local delivery model through building empowered, intelligence-rich teams.

A review of the evidence and application of the principles of Continuity of Care suggests that several initial improvements can be made to local services:

| The evidence suggests: | Enhancements to current system: |
|---|---|
| Comprehensive assessment provides high quality, consistent standards of primary care delivery | We will adopt the ICP Pathways on frail elderly and diabetes. We will also adopt and embed integrated end of life care plans. Transition plans will become an integral part of the system for those being discharged from hospital. |
| Reliable (predictive) risk stratification and case finding - key to cost effectiveness | We will risk stratify all of our patients and offer a comprehensive assessment and proactive care planning. We will be proactive about managing long term conditions |
| Early, proactive monitoring & support at home directed by primary care | We will consider procuring hybrid health and social care workers to provide additional 'at home' services |

CONTINUITY OF CARE PROJECT STRUCTURE



The work of the 3 project groups is outlined below.

1. Health and Social Care Coordination

This project aims to develop systems processes and pathways associated with:

i) Health and Social Care Coordinator

- 1 coordinator per GP network covering a patient population of 35 – 40k: to work closely with Duty Doctors in the network
- First port of call for patients, relatives & carers – signposting, follow-up and early intervention
- Assess immediate needs & arrange further consultations
- Ensure a timely, managed response across settings to patient deterioration and admissions – enabling better transition management
- Initially offer 5 secondments for 6 months to health and social care staff: then evaluate role and function

ii) Transition Planning

- Transition planning links a patient's discharge with their ongoing care & management thru the GP network
- Existing processes, including medication review and discharge summary, will be incorporated into the transition plan on the ICP portal
- H&SCC would make contact with the patient within 48 hours of discharge, assess their immediate needs and arrange a consultation with the GP practice within 5 days
- The H&SCC would also have the patient's risk stratification profile and so be able to ensure a proportionate response (eg., arrange a follow up care planning consultation)

iii) **Assessment and Care Planning**

At the moment we have a fragmented approach to assessment & care planning...

- No consistent framework for assessment & care planning means patients have separate plans for each service/LTC/setting etc
- Information is usually collected manually not electronically resulting in wasted effort, limited information sharing
- Lack of standardisation of assessments means inconsistent decision-making among clinicians and agencies, limited potential to monitor quality and fund community care on casemix
- Assessment does not comprehensively cover all main social and clinical domains which means missed opportunities to prevent, recover and rehabilitate
- Proposal is to initially pilot use of InterRAI with a small cohort of practitioners and patients: full roll-out would take 2 years

iv) **InterRAI - Care Planning System**

- An evidence based, reliable & validated assessment & care planning system
- Electronic information capture & sharing across care settings and IT systems
- Triggers for care planning & further assessment embedded
- Consistent standards & decision-making
- Casemix capability, quality monitoring & benchmarking among providers
- High quality data is COLLECTED ONCE and then used for multiple purposes
- Crafted and tested across many countries to ensure good reliability and cultural appropriateness: InterRAI is used extensively in many areas of Nth America, Europe, Australia & New Zealand
- InterRAI has 20 years of data and evaluation to support its reliability & validity

2. Rapid Response

Rapid Response is an integrated service delivering home based nursing, rehabilitation and re-ablement to support individuals for a period of up to eight weeks. The service targets the following groups of people:

- Individuals who have experienced an acute exacerbation, or a health and/or social care 'crisis', but who can be safely managed in the

community with a package of care, as an alternative to unnecessary admission to hospital, or into residential or nursing care

- Individuals who require access to swift, intensive care in order to enable them to remain in their own home at the end of life.
- Patients who are suitable for early supported discharge from hospital and who can be safely transferred into the community with an appropriate care package in place

Rapid Response will also provide in-reach into residential and nursing homes, and there will be pathways in place from the LAS to a single point of access to ensure that, in cases where a hospital attendance is not required, individuals are effectively diverted into the Rapid Care Service.

Rapid Response will provide holistic assessment to individuals using a single assessment process, and will deliver combined packages of social and nursing care and therapies. GPs will provide medical oversight, and there will be access to specialist advice and resource. There will be a single point of access to the Rapid Response Service, with a guaranteed response time of 2 hours.

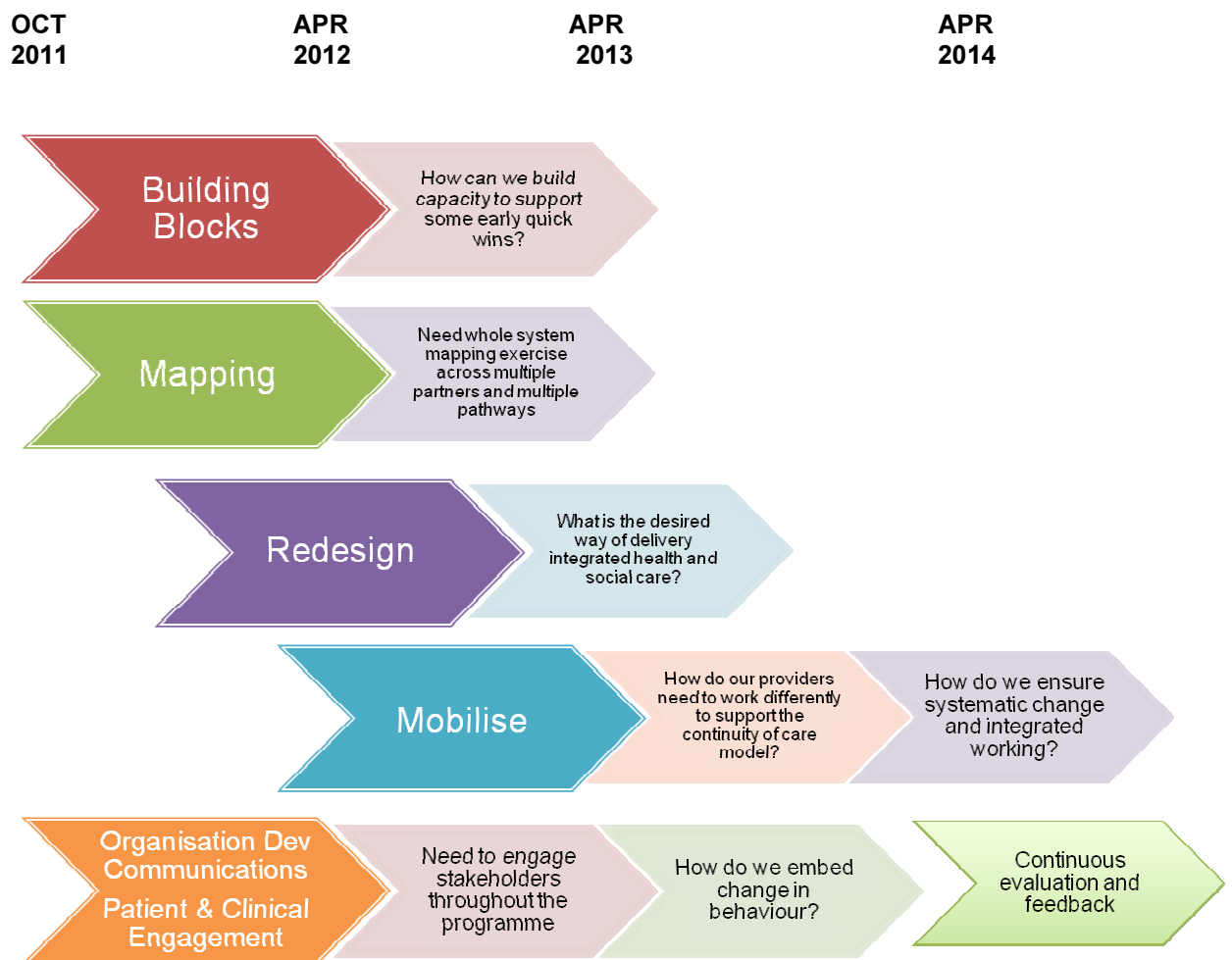
3. End of Life Care

The project on End of Life Care aims to

- To increase from 37% to 50% the proportion of people dying at home (including care homes)
- Reduce the number of people admitted to hospital from nursing homes to die
- 80% of EoL patients to be helped to move to their place of choice to receive care and die

An impressive 26 out of 31 GP Practices returned the Self Assessment which is informing the learning and development programme that will support GP Practices to work to the Gold Standards Framework and to manage advance care planning. To improve information and co-ordination the group is promoting use of the Co-ordinate my Care IT tool that will share information across providers and help put the patient at the centre of care and improve co-ordination between services.

HIGH LEVEL PROJECT PLAN



NEXT STEPS

The overall project plan outlined above requires significant system redesign for both health and social care providers. As described this will take several months and must be carried out in a structure way with strong organisational development support. In the meantime there are several elements of the changes which can be tested out as these are the 'building blocks' for parts of the new system. These early changes were discussed at a recent leadership workshop to gain early support to implementing these ideas.

29th September 2011 Leadership workshop

This was attended by the Chief Execs or other representatives of CCG, LBHF, CLCH, and IHCT. Tim Spicer and Jayne Liddle gave a presentation setting out the vision for Continuity of Care, the progress made so far and an overview of the recommendations from the working groups. For each of the three working groups, two presenters set out the proposed model and the recommendations:

- Health and Social Care Coordination – Tim Spicer and Benedict Hefford
- Rapid Response – Simon Edwards and Penny Magud
- End of Life - Peter Fermie and Sena Shah.

After each presentation, small groups discussed the proposals and brought back key points to the whole group. The group then agreed the key recommendations with variations where necessary.

Health and Social care Coordination

| <i>Recommendation</i> | <i>Actions</i> |
|--|--|
| Recruit 5 HSCCs, one per network. | Supported. Work through details of how best to deploy them. |
| Develop transition plan and agree arrangements. | Supported. Develop ICP system to send email alerts to GPs on admission/discharge from acute. Link to Rapid Response model. Develop transition plan. Work through details of HSCC role at point of transition. |
| Develop integrated assessment and care planning. | Supported. Work up InterRAI proposition and feedback to Programme Board, examining the pro's and cons. N.B. This must have an IT solution. |
| Recruit hybrid health and care workers to provide integrated care at home. | Supported. Draw up a patient pathway reflecting the "As Is" scenario (multiple workers/ interventions) - and a "To Be" pathway/ activity that reflects the work that a hybrid worker would take on. Decide reasonable workload per worker, and undertake modelling to explore how many workers would be required. Model "What ifs" for FACS criteria – i.e. impact if we offer short term hybrid worker regardless of eligibility. (N.B. analyst capacity.) |

Rapid Response

| <i>Recommendation</i> | <i>Actions</i> |
|--|--|
| Develop coordinated points of access to rapid response. | Supported. Continue mapping the existing entry points for services. Ensure there are effective links with the 111 service and A&E. |
| Develop the Rapid Response model along the lines proposed. | Supported. Define exceptions so that there is fast access to acute care for those who need it urgently. Analyse the activity data over the past 6 months. Analyse gaps in out-of-hours service provision. Engage with front line staff in the analysis and redesign of services. |

End of Life Care

| <i>Recommendation</i> | <i>Actions</i> |
|---|---|
| Develop a learning and development package for all H&F GP Practice Networks. | Supported. |
| Recruit an EoL Facilitator to support the Small GP Practice Network. | Supported but add cover to residential and nursing homes in H&F. Target poorly performing care homes. Explore whether it would be appropriate for the role of the facilitator to be taken up by someone from a specialist charitable organisation. |
| Develop options to ensure all stakeholders are aware of people at end of life in Hammersmith and Fulham and their care plans. | Understand ICP timetable but progress and support use of electronic EoL Register. |
| Develop options for a palliative sitting service for H&F EoL Patients. | Supported with benchmarking and data activity, costs and impacts on outcomes. |

FUTURE PROGRESS REPORTS

Progress against each of the recommendations is being reported to the Operations Group. A summary progress report from the Operations Group is attached below. It is intended that the CCG will receive a copy of this monthly project progress report in the future rather than this longer narrative.

Please find the first progress report for October 2011 below.

| | | | | | |
|---------------|----|------------------|-------------|------------|-------------|
| Report Number | 01 | Reporting Period | 1-15 Oct 11 | Issue date | 17 Oct 2011 |
|---------------|----|------------------|-------------|------------|-------------|

| | | |
|------------------------------|----------------------------------|-----------------|
| Project Name: | Project Lead | Project Manager |
| Continuity of Care Programme | Jayne Liddle Benedict Hefford | Tim Deeprise |

| | | | | | |
|------------|----|--------------------|-----------|---------------------|------------|
| % Complete | 1% | Project Start date | July 2011 | Project Finish date | March 2014 |
|------------|----|--------------------|-----------|---------------------|------------|

| No | Milestone Description | Planned | Actual (RAG) | Comments |
|----|--|-----------|--------------|---|
| 01 | Establish MDGs | Aug 11 | Aug 11 | Good news stories to be circ. re positive impact MDGs |
| 02 | Define specifics of project deliverables | Oct 11 | | To ensure all members working to same outcomes |
| 03 | Joint HSCC post | Jan 12 | | JD to be approved at Ops Grp 25.10.11 |
| 04 | Hybrid worker post | Nov 11 | | JD to be approved at Ops Grp 25.10.11 |
| 05 | EoL Facilitator | Nov 11 | | JD to be approved at Ops Grp 25.10.11 |
| 06 | System Mapping & modelling | Jan 12 | | Draft spec produced. Mtg Atos 26.10.11 |
| 07 | Electronic EoL register role out by NWL | 31 Mar 12 | | Training commencing 1 st week Nov. |

| |
|--|
| Progress since last period |
| <ul style="list-style-type: none"> Leadership group supported working groups' recommendations. Leadership group became Programme Board. Ops Group to meet monthly to allow more time for work group sessions. GP network leads asked to get more involved in programme. Draft PID to be approved at next Ops Grp 25.10.11 |

| |
|---|
| Planned work for next period |
| <ul style="list-style-type: none"> Define the specific details of the broad deliverables identified at leadership workshop Recruit to HSCC, Hybrid Worker and EoL Facilitator posts. Establish structured progress reporting from work groups Undertake procurement process for System Mapping Engage acute trusts more fully in rapid response and MDG approach |

| |
|---|
| Risks over 12 rating |
| <ul style="list-style-type: none"> Lack of clarity of specific deliverables Lack of tight progress reporting system Timescale for appointment to posts (as funding ceases for some at 31 Mar 12) |

Agenda Item 7



London Borough of Hammersmith & Fulham

HOUSING HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE

| DATE | TITLE | Wards |
|------------------|--------------------------------------|--------------|
| 15 November 2011 | White City Collaborative Care Centre | All |

SYNOPSIS

The London Borough of Hammersmith & Fulham and NHS Hammersmith and Fulham have worked together with the local population to develop a proposal for the Collaborative Care Centre that is intended to deliver integrated health and social care services to the White City neighbourhood in a manner that makes the Centre not only the service of choice for local people but also to provide specialist services to other local GP populations who would otherwise need to travel further in order to receive services. This report presents progress on planning for the Centre together with confirmation of affordability.

CONTRIBUTORS

LBHF/NHS H&F

RECOMMENDATION(S):

The Committee is asked to support the proposal for the Collaborative care Centre.

CONTACT

Miles Freeman, Acute
Commissioning &
Performance Director,
NHS H&F

NEXT STEPS

The full document will be presented to both the Council and the PCT Board for approval

White City Collaborative Care Centre
Business Case Report for the Health & Wellbeing Board
1st November 2011



Contents

1. Introduction and summary
2. The vision
3. Delivering the vision
4. Services delivery and stakeholder involvement
5. Affordability



1. Introduction and summary

This report has been prepared specifically for the consideration of the Health and Wellbeing Board and is presented with a request for the support of this Board, which will accompany the submission of the final Full Business Case on Friday 11th November 2011. The full document will be presented to both the Council and the PCT Board for approval.

The submission of the Business Case to NHS London and the Department of Health /Treasury is the final stage of a process that is intended to lead to approval of the proposal to redevelop the Blomfontein Road site. This development, which comprises a Collaborative Care Centre, residential units and retail space, represents the fulfilment of an important part of the vision of the London Borough of Hammersmith and Fulham to create a borough of opportunity for all in an area with considerable deprivation.

The entire development has now received planning permission, subject only to a Judicial Review period of 60 days that commences on 9th November 2011.

The London Borough of Hammersmith and Fulham and NHS Hammersmith and Fulham have worked together with the local population to develop a proposal for the Collaborative Care Centre that is intended to deliver integrated health and social care services to the White City neighbourhood in a manner that makes the Centre not only the service of choice for local people but also to provide specialist services to other local GP populations who would otherwise need to travel further in order to receive services.

This report presents progress on planning for the Centre together with confirmation of affordability.

2. The vision

The Council and PCT share a vision for improving the health of White City residents. Public health information and consultation reveals a picture of poor health amongst White City residents that results in higher than average unplanned care admissions to hospitals, higher rates of chronic diseases and ultimately to a life span that is in parts 10% lower than the average.

The vision is to provide continuity of care for the whole of the local population by providing health and social care teams in one, easily accessible location to provide an integrated assessment of need that will lead to comprehensive care plans.

The aim is to reduce unplanned admissions to hospitals and nursing homes by supporting people to improve their lifestyles and manage their long-term conditions more effectively.



3. Delivering the vision

Core themes from public engagement that will be addressed by the White City Collaborative Care Centre development included the desire to see:

- Modern fit for purpose buildings offering one-stop-shop support
- Greater integration of health, social care and housing support
- Improved quality of primary care
- Improved access to NHS dentistry
- Improved access to mental health support
- Better support for long-term conditions
- Better information and sign-posting to relevant services
- Services that promote health as well as treat illness
- Better support for carers

The White City Collaborative Care Centre will provide general practice services, specialist community health services and social work teams to deliver integrated care and services.

Specialist community-based health services will include:

- Heart disease
- Diabetic care
- Podiatry
- Tissue viability services
- Dermatology
- ENT
- Musculo-skeletal services
- Respiratory services
- Maternity services
- Gynaecology services
- Paediatric services
- Sexual & reproductive health services

Social care services will include:

- H&F Advice - Adult Social Care
 - Assessment teams
 - Social Workers
 - Community Nursing & Occupational Therapy
- Mental Health Services
 - Improving Access to Psychological Therapies
 - Community team consultations
- Training programmes, including
 - Expert patients' programmes
 - Health trainers

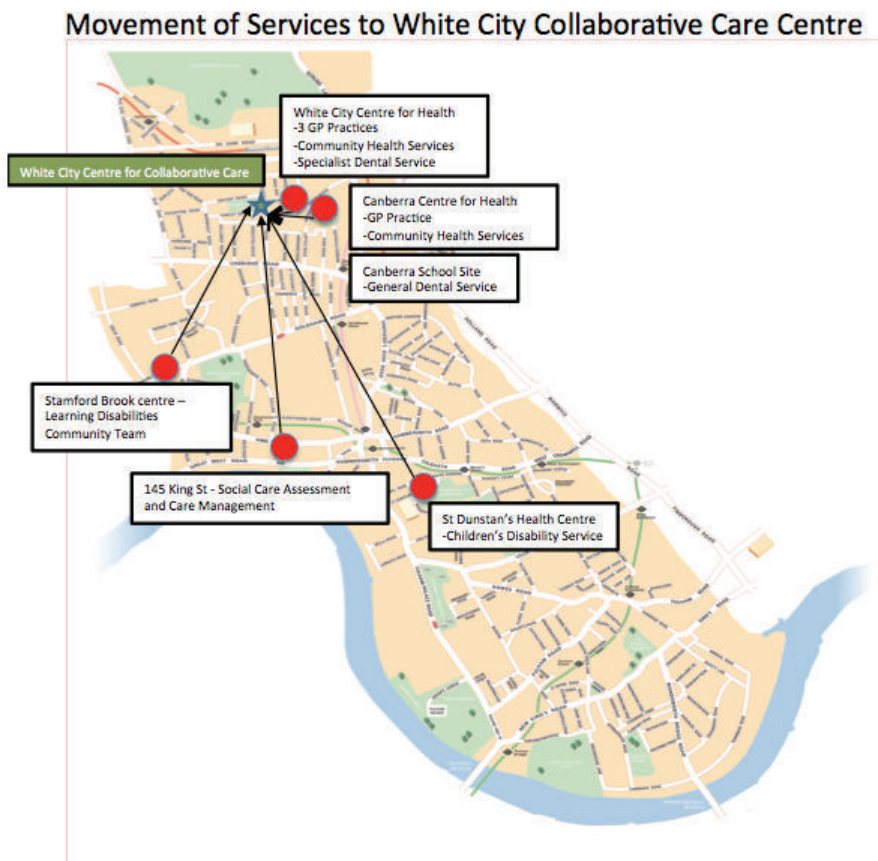


- Health Promotion & Illness prevention (e.g. smoking cessation)
- Health Promotion
- Sessional bookings from other services such as:
 - Interpreter and Advocacy Services.
 - Welfare rights and citizens' advice.
 - Self-help groups.
 - Alternative Health provision.

Services for children with disabilities will also be located at the White City Collaborative Care Centre as a means of providing integrated services for the north of the Borough where the most need is, close to the Jack Tizzard School. The impact of this relocation will be to:

- Provide a purpose-built solution that will allow more services to be provided outside hospital
- Increase efficiency and productivity
- Reduce waiting times

The map below identifies where current services will be relocated from in order to provide the high quality services that the people of White City need.



Temporary locations to be replaced by WCCCC

- the Canberra Centre for Health – a new practice which opened in January 2010 to boost general practice capacity in the area.
- the Canberra Dental Centre

Unfit locations to be replaced by WCCCC

- Current White City Health Centre – housing three GP practices and a range of community care clinics
- St Dunstan's Health Centre – housing specialist community services for children with disabilities. This service requires more space and better facilities provided in the north of the Borough.

4. Services Delivery and stakeholder involvement

A wide range of stakeholders has been involved in the development of the White City Collaborative Care Centre proposals from its initial conception. The local communities that the Centre will serve, the providers who will be based there and those potentially impacted by the related care pathway redesign have all been actively engaged. Recently the engagement has focused on the interface with Wormholt Park and updates on the planning application.

The PCT and the Council wish to ensure that residents and other key stakeholders continue to be involved in the White City Collaborative Care Centre development and a forward looking communications and engagement plan is being developed for the next phases of work through to completion and service launch.

5. Affordability

The total Lease Plus charge for the PCT element of the White City Collaborative Care Centre will be £534,800.00 per annum and the contract will run for 25 years.

The cost to the PCT will be funded by a combination of capital contribution from the sale of redundant buildings and a reduction in overall capital charges.

Any remaining gap will be met through reductions on expenditure in acute care associated with reductions in hospital and nursing home admissions.





London Borough of Hammersmith & Fulham

HOUSING HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE

| DATE | TITLE | Wards |
|------------------|-------------------------|--------------|
| 15 November 2011 | Remodel of Day Services | All |

SYNOPSIS

The remodel of day services includes proposals on relocation of some services and sharing building space with various groups.

An update presentation will be provided at the meeting.

CONTRIBUTORS

Adult Social Care

RECOMMENDATION(S):

The Committee is asked to comment on the proposals.

CONTACT

Hannah Carmichael

NEXT STEPS

A full report will be submitted to the meeting of the Cabinet on 30 January 2012.

Consultation on the remodel of day services

3 October to 23 December 2011

People who need care and support outside of their home sometimes go to a day service. This consultation is about proposals to remodel some of the Council's day services. The proposals include:

- Changing the way we provide day services for people with mental health needs and
- providing day services for different care groups in the same building.

▶ **The Council wants to provide high quality day services for people of all ages.**

▶ **We want our day services to be delivered in excellent premises.**

▶ **We want service users to choose our day services.**

What's new?

● The way the Council pays for people to be cared for has changed. Service users now have choice and control over how they receive their care, including having their own **personal budget**. They can spend this budget on any activity or service that will meet their needs. They do not have to buy services provided by the Council.

How does this affect our services?

● The Council wants to encourage people to buy alternatives to traditional day care. We believe that if they are able, people should be independent and part of the community. We want to continue to provide building-based day care, but only for those that need this type of facility; for example for people with profound learning disabilities, who need specialist equipment and accessible facilities.

What does this mean for the future of the day service buildings?

● Ellerslie Road is a state-of-the-art day centre. It is accessible for wheelchair users and has lots of space, so it could host many people. We want it to be full of activity and opportunity for the borough's residents that have day care needs.

At the moment the Ellerslie Road building is for people with mental health needs only. There is a lot of space in the building, but it is used by very few people. It hosts only mental health services: a Drop-in, a Social Inclusion service and a Reablement service. None of these services have enough users to keep them running and only the Drop-in needs to be based in a centre.

● The Council wants to turn the Ellerslie Road building into a Resource Centre, to be used by people with different needs. We want the whole building to be used by many people, everyday of the week. This proposal would mean the building would host a service for adults with learning disabilities (currently called **Options** and provided in-house), an all-age physical needs service (currently an older person only service and provided by **Nubian Life**) and a mental health drop-in.

● **Options** is currently based in 280 Goldhawk Road, which is a Grade II listed property. The Grade II listing and structure of the property means that it cannot be fully adapted to suits the needs of the learning disability service users. The building is under-used because there are areas of it that cannot be accessed by those with physical disabilities.

● **Nubian Life** is currently based in 50 Commonwealth Avenue, which is a building that is in a poor state of repair. It is small and has poor facilities for disabled people, making it hard for the service to provide for people with physical needs.

● **Ellerslie Road** is a superior building and we think it is large enough to host a service for people with learning disabilities, a service for people with physical needs and a mental health drop-in for those who currently use it. This would mean the **Options** and **Nubian Life** services could move to Ellerslie Road. 280 Goldhawk Road and 50 Commonwealth Avenue would therefore no longer be needed, so could be disposed of.

Learning disabilities day service (Options)

Mental health drop-in

Ellerslie Resource Centre

All-age physical needs day service (Nubian Life)

Other support services

Where would the current Ellerslie Road service users go?

- They would all be offered an assessment for the opportunity to attend the new intensive recovery service. Mental health service users also have two other day services in H&F: Blythe Road, which is run by Mind and the Barons Court Centre. Both of these services offer drop-in support and activities for people with mental health needs. We are interested to hear your views on how these services would complement the changes at Ellerslie Road.
- There is a small number of long term Ellerslie Road Drop-in users and a group that use a weekend service known as the Blakafe. They are very reliant on the venue to get support from their peers. The Council understands their needs and wants to continue to provide space at Ellerslie Road for these long term users. The drop-in would no longer have lunch provided, but the weekend Blakafe would continue to have use of the kitchen.

Why does the Council want to remodel the day services?

- The Council wants people with day care needs to be included in community life, rather than being separated in a day centre. We want to provide services that enable recovery, i.e that will help people to manage in the community and prevent them from needing long-term care.
- The Council is proposing to create a **short-term, intensive recovery support service** for mental health users, to replace the Reablement service at Ellerslie that very few people wanted to use. The existing service users of Ellerslie Road would be able to access this new service, as would many other people with mental health needs.
- This new intensive recovery service for mental health users would not need a purpose-built day centre to operate from; the groups and training would be based in community halls and venues. Therefore, as proposed above, Ellerslie Road could be used by other services.



- Ellerslie Road**
50 Ellerslie Road
London W12 7BW
- Nubian Life**
50 Commonwealth Avenue
London W12 7QR
- Options**
280 Goldhawk Road,
London W12 9PF
- Mind day service**
62 Blythe Road
London W14 0HP
- Barons Court Project**
69 Talgarth Road
London. W12 7BW



Consultation on the remodel of day services

Questionnaire



We would like to know what you think of our proposed changes to day services. We invite you to complete the following eight questions and come to one of our consultation meetings to tell us your views.

Q1. The small number of mental health day service users do not need the whole of a large, purpose built day centre. This means Ellerslie Road can be used by other day service users. Do you agree?

- Strongly agree Agree Disagree Strongly disagree

Q2. The learning disabilities day service (Options) and a day service for people with physical needs (Nubian Life) cannot stay in their current buildings. We want both services to move to Ellerslie Road and use separate areas, so both will benefit from the modern, purpose-built day centre.

What do you think the Council should do to make sure this works for both services?

Q3. The Nubian Life service is currently only for older people. We think that day services should welcome all adults who need day care, whatever their age. Do you agree?

- Strongly agree Agree Disagree Strongly disagree

Q4. The Council believes it should continue to provide space at the Ellerslie Road centre for the existing, long-term service users of the Drop-in service. Do you agree?

- Strongly agree Agree Disagree Strongly disagree

Q5. Do you have any concerns about the impact of these proposals for any particular communities in the borough?

- Yes No

If you have answered yes, which communities and how will they be affected?

Q6. How could the Council make sure that the proposed changes will not impact negatively on people?

Q7. Are you a user of:

- Options Ellerslie Road Nubian Life

Q8. Are you answering this on behalf of a service user who lacks mental capacity?

- Yes No

Q9. Any comments? If you have any further comments please use a separate piece of paper.

This proposal is subject to a twelve week consultation period from 3 October to 23 December 2011. You can make your views known in one of the following ways:

1. Consultation questionnaire - you can complete the questions on this document and return it:

- in the pre-paid envelope supplied
- via a day centre worker
- via a council staff member
- at any council reception point

You can ask a council staff member, a family member or a friend to help you complete the questions.

2. Consultation events - you can express your views at one of the day services consultation events.

Each day centre has a meeting arranged – please ask the staff for details of your event.

There will also be a series of consultation meetings with service users, carers and stakeholders. Details of consultation events will be posted on the council website www.lbhf.gov.uk

EQUALITIES INFORMATION

AGE

- Under 16 16-24 yrs 25-29 yrs
 30-39 yrs 40-49 yrs 50-59 yrs
 60 yrs or over

DISABILITY

Do you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities?

- Yes No

GENDER

- Female Male Transgender

Ethnic group I would describe myself as:
(Please mark one box only)

ASIAN OR ASIAN BRITISH

- Indian Pakistani Bangladeshi
 Any other Asian background (please specify):

BLACK OR BLACK BRITISH

- Caribbean African

Any other black background (please specify):

MIXED RACE

- White and black Caribbean
 White and black African
 White and Asian

Any other mixed background (please specify):

WHITE OR WHITE BRITISH

- White British White Irish
 Any other white background (please specify):

CHINESE OR OTHER ETHNIC GROUP

- Any other ethnic background (please specify):



RETURN QUESTIONNAIRE TO

London Borough of Hammersmith & Fulham
Community Services Department, 4th Floor, 77 Glenthorne Road, London W6 0LJ

Many thanks for taking the time to complete this questionnaire.

For further information, or if you would like any part of this document interpreted into your own language, or produced in large print, easy read or Braille, please email hannah.carmichael@lbhf.gov.uk or telephone Hannah Carmichael on 020 8753 5384.

Agenda Item 9



London Borough of Hammersmith & Fulham

HOUSING HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE

| DATE | TITLE | Wards |
|------------------|----------------------------------|--------------|
| 15 November 2011 | Shadow Health & Well-being Board | All |

SYNOPSIS

The draft minutes of the meeting held on 13 September 2011 are **for information only**.

CONTRIBUTORS

David Evans
Principal Strategy and
Performance Officer

RECOMMENDATION(S):

The committee is asked to note the draft minutes.

CONTACT

David Evans
Principal Strategy and
Performance Officer

NEXT STEPS

N/A

Shadow Health & Well-being Board 13 September 2011

Attendees:

Cllr Joe Carlebach, Cabinet Member for Community Services (Chairman)
Cllr Helen Binmore, Cabinet Member for Children's Services
Dr Tim Spicer, Chair of the GP Commissioning Consortia
Dr Melanie Smith, Director of Public Health
Geoff Alltimes, Chief Executive
Tim Tebbs, PCT Borough Director - H&F
Benedict Hefford, Assistant Director, Quality, Commissioning & Procurement (for Heather Schroeder, Director of Community Services)
David Evans, Principal Strategy and Performance Officer
Carole Bell (for Andrew Christie, Director of Children's Services)
Mark Creelman, Director of Strategy and QIPP Implementation, INWL PCTs

Apologies: Heather Schroeder, Director of Community Services, Andrew Christie, Director of Children's Services

1. Minutes of the meeting of 28 June 2011

- 1.1 NHS London are developing a project on a joint LA/NHS approach to community equipment. If it proceeds then Carole will circulate relevant information.

Action: Carole Bell to circulate information as and when it becomes available.

- 1.2 The priorities agreed at the last meeting are being reported to the Housing Health and Adult Social Care Select Committee on 13 September.
- 1.3 It was agreed that the Health Champion priority is too narrow and needs to be broadened to encompass health improvement.

Action: The draft priorities are to be modified to broaden the Health Champion priority to one of Health Improvement.

- 1.4 The business case for the White City Collaborative Care Centre is progressing. The Council is pressing NHSL to cut its processing time from six months to six weeks. A decision is expected in January 2012.

2. Inner North West London financial position and Commissioning Intentions 2012/13

- 2.1 Mark Creelman presented the outline Commissioning Intentions 2012/13 and highlighted the challenging timescale. The high level draft intentions need to be submitted to NHSL next week with further detail to be added by November, when the HWB will be asked to consider them again.

Action: David Evans to schedule a HWB meeting in November to consider the next version of the commissioning intentions.

- 2.2 The Case for Change is still valid and priority areas have largely remained the same as last year with the addition of integration and a 20% efficiency reduction requirement. The 2012/13 intentions have broader approach, expanding the usual acute focus to give more attention to mental health, children and joint commissioning.
- 2.3 GPs are leading the process in consultation with key partners which this discussion will be a part of. The HWB was invited to highlight any omissions. Further consideration needs to be given to the role that the Board needs to play in developing future INWL/CCG commissioning intentions.

Action: David Evans to schedule a discussion on the role of the HWB in the development of INWL/CCG commissioning intentions for a future meeting.

- 2.4 Cllr Carlebach queried how those intentions which don't necessarily fit the process would be included. Mark Creelman responded that each lead commissioner would draw up proposals and the PCT draws together those proposals in a coherent manner as the Commissioning Intentions. Commissioning of primary care sits with the NWL PCT cluster. Cllr Carlebach requested a matrix summarising who does what in relation to dentistry and public health.

Action: Mark Creelman to provide a summary of INWL lead commissioners and their responsibilities.

- 2.5 It was agreed that the Board needs to aim for a joint plan which sets out our collective commissioning intentions for 2012/13. This would need to include tri-borough commissioning plans and cover:
- Managing demand differently – where join up is happening and changing supply by joining assessment and care planning.
 - Using procurement strategies and processes to challenge providers on price.
 - Performance is improving as a result of innovation, however, there is the issue of struggling to establish new relationships during a period of rapid change and reductions in numbers of people
 - Continuity of Care will change both the system as well as the pathway, without which the efficiencies will not be delivered.
 - There is a need to develop offers for residents which address "Prevention", "Are sick" and "End of life".
 - Linkages between the Health and Well-being commissioning intentions and children's commissioning intentions.
- 2.6 These issues need to be captured as part of a discussion document with input from Melanie Smith and Benedict Hefford and aimed at wider

public. The H&F summary of children's services is a model with a simple statement about what we are trying to achieve in schools.

Action: Melanie Smith & Benedict Hefford to develop a discussion document for a future meeting.

3. Imperial College Healthcare NHS Trust funding and the future of Charing Cross Hospital

- 3.1 The Council are seeking a strategic approach from Imperial regarding the future of Charing Cross, rather than piecemeal changes which appears to be what is happening at the moment.
- 3.2 The HWB needs to get a sense of how to work across the provider landscape to meet the needs of the population. Imperial needs to consider how it responds to issues which make a difference to the population.
- 3.3 The HWB is an opportunity to resolve issues before they become crises. The HWB, in the context of a willingness to have a dialogue, can manage the debate to ensure that it is balanced, well-rounded and meets the needs of the residents of H&F.
- 3.4 The Board needs to influence INWL PCTs to use their capacity to establish a dialogue. Mark Davies' approach does represent progress, however, there is still more progress to be made.

Action: Mark Creelman to feed back that it is better to have the conversation early, rather than later and the message is to keep the Council informed in advance about any issues.

4. Continuity of Care

- 4.1 The Continuity of Care workstream is being developed.

Action: Continuity of Care to be included on the agenda for the next meeting and Jayne Liddle to present with Carole Bell providing an overview of how Children's Services would fit in relation to the Continuity of Care Model.

5. Update on the Public Health Reforms, including the new PCT Public Health Submission

- 5.1 DH published an update on the new public health arrangements in July. There is an overwhelming view that the local authority role is too narrowly defined, with local authorities expected to provide a core public health offer. Locally, DPHs are thinking about it with commissioners to clarify what LAs will commission and be prescribed to deliver.

- 5.2 There is little change on the role of Public Health England and a lack of clarity on the transfer of staff to local authorities
- 5.3 In London there is agreement between the Mayor and London Councils, that the London Health Improvement Board will be allocated a 3% top slice of the London authorities public health allocation and will have four priorities: adults, childhood obesity, cancer and data transparency.
- 5.4 It has been agreed that the assessment of PCT 2010/11 public health spend should be shared with local authority colleagues for comment with the expectation that shadow allocations will be published this year. A key issue could be a rapid move to capitation formula as H&F is currently over capitation.

Action: Geoff Alltimes agreed to share the NHS Future Forum work on Public health and PHE engagement workstream.

6. Winter Flu Vaccinations for Vulnerable People 2011/12: Local Plan

- 6.1 Following the death last year of a child who hadn't been vaccinated. Cllr Carlebach was particularly concerned that vaccinations are being promoted to pregnant women, parents and guardians of vulnerable children through schools and maternity facilities. Staff at schools are well placed to ensure that conversations are had with parents and that consistent messages are promoted.

Action: Carole Bell has spoken to CLCH on this and would send info to Cllrs. Carlebach and Binmore

- 6.2 Health Visitors are willing to be involved, however, some schools don't have an appropriate place for it to happen. It was agreed to discuss in more depth at a future meeting.

Action: David Evans to include an item on Proper facilities in schools for Health Visitors on the work programme.

- 6.3 Another key vulnerable group are children and pupils going through the acute hospital systems as they don't regularly see GPs and not asked if vaccinated as a matter of routine.
- 6.4 The role of public health in the process is to advise rather than direct, and public health would work through service commissioners.

Action: Melanie Smith to arrange for seasonal flu leads to meet with school heads to discuss vaccination.

- 6.5 Cllr Carlebach also expressed concern that private GPs were not included in a full list of GPs for communication purposes. Melanie

Smith pointed out that the PCT will share information if private GPs let the PCT have their contact details.

Action: Cllr. Carlebach to circulate contact details of leading private GPs in the borough.

7. Update on HealthWatch and Health & Social Care Bill

- 7.1 David Evans briefly informed the Board that H&F were a pathfinder for Healthwatch and that the Health & Social Care Bill is now expected to receive Royal Assent in May 2012.

Next meeting; 4pm, Tuesday, 1 November 2011.

Agenda Item 10

London Borough of Hammersmith & Fulham



HOUSING, HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE

| DATE | TITLE | Wards |
|------------------|---|-----------|
| 15 November 2011 | Work Programme and Forward Plan 2011-2012 | All Wards |

SYNOPSIS

The draft work programme has been drawn up, in consultation with the Chairman, from items in the Forward Plan and from action arising from previous meetings of the Housing, Health and Adult Social Care Select Committee and its predecessor committees.

The committee is requested to consider the items within the proposed work programme set out at Appendix A to this report and suggest any amendments or additional topics to be included in the future.

Attached as Appendix B to this report is a copy of the Forward Plan items showing the decisions to be taken by the Executive at the Cabinet.

CONTRIBUTORS

Finance and Corporate Services

RECOMMENDATION(S):

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

CONTACT

Sue Perrin
020 8753 2094

NEXT STEPS

n/a

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

| |
|--|
| 28 June 2011 |
| Imperial College NHS Trust <ul style="list-style-type: none"> • Vascular and Orthopaedic Surgery Service Reconfiguration: Update • Delivery of Balanced Operating Plan |
| Health Inequalities: Task Group Final Report |
| Housing Capital Programme 2011/2012 |
| Milton Road Health Centre |
| Tri-Borough Proposals for Adult Social Care |
| 13 September 2011 |
| Imperial College Healthcare NHS Trust: Arterial and Orthopaedic Surgery Service Reconfiguration: Update |
| London Cancer Services: Proposed Model of Care |
| West London Mental Health Trust: Foundation Trust Status Application Consultation |
| Housing Benefits: Update |
| 15 November 2011 |
| Continuity of Care |
| Housing: Resident Involvement |
| NHS INWL Commissioning Intentions 2012/2013 |
| White City Collaborative Care Centre |
| 18 January 2012 |
| Budget 2012/2013 |
| Direct Payments/Personal Budgets |
| Housing Benefits Update |
| |
| Imperial College Healthcare NHS Trust: Long Term Proposals for the Future of Hammersmith and Charing Cross Hospitals |

| |
|---|
| |
| Tri-borough Adult Social Care Mandates |
| 22 February 2012 |
| 3 rd Sector Update |
| Healthcare Reforms: Update |
| Healthwatch: Development of Local Model |
| Housing Tenant Involvement |
| London Cancer Services: Implementing the Model of Care: Local Implications |
| NHS Inner North West London Update |
| 17 April 2012 |
| H&F Lift Maintenance |
| Housing Benefits |
| Transition from Children's to Adult Social Care |
| Pending Items |
| Health and Safety Audit Programme for Housing and Regenerations Housing Estate Investment Plan Housing Company Public Health Transition Plans Tri-borough Adult Social Care: Risks Unemployed people back to work/school leavers into work WLMHT Consultation on Community Mental Health Services |

FORWARD PLAN OF KEY DECISIONS

Proposed to be made in the period November 2011 to February 2012

The following is a list of Key Decisions, as far as is known at this stage, which the Authority proposes to take in the period from November 2011 to February 2012.

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

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

The Forward Plan will be updated and published on the Council's website on a monthly basis. (New entries are highlighted in yellow).

NB: Key Decisions will generally be taken by the Executive at the Cabinet. The items on this Forward Plan are listed according to the date of the relevant decision-making meeting.

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

Consultation

Each report carries a brief summary explaining its purpose, shows when the decision is expected to be made, background documents used to prepare the report, and the member of the executive responsible. Every effort has been made to identify target groups for consultation in each case. Any person/organisation not listed who would like to be consulted, or who would like more information on the proposed decision, is encouraged to get in touch with the relevant Councillor and contact details are provided at the end of this document.

Reports

Reports will be available on the Council's website (www.lbhf.org.uk) a minimum of 5 working days before the relevant meeting.

Decisions

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

Making your Views Heard

You can comment on any of the items in this Forward Plan by contacting the officer shown in column 6. You can also submit a deputation to the Cabinet. Full details of how to do this (and the date by which a deputation must be submitted) are on the front sheet of each Cabinet agenda.

LONDON BOROUGH OF HAMMERSMITH & FULHAM: CABINET 2010/11

| | |
|---|--------------------------------------|
| Leader: | Councillor Stephen Greenhalgh |
| Deputy Leader (+Environment and Asset Management): | Councillor Nicholas Botterill |
| Cabinet Member for Children's Services: | Councillor Helen Binmore |
| Cabinet Member for Community Care: | Councillor Joe Carlebach |
| Cabinet Member for Community Engagement: | Councillor Harry Phibbs |
| Cabinet Member for Housing: | Councillor Andrew Johnson |
| Cabinet Member for Residents Services: | Councillor Greg Smith |
| Cabinet Member for Strategy: | Councillor Mark Loveday |

Forward Plan No 114 (published 14 October 2011)

LIST OF KEY DECISIONS PROPOSED NOVEMBER 2011 TO FEBRUARY 2012

Where the title bears the suffix (Exempt), the report for this proposed decision is likely to be exempt and full details cannot be published.

New entries are highlighted in yellow.

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

| Decision to be Made by: (ie Council or Cabinet) | Date of Decision-Making Meeting and Reason | Proposed Key Decision | Lead Executive Councillor(s) and Wards Affected |
|--|--|--|---|
| November | | | |
| Cabinet | 7 Nov 2011 | <p>The General Fund Capital Programme, Housing Capital Programme and Revenue Monitoring 2011/12 Month 5</p> <p>Report seeks approval to changes to the Capital Programme and Revenue Budget.</p> | Leader of the Council |
| | Reason: Expenditure more than £100,000 | | Ward(s): All Wards |
| Cabinet | 7 Nov 2011 | <p>Use of 2011/12 HFBP profit share to fund e-services in 2011-12</p> <p>This report requests approval to use the HFBP profit share to pursue further e-services as part of a wider self serve strategy.</p> | Leader of the Council |
| | Reason: Expenditure more than £100,000 | | Ward(s): All Wards |
| Cabinet | 7 Nov 2011 | <p>Planned preventative maintenance and breakdown repairs of mechanical plant in specialist non-housing properties; planned preventative maintenance for mechanical systems (including air conditioning) 2011-2015</p> <p>Tender Acceptance to appoint contractor to carry out servicing of mechanical plant, day-to-day repairs, inspection and planned maintenance repairs to Non-Housing Properties.</p> | Deputy Leader (+Environment and Asset Management) |
| | Reason: Expenditure more than £100,000 | | Ward(s): All Wards |

| Decision to be Made by: (ie Council or Cabinet) | Date of Decision-Making Meeting and Reason | Proposed Key Decision | Lead Executive Councillor(s) and Wards Affected |
|---|---|---|--|
| Cabinet | 7 Nov 2011 | Approval of delegated award of Sex and Relationship and Substance Misuse Education Contract To agree delegation of contract award to Cabinet Member. | Cabinet Member for Children's Services |
| | Reason: Expenditure more than £100,000 | | Ward(s): All Wards |
| Cabinet | 7 Nov 2011 | Earl's Court Redevelopment Project The Council has been exploring the benefits of including the West Kensington and Gibbs Green estates within the proposed comprehensive redevelopment of Earl's Court and Lillie Bridge depot. | Leader of the Council |
| | Reason: Expenditure more than £100,000 | | Ward(s): North End |
| Cabinet | 7 Nov 2011 | Social Housing Fraud Paper to outline the strategy to ensure social housing properties are used for those in need and to identify where this funding fits into that strategy, asking for approval for the funds. | Leader of the Council |
| | Reason: Expenditure more than £100,000 | | Ward(s): All Wards |
| Cabinet | 7 Nov 2011 | Nos 5 and 17-31 Carnwath Road, London, SW6 Sale of Council's Freehold Interest in Collaboration with Current Tenants. | Deputy Leader (+Environment and Asset Management) |
| | Reason: Expenditure more than £100,000 | | Ward(s): Sands End |
| Cabinet | 7 Nov 2011 | Health and safety Audit Programme for Housing and Regeneration. This paper outlines the proposed independent health and safety audit programme for the Housing and Regeneration Department, focusing on the main property related legislative requirements with respect to gas, fire, legionella and asbestos safety. | Cabinet Member for Housing |
| | Reason: Expenditure more than £100,000 | | Ward(s): All Wards |

| Decision to be Made by: (ie Council or Cabinet) | Date of Decision-Making Meeting and Reason | Proposed Key Decision | Lead Executive Councillor(s) and Wards Affected |
|---|---|---|--|
| Cabinet | 7 Nov 2011 | Statutory Compliance Audit Contract for undertaking a four year programme of auditing for compliance of the Departments arrangements for Gas Safety, Fire Safety, Asbestos Management and Legionella Management. | Cabinet Member for Housing |
| | Reason: Expenditure more than £100,000 | | Ward(s): All Wards |
| Cabinet | 7 Nov 2011 | Funding Request for Tri-Borough Additional Costs This report requests funding for the H&F share of the necessary additional staff costs, identified to date, that are being incurred in order to secure the delivery of the Tri-Borough proposals and associated benefits which include £11 savings for H&F by 15/16. | Leader of the Council |
| | Reason: Expenditure more than £100,000 | | Ward(s): All Wards |
| Cabinet | 7 Nov 2011 | Outcome of Consultation on the Housing Estate Investment Plan This report notes the outcome of the consultation exercise on the Housing Estate Investment Plan. | Cabinet Member for Housing |
| | Reason: Affects more than 1 ward | | Ward(s): All Wards |
| Cabinet | 7 Nov 2011 | Custody Pathfinder Two year project with Westminster, Kensington and Chelsea and Ealing to cut the costs of youth custody in advance of financial responsibility being transferred to local authorities. | Cabinet Member for Children's Services |
| | Reason: Affects more than 1 ward | | Ward(s): All Wards |
| December | | | |
| Cabinet | 5 Dec 2011 | The Archives Service Review This report will outline the current position and recommend options for the future delivery of the Council's archives service. | Cabinet Member for Residents Services |
| | Reason: Affects more than 1 ward | | Ward(s): All Wards |

| Decision to be Made by: (ie Council or Cabinet) | Date of Decision-Making Meeting and Reason | Proposed Key Decision | Lead Executive Councillor(s) and Wards Affected |
|---|---|--|--|
| Cabinet | 5 Dec 2011 | Highways Planned Maintenance Programme 2012/13 | Deputy Leader (+Environment and Asset Management) |
| | Reason: Expenditure more than £100,000 | The purpose of the report is to seek approval for the projects listed within the Carriageway and Footway Planned Maintenance programme and to establish a degree of flexibility in the management of the budgets and programme during the year. | Ward(s): All Wards |
| Cabinet | 5 Dec 2011 | Shepherds Bush Common Improvement Project | Cabinet Member for Residents Services |
| | Reason: Expenditure more than £100,000 | Approval to appoint works contractors to undertake restoration works on Shepherds Bush Common. | Ward(s): Shepherds Bush Green |
| Cabinet | 5 Dec 2011 | Parking Projects Programme 2011/12 | Deputy Leader (+Environment and Asset Management) |
| | Reason: Expenditure more than £100,000 | This report outlines the key parking priorities of the Council and presents a parking projects programme for 2011/12. | Ward(s): All Wards |
| Cabinet | 5 Dec 2011 | Travel Assistance Policies | Cabinet Member for Children's Services |
| | Reason: Affects more than 1 ward | Travel Assistance Policy – Special education needs (SEN) | Ward(s): All Wards |
| Cabinet | 5 Dec 2011 | Serco Contract Review | Cabinet Member for Residents Services |
| | Reason: Expenditure more than £100,000 | Following a review of the financial and service performance of the Serco Waste and Cleansing contract, a clearer performance regime is proposed that provides greater value for money, improves service quality and is based on the principles of risk and reward. | Ward(s): All Wards |

| Decision to be Made by: (ie Council or Cabinet) | Date of Decision-Making Meeting and Reason | Proposed Key Decision | Lead Executive Councillor(s) and Wards Affected |
|---|---|---|--|
| Cabinet | 5 Dec 2011 | <p>Corporate Network Strategy</p> <p>Significant parts of the existing corporate data network have been in service for over nine years and critical components have reached the end of their life. From June 2013, a number of products become unserviceable and will need to be replaced. Other elements of the corporate network need work to make them suitable for tri-borough working or to provide business continuity.</p> | Leader of the Council |
| | Reason: Expenditure more than £100,000 | | Ward(s): All Wards |
| Cabinet | 5 Dec 2011 | <p>Update on Libraries Strategy: Barons Court Community Library</p> <p>On 10th January 2011 Cabinet agreed to end the Council-run service at Barons Court Library from 31st March 2011 and to transfer the library provision to a community-run service. Due to timing issues, on 18th April 2011 Cabinet agreed to additional one-off funding. This was to ensure a continuous provision of service from the site, pending implementation of the new arrangements which are currently being progressed.</p> | Cabinet Member for Residents Services |
| | Reason: Significant in 1 ward | | Ward(s): Avonmore and Brook Green |
| Cabinet | 5 Dec 2011 | <p>Housing Capital Programme 2012/13</p> <p>The purpose of the report is to seek approval for the proposed 2012/13 housing capital programme</p> | Cabinet Member for Housing |
| | Reason: Affects more than 1 ward | | Ward(s): All Wards |
| Cabinet | 5 Dec 2011 | <p>The General Fund Capital Programme, Housing Capital Programme and Revenue Monitoring 2011/12 Month 6</p> <p>The report seeks approval to changes to Capital Programme and Revenue Budgets.</p> | Leader of the Council |
| | Reason: Expenditure more than £100,000 | | Ward(s): All Wards |

| Decision to be Made by: (ie Council or Cabinet) | Date of Decision-Making Meeting and Reason | Proposed Key Decision | Lead Executive Councillor(s) and Wards Affected |
|---|---|--|--|
| Cabinet | 5 Dec 2011 | Contracts for the Management, Maintenance and Development of Satellite Tennis Centres | Cabinet Member for Residents Services |
| | Reason: Affects more than 1 ward | Outsourcing management and maintenance of tennis facilities at Hurlingham Park, Ravenscourt Park, and Eel Brook Common | Ward(s): All Wards |
| Cabinet | 5 Dec 2011 | Leasing of Glasshouses and Garden in Ravenscourt Park to Hammersmith Community Garden Association (HCGA) | Cabinet Member for Residents Services |
| | Reason: Significant in 1 ward | Proposed leasing of glasshouses and curtilage area to HGCA for 7 years as an environmental centre for outdoor learning and volunteering. | Ward(s): Ravenscourt Park |
| Cabinet | 5 Dec 2011 | Measured Term Contract for Day-to-Day Breakdown Repair and Maintenance to Lift Plant and Associated Equipment to Housing Properties | Cabinet Member for Housing |
| | Reason: Expenditure more than £100,000 | Tender Acceptance Report to appoint contractor to carry out day to day breakdown repair and maintenance to lift plant and associated equipment in Housing Properties. | Ward(s): All Wards |
| Cabinet | 5 Dec 2011 | Measured Term Contract for Day-to-Day Breakdown Repair and Maintenance to Lift Plant and Associated Equipment to Non-Housing Buildings | Deputy Leader (+Environment and Asset Management) |
| | Reason: Expenditure more than £100,000 | Tender Acceptance Report to appoint contractor to carry out Day-to-Day Breakdown Repair and Maintenance to Lift Plant and Association Equipment in Non-Housing Properties. | Ward(s): All Wards |
| Cabinet | 5 Dec 2011 | Measured Term Contract for Planned Preventative Mechanical Maintenance for Boroughwide Housing Properties 2011-2015 | Cabinet Member for Housing |
| | Reason: Expenditure more than £100,000 | Tender Acceptance to appoint contractor to carry out | Ward(s): All Wards |

| Decision to be Made by: (ie Council or Cabinet) | Date of Decision-Making Meeting and Reason | Proposed Key Decision | Lead Executive Councillor(s) and Wards Affected |
|---|---|--|--|
| | | servicing of mechanical plant, day-to-day repairs, inspection and planned maintenance repairs to Housing Properties. | |
| Cabinet | 5 Dec 2011 | Measured Term Contract for Planned Preventative Maintenance to Mechanical Plant - Specialist Works 2011 - 2015 Tender Acceptance to appoint contractor to carry out servicing of mechanical plant, day-to-day repairs, inspection and planned maintenance repairs – Specialist Works. | Deputy Leader (+Environment and Asset Management) |
| | Reason: Expenditure more than £100,000 | | Ward(s): All Wards |
| Cabinet | 5 Dec 2011 | Measured Term Contract for Door Entry Systems – Boroughwide Housing Properties 2011 - 2015 Tender Acceptance to appoint contractor to carry out day to day reactive breakdown callout repairs together with a small element of routine servicing to door entry systems and automatic doors and barriers to the Council's Housing Properties. | Cabinet Member for Housing |
| | Reason: Expenditure more than £100,000 | | Ward(s): All Wards |
| Cabinet Full Council | 5 Dec 2011 | Treasury Management Mid Year Review This report covers Quarter 1 and 2 for 2011/12 and provides information on the Council's debt, borrowing and investment activity up to the 30 September 2011. | Councillor Stephen Greenhalgh |
| | 1 Feb 2012 | | Ward(s): All Wards |
| Cabinet | 5 Dec 2011 | Disposal of the Council's Property Interest in the Novotal, 1 Shortlands, London, W6, Basement Car Parking, and Metro Building, 1 Butterwick, London, W6 The report will set out the prices agreed for the disposal of the council's freehold and leasehold interests in the properties set out in the title of this report. | Deputy Leader (+Environment and Asset Management) |
| | Reason: Expenditure more than £100,000 | | Ward(s): Hammersmith Broadway |

| Decision to be Made by: (ie Council or Cabinet) | Date of Decision-Making Meeting and Reason | Proposed Key Decision | Lead Executive Councillor(s) and Wards Affected |
|---|---|--|--|
| Cabinet | 5 Dec 2011 | White City Collaborative Care Centre Approval of final business case and authorisation to reach financial close | Cabinet Member for Community Care |
| | Reason: Expenditure more than £100,000 | | Ward(s): Wormholt and White City |
| Cabinet | 5 Dec 2011 | S153 Equality Act 2010 Publication of Information and setting of Equality Objectives | Leader of the Council |
| | Reason: Affects more than 1 ward | | Ward(s): All Wards |
| Cabinet | 5 Dec 2011 | European Social Fund - Supporting Residents to Secure Employment Officers have successfully bid for £1,000,000 GLA European Social Fund (ESF) finance to deliver services which help unemployed residents secure employment. ESF funding must be matched equally with an complementary £1,000,000 from LBHF. This report seeks approval for £1,000,000 Council expenditure over two years as match funding from 1st Oct 2012 – 31st March 2014. This sum sits in the corporate Third Sector Investment Fund and is already allocated for employability support services until 30th September 2012. | Leader of the Council |
| | Reason: Expenditure more than £100,000 | | Ward(s): All Wards |
| Cabinet | 5 Dec 2011 | Borough Investment Plan Document setting out the Council's future affordable housing investment priorities to the Homes and Communities Agency and the Mayor of London. | Cabinet Member for Housing |
| | Reason: Affects more than 1 ward | | Ward(s): All Wards |

| Decision to be Made by: (ie Council or Cabinet) | Date of Decision-Making Meeting and Reason | Proposed Key Decision | Lead Executive Councillor(s) and Wards Affected |
|---|---|--|--|
| 9 January | | | |
| Cabinet | 9 Jan 2012 | Advertising and sponsorship opportunities | Cabinet Member for Residents Services |
| | Reason: Affects more than 1 ward | To market test for external expertise, on payment by reward basis, to help realise advertising and sponsorship opportunities across H&F. | Ward(s): All Wards |
| Cabinet | 9 Jan 2012 | Workplace replacement | Leader of the Council |
| | Reason: Expenditure more than £100,000 | Proposal to upgrade Microsoft Office to support collaborative tri borough working while also renewing the workplace IT device (PC) offer and the core desktop infrastructure to replace end-of-life hardware and software, increasing flexibility of deployment. | Ward(s): All Wards |
| Cabinet | 9 Jan 2012 | Cost reduction programme | Leader of the Council |
| | Reason: Expenditure more than £100,000 | Procurement of a five year contract for support on a gain share basis through two initiatives; savings from the renewal and renegotiation of contracts; enhanced revenues collection through improved debt management. | Ward(s): All Wards |
| Cabinet | 9 Jan 2012 | The General Fund Capital Programme, Housing Capital Programme and Revenue Monitoring 2011/12 Month 7 | Leader of the Council |
| | Reason: Expenditure more than £100,000 | Report seeks approval to changes to the Capital Programme and Revenue Budgets. | Ward(s): All Wards |
| Cabinet | 9 Jan 2012 | SmartWorking Stage D: Paperlight Office | Leader of the Council |
| | Reason: Affects more than 1 ward | Funding drawdown for corporate rollout of SmartWorking: update on SmartWorking, presents a business case and requests funds for the next stage (Stage D). | Ward(s): All Wards |

| Decision to be Made by: (ie Council or Cabinet) | Date of Decision-Making Meeting and Reason | Proposed Key Decision | Lead Executive Councillor(s) and Wards Affected |
|---|---|---|--|
| 30 January | | | |
| Cabinet | 30 Jan 2012 | Award of Term Contract for Public Lighting and Ancillary Works 2012-2015 | Deputy Leader (+Environment and Asset Management) |
| | Reason: Expenditure more than £100,000 | Decision to award the new Public Lighting and Ancillary Works contract to the most economically advantageous tender. | Ward(s): All Wards |
| Cabinet | 30 Jan 2012 | Remodelling of Day Services | Cabinet Member for Community Care |
| | Reason: Affects more than 1 ward | Remodelling of day services, including proposals on relocation of some services and sharing building space with various care groups. | Ward(s): All Wards |
| March | | | |
| Cabinet | 5 Mar 2012 | West London Housing Related Support Joint Framework Agreement | Cabinet Member for Community Care |
| | Reason: Affects more than 1 ward | Approval of the new framework agreement for housing related support services across eight West London boroughs. LBHF is the lead procurement borough for the new framework. | Ward(s): All Wards |
| Cabinet | 5 Mar 2012 | Corporate Planned Maintenance Programme 2012-2013 | Deputy Leader (+Environment and Asset Management) |
| | Reason: Expenditure more than £100,000 | Approval to commit to a programme of works | Ward(s): All Wards |
| Cabinet | 5 Mar 2012 | The General Fund Capital Programme, Housing Capital Programme and Revenue Monitoring 2011/12 month 8 | Leader of the Council |
| | Reason: Expenditure more than £100,000 | The report seeks approval for changes to the Capital Programme and Revenue Budgets. | Ward(s): All Wards |

| Decision to be Made by: (ie Council or Cabinet) | Date of Decision-Making Meeting and Reason | Proposed Key Decision | Lead Executive Councillor(s) and Wards Affected |
|---|---|--|--|
| Cabinet | 5 Mar 2012 | Market Management Sponsorship Contract for Advertising and Sponsorship Services | Cabinet Member for Residents Services |
| | Reason: Expenditure more than £100,000 | | Ward(s): All Wards |
| April | | | |
| Cabinet | 16 Apr 2012 | The General Fund Capital Programme, Housing Capital Programme and Revenue Monitoring 2011/12 month 9 The report seeks approval to changes to the Capital Programme and Revenue budgets. | Leader of the Council |
| | Reason: Expenditure more than £100,000 | | Ward(s): All Wards |
| Cabinet | 16 Apr 2012 | The General Fund Capital Programme, Housing Capital Programme and Revenue Monitoring 2011/12 month 10 The report seeks approval to changes to the Capital Programme and Revenue Budgets. | Leader of the Council |
| | Reason: Expenditure more than £100,000 | | Ward(s): All Wards |