London Borough of Hammersmith & Fulham

Housing, Health And Adult Social Care Select Committee

Agenda

Tuesday 13 September 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: 02 September 2011

London Borough of Hammersmith & Fulham

Housing, Health And Adult Social Care Select Committee

Agenda

13 September 2011

Item		Pages
1.	**MINUTES AND ACTIONS**	1 - 16

(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 28 June 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. IMPERIAL COLLEGE HEALTHCARE NHS TRUST 17 - 36

The presentation updates the committee on:

- revised proposals regarding arterial surgery;
- the recent commissioning of work to develop a joint long term clinical strategy;
- the Trust's recent Biomedical Research Centre bid: and
- orthopaedic surgery.

5. LONDON CANCER SERVICES: IMPLEMENTING THE MODEL OF CARE 37 - 44

The report updates the Committee on the progress towards implementing the cancer model of care across London.

6. WEST LONDON MENTAL HEALTH TRUST: FOUNDATION TRUST CONSULTATION PROCESS 45 - 62

This report outlines the foundation trust process and the key points of the consultation which commenced on 8th July 2011 and concludes on 27th October 2011

7. HOUSING BENEFITS CAP 63 - 67

This paper updates the Committee on progress of the Housing Benefit Assist (HB Assist) team.

8. SHADOW HEALTH & WELL-BEING BOARD 68 - 73

The draft minutes of the meeting held on 28 June 2011 are for information only.

9. WORK PROGRAMME AND FORWARD PLAN 2011-2012 74 - 87

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.

10. DATES OF NEXT MEETINGS

The Committee is asked to note that the dates of the meetings scheduled for this municipal year are as follows:

15 November 2011

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 28 June 2011

PRESENT

Committee members: Councillors Lucy Ivimy (Chairman), Iain Coleman, Stephen Cowan, Oliver Craig, Charlie Dewhirst and Peter Tobias

Co-opted members: Maria Brenton (HAFAD)

Other Councillors: Robert Iggulden

Officers: Geoff Alltimes (Chief Executive), Marian Harrington (Tri-borough Lead Director), Mike Kay (Assistant Director, Property Services), Sue Perrin (Committee Co-ordinator) and Roger Thompson (Decent Homes, Programme Manager)

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

NHS Hammersmith and Fulham: Tim Tebbs (Interim Borough Director), Judith Barlow (Head of Operations) and Becky Wellburn (Assistant Director of Commissioning)

1. MINUTES AND ACTIONS

RESOLVED THAT:

The minutes of the meeting held on 12 April 2011 be approved and signed as an accurate record of the proceedings.

2. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Michael Adam, Steve Hamilton and Rory Vaughan.

3. DECLARATIONS OF INTEREST

Councillor Carlebach declared a personal interest in respect of item 8, 'Imperial College Healthcare NHS Trust: Vascular and Orthopaedic Surgery Reconfiguration' as he is a trustee of Arthritis Research UK, and remained at the meeting.

Councillor Lucy Ivimy declared a prejudicial interest in respect of item 12, 'Housing Capital Programme 2011/2012', in that she had approved the programme in her previous role as Cabinet Member for Housing, and left the meeting for this item.

4. MEMBERSHIP AND TERMS OF REFERENCE

RESOLVED THAT:

The committee's membership and terms of reference as agreed at the Annual Meeting of the Council on 25 May 2011 be noted.

5. APPOINTMENT OF CO-OPTEES

RESOLVED THAT:

Maria Brenton, Chair of HAFAD, be appointed as a co-opted member for the 2011/2012 municipal year.

6. APPOINTMENT OF VICE CHAIRMAN

RESOLVED THAT:

Councillor Rory Vaughan be appointed as Vice-chairman of the committee.

7. HEALTH INEQUALITIES TASK GROUP

Councillor Robert Iggulden presented the report of the Health Inequalities Task Group, which had been appointed by the Overview & Scrutiny Board, following the successful bid by seven of the North West London Health Scrutiny Committees, led by Councillor Peter Tobias. The Centre for Public Scrutiny's Health Inequalities Programme commissioned by Local Government Improvement and Development, had recruited Scrutiny Development Areas to help develop the role of overview and scrutiny in tackling health inequalities and to design, develop and test a Scrutiny Resource Toolkit, now published and entitled 'Peeling the Onion'.

The North West London health scrutiny committees' chosen topic was Housing and Health, and each authority (in isolation or partnership) had investigated a specific strand of work. Hammersmith & Fulham, in conjunction

with Hounslow, had investigated the effects of the location and density of housing developments on health outcomes, and the task group had addressed three principle questions:

- How does the built environment affect health, well being and quality of life in the chosen locality?
- What aspects of the built environment should be a priority if health is to be improved?
- How can the Council, housing associations and health partners contribute to improving health through the built environment?

In order to demonstrate the conclusions of the review, Fulham Court Estate, Fulham Road was selected as a case study and interviews were held with tenants, GPs, the PCT and council officers amongst others.

The substantial health inequalities in Hammersmith & Fulham were a key point of the review, with unequal life expectancy between people living in different wards in the borough and between males and females.

Councillor Iggulden stated that Hammersmith and Fulham PCT had advised that Fulham Court was an area with a high rate of inequalities. There were substantial mental health risks with the prevalent conditions of damp, respiratory problems and social isolation.

Councillor Iggulden referred to the building by the Council of a children's and community centre, scheduled for completion in summer 2011. Residents had previously developed a range of community activities, often between disparate groups, and these activities continued to be held in temporary premises. Volunteers from the Doorstep Library helped to contact isolated families, by visiting children on the estate once a week to read stories and leave books.

Councillor Iggulden stated that the greater engagement of the housing officer, from the rent and repairs functions to provide, for example, help and advice with shopping and healthcare for residents who were becoming frail required a further shift in mindset. CCTV was still in the course of development, and there was substantial evidence of drugs on the estate.

Councillor Iggulden stated that, in his personal opinion, the Cassidy Medical Centre had not become community based and had not facilitated the joint working of the local PCT and other community groups. It had appeared to be a typical GP practice, with hard working medical staff, but with no time for any issues or tasks, which would have a significant impact on the neighbouring

community. Medical staff had highlighted problems of damp, isolation and a level of debt, which impacted on the health and well being of residents.

Councillor Iggulden outlined three keys aspects of housing developments, which Fulham Court had highlighted as impacting on health and well being:

- A room where families could eat without television: units with a small kitchen area/dining room did not facilitate family dining in an era of large televisions, resulting in communication disappearing and isolation of families and children.

- Noise transmission problems: this was a severe problem for families in social housing, and had not been included in the Decent Homes Programme.

- Damp and associated respiratory diseases: modern heating and windows limited the amount of fresh air in homes and the problem was probably accentuated by washing dried indoors.

Councillor Ivimy commented on the improvements brought about by empowerment. Councillor Iggulden responded that this had been evident in the Council's engagement with Fulham Court, particularly in respect of the Community Centre, and in housing officers communicating with residents in respect of estate developments. The sharing of plans and implementing improvements had proved to be a source of significant reassurance.

Councillor Oliver Craig queried the need to break down barriers between Fulham Court and other areas. Councillor Iggulden responded that the estate was well placed with its proximity to Fulham Broadway.

Councillor Charlie Dewhirst queried whether there were any problems in bringing matters to the attention of residents because of vandalism of notice boards. Councillor Iggulden responded that such a problem had not been specifically brought to his notice.

In responding to comments made by Councillor Coleman in respect of the drafting of the report, Councillor Iggulden stated that Labour members had withdrawn from the group. Councillor Cowan responded that the labour members had withdrawn as they had not believed that adequate resources had been allocated and that there had been a lack of progress between initial meetings, and another issue, which he had offered to expand on with the Chief Whip.

Ms Maria Brenton considered that: an opportunity to learn lessons for future developments had been missed: the recommendations were weak; and there would be no impact from the report. Councillor Iggulden responded that the report had been written to help develop the scrutiny resource toolkit, which would be used to test future social housing proposals. It had never been

deemed that the task group would look at what could be done to improve Fulham Court, although issues, as highlighted in the report, were there for the Council, through the Overview & Scrutiny Board, to consider taking forward.

Councillor Carlebach emphasised the Administration's commitment to reducing health inequalities, and stated that the report would be studied and any practical recommendations which would give an advantage to residents, would be implemented.

A member of the public suggested that Fulham Court residents and those people acknowledged in the report should have been given copies and invited to attend this meeting. The committee noted the comments in respect of communication.

The Chairman thanked Councillor Iggulden and the Task Group.

RESOLVED THAT:

The report be noted.

8. IMPERIAL COLLEGE HEALTHCARE NHS TRUST: VASCULAR AND ORTHOPAEDIC SURGERY RECONFIGURATION

The Chairman agreed to take item 9, the Balanced Operating Plan, with this item.

Imperial College Healthcare NHS Trust: Vascular and Orthopaedic Surgery Reconfiguration

Professor David Taube set out the background information in respect of Imperial College Healthcare NHS Trust (ICHT), which has a budget of £920 million and some 9,600 staff.

In 2010/11 there were:

- 183,000 patients treated in Accident & Emergency;
- 75,000 patients admitted for an urgent stay in hospital;
- 90,000 patients booked in for treatment/admission; and
- 800,000 outpatients.

The trust's main commissioners are:

- NHS Ealing (14%),
- NHS Hammersmith & Fulham (13%),
- NHS Westminster (13%),

- NHS Brent (10%),
- NHS Kensington & Chelsea (8%), and
- NHS Hounslow (8%).

Services are provided on five hospital sites:

- St. Mary's,
- Hammersmith,
- Queen Charlotte's and Chelsea,
- Charing Cross, and
- Western Eye.

Professor Taube highlighted recent investment at the three main sites (Charing Cross, Hammersmith and St. Mary's), and responded to Councillor Peter Tobias that the Hyper Acute Stroke Centre would remain at Charing Cross, for the present.

Professor Taube responded to a query, that there were some empty high dependency/critical care beds at Charing Cross. ICHT needed to operate below capacity in order to have flexibility at peak times, for example in response to the recent flu epidemic. Beds were closed to save money at times of low demand.

Major Trauma Centre

The Major Trauma Centre had opened at St. Mary's in January 2011, providing a 24/7 consultant-led service. In response to questions in respect of whether patients could have been treated at other units, Professor Nick Cheshire confirmed that there was not a Major Trauma Centre at Charing Cross Hospital and stated that most cases were major poly trauma, either road traffic accidents or gun or knife wounds. There would be an occasional case of a single bone injury, which would be discharged the following day.

Councillor Greenhalgh stated that he wished to understand the Major Trauma Centre caseload in relation to investment, and queried the number of hypotensive multiple injury cases. Professor Cheshire explained that the Major Trauma Centre dealt with many other patients who were seriously injured but were not hypotensive. Ms Lesley Stephen responded that, in a full year, there were in the region of 400 cases in this category, and this data would be provided to the Council.

Professor Taube stated that £10/£12 million capital investment had been made to upgrade the intensive care and the high dependency unit, and this had been funded from the London wide capital programme, not directly from the trust's finances. The Major Trauma Unit was generally at 75% occupancy or higher.

In response to questions, Professor Taube stated that it was too early to provide data in respect of improvements in mortality, as a consequence of taking patients to major trauma units. This data would be available within a year.

Professor Cheshire stated that the surgical innovation centre and robotic surgery laboratory facilitated sophisticated day care and effective surgery, and was therefore a primary location for surgery on patients with cancer. St. Mary's had a large surgical workload and had been chosen as the surgical innovation centre for two main reasons: co-location with other specific technical services such as the robotic surgery laboratory and laparoscopic surgery; and the world leader in this field, Professor Ara Darzi was based at this site.

Professor Taube highlighted the trust's achievements in respect of: the overall lowest standardised mortality rate in the country; achievement of all national waiting time targets; a reduction by half of the number of MRSA bacteraemia cases; and only two thirds of the expected *Clostridium difficile cases* for a trust of its size/complexity and significant improvements in single sex accommodation.

A member of the public queried the mortality performance, Professor Taube explained that mortality figures were independently assessed and included those that died within 30 days of discharge.

Hyper Acute Stroke Unit

The Hyper Acute Stroke Unit and Stroke Unit had seen an increase in patient activity, with patients being brought into the acute centre, bypassing GPs and the Accident & Emergency Department. Responding to a question in respect of distance, Professor Taube stated that this would normally be within the north/south circular, and there was a window of three to four hours.

Financial Situation

Professor Taube then outlined the case for change and specifically the focus on health prevention and reducing dependency on hospital care. In 2011/2012, ICHT was required to make £100m savings on total income of £900 million including research income (approximately £700 million operating income), but a savings plan was in place for only £70 million. This was a significant challenge in reconfiguring services more effectively, whilst continuing to provide high quality and safety for patients. Potential savings included: procurement through tendering of contracts for drugs and medical devices; better use of beds; reduced length of stay and more efficient use of staff and less reliance on agency staff.

North West London was planning to reduce in-patient admissions by 30% over the next five/ten years, and there was a requirement to make £1 billion

savings over the next five years. Some savings would be made through technology, for example it was now possible for gall bladder surgery to be performed through a single port and, therefore, as a day case.

Professor Taube responded to queries in respect of service reductions, that there were possible reductions which were not life threatening or harmful such as varicose vein surgery and referrals being screened by GPs instead of a hospital appointment which could be implemented before restricting drugs or expensive technologies. The co-location of the cardiac surgery services units at St. Mary's and Hammersmith on one site at Hammersmith had brought about slightly increased activity and £1.8 million savings.

Complex Vascular (Arterial) and Orthopaedic Proposals

Professor Taube presented the complex vascular (arterial) and orthopaedic surgery proposals.

Councillor Cowan stated that ICHT's decision to consult on arterial and orthopaedic surgery had been called in because of serious concerns that vital services at Charing Cross Hospital were being closed, and asked that the responses from ICHT to the letters from Councillor Greenhalgh be circulated to the committee and the committee be briefed on the financial impact.

Ms Stephen stated that ICHT did not intend to deplete services at Charing Cross. Waiting list orthopaedic surgery would continue to be undertaken and, under the plans, there would be an increase in elective surgery. The transfer of emergency orthopaedic and trauma to St. Mary's Hospital did not impact on Charing Cross Accident & Emergency Department, which would continue to take blue light cases and would not be down graded to a selective take unit.

Clinical evidence indicated better outcomes. For instance, currently at St. Mary's only half of patients for orthopaedic surgery were operated on within 24 hours. At Charing Cross the figure was 86%, and the planned performance was 95%. Better planned care reduced the length of stay. Professor Taube added that the separation of elective and urgent orthopaedic surgery reduced the risk of cross infection.

The full year impact for each service was £750,000.

The National Clinical Advisory Team (NCAT) and the Office for Government Commerce (OGC) Gateway had independently reviewed the proposals, and both bodies had found the case for change. ICHT agreed to provide full copies of the reviews.

Councillor Greenhalgh considered that there had been a systematic downgrading of Charing Cross over a number of different services, which could impact on the viability of a 24/7 Accident & Emergency Department;

ICHT had not engaged in proper consultation with the Council and the public; and there was no strategic vision or site strategy.

Councillor Cowan queried the evidence supporting the major service reconfiguration and the evidence, which had brought about a radical change in the Council's position between February and April 2011. Councillor Greenhalgh responded that the evidence was contained in the exchange of correspondence with ICHT.

Professor Taube stated that major arterial surgery had been transferred to St. Mary's because of a site infection and that most major trauma was undertaken at the Major Trauma Unit at St. Mary's. Ms Stephen stated that ICHT had proposed to move towards full 12 week public consultation on both arterial and orthopaedic surgery. Ms Stephen also highlighted with concern that there had been some misunderstanding about some of the services at Charing Cross. She emphasised that neurosurgery had not left the Charing Cross site, and additional beds had been created at Charing Cross.

Councillor Cowan queried whether greater specialisation in Orthopaedics would improve outcomes and achieve genuine efficiencies.

Professor Cheshire responded that Charing Cross would undertake a greater volume of orthopaedic elective surgery. Arterial surgery could provide access for the whole of North West London, in line with the rest of the country, where arterial surgery was carried out in a few hospitals. In London there were 20 hospitals, against an updated recommendation of five (consulted upon across London in 2010). Data indicated better outcomes through quicker theatre admissions and a significant reduction in the length of stay.

Councillor Greenhalgh stated that currently there were two regional vascular services, on the St. Mary's and Charing Cross sites; concentration on to one site was not in the interests of patients from West London and Hammersmith & Fulham; and it was unlikely that all services could be accommodated on the St. Mary's site.

Professor Cheshire stated that ICHT had to amalgamate the two world class units on to one site in order to achieve value for money and to become a premier European provider. Professor Cheshire confirmed that there was adequate space and technology on the St. Mary's site for a whole sector service.

ICHT Service and Site Review

The discussion then moved on to the development of the ICHT service review, which would include a long-term site strategy to make the best use of the estate and provide residents with the highest quality care and to align services with NHS North West London's published commissioning intentions.

ICHT, in partnership with West Middlesex University Hospital NHS Trust and NHS NW London had commissioned work to identify the requirements for hospital services in the future and suggest how these might be configured across the Trust's sites. The aim would be to complete by end October. Ms Stephen stated that the work would not provide site specific solutions, but would provide a benchmark of understanding, so that the Trust could engage with stakeholders.

With regard to the long-tem site strategy, ICHT agreed to further discuss this issue at the September meeting, as part of an ongoing dialogue with the Council.

ICHT offered to share the future service review with the scrutiny committee.

Mr Alltimes queried the status of the consultation. Ms Stephen responded that ICHT was not yet formally consulting on either service, although GPs and commissioners had agreed to support a consultation on arterial and planned orthopaedic surgery. Ms Stephen agreed that the consultation would not commence until after ICHT had attended the next meeting of the Committee in September. Ms Stephen added that arterial surgery was being performed at St. Mary's following the infection at Charing Cross, but orthopaedic planned and urgent surgery was being carried out on both sites.

Councillor Carlebach considered that it would be difficult for the committee to support public consultation, without understanding the bigger picture.

The Chairman thanked Imperial College Healthcare NHS Trust for attending the meeting.

RESOLVED THAT:

1. The Committee notes with concern that, as yet, ICHT has no comprehensive site specific strategy at its hospitals, and welcomes the intention of the ICHT to develop such a strategy.

2. The Committee requests a more meaningful dialogue between ICHT and the Council as to its vision, and welcomes ICHT's agreement to such a dialogue.

3. The Committee requests clarity on a site specific strategic vision before the move of any further specialties away from either of the borough hospitals.

4. The correspondence between the Leader of the Council, the PCT Chief Executive and ICHT will be circulated to members.

5. The NCAT and OGC Gateway reviews and will be circulated to members.

6. The committee requests that ICHT does not commence the statutory consultation on vascular and orthopaedic services until members have had an opportunity to consider NCAT and OGC Gateway reviews and the data in respect of the Major Trauma Caseload Review.

7. The committee requested information in respect of robotics at St. Mary's.

9. IMPERIAL COLLEGE HEALTHCARE NHS TRUST: BALANCED OPERATING PLAN

This item was taken with the previous item.

10. MILSON ROAD HEALTH CENTRE: A CONSULTATION ON RE-LOCATING CLINICAL SERVICES

Mr Tim Tebbs presented the consultation document, which set out the plans being developed by NHS Hammersmith and Fulham for the relocation of services from Milson Road Health Centre and the subsequent sale of the site.

A range of services are currently provided from the centre, with intermediate diabetes community service accounting for some 80%.The redesign of the diabetes services across the borough in 2010 meant that the bulk of the services currently provided at the centre are to be re-provided from three centres co-located with other diabetes services, which the PCT considered would provide better access and quality for all patients across the borough. Consultation on the redesign of diabetes services had taken place in the previous year.

The PCT planned to re-locate all the remaining services to better sites offering easier access to the widest possible number of patients. The consultation on these proposals was open from the week commencing 6 June 2011 to 02 September 2011. Mr Tebbs agreed to share the feedback from the consultation with the committee.

Responding to a query, Mr Tebbs stated that the date for the move of diabetes services from Milson Road was pending formalisation of the lease for the new location.

Councillor Cowan queried the provision of leg ulcer services for residents living in the middle of the borough. Ms Judith Barlow responded that it was intended to expand services at the White City Centre for Health and re–provide services at Richford Gate GP practice, located near Goldhawk Road tube station and the new practice near Cunningham Road. The Shepherds Bush project was still being pursued, and clinics at Brook Green Medical Centre and Park Medical Centre were being considered.

Councillor Carlebach stressed the importance of central locations, easily assessable for residents. Mr Tebbs agreed to publish a list of buildings being sold.

RESOLVED THAT:

The case for relocation of services from Milson Road to sites around the borough be accepted, subject to communication with users of the relevant services.

ACTION:

1. A list of buildings being sold to be provided to the committee.

2. The feedback from the consultation to be provided to the committee.

Action: Borough Director, NHS Hammersmith & Fulham

11. TRI-BOROUGH ARRANGEMENTS FOR ADULT SOCIAL CARE: UPDATE

Ms Marian Harrington presented the report, which set out the tri-borough proposals for the delivery of Adult Social Care. The business case set out how the three boroughs expected to deliver savings of £10.95 million in adult services by 2014/2015, of which £5.3 million would be realised by Hammersmith & Fulham, whilst also meeting residents' aspirations for quality seamless services. The proposals agreed by Cabinet, at its June meeting, had included:

- A single Director of Adult Social Care with Assistant Directors in each borough taking responsibility for finance, commissioning, business planning and workforce, reducing back office costs and overheads by 38% and facilitating savings from joint procurement.

- A single integrated provider organisation between adult social care and community health services, reducing service duplication and reducing demand, as well as the intensity and length of expensive care.

GP consortia would need to establish their own commissioning support organisations from 2013/2014. They would need to develop shared arrangements with other consortia in order to be able to commission at scale (e.g. acute hospital commissioning). The aspiration for a shared single commissioning support organisation allowed for expertise and associated costs to be shared, This would realise efficiency savings for both the NHS and social care, estimated to generate for boroughs a further £1 million of savings/income.

Local Authority control of budget management would continue, ensuring budgetary control remained with individual councils

Councillor Tobias queried how boroughs would retain sovereignty if the Assistant Directors managed different tasks. Ms Harrington responded that individual commissioning plans would take into account the policy decisions of the three councils, and services could be procured to multiple specifications. Councillor Tobias suggested that the chart showing the structure for Tri-borough and NHS Integrated Commissioning should be amended to demonstrate the accountability to the three boroughs.

Councillor Tobias queried why it had been established that an independent Health & Well Being model would best suit the requirements for Hammersmith & Fulham. Ms Harrington responded that this reflected the sovereignty of individual boroughs, although it was possible that a merger might be considered in the future.

Councillor Craig queried the necessity of a new IT system for Kensington & Chelsea and Westminster. Ms Harrington responded that the current systems had become costly and difficult to maintain. Systems were being purchased via a Framework Agreement, which meant the Hammersmith & Fulham would be able to buy into the framework when their current system needed replacement. It could also be expanded to other local authorities or to the NHS.

Responding to a question, Ms Harrington stated that the Hammersmith & Fulham system had been procured five years ago, and had been included in the final selection of providers.

Ms Brenton stated that the merger should bring about the implementation of best practise models from the different boroughs, and raised concerns in respect of housing and occupational therapy working in silos and the three year waiting list for adaptations. Mr Alltimes responded that the model was about savings in managers and support staff rather than from line staff. Managers would be expected to be more flexible and manage services in different boroughs. Assistant Directors would have a borough link role.

Councillor Cowan stated that whilst the Opposition supported the merger overall, there were a number of concerns, including: the lack of a realistic mechanism to prevent resource shift; significant services not up to standard; no best practice model; and no ‘critical friend’.

Ms Brenton referred to the comments in the Voluntary Sector Networks paper, which had been circulated by e-mail to members, in respect of the proposals to achieve cost savings through the procurement of joint contracts, and endorsed the concerns in respect of smaller providers losing out to larger organisations, with little local knowledge. Voluntary organisations were very nervous about economies of scale.

Councillor Carlebach considered it disappointing that CaVSA had not been able to approach him directly with their concerns, and that the scrutiny

committee was not the right forum. He urged the signatories to arrange a meeting with him.

It was noted that HAFAD was working with other organisations to share costs.

RESOLVED THAT:

The Committee noted the report.

12. HOUSING CAPITAL PROGRAMME 2011/2012

The Chairman left the meeting, and the committee elected Councillor Tobias as Chairman for this item.

Mr Mike Kay and Mr Roger Thompson presented the report which detailed the projects and schemes included within the 2011/2012 Housing Capital Programme, totalling some £46 million, and provided a commentary on where the money was being spent. The budget had been approved by the Cabinet at its April meeting.

Mr Thompson stated that the mechanical and engineering programme would include areas not covered by the Decent Homes programme, and referred to three significant areas of planned maintenance: door entry systems, lifts and communal aerials.

Councillor Cowan queried whether this was actually work which should have been dealt with under the Decent Homes programme, and referred to the report, which stated that approximately 3,000 street properties had been removed from the Decent Homes programme because their external and communal component either did not fail the decent home standard or were not covered by it.

Mr Thompson responded that an exercise had been carried out to reconcile the Decent Homes programme against the funding available and the Government Decent Homes definition. Although not failing the Decent Homes standards, it was recognised that cyclical repairs and redecoration were required and that this work had now been put back into the planned maintenance and decoration programme.

RESOLVED THAT:

The report be noted.

13. WORK PROGRAMME AND FORWARD PLAN 2011-2012

This item was taken before item 12.

RESOLVED THAT:

The work programme be noted.

14. DATES OF NEXT MEETINGS

13 September 2011

Meeting started: 7.00 pm
Meeting ended: 10.15 pm

Chairman .....

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APPENDIX 1

Recommendation and Action Tracking

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

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

Minute No.	**Item**	**Action/recommendation Lead Responsibility**	**Progress/Outcome**	**Status**
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. **Acting Borough Director, NHS Hammersmith & Fulham**	Circulated 04 August 2011 Expected end September	

London Borough of Hammersmith & Fulham

HOUSING HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

DATE	TITLE	Wards
13 September 2011	Presentation by Imperial College Healthcare NHS Trust (ICHT)	All

SYNOPSIS

ICHT wishes to:

- receive the views of the committee on its revised proposals regarding arterial surgery
- update the committee on the recent commissioning of work to develop a joint long term clinical strategy
- update the committee on the Trust's recent Biomedical Research Centre bid and orthopaedic surgery

CONTRIBUTORS

ICHT clinicians

RECOMMENDATION(S):

1. To approve the Trust's proposal regarding arterial surgery
2. To note the Trust's plans to develop a joint long term clinical strategy; and plans regarding orthopaedic surgery

CONTACT

Lesley Stephen
Director of Performance, Planning and Information, ICHT
Lesley.stephen@imperial.nhs.uk

NEXT STEPS

1. The Trust Board will consider the proposed reconfiguration regarding arterial surgery.
2. The Trust will embark on a series of stakeholder events and meetings to discuss the case for change and the way forward for services at the Trust.

Presentation to H&F OSC 13 Sept 2011

- Arterial surgery
- Long term clinical strategy
- Biomedical Research Centre (BRC) bid
- Orthopaedic surgery

Arterial surgery – history

- Proposal to transfer arterial surgery from Charing Cross to St Mary's
- This was a response to the pan-London clinically-led programme of work to commission around five arterial centres of excellence across London
- Discussions with OSCs started in June 2010
- Key requirements on ICHT
  - Greater stakeholder engagement
  - Third party assurance through NCAT and Gateway
  - Clarity on the impact on Charing Cross
  - Assurance that the long-term future of Charing Cross is being addressed

Arterial surgery – activity

- In previous years there has been a roughly equal split of arterial surgery between St Mary's and Charing Cross (350 – 400 operations/year at each site). Approximately half of these on each site are urgent and half are planned
- H&F residents account for around 25 urgent (once a fortnight) and 45 planned (less than once a week) arterial patients a year at Charing Cross and around a dozen in total at St Mary's
- Operations on veins would not move
- Outpatients would be offered at both hospitals

Arterial business case – engagement

GPs	• Discussed with sector GP lead and, on his request, two Darzi fellows
	• Presented to NWL Clinical Strategy Group (GP leads)
	• Discussed with H&F Practice-Based Commissioning Consortia lead and circulated to steering group
Public, staff patients and representatives	• Sent to local LINks with offer of presentation – due to present to H&F older people's consultative forum
	• Presentations to staff and consultants
	• Sent to OSCs for comments with offer of presentation – taken up by H&F and Westminster
Clinical	• Presented to Cardiac and Stroke Network
	• Presented to NWL Provider Strategy Group
	• Presented to NW London Clinical Quality and Commissioning Group

Arterial surgery – NCAT and Gateway

- NCAT and Gateway reports provided to the OSC / Council. Immediate actions completed and plans agreed to address outstanding issues
- NCAT interviewed a range of staff, consultants and commissioners. Gateway met staff, consultants, Cllr Ivimy and the chairs of Hammersmith & Fulham Older People's Consultative Forum and Westminster LINk
- Equality impact assessment steering group (includes nominations from local LINks, London Ambulance Service, Transport for London) arranged a stakeholder event on 7 Sept and staff events on 9 Sept. Verbal update on outputs

Feedback

- Overall very positive with plenty of encouragement to ‘get on with it’
- Clear steer from NCAT and Gateway that arterial surgery should be located at St Mary’s – and quickly
- The trust has had very constructive meetings with vascular surgeons at Charing Cross and with commissioners and has agreed an ambition for all NWL arterial surgery to be in one location but that this should be considered once modelling work and other changes have been clarified

Questions from Cllr Greenhalgh

Q: What kind of hospital will Charing Cross be without inpatient arterial surgery?

- The same as now. In 2009/10 around 240 urgent arterial operations were performed out of around a total of 10,000 urgent operations at Charing Cross

Q: Is a 24/7 accident and emergency viable at Charing Cross?

- The Trust believes high-quality 24/7 urgent and emergency care should be available to the population of Hammersmith and Fulham. The current work on a long-term service strategy is intended to determine the most beneficial healthcare provision for local residents, how and where this could be provided. However the presence of arterial surgery does not impact on an A&E – for instance only five hospitals in London are likely to be performing arterial surgery in future

Questions from Cllr Greenhalgh

Q: Are there any plans to move vascular surgery alongside interventional cardiology, cardiothoracic surgery and renal at Hammersmith?

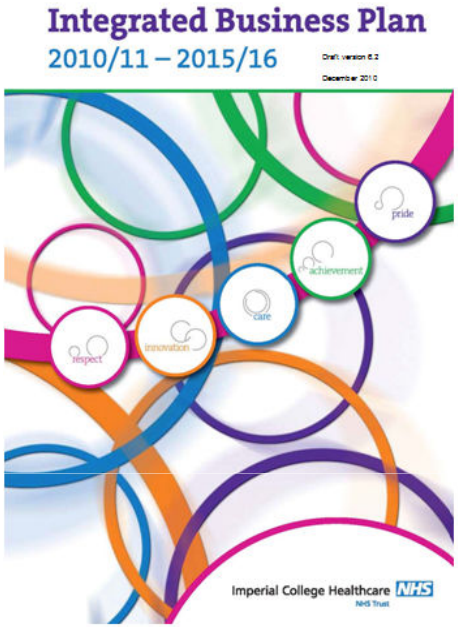
- As requested by the Council, the work on a long-term service strategy is looking at the advantages of co-locating some or all of these services and where services could be best provided

Arterial surgery

- Since this move has now been 'decoupled' (see later slide) from orthopaedic surgery and relates to a small number of patients the Trust is requesting a view from the OSC as to whether the required assurances regarding further stakeholder dialogue (as set out by the three INWL OSC Chairs in July 2010) and subsequent requests by the OSC have been met and whether the Trust can now make the changes recommended without conducting a formal consultation. The Trust will also be seeking agreement to this effect from the Equality Impact Steering Group following receipt of the final impact assessments

Long-term service strategy

NHS North West London, Imperial College Healthcare NHS Trust and West Middlesex University Hospital and primary care leaders are currently looking at how healthcare could be provided in the future in North West London.



NHS North West London

West Middlesex University Hospital NHS
NHS Trust

innovation respect care achievement pride

The work

The work is being driven by senior clinicians who have been asked to consider how and where the trusts could provide the best healthcare for local people. Assessments of the various opportunities will be made by looking at:

- clinical safety and quality
- patient impact
- financial impact
- strategic fit (how do the options relate to other trusts' plans)
- integrated care potential (ability to improve the patient pathway)

The output – a joint clinical strategy

- The draft clinical strategy will articulate a number of options for providing high quality care in a financially sustainable manner. The strategy is likely to be used:
  - as the platform to develop a programme of change to improve the health of the local population and healthcare provided by the trusts. Some of the implications arising from the options may require the development of a Pre-Consultation Business Case (PCBC) and public consultation
  - to support the development of an Outline Business Case (OBC) and Full Business Case (FBC) for ICHT in the event of any requirement for major capital investment
  - to develop an implications paper for WMUH
- Draft strategy to be reviewed by the Programme Board at the end of Oct and then discussed with stakeholders

NHS North West London: case for change

1	Reducing variation in life expectancy
2	Improving patients' perceptions of our services
3	Improving care for patients with long term conditions
4	Improving primary care (access and outcomes)
5	Improving quality of hospital care (specialisation and decreasing length of stay)
6	Listening and responding to our staff
7	Making better use of our buildings
8	Achieving £1bn of savings

Issues

Changing models of care	• ICHT aspires to be a world-class AHSC which potentially will require changes in the configuration of clinical services, research, and teaching • West Middlesex University Hospital (WMUH) aspires to be a first class hospital delivering a full range of care to meet the changing needs of its community
Evolving commissioner plans	• Commissioners plan to shift resources away from the acute sector requiring WMUH and ICHT to manage likely changes in activity and funding profiles
Financial challenges	• ICHT is projecting a deficit in 2011/12 and this is forecast to worsen in the coming years • WMUH is currently in surplus, but forecasts suggest this will be increasingly difficult to sustain

ICHT Case for change

- Meet NW London and other commissioning intentions / changes in the NHS, social care
  - E.g. Shift resources away from the acute sector (prevention and care closer to home)
- Maintain and improve clinical outcomes and patient experience
  - E.g. New technology and age of buildings
- Meet financial requirements in new economic climate
  - Become more efficient / reduce length of stay
- Increase clinical critical mass to improve outcomes where necessary
- Ensure integration with research and education

→ Achieve benefits of Foundation Trust status

Draft timeline

- Interviews with key clinical leaders - Summer 2011
- Publish case for change and joint draft clinical strategy - Autumn 2011

Capital investment

- Strategic Outline Case - Late 2011
- Outline Business Case - Late 2011 and early 2012
- Full business Case - 2013

Service strategy and stakeholder discussions

- Extensive programme of stakeholder engagement and testing of assumptions / support for options - Mid 2012
- Pre-consultation Business Case - Mid 2012
- Public consultation - Late 2012

Biomedical Research Centre

- The Trust, in partnership with Imperial College London, has won £112million funding through its bid for re- designation as a National Institute of Health Research comprehensive Biomedical Research Centre
- The funding, to be awarded over 5 years, is the largest amount given to any organisation – and is part of a £800m national pot
- Funds will be used to accelerate progression of new scientific concepts into diagnoses and better treatments for patients with diseases such as cancer, diabetes and heart disease and in areas of neuroscience, renal medicine and transplantation, paediatrics and women's health

Orthopaedic surgery

- Evidence of effect on A&E: Referrals to orthopaedic speciality at CX (2010/11) are 3% of total attendees (1.5% of not-admitted total and 5.5% (less than 2 patients/wk) of admitted total)
- NHS NW London has indicated concern over a formal move prior to understanding the outcomes/implications of the proposed merger of Ealing and North West London Hospitals
- However this does not resolve the issues for patients:

"proposals for the reconfiguration of arterial and orthopaedic surgery are based on sound evidence of the structures required for safe, higher quality care…did not identify any practical alternative to the proposals" **(NCAT)**

…or the Trust

"clinical leadership for the reconfigurations is excellent but the period of pause is now not only frustrating but is being overtaken by actual clinical events. This merits recognition as an issue requiring a contingency plan… the orthopaedic reconfiguration business case is compelling clinically and may underplay the financial benefit" **(OGC Gateway)**

Orthopaedic surgery

- Proposed contingency:
  - Continue to provide an urgent orthopaedic list at CX with an appropriate consultant rota. Urgent orthopaedic patients coming through A&E at CX admitted into a bed and only transferred to St Mary's when operationally or clinically necessary
  - Continue to provide a planned surgery list at St Mary's to ensure choice, but move planned surgery lists to CX as required in order to make best use of high quality facilities and allow capacity for additional patients arriving at the Major Trauma Centre

London Borough of Hammersmith & Fulham

HOUSING HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

DATE	TITLE	Wards
13 September 2011	London Cancer Services: Implementing the Model of Care	All

SYNOPSIS

This presentation shares with the Committee the progress towards implementing the cancer model of care across London. The presentation will refresh the committee on the work that has taken place to develop the model of care and outline the case for change. We will also reflect on the current developments during the implementation phase – namely the progress with NHS providers to submit proposals to become integrated cancer systems.

CONTRIBUTORS

London Cancer Services

RECOMMENDATION(S):

The committee is asked to:

(i) review the presentation and offer any comment on the ongoing implementation of the model;

(ii) to agree how it would like to receive ongoing information on this model, particularly in respect of local implications; and

(iii) to formally respond to the outcomes of this implementation in November 2011.

CONTACT

Thomas Pharaoh
Implementation Lead
Cancer@londonhp.nhs.uk

NEXT STEPS

To ensure engagement with OSCs across London, along with sharing the final recommendations of the assurance panel in September.

London cancer services:
Implementing the model of care

Hammersmith and Fulham
Health Scrutiny Committee meeting
13th October 2011

Developing the model of care

- 45 clinicians working over 12 months
- Three work areas: early diagnosis; common cancers and general care; rarer cancers and specialist care
- Patient panel to ensure strong patient voice
- Case for change: December 2009
- Model of care: August 2010
- Extensive 3-month engagement on proposals – over 85 per cent of survey respondents supportive
- London GP Council has endorsed the recommendations

LondonHealth PROGRAMMES

NHS London

The case for change

- Later diagnosis has been a major factor in causing poorer relative survival rates
- There are areas of excellence in London but inequalities in access and outcomes exist
- Treatment and care should be standardised
- Specialist surgery is taking place on too many sites: common treatments are available on too few
- Comprehensive pathways should be commissioned; organisational boundaries should not be a barrier

LondonHealth PROGRAMMES

NHS London

The model of care

- Improve early diagnosis by addressing public awareness, GP access to diagnostics, screening uptake rates and health inequalities
- Extended local provision of common cancer services, such as chemotherapy, non-complex surgery and acute oncology. Further consolidation of surgical services for rarer cancers into specialist centres
- Providers working together in a small number of integrated systems delivering standardised pathways

Integrated cancer systems

- Groups of hospitals working together to ensure that patients experience seamless cancer care
- Integrated cancer system specification developed in partnership with cancer community
- Two proposed systems submitted system and service plans on 30th June
- ‘The Crescent’ and London Cancer
- Assurance process completed involving GPs, nurses, Macmillan, external clinical experts and commissioners
- Recommendations to commissioners in September

LondonHealth PROGRAMMES

NHS London

Commissioning approach

- The model of care makes clear that commissioning for cancer should be based on pathways
- There will be a closer alignment between pathway descriptions, quality standards, outcome measures and the way that services are paid for and monitored
- Rather than contracting with each individual provider in the pathway, commissioners will have an overall agreement with the ICS (and a lead contracting body)
- A key question will be how to establish effective commissioning processes within the current clinical commissioning group arrangements

LondonHealth PROGRAMMES

NHS London

Next steps

- Share local implications with Hammersmith and Fulham Health Scrutiny Committee in the autumn
- Formal responses by December 2011

- Any further queries can be directed to cancer@londonhp.nhs.uk

LondonHealth PROGRAMMES

NHS

London Borough of Hammersmith & Fulham

HOUSING HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

DATE	TITLE	Wards
13 September 2011	West London Mental Health NHS Trust Foundation Trust (FT) Consultation Process	

SYNOPSIS

West London Mental Health NHS Trust has commenced the application process to become an NHS Foundation Trust. This process involves a statutory consultation period of a minimum of 12 weeks. This report outlines the FT process and the key points of the consultation which commenced on 8th July 2011 and concludes on 27th October 2011.

CONTRIBUTORS

Nigel Leonard
Director of Planning & Corporate Affairs
West London Mental Health NHS Trust

RECOMMENDATION(S):

The Hammersmith and Fulham Housing, Health and Adult Social Care Select Committee is asked to consider and discuss the FT consultation document to support the application by West London Mental Health NHS Trust for NHS Foundation Trust status.

CONTACT

Nigel Leonard
Nigel.leonard@wlmht.nhs.uk

NEXT STEPS

The West London Mental Health NHS Trust board will review all comments to the consultation and consider changes to the constitution. The Trust will then continue with the application process and if successful will be authorised to become an FT in late 2012.

Housing, Health and Adult Social Care Select Committee Meeting
13th September 2011

Report on the Foundation Trust Consultation Process

Report by Nigel Leonard Director of Planning and Corporate Affairs

1. Purpose

This report outlines the key messages and changes relating to the Trust's Foundation Trust application and requests consideration and discussion on the Trust's consultation document to support the application by West London Mental Health NHS Trust for NHS Foundation Trust status.

2. Introduction

West London Mental Health NHS Trust (WLMHT) commenced the application process to become an NHS Foundation Trust in summer 2011 in line with the National Health Service Act 2006. Under recent guidance from the Department of Health, nearly all NHS provider organisations must become Foundation Trusts by the target date of 2014.

A Foundation Trust (FT) is a public benefit corporation which operates on a similar basis to a co-operative or mutual society. Foundation Trusts remain an integral part of the NHS but have greater local accountability and control. There are a number of differences between NHS Trusts and NHS Foundation Trusts. NHS Foundation Trusts are:

- free from central government control and SHA (NHS London) control.
- regulated by Monitor, the Independent Regulator of NHS Foundation Trusts and subject to inspections from the Care Quality commission.
- not required to achieve financial breakeven but must be financially viable.
- required to present their annual reports and accounts to Parliament.
- subject to the risk of insolvency, however service provision and assets would be protected
- free to build up surpluses and decide how to use these funds for the benefit of service users and the local community
- are able to borrow from commercial sources within the limits set by Monitor
- are able to respond with greater flexibility and restructure/modernise in order to increase or decrease capacity.

A range of restrictions also apply to Foundation Trusts to ensure they provide high quality care which is free at the point of delivery and based on need and not the ability to pay.

The Trust formally commenced the application process on 1 August 2011. There are three stages to the application process as follows:

- Strategic Health Authority (NHS London) Approval: April 2012
- Department of Health Approval: May to July 2012
- Assessment and Authorisation by Monitor: August to December 2012

As the Trust is licensed to provide high secure care final confirmation is awaited on the date of authorisation that would be applicable to WLMHT.

3. Constitution and Consultation

WLMHT has developed a new draft Constitution which will underpin the new FT. The Trust has a statutory duty to consult for a minimum of 12 weeks on the Constitution and the development path for the new FT. The consultation period ends at the end of October 2012. As part of the consultation the Trust has contacted in excess of 2000 statutory, voluntary and community groups and organisations.

The draft Constitution establishes a Council of Governors who will assist the Board of Directors in planning new services. The Council of Governors also has a range of statutory duties which include:

- The appointment (and removal, if required) of the Chairman and Non Executive Directors.
- To decide the remuneration, allowances and conditions of office for the Chairman and Non Executive Directors.
- The appointment of the Trust's Auditors.
- To receive the Trust's Annual Accounts and any report of the Auditor on them and the Annual Report.

The Board of Directors must also have regard to the views of the Council of Governors on the Trust's forward plan.

WLMHT is consulting on the range of questions including the Trust's future name and the structure of the Council of Governors. A copy of the formal Consultation document is available on the Trust's website (http://wlmht.nhs.uk) and attached at Appendix 1.

In summary, WLMHT is proposing to establish a Council of Governors with a total of 30 seats. Table 1 below summarises the structure of the Council of Governors:

Table 1: Council of Governors

Membership Constituencies	**Constituency**	**No of Governor Seats**
Public Governors (Total 16 seats)	Ealing	6
	Hammersmith & Fulham	3
	Hounslow	5
	London and the rest of England	2
Staff Governors (total 4 seats)	Medical	1
	Nursing	1
	Other Qualified Clinical Staff	1
	Administration and support staff	1
Appointed Governors (total 10 seats)	Local Authorities	3
	Primary Care Trusts	3
	Universities	1
	High Secure Commissioning	1
	Forensic Commissioning	1
	Voluntary Sector	1
	Total	**30**

The Trust has considered whether to establish separate service users and carers constituencies. Some FTs have adopted this approach whilst others have decided to encourage service users and carers to stand for election as public members. WLMHT has adopted the latter approach on the basis that this provides greater opportunity for more service user and carer representation.

4. Key Questions within the Consultation Document

The statutory FT consultation process on the Trust's application commenced on 8th July 2011 and was extended beyond the normal 12 week period to 27th October 2011 to enable as many people as possible to contribute to this process. The Trust has also raised 6 questions as part of the consultation ('Becoming a Foundation Trust: Your Say' consultation document pages18-23) relating to:

1. The Number of governors on the Council of Governors.
2. The structure and number of seats on the Council of Governors for public members.
3. The structure and number of seats on the Council of Governors for staff members.
4. The structure and number of seats on the Council of Governors for partner appointed governors.
5. The proposed name change (see below).
6. The future vision for the Trust.(section 6 below).
7. Any other comments on our application and constitution (Board of Directors, Election process, Age Limits, Youth representation, our Vision, Transitional arrangements, staffing, Communications strategy, staff representation, or any other issues or points.

5. Future Name

The Board has suggested two names for the new FT and is seeking the views of local people and organisations as part of the consultation process. The two future names are:

1) **West London Mental Health NHS Foundation Trust**, or

2) **West London NHS Foundation Trust**
'Excellence in Mental Health'

The Consultation document explains the potential advantages and disadvantages to the adoption of either name including 'greater flexibility for future service provision' versus 'clarity on the services we provide'.

6. Membership

A key component to the success of the FT is an active membership. Staff and members of the public (including volunteers, service users and carers) can be members of the FT. Members will have the right to vote for either Public Governors or Staff Governors to represent their views. The Trust is also promoting varying levels of membership involvement with the new FT.

The current membership stands at over 6000 and WLMHT aims to achieve an active membership of around 10,000 by the end of the first year as an FT.

7. Future Plans

WLMHT's vision is to become a leading specialist Mental Health provider. This will be achieved through a focus on excellence and more purposeful involvement. The Trust intends to increase the profile and reputation of the organisation through promotion of recovery models and research and development.

WLMHT has two major capital schemes which will be delivered in the first five years as an FT:

1. New hospital facilities at Broadmoor hospital, and
2. A new 80 bedded Medium Secure facility at St Bernard's Hospital.

The Trust is also seeking to develop local services and has separately discussed these plans at a previous Panel Members seminar held on 8 August 2011.

8. Next Steps

WLNHT is actively involved in the Consultation process and is currently discussing the application with NHS London and Commissioners. The views of the Hammersmith and Fulham Housing, Health and Adult Social Care Select Committee are a welcome addition in this process.

9. Recommendation

The Hammersmith and Fulham Housing, Health and Adult Social Care Select Committee is asked to consider and discuss the FT consultation document to support the application by West London Mental Health NHS Trust for NHS Foundation Trust status.

Nigel Leonard
Director of Planning & Corporate Affairs


West London Mental Health
NHS Trust
NHS
Becoming a
Foundation Trust
Your say
We care
to make the
difference

Peter Cubbon, Chief Executive

What are we trying to do?

We want people who use our services, their friends and family, our staff, our community and partner organisations to have more influence in helping us improve services. Foundation Trust (FT) status enhances this flexibility. It also gives us greater freedom to invest and manage our finances in a way that benefits local people.

We have started the journey towards becoming an FT, and now seek your feedback on our proposed approach. Read more about what a Foundation Trust (FT) is on page 7.

To achieve FT status, we need a membership base that reflects our community. In January this year, we launched our mental health membership and anti-stigma campaign, *Open Minds*. We've run many activities to inform our community about mental health issues, recruiting members to our Trust in the process.

We also work with Time to Change, the national mental health anti-discrimination campaign. Find out more about our plans, as well as more information about becoming a member on page 15.

Now, we need your views - on what our stakeholder groups or 'constituencies' should look like, who our governors should represent, and what our name should be, among other important matters.

Please read this booklet on our proposals and feed back using the attached feedback form.

Please also fill in the membership form. As part of a wider programme of change at the Trust, this will help us improve our services to become an FT. Send both back in the enclosed envelope – no need for a stamp.

Thank you for your participation.

P Cubbon

"We need your voice to help us improve services."

What's in this booklet?

About us

We are one of the largest and most diverse specialist mental health services in the UK. We provide care and treatment to over 20,000 people each year and serve a local population of around 735,000 residents.

We employ some 4,300 staff and serve a local community of many cultures, religions and languages, across three London boroughs and numerous sites.

This includes local mental health services for adults, older people, children and adolescents in the boroughs of Ealing, Hammersmith & Fulham and Hounslow.

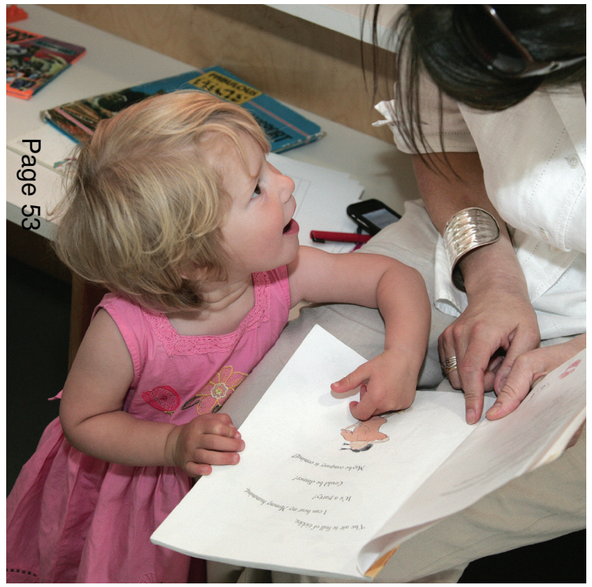
Our high secure services at Broadmoor Hospital in Berkshire are internationally recognised, serving the population of the south of England. Along with the forensic service, our Gender Identity Clinic and The Cassel Hospital's personality disorder service, they make us a leading national provider of secure and specialist mental health care.

We care to make the difference

Our values and promise

- Togetherness
- Responsibility
- Excellence
- Caring

Our values work also generated our organisational promise:
"We care to make the difference."



One in four
people
will experience a
mental health problem
in their lifetime.

“The FT model results in an organisation that’s heavily influenced by the people who use the services.”

We are currently an NHS trust. There is a different model of healthcare organisation known as the Foundation Trust (FT).

This model sets NHS trusts free from central direction, and results in organisations whose strategic direction are strongly influenced by people who use the services, their friends and family, community members and partner organisations. Services will remain free at the point of delivery.

Further, FTs have greater discretion to manage their finances and investments in a way that benefits local people.

All NHS trusts in England are required to become FTs. If an NHS trust doesn’t meet the FT requirements, they may be merged with another trust that does, or an existing Foundation Trust.

Foundation trusts

FTs

Benefits of becoming an FT

The independence which comes with being a foundation trust will help us realise our ambitious goals for improvement.

Continually improving services for our service users and carers:

As an FT, our decision-making will be local, as opposed to central, which will enable us to respond more rapidly to service users' and carers' needs. Local people will have a much greater role in the planning and design of our services. This offers the potential to significantly improve patient and staff experience which we will monitor through feedback.

Governors elected by the communities they serve:

Governors will monitor our performance. They will help to safeguard public interest, financial prudence and compliance.

Stronger and more responsive partnerships:

The Council of Governors will represent our key stakeholder groups, partner organisations, local communities and NHS staff. These relationships will lead to new ideas and ways of working in the Trust.

Improved quality through more transparent regulation:

We'll need to meet all mandatory standards set out by the independent regulator of NHS Foundation Trusts, 'Monitor', in its compliance framework, as well as standards from other authorities such as the Care Quality Commission.

Better control over our resources:

We'll have more freedom and independence to plan and deliver our services to the local and wider community.

When we become a Foundation Trust what will ***change*** and what will ***stay the same***?

Same	Changed
We will still be part of NHS, providing free services at the point of need.	When we become an FT, we will be regulated by Monitor (The independent regulator of NHS Trusts).
Provide quality services but will do so in a different way through different models of care.	Local people and stakeholders will be more involved in planning local services and developments through membership and the Council of Governors.
Have collaborative partners.	Future developments are planned with local partners to meet the needs of the population we serve.
Strict financial controls and governance will remain.	Greater financial freedom, including being able to invest in improved facilities and services.
Still provide forensic, high secure facilities, and community services.	We will develop and invest in services to meet the needs of the population we serve and to become a leading provider of high quality mental health services.
The Board will continue to exercise responsibility for corporate and clinical governance.	The Council of Governors will work with the Board to ensure good governance. We will ensure there is no disruption under transitional arrangements.

Our vision is to be an innovative provider of excellent mental health services, promoting recovery in community, inpatient and secure settings.

As an FT we will have a greater focus on involvement, recovery, and research. Some of our future plans and strategic goals include:

More purposeful involvement

We're currently working with service users, carers, local people and our Trust-wide involvement leads to review all of our involvement activities.

We want contributions from service users, carers and the public to influence the way we develop, plan, evaluate and improve services. Involvement activities will be recovery-focussed, benefiting all service users.

Vision for the future

Developing services

We plan to improve our current services and our reputation as a high quality provider of specialist mental health services at all stages of care, by:

- Building stronger relationships with GPs, and developing the Improving Access to Psychological Therapies (IAPT) services.

- Developing our current community mental health services, to treat more patients closer to their homes. Service users tell us they prefer to be treated in the community - and it costs less to do so.

- Updating services and facilities in the Specialist and Forensic Clinical Service Unit so that patients in medium and low secure care currently in older Victorian buildings can be treated in a modern therapeutic environment. We plan to fund the project partly by selling surplus buildings and land on the Ealing site.

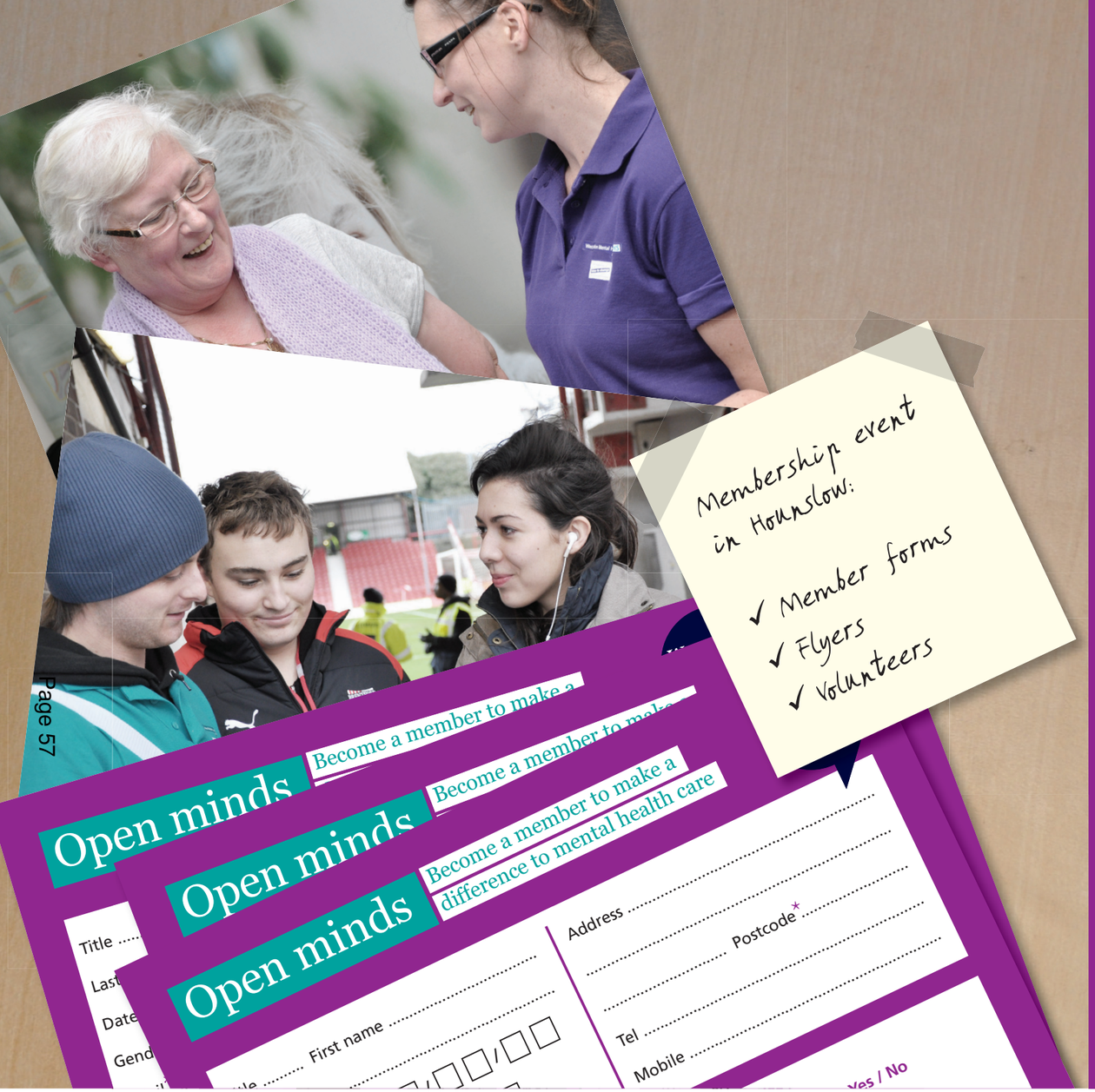
- Improving our specialist care services. We've been planning the redevelopment of Broadmoor Hospital, taking account of the views of internal and external stakeholders. We're hoping to obtain approval of the Outline Business Case for the redevelopment this year so that patients can be treated in a modern therapeutic environment.

- As we aspire to be a leading mental health provider we'll be seeking to recruit, retain and develop the best quality staff. We will continue to improve our structures and processes to deliver services as efficiently as possible.

Moving towards a 'recovery model' of care

We've started redesigning service models in our local services. We're aiming for an assessment and rehabilitation recovery model, with more community-based provision and closer working with primary care.

We're hoping to see a reduction in inpatient beds as we transfer more care for children, adults and older people into community settings closer to home.



Membership

Becoming an FT means we need to build a membership that reflects our community.

We propose that members be 14 years and over, and include service users, carers, staff, community members and partners, grouped into two constituencies – public and staff.

Both of these constituencies will have governors that represent them and sit on our members' council, the 'Council of Governors'. The Council will be the voice of our members and assist the Board with advice and information.

Governors will also be appointed by our partners, which include commissioning groups, local authorities, a university and a voluntary organisation.

For more information about how elections will work, go to **www.wlmht.nhs.uk/ft**.

Our members will have a say in how our Trust is governed, provide feedback on the strategic direction we should take and participate in activities. This year we launched our membership and anti-stigma campaign, Open Minds.

Open Minds educates people about mental health issues to erase the stigma mental illness carries, while encouraging people to become members of the Trust. Existing members help us in this campaign.

There are many ways members get involved, including:

- Receiving information via emails or newsletters a few times a year.
- Participating in surveys and consultations.
- Coming to meetings or events.
- Volunteering.
- Running for governor to sit on the Council of Governors.

... and they receive NHS exclusive online discounts!

At the end of this year, we'll ask members to vote for governors to represent public and staff constituencies.

For more information about the elections, go to **www.wlmht.nhs.uk/ft**

Together with our appointed partners, these elected governors will form the Council of Governors to work alongside our Board.

Public Governors

Staff Governors

Partner Governors

Council of Governors

Public membership (service users, carers, community members)

Staff membership

Trust partner appointed governors

The number of seats for each constituency is based on the population or number of members within each constituency.

Total: 30 governors

Constituencies and the Council of Governors

Having your say

What we're consulting on

We're consulting on a number of issues which are explained on the following pages.

At the end of this booklet is a form which lists questions for your feedback. A membership form also is inserted at the back.

Please complete both sections, put them in the pre-paid envelope provided and pop it in the post – no need to add a stamp.

1

Governors on the Council

We'd like your views on our proposals for the Council of Governors.

We propose that our Council of Governors should comprise:

Council of Governors membership constituencies	Number of seats allocated
Public	16
Staff	4
Partners	10
Total	**30**

We propose that service users and their carers are represented with the rest of the community in the public constituency.

The number of public governors should be representative of the local population and must exceed the staff and the partner-appointed governors combined.

This is a legal requirement that must be met to give a larger say to the public.

The role of the governors is to bring ideas and views to the Council of Governors from the members or partner organisations they represent.

Governors have a number of important duties, such as appointing, removing and deciding the terms of appointment for non executive directors of the Board, and offering views on forward planning. They are also responsible for feeding back the Council's decisions to their sub-constituencies.

They can offer mentoring and guidance on specific projects, and champion campaigns on behalf of the Trust. The Council of Governors is an important link between the Trust Board and the members.

The Council will not be involved in the day-to-day running of the Trust.

Do you agree with our proposals for the Council of Governors?

2

Public constituency

We'd like your views on our proposals for our public constituency.

West London Mental Health Trust delivers services to the public across Ealing, Hounslow and Hammersmith & Fulham, and medium secure services to five other London boroughs in addition to these.

Our high secure services at Broadmoor Hospital in Berkshire and other specialist services have a wider catchment area that includes the rest of England.

We propose that anyone **14 years or over*** and living in England should be able to become a member.

We suggest that our public constituency is divided by Local Authority boundaries, as well as an 'other' category that includes members from the rest of England.

The number of public governors needs to be representative of the local population.

Public governors can champion a wide variety of interests, including local concerns and matters affecting specific groups.

Members of the public constituency will vote for governors to represent them in formal elections.

Do you agree with our proposals for our public constituency?

Area	Number of governors
Ealing	6
Hammersmith & Fulham	3
Hounslow	5
Other London Boroughs and the rest of England	2
Total	16

* People who wish to run as governors will need to be 18 years or over.

3

Staff constituency

We'd like to know if you support our proposals for our staff constituency.

There are four seats proposed for staff on the Council of Governors.

We propose that our staff be automatically opted in as members, unless they request to opt out.

Our proposed staff constituencies are currently set out according to professional groups. Members of each group within the staff constituency will vote for governors to represent them in formal elections.

Do you agree with our proposals for our staff constituency?

Staff group	Who's in this category?	Number of governors
Medical	Qualified doctors	1
Nursing	Qualified nurses	1
Other qualified clinical staff	Allied health professions, scientific and technical staff	1
Corporate and support staff	Senior managers, administrative, clerical, non clinical, maintenance and any staff that don't fit in the above categories	1
Total		**4**

4

Partner-appointed governors

We'd like your opinion about the number of governors in each of our partner-appointed groups.

Our partners play a crucial role in ensuring we maintain high standards of care.

We propose that three governors are appointed by local commissioning groups, three from Local Authorities, and one each appointed by our partners in universities, high secure and forensic and specialist commissioning, and the voluntary sector.

Do you agree with the number of governors for each of our partner-appointed groups?

Partner governors	Number of governors
Local commissioning groups	3 (one from each borough)
Local authorities	3 (one from each borough)
High secure commissioning	1
Forensic and specialist commissioning	1
Universities	1
Voluntary sector	1
Total	**10**

5

Proposed change of name

To reflect the change in legal status we will need to include 'Foundation Trust' in our organisational name.

Our current name is West London Mental Health NHS Trust. There is debate about whether to drop the words 'mental health' from our name.

There are pros and cons to this:

Pros:

- ✓ The name will be shorter and easier to say, read and write.
- ✓ The name could provide an umbrella for a broader range of services in the future.
- ✓ Service users may feel less self-conscious.

Cons:

- × People won't know that we specialise in mental health, by looking at our name.
- × Taking mental health out of the title will make it harder for people to find us when searching online.
- × If we shy away from using the words 'mental health' in our title, it may reinforce the stigma we're trying so hard to decrease.

If it's decided to drop the words 'mental health', we will need a strap line to sit under the logo. The current proposed strap line is 'Excellence in mental health'.

We'll be asking you which name you prefer, and the reasons why:

1. **West London Mental Health NHS Foundation Trust**
2. **West London NHS Foundation Trust**, with the strapline '*Excellence in mental health*'.

Please select the name you prefer from our proposed alternatives.

6

The future vision of our services

Our proposed future vision is explained on page 12.

The vision includes:

- More purposeful involvement.
- Developing services.
- Moving towards a recovery model of care.

Do you agree with our vision for the future of our services?

Next steps

Our FT consultation runs from 8 July – 27 October 2011.

There will be a number of opportunities to attend events and provide feedback, including at Trust Board meetings. Check our website and local press for details.

We will compile all feedback and produce a summary of comments received and explain how these will influence our Foundation Trust plans.

This document will be placed on our website, **www.wlmht.nhs.uk/ft**, where you will also be able to view our draft constitution.

If you have any questions or comments about this consultation, please call 020 8354 8737 or email ft@wlmht.nhs.uk.

We care to make the difference

Trust Headquarters
St Bernard's Site
West London Mental Health NHS Trust
Uxbridge Road
Southall
UB1 3EU

Tel: 020 8354 8737
Email: ft@wlmht.nhs.uk
Web: www.wlmht.nhs.uk/ft

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Agenda Item 7

London Borough of Hammersmith & Fulham

HOUSING HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

DATE	TITLE	Wards
13 September 2011		All

Update - Housing Benefit Caps

SYNOPSIS

This paper is to update members of the Committee on progress of the Housing Benefit Assist (HB Assist) team since we last reported to you in April 2011.

As reported at the time a team (HB Assist) has been set up to deal specifically with the tenants in Housing Association Leasing Scheme (HALS) and Housing Association Leasing Direct (HALD). HB Assist is fully funded from a £400K grant from Communities and Local Government.

The team's focus is the following:

Table 1: Housing Association Leased properties by bed size and average weekly reduction (£)

Bed size	Number of affected claims	Average reduction per week (£)
1	70	£30.00
2	173	£45.00
3	210	£79.00
4 or more	93	£72.00
Total	**546**	**£56.50**

We have been working extremely closely with private landlords and Housing Associations to mitigate the impact on residents, focusing on proactive renegotiations to bring rents down to levels within the caps.

In April we reported that approximately 68% of landlords had agreed to lower their rents to bring them in line with the caps. We are now able to report this figure has decreased to 63%. We projected in March that 176 landlords would agree to rent reductions to within cap levels; however, 26 landlords changed their positions. This has resulted in an increased caseload for HB Assist team from 176 to 202 tenancies to resolve. As at the end of August 87 tenants of the 202 cases have been rehoused and in a further 29 cases we are still waiting for final confirmation from the landlords to reduce their rents and for them to sign the Deeds of Variation to finalise the agreement. In the best case scenario we therefore still need to resolve

92 cases and in the worst case (if all 29 uncertain cases do not reduce their rent) we would need to resolve 121 cases

Table 2: Landlord indications about lowering rents to levels within caps- Housing Association Leased accommodation (February 2011 to August 2011)

	February		March		August	
Landlord indication	**#**	**%**	**#**	**%**	**#**	**%**
Landlord agreeing/agreed to lower rent to within cap	299	55%	370	68%	344	63%
Landlord not agreeing/agreed to lower rent to within cap	247	45%	176	32%	202	37%
Total	**546**	**100%**	**546**	**100%**	**546**	**100%**

Housing Options is also working in partnership with Housing Associations, Adult Social Care and Children's Services to ensure that the needs of households who remain over the caps are fully understood, and that appropriate solutions can be found.

Where rents cannot be renegotiated, eligible households may apply for Discretionary Housing Payments to bridge the gap between their rent and the caps. Where this is not possible, Housing Options can provide assistance to secure alternative, affordable accommodation, either through homelessness prevention services or as part of the Council's statutory housing duties. Households who are concerned about the caps are encouraged to contact H&F Advice to discuss their situation and to find out more about the options available to them.

CONTRIBUTORS
Housing Options
Housing Benefit
Department

RECOMMENDATION(S):

That the Committee notes the information regarding Housing Benefit caps and mitigating actions.

CONTACT

Gerald Wild, Assistant Director of Housing Options (interim)

Actions to mitigate the impact of caps on residents

1.1 Holistic work with Adult Social Care, Children's services and other key groups

All households in Housing Association Leased properties whose rents remain above the caps after April 2011 have their needs thoroughly assessed in conjunction with Adult Social Care, Children's Services and other relevant services before any decisions were made about appropriate solutions.

Factors such as the following have been considered when determining suitable solutions with these households:

- Employment status and requirements of adults within the household
- Health and medical needs
- Adult social care involvement
- Children's Services and child protection involvement
- Ages of children and educational stages (i.e. GCSEs)
- Cultural and ethnicity-related issues
- Housing Association feedback on housing management issues
- Other support needs or vulnerabilities.

A panel process had been established with involvement from all key parties, to ensure that the holistic circumstances of the household are properly understood before solutions are proposed.

Solutions may involve finding alternative affordable accommodation, making direct offers to assist households in Temporary Accommodation into permanent social housing, or for a small number of households, it may be appropriate to provide financial assistance to enable them to remain in their current property.

All affected cases have now been empanelled and HB Assist is now mainly focussed on achieving appropriate solutions, i.e. alternative, suitable accommodation.

1.2 Support to secure and resettle into new accommodation

If alternative accommodation is assessed as the solution for a household, HB Assist will help that household as appropriate to secure such accommodation, in an area as close as possible to the household's desired location.

1.2.1 Alternative Private Rented Accommodation

The Council's Procurement Team is proactively engaging with private landlords who are willing to let their properties at levels within the caps, with the aim of ensuring that affordable private rentals continue to be available within the local area. It is clear, however, that this will be extremely challenging, especially for households requiring larger property. Where alternative private rented accommodation is not available in order to prevent a household's homelessness, these households will be free to exercise their right to pursue a homelessness application.

1.2.2 Temporary Accommodation

Given the pressures on the local housing market, Temporary Accommodation (TA- for households where the council has accepted a statutory housing duty) is already regularly sourced in areas outside H&F, particularly in neighbouring boroughs in West London. Such out of borough procurement is likely to increase if the numbers of households being accepted as homeless rises, and to enable affordable replacement properties for the Housing Association Leased portfolio to be sourced.

The HB Assist team, in conjunction with relevant professionals and services, supports all households requiring alternative accommodation from the beginning of their assessment through

to resettlement into their new home. Depending on the household circumstances, this support may include practical assistance (such as removals, packing, and liaising with utilities companies), orientation to the new area's services and transport links, and formal links with schools and statutory and community services. Floating Support will also continue to be available to any household who requires it, as is the current practice within the TA service.

1.2.3 Direct offers into permanent social housing

In line with the Council's Scheme of Allocations, direct offers of permanent social housing may be made to households in TA. Depending on stock availability and household circumstances, it may be appropriate to facilitate a direct offer of suitable and appropriate permanent housing to a household in TA who will be above the caps from the 1st April.

1.2.4 Housing solutions achieved as at end of August 2011

Table 3: Housing solutions achieved to date by HB Assist for tenancies where landlords have not agreed to rent reductions to within cap levels

Description	Beds						
	1	2	3	4	5 & 6	Total	%
LL refused to reduce rent to cap levels	20	72	87	17	6	202	100%
- Of which - H'hold relocated/resolved in situ	7	22	38	13	6	86	43%
- Of which - H'hold still to be relocated	13	50	49	4	0	116	57%

86 tenancies have been resolved by HB Assist thus far, either by sourcing and brokering alternative tenancies elsewhere or by renegotiating in situ conversion of tenancies from housing association managed to owner managed.

116 tenancies remain to be resolved and HB Assist is aiming to carry this out by the end of March 2012. The team's ability to deliver on target will depend on a number of factors, most notably, availability of alternative private rented sector properties or social housing and the affected households' willingness to relocate taking their support needs into account.

Of the 116 tenancies, 103 are households where the Council has not accepted a statutory housing duty which means that the team's offer of alternative accommodation is not enforceable by law.

It has to be noted that the potential supply of suitable properties is far outnumbered by the high demand for those units. This is exacerbated by fierce competition for properties to let in the open market.

2. Council's financial provisions

The Council is committed to its statutory duty to provide reasonable and suitable accommodation for households in Temporary Accommodation, and its role in preventing homelessness. As such, financial provisions have been made to ensure that households in Housing Association Leased accommodation can remain in that accommodation unless and until it is assessed that it is reasonable to assist them into an alternative property. As above, they will then have the full support of HB Assist to ensure they are properly supported in the transition to their new accommodation.

Government has also provided H&F Council with a grant of £400K to ensure that resources are available to properly support residents through the transition to the caps. This funding has been wholly allocated to the HB Assist service to provide the following for affected residents:

- Dedicated Housing Options and Housing Benefit advice
- Dedicated property procurement assistance
- Floating Support for residents who require it

- Resettlement support for residents moving to alternative properties
- Removals assistance where necessary
- Other support and assistance, as determined on a household-by-household basis.

3. Contact details for Housing Options
Affected residents are encouraged to contact the Council to discuss their situation and the options available to them.

H&F Advice
Available between 9:00am and 5:00pm Monday to Friday as follows:
- In person: 145 King Street, Hammersmith, W6 9XY, or
- By telephone: 0845 313 3935

H&F Advice will provide initial information and will refer residents on to the dedicated HB Assist service if required.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	Update - Housing Benefit caps from April 2011 (HHASC)	Margaret Green x2137	Housing Options

London Borough of Hammersmith & Fulham

HOUSING HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

DATE	TITLE	Wards
13 September 2011	Shadow Health & Well-being Board	All

SYNOPSIS

The draft minutes of the meeting held on 28 June 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
28 June 2011

Attendees:
Cllr Joe Carlebach, Cabinet Member for Community Services
Cllr Helen Binmore, Cabinet Member for Children's Services
Dr Tim Spicer, Chair of the GP Commissioning Consortia
Dr Susan McGoldrick, GP Commissioning Consortia Steering Group
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)

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

1. Introduction

1.1 Cllr. Carlebach welcomed everyone to the first meeting of the Shadow Health & Well-being Board meeting.

2. Agreeing priorities for the Health & Well-being Board

2.1 Cllr. Carlebach started the discussion by suggesting a list of priorities for development over the next two years by the Health & Well-being Board and included:

- Inequalities in health
- Paediatric health and education
- Integration of adult social care and health
- White City Collaborative Care Centre
- Health Champions Programme
- Input into the Acute Provision landscape

2.2 Inequalities in health: The discussion concluded that inequalities in health is an over arching strategic theme and that the priorities should be developed as contributing to achieving a reduction in health inequalities.

There was further discussion about how a reduction in health inequalities could be measured, and it was agreed that it needed to be more than a crude reduction in mortality measures, particularly in relation to mental health issues.

By identifying more specific issues it is more likely that an impact will be realised sooner, rather than later i.e. progress in improving children's dental health, continuity of care and end of life care.

The potential impact on acute provision will need to be considered as part of the HWB remit as well as the wider determinants of health.

2.3 Paediatric health and education: Community equipment should be a priority for the paediatrics workstream.

Action: Carole Bell to circulate the DH list for Community Equipment

2.4 Integration of adult social care and health: The Council is leading the development of an integrated health and social care model across the three boroughs and it will be imperative that the HWB is part of the local governance of that workstream.

2.5 White City Collaborative Care Centre: Given the extended period which it has taken to develop the WCCCC, the HWB will need to monitor progress as a priority. There is also a need to consider the contribution which the HWB can make to deliver the envisaged model for public services on White City estate more generally.

2.6 Health Champions Programme: The HWB would be interested in how the Health Champions Programme might be developed. A particular issue which might be explored would be access to general practice and why GP registrations are extremely low at the Canberra Centre for Health.

2.7 Input into the Acute Provision landscape: Given the changes in acute services across west London, the HWB will need to be more pro-active in influencing the acute agenda.

3. Joint Strategic Needs Assessment

3.1 The JSNA will need to map out the current picture to ensure an equal understanding across the Board membership and to establish the priorities set against that and one of the key roles of the HWB will be to oversee the JSNA project plan and ensure that positive choices on health care can be made.

3.2 One issue would be to establish take up of private health provision locally, in particular private GP provision as a response to demand for GPs with specialist paediatric expertise.

4. Structure and operation of the Health & Well-being Board

4.1 In going forward the statutory duty for a Children's Trust Board will be removed. Feedback indicates that the CTB want to both carry on and be effective. It was agreed that the HWB structure should accommodate the CTB as a strategic sub-group of the HWB to feed in and inform it on children's services.

4.2 Addressing each of the priorities through sub-groups was agreed to be an aspect the Board would want to explore as part of developing the local model. Each of the groups could operate in the same way with "reducing inequalities in health" an overarching theme and they will be tasked with specifically and explicitly analysing the impact of their interventions.

4.3 It was agreed that the new structure would include a number of sub-groups of the HWB, including children's services, the voluntary sector and advocacy, community engagement and equality.

4.4 There is a need for better knowledge of the target populations and an understanding the commissioning landscape. What then needs to develop is a set of specific measurable targets addressing lifestyle choices as well as mortality and morbidity against which performance can be measured.

4.5 Once formally established, meetings of the HWB will be held in public, however, during the development stage the shadow board will meet in private.

5. Communication between agencies

5.1 The way in which we communicate information about patients is a key issue in improving health outcomes. It was suggested that the vision for three years time needs to include a priority that everyone has access to their own medical records electronically.

5.2 There was some discussion as to whether this is legitimate territory for the HWB, however, there was broad agreement that it would be an important part of getting people to own their own care and consideration needs to be given to how we could approach it locally.

Action: Geoff Alltimes to circulate information on the Dr Fisher/PAERS example.

5.3 An important issue is the time it takes the acute sector to inform GPs of patient hospital discharge, an important priority should be to improve the time it takes to communicate between primary, acute and social care, (this should also include dentistry).

5.4 Achieving an improvement would be an demonstration of the level of integration between the participants on the HWB.

5.5 There is also a need to facilitate a conversation between GP and patients and dentistry. The GPs contract with the NHS includes a responsibility to communicate.

Action: Tim Tebbs to consider how a conversation between GPs, patients and dentistry can be facilitated.

6. Community Engagement

6.1 The Board discussed how the Healthwatch could be represented on the board, it was agreed that a role around patient advocacy should be explored and that there is a need for a wide body to represent community and public at large which can inform the HWB. The local BGOV model was cited as an example and that this might be most effectively delivered through membership of the sub-groups which would establish a more inclusive structure.

6.2 It was agreed that there should be a programme of specific events to engage the community.

6.3 It was agreed that the LINk would be supported to develop into a Healthwatch model locally and act as the infrastructure body through which Healthwatch membership of the Board will be discharged.

Action: David Evans to work with Samira Ben Omar, Sue Spiller and BGOV to develop a proposal for a future meeting.

6.4 There us a need for a formal representative on the HWB but, the representative needs to be supported and the group needs to have the capacity to provide that support.

6.5 There is a need for representation on the “wider determinants” such as housing and relevant services. It was agreed that they should be engaged as a wider membership who can be tapped into appropriately to reflect changes in priorities. Many of these links also need to be part of a dialogue at an operational level.

6.6 Critical partner relationships also need to be identified as part of the process of establishing how the Board makes the changes it wants to.

7. Development of the project plan

7.1 There needs to be a project plan in place which addresses the transition as the various organisational structures fall away and new ones emerge.

7.2 The Board needs to establish what resources and responsibilities it has. These will include how it relates to existing Council budgets, the ring-fenced public health budget and influencing the local use of the National Commissioning Board budgets (primary care/specialist, GP contracts).

7.3 Strong provisions for joint health and social care commissioning is not contained in the bill. There is a need to lobby DH to initiate joint commissioning and support a limited number of demonstration sites from those localities which have demonstrated a commitment to

develop this approach, and for the government to identify and remove the barriers to delivering such models.

Action: Geoff Alltimes to consider how lobbying of DH might be most effectively achieved.

8. Next steps

Action: David Evans to develop a draft strategy paper to be circulated for comment and then submitted to Cabinet and scrutiny for public debate.

8.1 The next meeting will be arranged in late September, the agenda will include:

- Implementation Project Plan (with milestones and critical actions).
- Communication Plan (drawn from the project plan)

Action: David Evans to establish a distribution list and arrange next meeting.

Next meeting: To be arranged.

London Borough of Hammersmith & Fulham

HOUSING, HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

DATE	TITLE	Wards
13 September 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

Appendix A

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

28 June 2011
Imperial College NHS Trust • 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 (at the request of London Health Programmes)
West London Mental Health Trust: Foundation Trust Status Application Consultation
Housing Benefits: Update
15 November 2011
Continuity of Care
Careline
Day Care Changes
NHS INWL Commissioning Intentions 2012/2013 Extending Patient Choice of Any Provider
Imperial College NHS Trust: Long Term Proposals for the Future of Hammersmith and Charing Cross Hospitals
18 January 2012
3rd Sector Update
Budget 2012/2013
H&F LINk: Presentation of Completed Projects Healthwatch: Development of Local Model

Personal Budgets
22 February and 17 April 2012
H&F Lift Maintenance
Healthcare Reforms: Update
Improving Council Estates
Taxicard Scheme

Appendix B

FORWARD PLAN OF KEY DECISIONS
Proposed to be made in the period September 2011 to December 2011

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 September 2011 to December 2011.

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 112 (published 15 August 2011)

LIST OF KEY DECISIONS PROPOSED SEPTEMBER 2011 TO DECEMBER 2011

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**
September			
Cabinet Full Council	5 Sep 2011 19 Oct 2011 Reason: Budg/pol framework	**Treasury Management Outturn Report 10-11** This report provides information on the Council's debt, borrowing and investment activity for the financial year ending 31st March 2011.	Leader of the Council Ward(s): All Wards
Cabinet	5 Sep 2011 Reason: Expenditure more than £100,000	**The Future of the Lifestyle Plus Card** This report recommends that the Council ceases its operation of a leisure card, by decommission the existing Lifestyle Plus Scheme (LPS) and approving that GLL provide and manage a concessionary card that operates under the terms of GLL's existing Pay and Play concessionary offer in conjunction with Virgin Active.	Cabinet Member for Residents Services Ward(s): Wormholt and White City
Cabinet	5 Sep 2011 Reason: Expenditure more than £100,000	**Serco Contract Review** 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	Cabinet Member for Residents Services Ward(s): All Wards

		for money, improves service quality and is based on the principles of risk and reward.	
Cabinet	5 Sep 2011	**Request for delegated authority to award cross-authority framework agreement for self-directed support services** London Boroughs of Hammersmith and Fulham, Hillingdon, Brent and Royal Borough of Kensington and Chelsea are seeking to procure a cross borough Framework Agreement to deliver Self Directed Support Services (as part of the personalisation agenda). Hammersmith and Fulham are leading the procurement process. The Director of Community Services requests delegated authority to award Framework Agreement contracts for Self Directed Support Services from October 2011.	Cabinet Member for Community Care
	Reason: Affects more than 1 ward		Ward(s): All Wards
Cabinet	5 Sep 2011	**Project : 302 Fulham Palace Road, London SW6 - Works: external and communal repairs and redecoration** Tender Acceptance Report to appoint contractor to carry out general building works at 302 Fulham Palace Road, London, SW6.	Cabinet Member for Housing
	Reason: Expenditure more than £100,000		Ward(s): Palace Riverside
Cabinet	5 Sep 2011	**Project : 1-67 Jepson House, 2-38 & 40-54 Pearscroft Road, London SW6. Works: internal and external refurbishment including works to satisfy fire risk assessment requirements** Full refurbishment works, window and roof renewals, and works to meet Fire Risk Assessment requirements.	Cabinet Member for Housing
	Reason: Expenditure more than £100,000		Ward(s): Sands End
Cabinet	5 Sep 2011	**Appointment of Development Agent Services** Appointment of Development Agent Services contractor for the Housing Development Company.	Cabinet Member for Housing
	Reason: Affects more than 1 ward		Ward(s): All Wards
Cabinet	5 Sep 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		Ward(s): Sands End

	more than £100,000		
Cabinet	5 Sep 2011	**Service Charges for Tenants** This paper seeks approval to implement fixed service charges calculated at block level for Council tenants. It sets out the reason for moving initially to fixed service charges and sets out a timetable for implementation and consultation.	Cabinet Member for Housing
	Reason: Affects more than 1 ward		Ward(s): All Wards
Cabinet	5 Sep 2011	**General Fund Capital Programme, HRA Capital Programme & Revenue Budget 2011/12 - Month 2** Report seeks approval to adjust Capital Programme & Revenue Budgets.	Leader of the Council
	Reason: Expenditure more than £100,000		Ward(s): All Wards
Cabinet	5 Sep 2011	**The contract for the management, maintenance and development of the Bishops Park Tennis Centre - Approval of appointment of preferred bidder** This report seeks approval for the appointment of a contractor to undertake the service contract for the management of the tennis facilities at Bishops Park.	Cabinet Member for Residents Services
	Reason: Expenditure more than £100,000		Ward(s): Palace Riverside
Cabinet	5 Sep 2011	**Introduction of Interim Guidance to Social Landlords on the affordable Rent Tenure in LB Hammersmith and Fulham** This report details the options available to the Council in introducing guidance to social landlords in the borough on rent setting for the new affordable rent tenure on both new build and conversions.	Cabinet Member for Housing
	Reason: Affects more than 1 ward		Ward(s): All Wards
Cabinet	5 Sep 2011	**Disposal of Edith Summerskill House, Clem Attlee Estate** This report recommends the disposal of a vacant Council owned tower block at Edith Summerskill House on the Clem Attlee estate with the proceeds from the sale being utilised to fund future housing and regeneration activity in the borough.	Cabinet Member for Housing
	Reason: Expenditure more than £100,000		Ward(s): Fulham Broadway

Cabinet	5 Sep 2011 Reason: Expenditure more than £100,000	**West London Joint Framework Agreement for the Provision of Privately Managed Accommodation** The PMA Scheme comprises furnished accommodation, both houses and flats, procured and managed by managing agents (the service provider) on behalf of the Council. The properties are used as temporary accommodation for homeless households who have applied to the Council under the provisions of Part VII of the Housing Act 1996. The properties can also be used for the prevention of homelessness.	Cabinet Member for Housing Ward(s): All Wards
October			
Cabinet	*10 Oct 2011* *Reason: Expenditure more than £100,000*	***Possible changes to Taxicard Scheme*** *In a context of reducing funding from Transport for London and increasing demand for the Taxicard scheme, a public consultation was carried out to seek views on future options. This report will summarise the public consultation responses and will put forward recommendations for the Taxicard scheme going forward.*	*Cabinet Member for Children's Services* *Ward(s): All Wards*
Cabinet	10 Oct 2011 Reason: Expenditure more than £100,000	**Award to the Lowest Tenderer for the Removal of Asbestos: At Riverside Gardens Blocks A-Q (1-171) and S-T (180-199)** Tender Acceptance Report to appoint contractor to carry out the removal of asbestos in the tank room at Riverside Gardens, Hammersmith, W6.	Cabinet Member for Housing Ward(s): Hammersmith Broadway
Cabinet	10 Oct 2011 Reason: Expenditure more than £100,000	**DCLG Funding to Combat 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 Ward(s): All Wards
Cabinet	10 Oct 2011	**Use of 2011/12 HFBP profit share** This report requests approval to use the HFBP profit share to pursue	Leader of the Council

	Reason: Expenditure more than £100,000	further e-services as part of a wider self serve strategy.	Ward(s): All Wards
Cabinet	10 Oct 2011	**General Fund Capital Programme, Housing Capital Programme and Revenue Monitoring Report 2011/12 - Month 3** Report seeks approval to changes to the capital programme and revenue budget.	Leader of the Council
	Reason: Expenditure more than £100,000		Ward(s): All Wards
Cabinet	10 Oct 2011	**Fire Alarm System Upgrade to Various Sheltered Housing Accommodations** Tender Acceptance Report to appoint contractor to carry out Fire Alarm Upgrade to various Sheltered Housing Accommodations within the Borough.	Cabinet Member for Housing
	Reason: Expenditure more than £100,000		Ward(s): All Wards
Cabinet	10 Oct 2011	**Installation of IRS Systems at White City Estate, Clem Attlee and Sheltered Housing Properties** Tender Acceptance Report to appoint contractor to carry out installation of IRS Systems at White City Estate, Clem Attlee and various Sheltered Housing Accommodations.	Cabinet Member for Housing
	Reason: Expenditure more than £100,000		Ward(s): Fulham Broadway; Wormholt and White City
Cabinet	10 Oct 2011	**Warden Call System Upgrade Phase 1** Upgrade of Warden Call System to various properties within North of the Borough (Hammersmith).	Cabinet Member for Housing
	Reason: Expenditure more than £100,000		Ward(s): Askew; Avonmore and Brook Green; College Park and Old Oak; Hammersmith Broadway; Ravenscourt Park; Shepherds Bush Green; Town; Wormholt and White City
Cabinet	10 Oct 2011	**Warden Call System Upgrade Phase 2** Upgrade of Warden Call System to various properties within South of the Borough (Fulham).	Cabinet Member for Housing
	Reason: Expenditure more than £100,000		Ward(s): Fulham Broadway; Fulham Reach; Munster; North End; Parsons Green and Walham; Sands End

Cabinet	10 Oct 2011 Reason: Expenditure more than £100,000	**1 – 76 Barton House, Townmead Road - Lift Upgrade** Tender Acceptance Report to appoint contractor to carry out Part Upgrade of the Two Existing Passenger Lifts.	Cabinet Member for Housing Ward(s): Sands End
Cabinet	10 Oct 2011 Reason: Expenditure more than £100,000	**Replacement of Communal Water Storage Tanks - South** Tender Acceptance Report to appoint contractor to carry out Replacement of Communal Water Storage Tanks – South.	Cabinet Member for Housing Ward(s): Addison; Sands End; Shepherds Bush Green; Town
Cabinet	10 Oct 2011 Reason: Expenditure more than £100,000	**Replacement of Communal Water Storage Tank - North** Tender Acceptance Report to appoint contractor to carry out Replacement of Communal Water Storage Tanks – North.	Cabinet Member for Housing Ward(s): Hammersmith Broadway; Shepherds Bush Green; Wormholt and White City
Cabinet	*10 Oct 2011* *Reason: Expenditure more than £100,000*	***Old Oak Primary School*** *Tender Acceptance to appoint contractor to provide a large nursery and additional teaching areas with remodelling and alterations to the existing school building.*	*Cabinet Member for Children's Services* *Ward(s): College Park and Old Oak*
Cabinet Full Council	10 Oct 2011 19 Oct 2011 Reason: Affects more than 1 ward	**Local Development Framework. Managing Change of Use in Local Shopping Centres Supplementary Planning Document** The SPD will support the new shopping hierarchy outlined in the Core Strategy 2011 in advance of the adoption of the Development Management Development Plan Document (DM DPD). Its purpose is to provide supplementary guidance on the policies the council will apply when considering planning applications for changes of use of shop units in the borough's local shopping centres. The SPD identifies quotas that will be applied to frontages in the local shopping centres to manage the mix of uses in these centres.	Councillor Nicholas Botterill Ward(s): All Wards

Cabinet	10 Oct 2011	**Local Development Framework: Proposed Submission Development Management Development Plan Document** This report seeks approval of the proposed submission Local Development Framework Development Management DPD and associated documents for public consultation. The consultation will be for a six week period commencing in November 2011. The report notes that after consideration of representations received during public consultation, the Development Management DPD will be submitted to the Secretary of State along with a number of other submission documents identified in the Regulations for independent examination, expected in Spring 2012.	
	Reason: Affects more than 1 ward		Ward(s): All Wards
Cabinet	10 Oct 2011	**Barons Court Community Library** 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 with.	Cabinet Member for Residents Services
	Reason: Significant in 1 ward		Ward(s): Avonmore and Brook Green
Cabinet	10 Oct 2011	**Joint LBHF and RBKC response to the Government's revised Prevent Strategy** The report sets out a joint response by LBHF and RBKC to the Government's revised Prevent Strategy, which is part of the wider national Counter Terrorism Strategy. This report seeks approval to apply for Prevent funding in order to carry out necessary work to reduce the adverse risk outlined in the Prevent Strategy document.	Cabinet Member for Residents Services
	Reason: Expenditure more than £100,000		Ward(s): All Wards
Cabinet	10 Oct 2011	**Earl's Court Redevelopment Project** The Council has been exploring the benefits of including the West Kensington and Gibbs Green estates	Leader of the Council
	Reason: Expenditure more than		Ward(s): North End

	£100,000	within the proposed comprehensive redevelopment of Earl's Court and Lillie Bridge depot.	
November			
Cabinet	7 Nov 2011 Reason: Expenditure more than £100,000	**Shepherds Bush Common Improvement Project** Approval to appoint works contractors to undertake restoration works on Shepherds Bush Common.	Cabinet Member for Residents Services Ward(s): Shepherds Bush Green
Cabinet	7 Nov 2011 Reason: Expenditure more than £100,000	**Parking Projects Programme 2011/12** This report outlines the key parking priorities of the Council and presents a parking projects programme for 2011/12.	Deputy Leader (+Environment and Asset Management) Ward(s): All Wards
Cabinet	7 Nov 2011 Reason: Expenditure more than £100,000	**Measured Term Contract for Day-to-Day Breakdown Repair and Maintenance to Lift Plan and Associated Equipment to Housing Properties** 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.	Cabinet Member for Housing Ward(s): All Wards
Cabinet	7 Nov 2011 Reason: Expenditure more than £100,000	**Measured Term Contract for Day-to-Day Breakdown Repair and Maintenance to Lift Plant and Associated Equipment to Non-Housing Buildings** 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.	Deputy Leader (+Environment and Asset Management) Ward(s): All Wards
Cabinet	7 Nov 2011 Reason: Expenditure more than £100,000	**Measured Term Contract for Planned Preventative Mechanical Maintenance for Boroughwide Housing Properties 2011-2015** Tender Acceptance to appoint contractor to carry out servicing of mechanical plant, day-to-day repairs, inspection and planned maintenance repairs to Housing Properties.	Cabinet Member for Housing Ward(s): All Wards

Cabinet	7 Nov 2011 Reason: Expenditure more than £100,000	**Measured Term Contract for Planned Preventative Mechanical Maintenance for Boroughwide Non-Housing Properties 2011 - 2015** 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.	Deputy Leader (+Environment and Asset Management) Ward(s): All Wards
Cabinet	7 Nov 2011 Reason: Expenditure more than £100,000	**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) Ward(s): All Wards
Cabinet	7 Nov 2011 Reason: Expenditure more than £100,000	**Measured Term Contract for Door Entry System – 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 Ward(s): All Wards
Cabinet	*7 Nov 2011* *Reason: Affects more than 1 ward*	***Travel Assistance Policies*** *Travel Assistance Policy – Special education needs (SEN)*	*Cabinet Member for Children's Services* *Ward(s): All Wards*
Cabinet	7 Nov 2011 Reason: Affects more than 1 ward	**Contracts for the Management, Maintenance and Development of Satellite Tennis Centres** To outsource tennis courts maintenance and tennis development at Eel Brook Common, Hurlingham Park, and Ravenscourt Park under a 21 year lease arrangement.	Cabinet Member for Residents Services Ward(s): Palace Riverside; Parsons Green and Walham; Ravenscourt Park
December			
Cabinet	5 Dec 2011	**The Archives Service Review** This report will outline the current	Cabinet Member for Residents Services

	Reason: Affects more than 1 ward	position and recommend options for the future delivery of the Council's archives service.	Ward(s): All Wards
Cabinet	5 Dec 2011	**Highways Planned Maintenance Programme 2012/13** 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.	Deputy Leader (+Environment and Asset Management)
	Reason: Expenditure more than £100,000		Ward(s): All Wards
January			
Cabinet	30 Jan 2012	**Award of Term Contract for Public Lighting and Ancillary Works 2012-2015** Decision to award the new Public Lighting and Ancillary Works contract to the most economically advantageous tender.	Deputy Leader (+Environment and Asset Management)
	Reason: Expenditure more than £100,000		Ward(s): All Wards
Cabinet	30 Jan 2012	**West London Housing Related Support Joint Framework Agreement** 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.	Cabinet Member for Community Care
	Reason: Affects more than 1 ward		Ward(s): All Wards