



London Borough of Hammersmith & Fulham

# Cabinet

## Agenda

**MONDAY**  
**10 OCTOBER 2011**  
**7.00 pm**

**COURTYARD ROOM**  
**HAMMERSMITH**  
**TOWN HALL**  
**KING STREET**  
**LONDON W6 9JU**

### Membership

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

**Date Issued**  
**30 September 2011**

If you require further information relating to this agenda please contact:  
David Viles, Committee Co-ordinator, Governance and Scrutiny, tel:  
020 8753 2063 or email: [David.Viles@lbhf.gov.uk](mailto:David.Viles@lbhf.gov.uk)

Reports on the open Cabinet agenda are available on the Council's website: [http://www.lbhf.gov.uk/Directory/Council\\_and\\_Democracy](http://www.lbhf.gov.uk/Directory/Council_and_Democracy)

### DEPUTATIONS

Members of the public may submit a request for a deputation to the Cabinet on non-exempt item numbers 4-11 on this agenda using the Council's Deputation Request Form. The completed Form, to be sent to David Viles at the above address, must be signed by at least ten registered electors of the Borough and will be subject to the Council's procedures on the receipt of deputations. **Deadline for receipt of deputation requests: Wednesday 5 October 2011.**

### COUNCILLORS' CALL-IN TO SCRUTINY COMMITTEES

A decision list regarding items on this agenda will be published by **Wednesday 12 October 2011**. Items on the agenda may be called in to the relevant Scrutiny Committee.

The deadline for receipt of call-in requests is: **Monday 17 October 2011 at 3.00pm**. Decisions not called in by this date will then be deemed approved and may be implemented.

A confirmed decision list will be published after 3:00pm on **Monday 17 October 2011**.

**Members of the Public are welcome to attend.**  
**A loop system for hearing impairment is provided, together with disabled access to the building**

# Cabinet Agenda

10 October 2011

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3.	<b>DECLARATION OF INTERESTS</b>	
	<p>If a Councillor has any prejudicial or personal interest in a particular report he/she should declare the existence and nature of the interest at the commencement of the consideration of the item or as soon as it becomes apparent.</p> <p>At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a 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.</p> <p>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.</p>	
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## CAFE

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| <b>15.</b> | <b>EXCLUSION OF PRESS AND PUBLIC</b>   |                  |
- The Cabinet is invited to resolve, under Section 100A (4) of the Local Government Act 1972, that the public and press be excluded from the meeting during the consideration of the following items of business, on the grounds that they contain the likely disclosure of exempt information, as defined in paragraph 3 of Schedule 12A of the said Act, and that the public interest in maintaining the exemption currently outweighs the public interest in disclosing the information.
- |            |   |  |
|------------|---|--|
| <b>16.</b> | <b>EXEMPT MINUTES OF THE CABINET MEETING HELD ON 5 SEPTEMBER 2011(E)</b>  |  |
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# Agenda Item 1

London Borough of Hammersmith & Fulham



# Cabinet

## Minutes

**Monday 5 September 2011**

### **PRESENT**

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

### **ALSO PRESENT**

#### **52. MINUTES OF THE CABINET MEETING HELD ON 18 JULY 2011**

##### **RESOLVED:**

That the minutes of the meeting of the Cabinet held on 18<sup>th</sup> July 2011 be confirmed and signed as an accurate record of the proceedings, and that the outstanding actions be noted.

#### **53. APOLOGIES FOR ABSENCE**

##### **RESOLVED:**

There were no apologies for absence.

#### **54. DECLARATION OF INTERESTS**

##### **RESOLVED:**

There were no declarations of interest.

**55. GENERAL FUND CAPITAL PROGRAMME, HRA CAPITAL PROGRAMME & REVENUE BUDGET 2011/12 - MONTH 2**

**RESOLVED:**

1. That the changes to the capital programme as set out in Appendix 1 be approved.
2. That approval be given to the changes to the General Fund and Housing Revenue Account revenue budgets as set out in Appendix 2.

**Reason for decision:**

As set out in the report.

**Alternative options considered and rejected:**

As outlined in the report.

**Record of any conflict of interest:**

None.

**Note of dispensation in respect of any declared conflict of interest:**

None.

**56. TREASURY MANAGEMENT OUTTURN REPORT 2010/2011**

**RESOLVED:**

1. That the Council has not undertaken any borrowing for the period 1 April 2010 to 31 March 2011 be noted.
2. That the investment activity for the period 1 April 2010 to 31 March 2011 be noted.

**Reason for decision:**

As set out in the report.

**Alternative options considered and rejected:**

As outlined in the report.

**Record of any conflict of interest:**

None.

**Note of dispensation in respect of any declared conflict of interest:**

None.

**57. REQUEST FOR DELEGATED AUTHORITY TO AWARD CROSS-AUTHORITY FRAMEWORK AGREEMENT FOR SELF-DIRECTED SUPPORT SERVICES**

**RESOLVED:**

That authority be delegated to the Cabinet Member for Community Care, in conjunction with the Acting Director of Community Services and the Assistant Director (Legal and Democratic Services), to award a Framework Agreement for the provision of Self Directed Support Services.

**Reason for decision:**

As set out in the report.

**Alternative options considered and rejected:**

As outlined in the report.

**Record of any conflict of interest:**

None.

**Note of dispensation in respect of any declared conflict of interest:**

None.

**58. THE FUTURE OF THE LIFESTYLE PLUS CARD**

**RESOLVED:**

That authority be delegated to the Cabinet Member for Residents Services, in conjunction with the Director of Residents Services, to agree with the Council's providers GLL and Virgin Active the terms, including any profit share, on which they will implement a new leisure card based on existing concessionary offers already provided and manage this on the Council's behalf.

**Reason for decision:**

As set out in the report.

**Alternative options considered and rejected:**

As outlined in the report.

**Record of any conflict of interest:**

None.

**Note of dispensation in respect of any declared conflict of interest:**

None.

**59. PROJECT : 302 FULHAM PALACE ROAD LONDON SW6. WORKS:  
EXTERNAL AND COMMUNAL REPAIRS AND REDECORATIONS**

**RESOLVED:**

1. That the lowest tender submitted by Bell Decorating & Building Limited be approved.
2. Noted that the contract is expected to start on 10 October 2011 for a period of 14 weeks.

**Reason for decision:**

As set out in the report.

**Alternative options considered and rejected:**

As outlined in the report.

**Record of any conflict of interest:**

None.

**Note of dispensation in respect of any declared conflict of interest:**

None.

**60. DISPOSAL OF EDITH SUMMERSKILL HOUSE, CLEM ATTLEE  
ESTATE**

**RESOLVED:**

1. That Edith Summerskill House be declared surplus to Housing and Regeneration Department requirements (subject to consultation with secure tenants and leaseholders, to achieving vacant possession).
2. That tenants (and any leaseholders the Council will have a duty to rehouse) of Edith Summerskill House be awarded decant status with immediate effect and that decant costs be paid.
3. That officers be authorised to serve (when they consider appropriate) interim and final demolition notices on secure tenants of Edith Summerskill House to inhibit any future Right to Buy applications.
4. That at the appropriate time officers are authorised to seek Secretary of State approval for a redevelopment scheme in respect of Edith Summerskill House for the purposes of Ground 10A of Schedule 2 Housing Act 1985 and do all things incidental, in order to recover possession; the Director of Housing and Regeneration to consider any representations received in any consultation connected with the approval of a redevelopment scheme for Ground 10A purposes or otherwise and to report back only if he considers it necessary.

5. That the Director of Housing and Regeneration be authorised (with the approval of the Director of Finance and Corporate Services) and in conjunction with the Head of Valuation and Property Services to acquire or terminate by negotiation or otherwise all interests in Edith Summerskill House and to authorise the making and implementation of any requisite compulsory purchase order and to do all things consequential or incidental to any of the foregoing.
6. That officers be authorised to procure from potential developers a bid or bids to purchase and refurbish or redevelop Edith Summerskill House (where appropriate) via any applicable EU procurement route; the development brief to be approved by the Cabinet Members for Housing and for Environment and Asset Management and the final selection of purchaser/developer to be made or approved by Cabinet.
7. That 100% of the capital receipt (after the deduction of appropriate costs) is used for future affordable housing and regeneration purposes be approved.

**Reason for decision:**

As set out in the report.

**Alternative options considered and rejected:**

As outlined in the report.

**Record of any conflict of interest:**

None.

**Note of dispensation in respect of any declared conflict of interest:**

None.

**61. SERVICE CHARGES FOR TENANTS**

**RESOLVED:**

1. That authority be delegated to the Cabinet Member for Housing, in conjunction with the Director of Housing and Regeneration, to implement fixed service charges for all Council Tenants from 1 April 2012 for:
  - caretaking
  - CCTV
  - communal lighting
  - concierge
  - door entry
  - cleaning
  - grounds maintenance
  - heating
  - TV aerials
  - Fire alarms
  - lift maintenance
  - window cleaning



2. That approval be given for funding of £50,000 to implement Fixed Service Charges.

**Reason for decision:**

As set out in the report.

**Alternative options considered and rejected:**

As outlined in the report.

**Record of any conflict of interest:**

None.

**Note of dispensation in respect of any declared conflict of interest:**

None.

**62. 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**

**RESOLVED:**

1. That the letting of a contract under the Decent Homes Partnering Framework Agreement Area 6 with Breyer Group PLC be approved.
2. Noted that the contract is expected to start on 10 October 2011 for a period of 52 weeks.

**Reason for decision:**

As set out in the report.

**Alternative options considered and rejected:**

As outlined in the report.

**Record of any conflict of interest:**

None.

**Note of dispensation in respect of any declared conflict of interest:**

None.

**63. INTRODUCTION OF INTERIM GUIDANCE TO SOCIAL LANDLORDS ON THE AFFORDABLE RENT TENURE IN LB HAMMERSMITH AND FULHAM**

**RESOLVED:**

1. That Cabinet notes the contents of the report and approves the guidance to be provided to registered providers in the borough in determining their rent setting regime for the new affordable rent tenure for both new build and up

to 50% of existing social rented dwellings converting to affordable rent as follows:

- 1 bed rent of no more than £ 250 pw
- 2 bed rent of no more than £ 290 pw
- 3 bed rent of no more than £ 340 pw
- 4 bed rent of no more than £ 400 pw

(rents to include service charges)

2. That the Director of Housing and Regeneration, in consultation with the Cabinet Member of Housing, reviews this guidance on an annual basis.
3. Where Registered Providers have nomination rights they should promote working households who can afford affordable rent. Registered Providers should have regard to existing levels of benefit dependency in an area and seek to achieve mixed and balanced communities.

**Reason for decision:**

As set out in the report.

**Alternative options considered and rejected:**

As outlined in the report.

**Record of any conflict of interest:**

None.

**Note of dispensation in respect of any declared conflict of interest:**

None.

**64. APPOINTMENT OF DEVELOPMENT AGENT SERVICES**

**RESOLVED:**

That the fee cost of a Development Agent to support the delivery of new affordable homes be funded from the Decent Neighbourhoods Fund as capitalised expenditure, and from previously approved Section 106 balances in the case of revenue expenditure be approved.

**Reason for decision:**

As set out in the report.

**Alternative options considered and rejected:**

As outlined in the report.

**Record of any conflict of interest:**

None.

**Note of dispensation in respect of any declared conflict of interest:**

None.

**65. FORWARD PLAN OF KEY DECISIONS**

**RESOLVED:**

The Forward Plan was noted.

**66. SUMMARY OF OPEN DECISIONS TAKEN BY THE LEADER AND CABINET MEMBERS, AND REPORTED TO CABINET FOR INFORMATION**

**RESOLVED:**

The summary was noted.

**67. SUMMARY OF URGENT DECISIONS TAKEN BY THE LEADER, REPORTED TO THE CABINET FOR INFORMATION**

**RESOLVED:**

The summary was noted.

**68. EXCLUSION OF PRESS AND PUBLIC**

**RESOLVED:**

That under Section 100A (4) of the Local Government Act 1972, the public and press be excluded from the meeting during consideration of the remaining items of business on the grounds that they contain information relating to the financial or business affairs of a person (including the authority) as defined in paragraph 3 of Schedule 12A of the Act, and that the public interest in maintaining the exemption currently outweighs the public interest in disclosing the information.

[The following is a public summary of the exempt information under S.100C (2) of the Local Government Act 1972. Exempt minutes exist as a separate document.]

**69. EXEMPT MINUTES OF THE CABINET MEETING HELD ON 18 JULY 2011 (E)**

**RESOLVED:**

That the minutes of the meeting of the Cabinet held on 18<sup>th</sup> July 2011 be confirmed and signed as an accurate record of the proceedings, and that the outstanding actions be noted.

70. **REQUEST FOR DELEGATED AUTHORITY TO AWARD CROSS-AUTHORITY FRAMEWORK AGREEMENT FOR SELF-DIRECTED SUPPORT SERVICES : EXEMPT ASPECTS (E)**

**RESOLVED:**

That the report be noted.

**Reason for decision:**

As set out in the report.

**Alternative options considered and rejected:**

As outlined in the report.

**Record of any conflict of interest:**

None.

**Note of dispensation in respect of any declared conflict of interest:**

None.

71. **PROJECT: 302 FULHAM PALACE ROAD, LONDON SW6. WORKS: EXTERNAL AND COMMUNAL REPAIRS AND REDECORATIONS : EXEMPT ASPECTS (E)**

**RESOLVED:**

That the recommendation on the exempt report be approved.

**Reason for decision:**

As set out in the report.

**Alternative options considered and rejected:**

As outlined in the report.

**Record of any conflict of interest:**

None.

**Note of dispensation in respect of any declared conflict of interest:**

None.

72. **DISPOSAL OF EDITH SUMMERSKILL HOUSE, CLEM ATLEE ESTATE : EXEMPT ASPECTS (E)**

**RESOLVED:**

That the recommendation on the exempt report be approved.

**Reason for decision:**

As set out in the report.

**Alternative options considered and rejected:**

As outlined in the report.

**Record of any conflict of interest:**

None.

**Note of dispensation in respect of any declared conflict of interest:**

None.

73. **PROJECT: 1-67 JEPSON HOUSE, 2-38 & 40-54 PEARSCROFT ROAD, LONDON SW6. WORKS: INTERNAL & EXTERNAL REFURBISHMENT INCLUDING WORKS TO SATISFY FIRE RISK ASSESSMENT REQUIREMENTS : EXEMPT ASPECTS(E)**

**RESOLVED:**

That the recommendation on the exempt report be approved.

**Reason for decision:**

As set out in the report.

**Alternative options considered and rejected:**

As outlined in the report.

**Record of any conflict of interest:**

None.

**Note of dispensation in respect of any declared conflict of interest:**

None.

74. **APPOINTMENT OF DEVELOPMENT AGENT TO SUPPORT THE DELIVERY OF NEW AFFORDABLE HOMES : EXEMPT ASPECTS (E)**

**RESOLVED:**

That the recommendation on the exempt report be approved.

**Reason for decision:**

As set out in the report.

**Alternative options considered and rejected:**

As outlined in the report.

**Record of any conflict of interest:**

None.

**Note of dispensation in respect of any declared conflict of interest:**

None.

**75. SUMMARY OF EXEMPT URGENT DECISION TAKEN BY THE LEADER, AND REPORTED TO THE CABINET FOR INFORMATION**

**RESOLVED:**

The summary was noted.

Meeting started: 7.00 pm  
Meeting ended: 7.05 pm

Chairman .....



London Borough of Hammersmith & Fulham

# Cabinet

## Key Decisions

**DRAFT**

**LEADER**

*Councillor Stephen Greenhalgh*

**NEW CORPORATE STRUCTURE**

**Wards: all**

This paper proposes a new corporate structure to be implemented from 20 October 2011.

**CONTRIBUTORS**

Chief Executive  
DFCS  
ADLDS

**Recommendations:**

- 1 That approval is given to the new structure as set out in section 2 of this report.**
- 2 That Full Council be recommended to amend the Council's Constitution to reflect the new job titles and job roles.**

**HAS A EIA BEEN COMPLETED?**  
N/A

**HAS THE REPORT CONTENT BEEN RISK ASSESSED?**  
N/A

## **1 BACKGROUND**

- 1.1 In June 2011, Cabinet agreed to appoint a joint Chief Executive with the Royal Borough of Kensington and Chelsea in anticipation of the retirement of the current H&F Chief Executive, Geoff Alltimes, in October 2011. It is anticipated that the shared Chief Executive, Derek Myers who is currently the Chief Executive of the Royal Borough, will be appointed by Council on 19 October 2011. This report sets out the necessary changes in senior reporting lines at H&F to reflect the new corporate arrangements from 20 October 2011.

## **2. PROPOSALS**

- 2.1 Both councils currently have conventional senior management teams made up of experienced chief officers with locally determined portfolios. This report sets out a proposal for bringing the two teams together.

- 2.2 It is proposed that the joint Chief Executive will directly manage:-

- The re-titled Directors of Finance of the two boroughs, Jane West and Nicholas Holgate (see paragraph 2.3)
- The Tri-borough Executive Director of Children's Services, Andrew Christie
- The new Tri-borough Executive Director of Adult Social Care
- The Bi-borough Executive Director of Environment, Leisure & Residents' Services, Lyn Carpenter (previously known as Executive Director 'A' in the Bi-borough Environment Services proposals)
- The Bi-borough Executive Director, Nigel Pallace (previously known as Executive Director 'B' in the Bi-borough Environment Services proposals). The title of the Director and the department is being discussed and will be reported at the meeting.

- 2.3 The design and the collaborative arrangements always assumed that the Directors of Finance (as differently constituted in the two boroughs) would become in effect head of the parts of the councils that were not part of Tri/Bi-borough arrangements. It is proposed that in H&F the current Director of Finance and Corporate Services, Jane West, is re-titled Executive Director of Finance and Corporate Governance and, in addition to her current portfolio, assumes line management of the re-titled roles of:

- Executive Director of Housing and Regeneration - Mel Barrett
- Executive Director – Nigel Pallace (previously known as Executive Director 'B' in the Bi-borough Environment Services



proposals) will also report to Jane West and not the joint Chief Executive on planning matters only.

- 2.4 The Executive Director of Finance and Corporate Governance will also become the Electoral Registration Officer and Returning Officer for H&F.
- 2.5 The Executive Director of Housing and Regeneration continues with his current portfolio.
- 2.6 As the changes proposed in this report largely relate to reporting lines, there are no changes in the grades or salaries of any of these posts.
- 2.7 The new structure is shown diagrammatically in Appendix A.

**3. COMMENTS OF THE DIRECTOR OF FINANCE AND CORPORATE SERVICES**

- 3.1 As previously reported, the arrangement to share a Chief Executive with the Royal Borough of Kensington and Chelsea achieves a saving to H&F of £120,000 per annum in a full year.

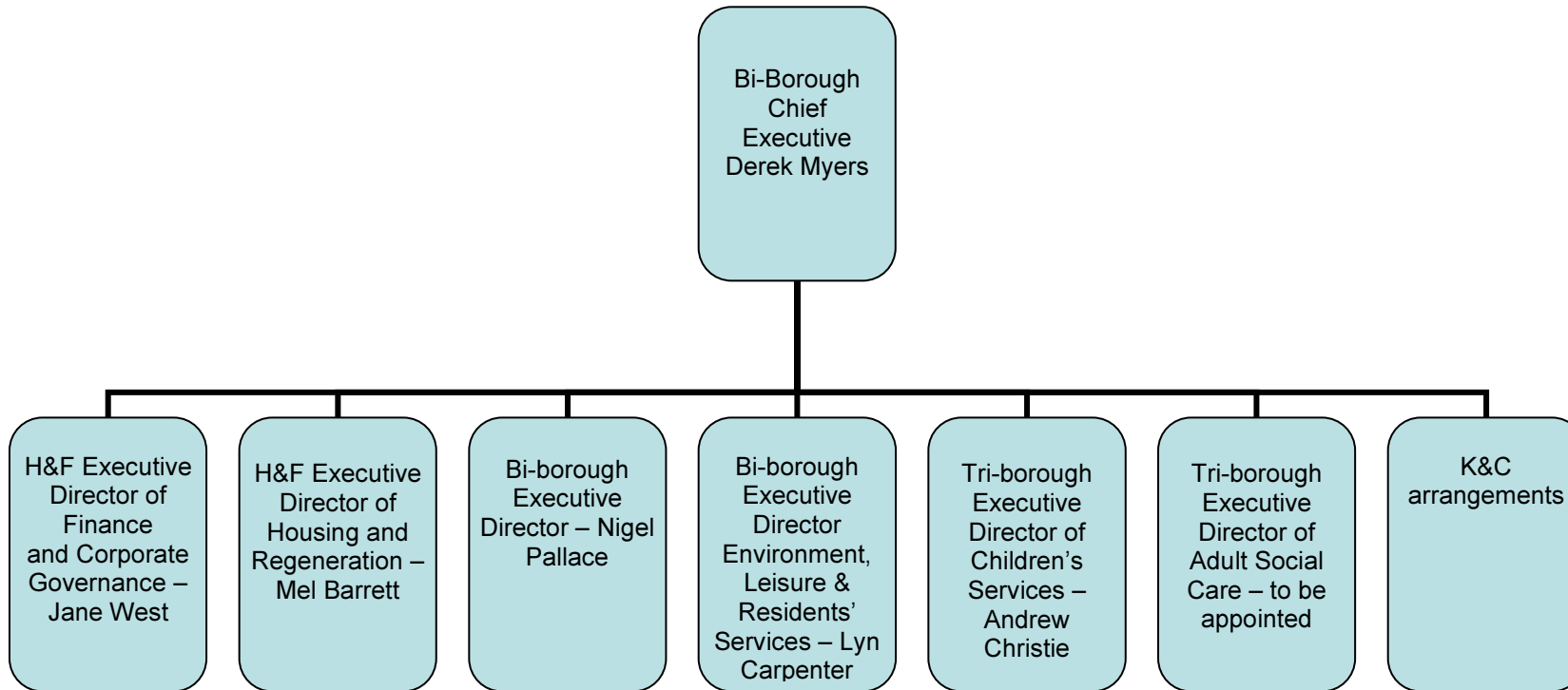
**4. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)**

- 4.1 The Council’s Constitution will need to be updated to reflect the new job titles and changed job roles proposed in this report.

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

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	Bold Ideas for Challenging Times	Jane West X1900	FCS
2.	Bold Ideas for Challenging Times – Progress Report	Jane West X1900	FCS
3.	Tri-borough Implementation Plans	Jane West X1900	FCS
<b>CONTACT OFFICER: Director of Finance and Corporate Services</b>		<b>NAME: Jane West</b>	

**Appendix A – Proposed new structure**





# Cabinet

10 OCTOBER 2011

**LEADER**  
*Councillor Stephen Greenhalgh*

**THE GENERAL FUND CAPITAL PROGRAMME, HOUSING REVENUE CAPITAL PROGRAMME AND REVENUE BUDGET 2011/2012 – MONTH 4 AMENDMENTS.**      **Wards: All**

The purpose of this report is to seek approval for changes to the Capital Programme and the Revenue Budget.

**CONTRIBUTORS**

All Departments

**HAS A PEIA BEEN COMPLETED?**  
 N/A

**Recommendations:**

- 1. That the changes to the capital programme as set out in Appendix 1 be approved.**
- 2. That the changes to the General Fund and Housing Revenue Account revenue budgets as set out in Appendix 2 be approved.**

**HAS THE REPORT CONTENT BEEN RISK ASSESSED?**  
 N/A

## 1 SUMMARY

1.1 This report sets out proposed amendments to both Capital and Revenue Estimates as at month 4.

## 2. GENERAL FUND CAPITAL PROGRAMME

2.1 Table 1 summarises the proposed amendments to the 2011/12 General Fund capital programme and is detailed in Appendix 1.

**Table 1 – Summary of Proposed Amendments to the General Fund Capital Programme**

Service Area	Revised Budget at Month 2	Additions/ (Reduction)	Revised Budget at Month 4
	£m	£m	£m
Children's Services	15.542	0.187	15.729
Community Services (Adult Social Care )	1.898	0	1.898
Environment Services	16.447	(0.598)	15.849
Finance and Corporate Services	1.500	0	1.500
Resident's Services	8.880	0.007	8.887
<b>Total</b>	<b>44.267</b>	<b>(0.404)</b>	<b>43.863</b>

2.2 Movement in Expenditure

### **Children's Services**

The budget movement from period 2 results in a net increase in the month 4 budget of £0.187m. A combination of reasons account for the changes (both additions and reductions) and these are detailed by scheme in Appendix 1. Included in the net increase, is an overall reduction of £0.197m to the Kitchens budget since the St Thomas School kitchen is now being funded from the wider St Thomas School Expansion programme.

### **Environment Services**

The budget movement from period 2 results in a net reduction in the month 4 budget of £0.598m. A combination of reasons account for the changes (both additions and reductions) and these are detailed by scheme in Appendix 1.

### **Residents Services**

The budget movement from period 2 results in an addition in the month 4 budget of £0.007m. This relates to parks expenditure as detailed in Appendix 1.

## 3. REVENUE BUDGET ADJUSTMENTS

3.1 The total adjustments to revenue budgets is £2.328m (Appendix 2).

3.2 Virements totalling £1.151m are required to realign the Housing Revenue Account budgets. The net effect to the Housing Revenue Account from this adjustment is nil.

- 3.3 Virements totalling £1.177m are proposed to general fund budgets representing the transfer of the Performance & Information team from Community Services (CSD) to Finance and Corporate Services (FCS) (£0.253m), the realignment of Environment Medium Term Financial Strategy savings budgets (£0.300m), budget adjustment for CSD carry forward budget (£0.474m) and a budget realignment for the North Fulham New Deal for Communities (£0.150m) .

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

<b>No.</b>	<b>Brief Description of Background Papers</b>	<b>Name/Ext. of holder of file/copy</b>	<b>Department</b>
1.	Revenue Monitoring Documents	Gary Ironmonger Ext. 2109	Corporate Finance Room 38 , Town Hall
2.	Capital Monitoring Documents	Isaac Egberedu Ext. 2503	Corporate Finance Room 5, Town Hall
Responsible officers :		Gary Ironmonger Ext. 2109 Isaac Egberedu Ext. 2503	

<b>General Fund Capital Programme 2011/12 to 2015/16.</b>		<b>Appendix 1</b>		
<b>CHILDREN'S SERVICES CAPITAL PROGRAMME</b>				
2011/12				
<b>Schemes</b>	<b>Revised Budget at Month 2 £000's</b>	<b>Additions/ (Reductions) £000's</b>	<b>Slippage £000's</b>	<b>Revised Budget at Month 4 £000's</b>
Targeted Capital	56	69	0	125
Lyric Theatre Development	2,950			2,950
Kitchens	489	(197)	0	292
Primary Capital Programme	1,812	1,174	0	2,986
Devolved Capital to Schools	452	0	0	452
Other	819	(819)	0	0
Schools Capital Programme	8,964	(40)	0	8,924
<b>Total Children's Services</b>	<b>15,542</b>	<b>187</b>	<b>0</b>	<b>15,729</b>

General Fund Capital Programme 2011/12 to 2015/16.		Appendix 1	
<b>ENVIRONMENT SERVICES CAPITAL PROGRAMME</b>			
2011/12			
Schemes	Revised Budget at Month 2 £000's	Additions/ (Reductions) Slippage £000's	Revised Budget at Month 4 £000's
Footways and Carriageways.	2,299	(349)	1,950
Planned Maintenance/DDA Programme	4,543	0	4,543
River Wall Repairs	114	0	114
Transport For London Schemes	5,440	(248)	5,192
Parking Reserve/mainstream	1,000	(150)	850
Developer Contribution Funded	2,048	129	2,177
Efficiency Reserve Fund	436	0	436
West London Grant	540	0	540
Others	27	20	47
<b>Total Environment Services</b>	<b>16,447</b>	<b>(598)</b>	<b>15,849</b>

<b>General Fund Capital Programme 2011/12 to 2015/16.</b>		<b>Appendix 1</b>		
<b>RESIDENT'S SERVICES CAPITAL PROGRAMME</b>				
2011/12				
<b>Schemes</b>	<b>Revised Budget at Month 2 £000's</b>	<b>Additions/ (Reductions) £000,s</b>	<b>Slippage £000,s</b>	<b>Revised Budget at Month 4 £000's</b>
Other Parks Expenditure	444	7	0	451
Bishops Park	4,330	0	0	4,330
Shepherds Bush Common Improvements.	4,106	0	0	4,106
<b>Total Residents Services</b>	<b>8,880</b>	<b>7</b>	<b>0</b>	<b>8,887</b>



**APPENDIX 2 - VIREMENT REQUEST FORM****BUDGET REVENUE MONITORING REPORT – PERIOD 4**

<b>Details of Virement</b>	<b>Amount (£000)</b>	<b>Department</b>
Transfer of the performance and information team to FCS	(253)	CSD
Transfer of the performance and information team to FCS	253	FCS
2010/11 CSD Carry forward	474	CSD
2010/11 CSD Carry forward	(474)	CMB
Budget realignment for North Fulham New Deal for Communities programme	150 / (150)	HRD
Transfer of Housing Strategy salary budget to consultancy	135 / (135)	HRA
<b>HRA Budget realignments:</b>		<b>HRA</b>
Central and Support	23	HRA
Commissioning and Quality Assurance	37	HRA
Finance and Resources	10	HRA
Housing Capital	316	HRA
Housing Options	(18)	HRA
Housing Services	(48)	HRA
Housing Strategy	(46)	HRA
Managed Income	(75)	HRA
Property Services	630	HRA
Repairs and Maintenance	(645)	HRA
Safer Neighbourhoods	(75)	HRA
Strategic Regeneration	(109)	HRA
<b>Environment Efficiencies Realignment</b>		
Reduction in contribution to capital programme	(300)	CPA
Realignment of Efficiency for Highways	300	ENV
<b>Total of Requested Virements (Debits)</b>	<b>2,328</b>	

# Agenda Item 6



London Borough of Hammersmith & Fulham

## Cabinet

10 OCTOBER 2011

**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 RESIDENTS SERVICES**

*Councillor Greg Smith*

**CONTRIBUTORS**

ADCHS  
ADH&F DIRECT  
ADLDS  
DFCS

**HAS A EIA BEEN COMPLETED?**  
YES (available electronically)

**HAS THE REPORT CONTENT BEEN RISK ASSESSED?**  
YES

**PROPOSED CHANGES TO THE TAXICARD SCHEME**

Since 2009, the demand for Taxicards has been increasing across London and it is expected that this trend will continue. In addition to this trend, Transport for London (TfL) are changing the methodology for the distribution of funding for Taxicards across London boroughs. As a result, the TfL contribution to the Hammersmith and Fulham Taxicard scheme will reduce from £463,696 to £296,512 by 2014/15.

This report seeks approval to a number of changes to the Taxicard scheme.

The proposals have taken into consideration the views expressed in the public consultation which took place between 25 March 2011 and 6 May 2011.

Taxicard users are only eligible because of their disability and therefore the decision to make changes to the scheme needs to consider the relevant equality impact analysis submitted alongside this document and must give due regard to the public sector equalities duties.

**Recommendations:**

- 1. To increase the minimum user charge by £1 per trip from £1.50 to £2.50 from January 2012.**
- 2. To reduce the Council's subsidy contribution by £2 per trip from January 2012.**
- 3. To expand the automatic eligibility criteria and remove non-automatic eligibility from January 2012, as set out in paragraph 4.1.**

**Wards:  
All**

- 4. In response to the public consultation, to maintain double swiping until April 2014.**
- 5. In response to the public consultation, to maintain the current annual trip limit until April 2014 when a monthly trip limit of 8 trips per month, as set out in paragraph 3.4, will be introduced.**
- 6. To review the eligibility of Taxicard users and to send the Taxicard database to the national fraud initiative every two years.**
- 7. To carry over any unused contingency in the Taxicard scheme budget until 2014/15.**
- 8. That the Leader transfers Cabinet responsibility for the Taxicard scheme from the portfolio of the Cabinet Member for Children's Services to the portfolio of the Cabinet Member for Residents Services under the Council's Scheme of Delegation.**
- 9. That the Leader transfers responsibility for the Taxicard scheme from the Director of Children's Services to the Director of Finance and Corporate Services under the Council's Scheme of Delegation.**

## 1. BACKGROUND

- 1.1. The Taxicard scheme is a discretionary pan-London transport scheme that provides subsidised door-to-door transport for people who have a serious and long-term mobility impairment and difficulty in using public transport. The scheme is intended to facilitate a degree of local travel and is not intended to meet all of the transport needs of residents with serious and long-term mobility impairments. The scheme, jointly funded by London boroughs and Transport for London (TfL), is co-ordinated and administered by London Councils. Over the last 10 years the scheme has grown considerably year on year and it was estimated that in 2010/11 the 96,000 Taxicard users made almost two million subsidised Taxicard journeys in London, costing almost £20 million.
- 1.2. From 2011/12 TfL have made changes to the way it distributes funding to participating boroughs. This will see a significant reduction in the funding allocated to the London Borough of Hammersmith and Fulham ('the Council') over the next four years as the new funding scheme is phased in. The redistribution of TfL's Taxicard funding will use a formula based upon the number of Higher Rate Mobility Component of the Disability Allowance claimants, the number of residents over 65 and, the number of active Taxicard users in each borough.
- 1.3. In addition, London Councils have stated that they will no longer cover the costs of overspend and instead this will have to be met by individual boroughs, who will be financially responsible for the operation of the scheme for their residents.
- 1.4. The current financial climate, coupled with reductions in TfL funding, requires Cabinet to balance the Council's financial position whilst giving due regard to their public sector equality duties. The Council has committed to making no reductions in its contribution to the Taxicard scheme, despite a number of efficiencies being made elsewhere. The report recommends making changes to how the scheme currently operates in order to address the predicted overspend as a result of a reduction in TfL funding. Whilst the scheme provides specific assistance, there are no stated objectives against which to establish its success, or otherwise. This report proposes some changes to the operation of the scheme which requires an additional contribution from users, whilst ensuring that the Taxicard scheme continues to reach disabled people. Taxicard membership and user activity continues to rise and changes to the scheme, recommended in this report, have taken this into account in determining the financial implications for the Council. There have been no material changes to the operation of the scheme in 15 years.
- 1.5. London Councils proposed a number of changes to the scheme that boroughs could implement in order to reduce the potential overspend.

These suggestions provided a framework of options which were used in the consultation process.

- 1.6. The Council undertook a consultation which was held between 25 March and 6 May 2011 with existing Taxicard users to capture their views on potential changes, in order to inform the recommendations.
- 1.7. Whilst changes are being considered for the delivery of the Taxicard scheme it is also proposed that management of the Taxicard contract and budget is transferred out of the Children's Services Department and managed by the same team in H&F Direct (Finance & Corporate Services Department) that operates the Blue Badge and Freedom Pass scheme, given the profile of users.
- 1.8. Changes to the Taxicard scheme have been recommended in consultation with the Cabinet Member for Community Care.

## **2. SUMMARY OF THE SCHEME**

The Taxicard scheme provides people with a serious and long term mobility impairment (who therefore have difficulty using public transport), with subsidised taxi journeys. Individuals on this scheme make journeys in London taxis and private hire vehicles at a subsidised rate, which applies to each trip made. The Taxicard scheme is intended to be used as a contribution towards local travel (e.g. shopping and social visits) but is not intended to meet all the transport needs of users. Each approved service user receives a total of 104 trips per annum and the current scheme allows for double swiping (i.e. using two journey credits to travel one longer journey). No further journeys are approved beyond the 104 allocated and no trips can be carried over to the following year.

### **2.1 Profile of Users**

- 2.1.1 H&F currently has 2,345 Taxicard users (according to London Councils' database at the end of 2010/11). 1,113 (47%) of these are 'active users' of the scheme, defined as using greater than 12 trips in a year. 64% of users are over 65 and 1661 (71%) are known to H&F social care services. 64% of current Taxicard users are women. Only 3.6% of users are under 25. A range of different ethnic groups are currently accessing the scheme. A full breakdown of the demographic profile of users is available in Appendix 1. Existing users, on average, use 29 journeys per year (or 59 per active user). There are, on average, 17 new users per month.

## 2.2 Eligibility Criteria

2.2.1 In H&F, applications from individuals with evidence of one of the following are automatically accepted on to the scheme (further explanations are provided in Appendix 2):

- a) Higher rate mobility component of disability living allowance
- b) War pension mobility supplement
- c) Registered severely visually impaired or blind

Of the 2,345 users (according to London Councils' database) 827 (35%) are automatically eligible for the scheme.

2.2.2 There is a fourth, non-automatic, category for applicants where none of these three conditions apply. This requires a doctor's medical assessment form, outlining the applicant's conditions and reasons for requiring a Taxicard. Currently, these applications are reviewed by the Corporate Travel Procurement Unit in the Children's Services Department.

## 2.3 Current budget and changes in funding

2.3.1 The H&F Taxicard budget is £206,800 per year, which includes a management fee of £9,645 paid to London Councils to operate the scheme. This budget contribution has not changed for a number of years and H&F are committed to maintaining this level of contribution despite the current financial position that has required efficiencies to be made elsewhere. In addition, H&F receive top-up funding from TfL.

2.3.2 In 2010/11 the H&F Taxicard scheme overspent by £1,901, which was covered by London Councils through underspends in other boroughs. This overspend is the result of an increase in membership, which is predicted to continue as the scheme becomes more popular. London Councils have stated that they will not continue to cover overspends in the future and instead this will have to be met by the individual borough.

2.3.3 Additionally, from 2011/12 TfL has re-distributed its funding to participating boroughs. H&F has benefited from a large share of TfL top-up funding in previous years, which equates to nearly 70% of the total local budget. The new funding formula from 2011/12 is based on the number of residents eligible for the higher rate mobility component of disability living allowance (one of the automatic eligibility criteria for the scheme), the number of residents aged over 65, as well as the number of current users. In order to mitigate the impact on boroughs, the funding changes will be introduced incrementally over the next four years. This will see a reduction from the 2010/11 contribution of £463,696 to a contribution of £269,512 by 2014/15. Continuing to run the scheme in its current form will lead to a predicted overspend

(based on current user activity) of £67,183 for this financial year (2011/12) rising to an overspend of £375,592 in 2014/15.

2.3.4 The table below outlines the predicted overspend if H&F does not implement any changes to the Taxicard scheme. The predicted overspend is based on current user activity as well as allowing for an increase in membership, which reflects the recent trends. From 2011/12 H&F will be responsible for covering this overspend. A 12.9% average month on month increase in membership has been identified over the last 18 months.

2.3.5 The Council could increase funding for the scheme from its core budget but would need to determine this as a priority over other public services. In the current financial climate the Council does not believe it can commit additional resources to the Taxicard scheme away from other areas of necessary spend. The financial pressure on the Council has been compounded by the TfL reduction in funding. These have been considered in the recommendations put forward in section 7.

Table 1: H&F Taxicard scheme budget and projected overspend for 2010–2015

		2010/11	2011/12	2012/13	2013/14	2014/15
A	Total H&F budget for Taxicard scheme	206,800	206,800	206,800	206,800	206,800
B	TfL's contribution to the H&F Taxicard scheme	463,696	446,633	414,843	354,794	296,512
C	Total Budget for H&F Taxicard scheme (A+B)	670,496	653,433	621,643	561,594	503,312
D	Actual/ projected spend based on 2010/11 activity (plus a projected total net membership increase of 12.9%)	672,397	720,616	769,927	822,613	878,904
E	Actual/ projected overspend based on 2010/11 activity (C – D)	<b>(1,901)</b>	<b>(67,183)</b>	<b>(148,284)</b>	<b>(261,019)</b>	<b>(375,592)</b>

### 3. RECOMMENDATIONS FROM LONDON COUNCILS

On the 11<sup>th</sup> of November 2010, the Transport and Environment Executive Sub Committee meeting<sup>1</sup> (London Councils) recommended that participating boroughs should agree to a number of changes, outlined in the Taxicard budget report, in order to address the pan-London budget overspend projected for 2010/11 and the changes to TfL's budget allocation. A number of boroughs subsequently implemented these proposals (see Appendix 4 and comments below). In H&F, a Leader's Urgent Decision, in December 2010, gave permission for H&F to consult with Taxicard users regarding the possible changes to the scheme. The consultation involved a written questionnaire and a series of focus groups with users. Further details are provided in section 5 of this report. London Councils' recommendations are outlined below and were given as options in the consultation.

#### 3.1 **Increase the minimum user charge per trip by £1.00 (from £1.50 to £2.50)**

The minimum user charge is the amount that a Taxicard user pays towards each trip taken (London Councils' TEC Committee Executive, 11<sup>th</sup> November report). The minimum user charge per trip is currently set at £1.50. As of August 2011, 28 out of 31 London boroughs running the scheme (excluding H&F) now have a minimum user charge of £2.50 (90%) (see Appendix 4).

- 3.1.1 H&F has estimated that increasing the minimum user charge by £1 would create a saving of £53,386 per year. This was the most preferred option noted in consultation responses and the focus groups. It is recommended that Cabinet increase the minimum user charge by £1 per trip from January 2012.

#### 3.2 **Reduce the maximum subsidy per trip by £2.00**

The trip subsidy is the maximum amount that funders pay towards a Taxicard user's trip. If the taxi meter exceeds the subsidy combined with the minimum user fare then the Taxicard customer pays the balance. The maximum subsidy tariffs are currently set at the following rates:

a) £10.30 (journeys taken between 6.00am and 8.00pm Monday to Friday)

b) £11.30 (journeys taken between 6.00am and 8.00pm Saturday to Sunday and between 8.00pm and 10.00pm Monday to Sunday)

c) £12.80 (journeys taken between 10pm and 6am Monday to Sunday).

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<sup>1</sup> [http://www.londonCouncils.gov.uk/committees/agenda.htm?pk\\_agenda\\_items=4235](http://www.londonCouncils.gov.uk/committees/agenda.htm?pk_agenda_items=4235)



As of August 2011, 27 out of 31 London boroughs running the scheme (excluding H&F) have reduced the subsidy rate (87%) (see Appendix 4).

3.2.1 The H&F financial prediction identifies a saving of £83,110 per year if the maximum subsidy (for each tariff rate) is reduced by £2. This option was not the most preferred option by respondents to the consultation or in the focus groups, although it was also not the least preferred option. It is likely that users who prefer to use their Taxicard for longer journeys were more concerned by this change. By reducing the subsidy, users making shorter journeys will not be affected. In addition, delaying ending double swiping until April 2014 (see below) will reduce the initial impact of reducing the maximum subsidy for users. It is recommended that Cabinet agrees to reduce the Council's subsidy contribution by £2 per trip from January 2012.

### 3.3 **End double swiping**

Double swiping means that users can use two subsidies together in one journey and therefore travel a further distance. For a longer journey, double-swiping allows two subsidies to be used together (a current maximum of £20.60 for one trip) at a cost to the customer currently of just £3.00 (£1.50 per 'swipe'). Thus, at present, a customer can travel up to £23.60 on the meter for a payment of £3.00. Ending double swiping would mean that only one subsidy can be used for the entire trip and the Taxicard user would pay the remaining amount for longer journeys. As of August 2011, 15 out of 31 London boroughs running the scheme (excluding H&F) do not allow double swiping (48%). 16 boroughs still allow users to double swipe (50%), although some of these boroughs may still be in the process of consulting with users regarding the suggested changes (see Appendix 4).

3.3.1 In 2010, 16% of all trips made were double swiped. Assuming current user activity, ending double swiping would generate a saving of £74,872. Ending double-swiping will not lead to a reduction in trips overall and customers can still use their single trips for future journeys. It should be noted that the current budget for the Taxicard scheme does not reflect the cost of all allocated trips for every user and the Council is not charged for any allocated trips that are not used. It is possible that some users would make more single trips, which would reduce the level of financial saving identified.

3.3.2 Removing double swiping was the least preferred option from the consultation and focus groups. Additionally, the Hammersmith and Fulham Disability and Consultative Forum's response to the consultation noted that users strongly supported keeping double swiping. Ending double swiping would not mean that users would not be able to travel longer distances but instead the additional cost would have to be met by the individual.

3.3.3 It is recommended that double swiping is retained for the benefit of users until April 2014. Officers have taken into consideration the responses to the public consultation and have therefore recommended that double swiping is retained for as long as possible within the approved budget. It is recommended that ending double swiping is implemented from April 2014, when the reduction in funding from TfL and level of predicted overspend is most severe.

#### 3.4 **Reduce Taxicard Users' Trip Limits**

H&F currently allocates users 104 trips per year. The consultation proposed reducing this number to 8 per month, with no roll-over (96 per year).

NOTE: There was a mistake in the consultation document (see appendix 6, question 5) which proposed that the monthly limit of 8 trips would result in an annual limit of 98 trips rather than 96. This may have been misleading to the respondents and underestimated the impact of this change. Cabinet should be aware of this mistake when considering their decision.

3.4.1 It is estimated that applying monthly trip limits (8 per month with no roll over) would save £18,939 per year. The focus groups noted that some users were in favour of monthly trip limits as it would help them to control their usage throughout the year. However, applying monthly trip limits reduces the flexibility of the scheme for the target group and, although monthly trip limits might be appropriate for some users, this would not suit everyone. One respondent to the consultation, stated that "the scheme should be flexible as people with different disabilities have different needs."

3.4.2 It is recommended that an annual trip limit is retained for the benefit of users until April 2014. Officers have considered the results of the public consultation and have recognised that applying monthly trip limits is likely to impact on the flexibility of the scheme for users. It is therefore recommended that an annual trip limit is retained for as long as possible within the approved budget. It is recommended that monthly trip limits are introduced from April 2014 when the reduction in funding from TfL and level of predicted overspend is most severe.

#### 4. **ADDITIONAL RECOMMENDATIONS FROM H&F**

Alongside the changes suggested by London Councils, H&F have considered additional changes to the scheme. Some of these changes were part of the consultation whilst others were informed by consultation responses from Taxicard users.

#### 4.1 **Enhance the automatic eligibility whilst restricting the non-automatic eligibility.**

In order to ensure that the Taxicard remains available for disabled residents, this report recommends expanding the automatic eligibility criteria to ensure the scheme better targets disabled residents, whilst removing the non-automatic criteria. Officers recommend expanding the eligibility criteria to include residents that are:

- a) receiving higher rate mobility component of disability living allowance
- b) and/or receiving war pension mobility supplement
- c) and/or registered severely visually impaired or blind
- d) and/or receiving higher rate attendance allowance
- e) and/or have an H&F Blue Badge

Previously only a) b) and c) were valid for automatic eligibility. A full definition of each of these criteria is available in Appendix 2.

4.1.1 The higher rate attendance allowance (d) is provided to all residents over the age of 65 who need someone to help look after them because they have a physical or mental disability. Given the profile of current users it is recommended that this group is automatically eligible.

4.1.2 The eligibility for an H&F Blue Badge (e) includes a mobility assessment, usually carried out by a physiotherapist or occupational therapist. The assessment includes a physical assessment of the individual's ability to walk 70 metres, measuring gait, speed, pain and breathlessness. The assessment also includes a number of questions about the applicant's medical condition and history, their transport usage and needs, and their mobility. Respondents to the consultation identified a need for a robust and fair assessment to determine eligibility. Officers have considered the response to the consultation from the Hammersmith and Fulham Disability and Consultative Forum that recognises that "people on Taxicard in practice would not be able to walk the minimum of 400 metres needed to get to the average bus stop." An appeals process will be available for those users who do not meet the automatic eligibility and are able to walk over 70 metres, but have mobility issues and live much further from public transport and therefore may consider themselves eligible for support.

4.1.3 Additionally, it is recommended that the scheme is managed by H&F Direct who would have knowledge of alternative providers of services and would therefore be able to signpost residents to other providers if they are no longer eligible for a Taxicard or need a greater level of service. It is therefore recommended that residents eligible for an H&F Blue Badge, which includes a mobility assessment, will be automatically eligible for a Taxicard. Those residents that are deemed not eligible under the mobility assessment but believe they should be entitled to a Taxicard would be able to appeal the decision as detailed in 4.1.8 below.

- 4.1.4 There is a further rationale for a clear link to Blue Badges. Blue Badge eligibility and criteria for assessment are long established, are based upon legislation and there is clear guidance from the Department for Transport. This will give the Taxicard scheme eligibility criteria more substance based upon established principles.
- 4.1.5 35% of all users are currently automatically eligible for the Taxicard scheme. Another 13% of all current users are receiving higher rate attendance allowance, which under the new criteria would mean they are automatically eligible for the scheme. Additionally, of the 1,713 Taxicard users that have used their Taxicard at least once in the last year, 514 have declared that they also have an H&F Blue Badge. These users would also be automatically eligible.
- 4.1.6 Whilst it is recommended that the automatic criteria is expanded the report recommends that the non-automatic criteria, currently a doctor's medical form, is removed. Based on the figures available, officers estimate that removing the doctor's note would mean that 211 active users are no longer eligible for the Taxicard scheme. This figure has been calculated using the number of current users that applied using a doctor's note, minus an estimate of the number of users that would now be eligible under the proposed automatic eligibility criteria. Officers do not know whether the 211 users that would no longer be eligible would consist of any group in particular. Officers note that by expanding the eligibility criteria and removing the non-automatic eligibility, the changes to the scheme aim to ensure services for disabled people reach disabled people. This would generate a predicted annual saving of £127,594. Officers have noted that a doctor's medical assessment was the most preferred option for non-automatic criteria noted by respondents to the consultation. This feedback has been considered by officers; however, officers recommend **not** continuing with the doctor's medical assessment form for the following reasons:

(1) the doctor can charge £25 for the form to be filled out

(2) the Department for Transport (DfT) for the Blue Badge scheme has advised that: "When a medical opinion is needed, the DfT strongly recommends that independent health professionals, such as physiotherapists and occupational therapists, should undertake these assessments. The DfT views the widespread practice of using an applicant's GP to verify that an individual meets the criteria for a Blue Badge as wholly unsatisfactory in the vast majority of cases, as it can compromise the doctor/patient relationship and create inconsistency of assessment. Occupational therapists or physiotherapists are often best placed to assess eligibility due to

their professional knowledge of mobility. [[The Blue Badge Scheme Local Authority Guidance \(England\)](#)<sup>2</sup>]

This evidence supports the proposal to include the Blue Badge within the automatic eligibility criteria.

- 4.1.7 As noted above, doctors currently charge for a medical form to be completed to support the Taxicard application. H&F does not currently charge any administrative fee for issuing a Taxicard. In future, Cabinet could consider a fee for issuing a Taxicard. This decision would have to be made in consultation with users and London Councils, who currently manage the scheme.
- 4.1.8 During the transition process, it is proposed that all existing users are reassessed according to the revised eligibility criteria and those users that are no longer eligible for a Taxicard will be informed in writing and provided with a two month notice period. Current users who hold a Blue Badge will be automatically eligible for a Taxicard. Other users will have the option of applying for a Blue Badge if they meet the eligibility criteria, which will then enable them to be eligible for a Taxicard. If there is a change in the user's circumstances they will have the option to reapply or to appeal the decision in writing using the existing Taxicard appeals process. It is proposed that, following the transition process, the framework for appeals for new applicants will be aligned with the Council's Blue Badge appeal process, managed by the Head of Service for Blue Badges & Freedom Passes (Finance and Corporate Services).
- 4.1.8 Additionally, officers propose **not** to implement means testing for applicants. This supports the consultation responses as well as information provided at focus groups. Officers also recognise that the implementation of such criteria would be very costly.
- 4.2 **Ensure users are fully informed about how the scheme operates, particularly with regards to fares and charges, and lobby London Council to improve the service for users**
- 4.2.1 Through the consultation, a number of Taxicard users made complaints about the current service. Many respondents noted that taxi drivers often turn up with a high fee on their meters before setting off. Pre-ordered taxis include a run-in charge. The run-in charge refers to the maximum amount a driver is allowed to have on his meter when he arrives to pick up a user. London Councils have confirmed that the maximum run-in for H&F users is £3.40. Despite this, a number of users have suggested that the amount on the meter at the start of the journey is often much higher (respondents have quoted between £4 and £8, see Appendix 5).

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<sup>2</sup> <http://assets.dft.gov.uk/publications/blue-badge-scheme-local-authority-guidance/blue-badge-scheme-local-authority-guidance.pdf>, accessed on 25/8/11

4.2.2 London Councils currently hold a contract with Computer Cab for the Taxicard scheme, which has been extended to March 2012. With regards to the run-in charge it is recommended that Finance and Corporate Services together with other London Boroughs lobby London Councils to improve the monitoring and quality of their contract with Computer Cab. In addition, it is suggested that when a user is issued with a Taxicard they are provided with clear information about the maximum run-in charge and a contact number to call if the taxi turns up with a higher fare.

4.2.3 In addition, Taxicard users noted that it often takes them longer to get into the taxi due to their disability and the meter is ticking throughout. As a result, much of the Taxicard subsidy has already been used before the journey has started. This is important when considering the impact of ending double swiping; if less is on the meter at the start of the journey a user is less likely to need to double swipe. It is recommended that information should also be provided to users to inform them that the taxi will start charging from the moment it arrives at the pick up point and therefore users should ensure they are ready at the arrival time to avoid any unnecessary charges.

#### 4.3 **Ensure that the scheme can be used for its intended purposes and attempt to support improvements in hospital transport as an alternative to the Taxicard for healthcare trips**

4.3.1 From the consultation and focus groups it was clear that the majority of H&F Taxicard users are using their card for health care purposes, despite NHS provision being available. It is suggested that when users are issued a Taxicard they are also provided with sufficient information about NHS transport so that disabled residents can have access to the full range of transport available.

4.3.2 A number of Taxicard users commented that the reason they used their taxicard for hospital visits was because the NHS provision available took too long to get to the required destination, was unreliable and that they could not guarantee that they would make their appointment in time. It is suggested that these complaints are passed onto the NHS transport team and a discussion about possible improvements to the NHS service and/or the potential of aligning provision with the Taxicard scheme is considered.

## 5. **CONSULTATION AND ENGAGEMENT**

5.1 The consultation on the proposed changes to the Taxicard scheme took place between 25 March 2011 and 6 May 2011. The public consultation included a questionnaire sent by post to all users of the H&F Taxicard scheme. The full questionnaire and the letter sent to users is available at Appendix 6. Of the 2,336 users (at the start date of the consultation), 909 Taxicard users responded by post; nobody filled out the questionnaire

online. Officers were informed that about 20 users had passed away or moved to another borough. Removing these from the total number of users means that the overall response rate is 39%. However, if we assume that most individuals who responded to the questionnaire would be active users it is likely that the response rate would be much higher. This high response rate appears to indicate the popularity of the scheme. The full results are available at Appendix 7 for consideration by Cabinet. Some comments have been redacted to maintain the anonymity of respondents. A response to the consultation was also provided by the Hammersmith and Fulham Disability and Consultative Forum and has been provided in Appendix 8. Specific points raised in this response have informed this report, for example at 4.1.2.

5.2 The public consultation also included a number of focus groups. The following groups were asked to attend and/or host a focus group (see Appendix 9 for a timeline of focus groups):

- H&F day centres
- Hammersmith and Fulham Action on Disability (HAFAD)
- Better Government for Older People (consultative forum)
- Age UK
- Citizens Advice Bureau
- Hammersmith and Fulham Disability and Consultative Forum

The focus groups included Taxicard users and their carers, potential users and forum members.

5.3 The consultation asked users about the range and importance of subsidised transport schemes available to residents with a serious mobility impairment. 61% of respondents rated the Taxicard scheme as the most important transport scheme although the scheme is not intended to meet all the transport needs of eligible users. This was repeated in the focus groups. At the Sunberry Independent Living focus group held on 13 April 2011, everyone said that Taxicard is/would be the best of all the transport services and carers actively encouraged people to use their Taxicard so that they would not lose touch with society and the wider community.

5.4 Respondents were asked to rate possible changes to the scheme. 62% of respondents voted not to make any changes to the scheme as their most preferred option. As all of the other options listed were cost-saving options, it is surprising that this percentage was not higher. A number of the additional comments demonstrated that users recognised that some changes to the scheme would be acceptable. Changes to the eligibility criteria (see 4.1) was more preferred than the changes suggested by London Councils (see 3); 32% rated changes to eligibility as their most preferred option compared to 7% for changes to how the scheme operates. 71% of respondents put their least preferred option as 'to no longer run the scheme'. This report does not recommend this as an option.

5.5 Respondents were asked to rate the changes suggested by London Councils in order of preference. The most preferred change was to increase

the minimum user charge by £1 with 52% of respondents rating this as their most preferred change. The least preferred change was to end double swiping, with 36% of respondents rating this as their least preferred change. At the Better Government for older people and Hammersmith and Fulham Disability and Consultative Forum focus group there was a strong consensus to retain double swiping. Keeping double swiping was also supported in the Hammersmith and Fulham Disability and Consultative Forum's formal response to the consultation (see Appendix 8).

- 5.6 In terms of changes to eligibility, 52% of respondents, a small majority, agreed that the scheme should be limited to the current automatic eligibility criteria. When considering non-automatic eligibility 48% identified a doctor's medical assessment form (currently used) as the most preferred method of assessment for non-automatically eligible applicants. This is followed by higher rate attendance allowance (35%) as the second most preferred method and mobility assessments (23%) the third most preferred option. Overall means testing was not supported by respondents.
- 5.7 In the comments from respondents the most repeated suggestion was to introduce the changes gradually. This is supported by the recommendations in this report. In addition, it was recognised that the scheme needs to be as flexible as possible. At the Better Government for older people and Hammersmith and Fulham Disability and Consultative Forum focus group there was a discussion about how needs vary over the year and that the scheme needs to be used flexibly. The need for flexibility and gradual implementation is recognised in the recommendations to delay implementation of ending double swiping and introducing monthly trip limits until April 2014. It was noted that users require a suitable notice period before changes are implemented, which is identified in the proposed implementation plan detailed in section 8.2.

## **6. PROJECTED BUDGET**

- 6.1 Table 2 below illustrates the financial implications of implementing the immediate recommended changes; increasing the minimum user charge, reducing the subsidy and amending the eligibility criteria from January 2012. Table 3, details the financial implications of implementing all of the recommendations including ending double swiping and applying trip limits up front. Table 4 details the impact of the two stage approach, as recommended in this report. This recommendation would see double swiping and annual trip limits retained, for the benefit of users, until April 2014, when the reduction in funding from TfL and level of predicted overspend is most severe (see tables below).
- 6.2 As noted previously, the assumption regarding the level of saving attached to each of the proposed changes is based on current user activity, factored down by a percentage of 19% to allow for the



estimated reduction in membership following a review of the eligibility criteria.

Table 2: Projected spend if only recommendations 1, 2 and 3 are implemented from January 2012

		2011/12	2012/13	2013/14	2014/15
	Projected Overspend	(67,183)	(148,284)	(261,019)	(375,592)
	Contingency		(15,000)	(30,000)	(50,000)
	Total overspend	(67,183)	(163,284)	(291,019)	(425,592)
<b>Financial impact of the proposed changes</b>					
A	Increase Minimum user charge by £1	13,346	53,386	53,386	53,386
B	Reduce Maximum subsidy by £2	20,778	83,110	83,110	83,110
C	Amendments to Eligibility Criteria	31,899	127,594	127,594	127,594
<b>D</b>	<b>Projected Variance</b>	<b>(1,160)</b>	<b>100,806</b>	<b>(26,929)</b>	<b>(161,502)</b>

Table 3: Projected spend if the five proposed changes are implemented from January 2012

		2011/12	2012/13	2013/14	2014/15
	Projected Overspend	(67,183)	(148,284)	(261,019)	(375,592)
	Contingency		(15,000)	(30,000)	(50,000)
	Total overspend	(67,183)	(163,284)	(291,019)	(425,592)
<b>Financial impact of the proposed changes</b>					
A	Increase Minimum user charge by £1	13,346	53,386	53,386	53,386
B	Reduce Maximum subsidy by £2	20,778	83,110	83,110	83,110
C	Amendments to Eligibility Criteria	31,899	127,594	127,594	127,594
D	Remove Double Swiping	18,718	74,872	74,872	74,872
E	Apply monthly trip limits	4,735	18,939	18,939	18,939
<b>F</b>	<b>Projected Variance</b>	<b>22,293</b>	<b>194,617</b>	<b>66,882</b>	<b>(67,691)</b>

Table 4: Projected spend if the five proposed changes are implemented in two phases (as per recommendations).

		2011/12	2012/13	2013/14	2014/15
	Projected Overspend	(67,183)	(148,284)	(261,019)	(375,592)
	Contingency		(15,000)	(30,000)	(50,000)
	Total overspend	(67,183)	(163,284)	(291,019)	(425,592)
<b>Financial impact of the proposed changes</b>					
A	Increase Minimum user charge by £1	13,346	53,386	53,386	53,386
B	Reduce Maximum subsidy by £2	20,778	83,110	83,110	83,110
C	Amendments to Eligibility Criteria	31,899	127,594	127,594	127,594
D	Remove Double Swiping	0	0	0	74,872
E	Apply monthly trip limits	0	0	0	18,939
<b>F</b>	<b>Projected Variance</b>	<b>(1,160)</b>	<b>100,806</b>	<b>(26,929)</b>	<b>(67,691)</b>

6.3 The expenditure forecast includes a phased-in contingency to allow for unforeseen growth. If not used, officers recommend that the contingency is carried forward for the Taxicard scheme in the next financial year.

6.4 These projections suggest that by implementing the recommendations in two phases there will be a small overspend in year one, an underspend in year two, followed by an overspend in 2013 and 2014. Currently, any underspend would represent a saving for TfL rather than individual boroughs. H&F, through London Councils, is currently reviewing this position with TfL for the benefit of local borough budgets. If successful, officers propose that any underspend should be carried forward to cover overspends in subsequent years.

## **7. RECOMMENDATIONS**

7.1 In making these recommendations officers have considered a number of factors, which include: the reduction in funding from TfL; the context of the wider financial climate in local government; competing Council priorities, and the options given by the scheme provider, London Councils, whilst having regard to the public sector equalities duties and the results of the public consultation.

7.2 In sections 3 – 5 of this report, officers have considered the operation of the scheme, the results of the consultation and the recommendations put forward by Taxicard users. At Appendix 10 of this report, officers have carried out a full Equality Impact Analysis, which also considers these issues and the impact on the Council's

duties towards protected groups – the public sector equalities duties. The Council has considered increasing funding for the scheme against other priorities and does not believe it can commit additional resources to the Taxicard scheme away from other areas of necessary spend. In making these recommendations officers have considered that the Taxicard is intended for local travel and as a contribution to the travel needs of eligible residents rather than to meet all transport costs. Additionally, there have been no material changes to the scheme in 15 years. The report recommends that Cabinet agrees:

- 1. To increase the minimum user charge by £1 per trip from £1.50 to £2.50 from January 2012.**
- 2. To reduce the Council's subsidy contribution by £2 per trip from January 2012.**
- 3. To expand the automatic eligibility criteria and remove non-automatic eligibility from January 2012, as set out in paragraph 4.1.**
- 4. In response to the public consultation, to maintain double swiping until April 2014.**
- 5. In response to the public consultation, to maintain the current annual trip limit until April 2014 when a monthly trip limit of 8 trips per month, as set out in paragraph 3.4, will be introduced.**
- 6. To review the eligibility of Taxicard users and to send the Taxicard database to the national fraud initiative every two years.**
- 7. To carry over any unused contingency in the taxicard scheme budget until 2014/15.**
- 8. That the Leader transfers Cabinet responsibility for the Taxicard scheme from the portfolio of the Cabinet Member for Children's Services to the portfolio of the Cabinet Member for Residents Services under the Council's Scheme of Delegation.**
- 9. That the Leader transfers responsibility for the Taxicard scheme from the Director of Children's Services to the Director of Finance and Corporate Services under the Council's Scheme of Delegation.**

7.3 These options enable H&F to target the service to those who most need it whilst giving confidence that the Council can continue to

operate the scheme and mitigate the impact of reduced funding from TfL.

- 7.4 Officers have recommended that the minimum user charge is increased by £1 from January 2012, recognising that this was the most preferred solution identified in the consultation.
- 7.5 Officers have recommended that the subsidy is reduced from January 2012, recognising that this was not the least preferred solution by users and the additional contribution that this would make to reducing the potential overspend.
- 7.6 Officers recommend expanding the automatic eligibility as a result of a review of the service users and the intended target group. Changes to the eligibility criteria were recognised in the consultation as a more preferred solution than the options suggested by London Councils. In addition, officers believe the changes to the eligibility reflect the need identified in the consultation for a robust assessment of eligibility to support the Taxicard scheme, whilst also offering significant savings to reduce the overspend. As noted in 4.1.4, the Blue Badge eligibility and criteria for assessment are long established and are based upon legislation with clear guidance from the DfT. This should give the Taxicard scheme eligibility criteria more substance based upon established principles.
- 7.7 Officers recommend not ending double swiping immediately, recognising that this was the least preferred option from the consultation. This also reflects the repeated suggestion to introduce changes gradually, having regard for the public sector equalities duties. From April 2014, ending double swiping will have an additional negative impact on users. Officers could have raised the eligibility criteria further in 2014 in order to meet the financial challenges, rather than ending double swiping. However, officers have considered that any Taxicard scheme should continue to target vulnerable users and ensure that as many people as possible can benefit.
- 7.8 Officers recommend not introducing monthly trip limits immediately in order to maintain the flexibility of the scheme in the short term and having regard for the public sector equalities duties. Introducing a monthly trip limit of 8 trips per month from April 2011 will impact on those users that may need a greater number of trips in one month. Officers have considered that on average, users currently only take 29 journeys per year (or 59 per active user) and therefore reducing the overall number of trips to 96 per year will have less impact on users.
- 7.9 These recommendations have been considered alongside additional suggestions, noted in section 4.2 and 4.3, to improve the quality of the scheme for users. This includes lobbying London Councils to improve the monitoring and quality of their contract with Computer Cab and ensuring no unnecessary charges are passed onto users.

- 7.10 Moreover, officers are also mindful that the current predictions reveal a potential underspend of 100k in year two. The report recommends that officers negotiate with London Councils and TfL so that this saving can be retained by the Council rather than TfL. If successful, officers recommend that this underspend will be used to cover the predicted overspend in future years. This could mean no additional changes need to be made and will reduce the potential negative impact on users from ending double swiping and applying monthly trip limits.

## **8. IMPLEMENTATION**

- 8.1. It is proposed that the Taxicard scheme should be managed by the same team that manages Blue Badge and Freedom Pass. This will ensure that residents do not have to re-apply to receive any combination of these three benefits and documentation will only need to be provided once (e.g. proof that an individual is receiving higher rate DLA). This is likely to increase customer satisfaction. The current Blue Badge and Freedom Pass team are more experienced than Children's Services' officers in dealing with this client group.
- 8.2. At least two months' notice in writing should be given to all H&F Taxicard users before changes are implemented. It is proposed that Finance and Corporate Services (FCS) reviews all current Taxicard users following a decision by Cabinet and ensures that by January 2012 all users fall under the new eligibility criteria. It is proposed that FCS will try to cross check data on mobility assessments with adult social care to avoid repeating assessments. During this transition period, current users who are no longer eligible will have the option of appealing this decision in writing to Children's Services as detailed in 4.1.5.
- 8.3. It is proposed that increasing the minimum user charge from £1.50 to £2.50 and reducing the maximum subsidy by £2 (from £10.30, £11.30 and £12.80) are implemented through London Councils by FCS from January 2012.
- 8.4. Having a robust assessment and review process was recommended by the Hammersmith and Fulham Disability and Consultative Forum in their response to the consultation. It is proposed that the eligibility of all Taxicard users will be checked every two years. It is also proposed that the Taxicard database is sent every two years to the national fraud initiative (as with Blue Badge and Freedom Pass databases). This is noted in the recommendations.
- 8.5. It is proposed that FCS will provide new users with information about the run-in and waiting charges to ensure that the service offers maximum value for money. Efforts should also be taken to address concerns with the computer cab contract with London Councils in conjunction with other boroughs.

- 8.6. It is recommended that the budget for the Taxicard scheme is held by the Cabinet Member for Residents Services in conjunction with the Director of Finance and Corporate services to administer and manage the Taxicard contract.

## **9. NEIGHBOURING BOROUGHES**

- 9.1. In light of the tri-borough proposals officers have investigated the Taxicard scheme in neighbouring boroughs.

### **9.2. Royal Borough of Kensington and Chelsea**

In addition to the three criteria used by London Councils, the Royal Borough of Kensington and Chelsea (RBKC) assesses people to the same level of eligibility as the Blue Badge. RBKC has increased the minimum user fee and reduced the Council subsidy following the recommendations from London Councils but double swiping is still allowed. Currently, RBKC allocates 120 trips to users. Senior officers at RBKC are monitoring usage carefully to see if they need to review the number of trips residents receive in the future. The management of the scheme is also administered by the same team that operate Blue Badge and Freedom Pass, as recommended in this report.

### **9.3. Westminster City Council**

Westminster City Council ('Westminster') administers their own Taxicard scheme. Westminster gets a fixed amount of funding every year from TfL. In Westminster, residents that receive the higher rate mobility component of Disability Living Allowance receive the higher rate of Attendance Allowance, receive a war pension mobility supplement and/or are registered blind are automatically eligible. The minimum user charge is £2.50 and the maximum subsidy is £8.30. Users are not able to double swipe. Westminster has recently consulted on changes to their Taxicard scheme and has recommended introducing a financial assessment as part of the application process for a Taxicard as well as a face-to face Occupational Therapy assessment for those who qualify under the financial criteria, but do not meet the other eligibility criteria. This replaces a previous paper application.

## **10. RISK MANAGEMENT**

- 10.1. The Taxicard scheme has recently been included on the Children's Services departmental risk register. The scheme is currently rated amber on the risk register due to the current risk of overspend for this financial year. The recommendations suggested in this report will aim to control this financial risk as well as ensuring close budget monitoring. The proposed changes also represent a risk to the Council in terms of its equalities duties and risk to reputation. The proposals have been recommended using the results of a full consultation process with users and attempts have been made to

mitigate against the negative impact on users, for example, by introducing changes gradually, deferring the implementation of double swiping and monthly trip limits until April 2014. It is proposed that the least preferred change, ending double swiping, will not be introduced until April 2014 when the reduction in funding from TfL and level of predicted overspend is most severe.

## **11. EQUALITY IMPLICATIONS**

### **11.1 H&F Equality Implications**

The decision to make changes to the Taxicard scheme should consider the impact on the user group and Cabinet must give due regard to the public sector equalities duties. In this case, Cabinet should be aware and give due regard to the need to:

(a) promote equality of opportunity between those with one of these characteristics (the protected characteristics) and others

(b) to take steps to take account of disabilities even where that involves treating disabled persons more favourably than other people

(c) to promote positive attitudes to disabled people and to encourage them to participate in public life.

11.1.1 The report does not recommend the termination of the Taxicard scheme. The amendments to the eligibility criteria suggested in this report at 4.1 aim to ensure that the scheme continues to benefit disabled residents. The budget proposed has also planned for growth in membership to ensure all eligible disabled persons can access the scheme.

11.1.2 Those changes to the operation of the scheme which affect the flexibility of use, such as applying a monthly trip limit and ending double swiping have not been recommended for immediate implementation. Moreover, the report recommends that officers lobby London Councils to improve the computer cab contract as well as informing users about the fares and charges applied to the scheme, encouraging them to ensure the service requirements are adhered to. In addition, the report suggests that efforts should be taken to encourage improvements in the provision of hospital transport where possible. These opportunities were identified through the consultation process.

11.1.3 The main recommendations that will affect Taxicard users immediately are changes in the cost to users, which includes increasing the minimum user charge and reducing the subsidy. The increase in user charge was deemed the most favourable solution by

users who responded to the consultation. Changes to the subsidy rates was neither the most favourable nor the least favourable.

- 11.1.4 It is recommended that ending double swiping is retained until April 2014. It is further recommended that an annual trip limit of 104 trips is retained until April 2014. This will help to mitigate the initial negative impact on users. In addition, this will ensure that changes to the scheme are introduced gradually to reduce the impact on users, as recommended by respondents to the public consultation.
- 11.1.5 Officers have considered the negative impact on users following the introduction of these additional changes from April 2014. This has been considered alongside other Council priorities and the Council's overall financial position. Officers could have raised the eligibility criteria further in 2014 in order to meet the financial challenges, rather than ending double swiping or introducing trip limits. However, officers have considered that any Taxicard scheme should continue to target vulnerable users and ensure that as many people as possible can benefit. Moreover, it is proposed that the decision to end double swiping and introduce a monthly trip limit is reviewed in two years in light of the latest usage data and any changes to the policies of London Councils and TfL.
- 11.1.6 Officers also recognise that the report recommends removing the doctor certificate as a form of non-automatic criteria despite this not being a popular option during the consultation. Reasons for this have been detailed in section 4.1.6.
- 11.1.7 Officers have provided some examples of the potential individual financial impact of the recommended changes on a range of users using the current user figures. This analysis assumes that current user trends will remain the same. This analysis has looked at the maximum trip user (all 104 trips allocated), an average active trip user (59 trips) and a minimum trip user (defined as less than 12 trips per year), assuming that they would still be eligible under the new eligibility criteria.

Table 5: Individual financial impact on eligible users

	Impact of initial recommendations from January 2012 (annual)	Impact of implementing all recommendations from April 2014 (annual)
Maximum Trip User	£294.10	£545.83
Average Trip User	£166.84	£263.29
Minimum Trip User	£31.11	£49.09

- 11.1.8 Given the profile of users, the majority of which are over 65 and/or in receipt of the Disability Living Allowance, it may be the case that users are on a fixed income. This has been considered by officers in the equalities impact analysis. The Council must read the full EIA and



consider it with due regard for the public sector equalities duties. The EIA is available in Appendix 10.

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

- 12.1. The Taxicard scheme as currently operated is susceptible to an increased volume of users that the Council would have to fund. The confirmation that TfL was capping its contribution to its current level and that London Councils had agreed a redistribution of TfL funding placed additional financial pressure on the Council which it needed to consider. The impact of this change will see a phased reduction from the 2010/11 contribution of £463,696 to a contribution of £269,512 by 2014/15.
- 12.2. At the same time, London Councils have passed financial responsibility for the scheme to individual boroughs, and will no longer reimburse authorities if there is a local overspend.
- 12.3. The Council's current financial position was set out in its Medium Term Financial Strategy as adopted by Budget Council in February 2011 where savings of nearly £27m were required to balance the budget in 2011/12 (12% of the Base Budget). This savings requirement increases to £64.2m by 2013/14 (29% of the Base Budget).
- 12.4. As such the Council needs to consider all of its spending decisions, with particular regard to value for money. The Council recommends the changes to the operation of the scheme as set out in the report, to ensure that the service targets those who most need it whilst giving confidence that the Council can continue to operate the scheme and mitigate the impact of reduced funding from TfL.
- 12.2 In taking responsibility for the scheme, the Council has reviewed the eligibility criteria and a number of proposals, recommended by London Councils. The Council also used the results of consultation to make recommendations. The scheme has not materially changed in 15 years.
- 12.3 The report recommends the implementation of the proposals set out in the report above. The forecast expenditure, detailed in table 4 of the report, allowing for a contingency is an adverse variance of approximately, £1,160 in 2011/12 but a favourable variance of £100,806 in 2012/13. Current projections suggest that there will be an adverse variance of approximately £26,929 in 2013/14 and £67,691 in 2014/15, even with the additional recommendations set out at recommendation 4 and recommendation 5. It is recommended at recommendation 7 of this report that any unused contingency shall be carried forward until 2014/15. As outlined in paragraph 6.3, any underspend would represent a saving for TfL rather than individual boroughs. H&F, through London Councils, is currently reviewing this

position and, if successful, proposes that it carries forward any underspend to cover overspends in subsequent years.

### **13. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)**

- 13.1 s2(1) Local Government Act 2000 provides the power to provide the Taxicard scheme. In considering the changes proposed by London Councils and outlined at paragraph 3 of this report the usual public law duties apply including a duty to consult and to consider the equalities duties (outlined below) and all other relevant considerations before reaching a decision.
- 13.2 There is case law guidance as to what constitutes proper consultation. Consultation should include the following:
- It should be carried out when the proposals are still at a formative stage.
  - Sufficient reasons should be given for the proposals to allow those consulted to give intelligent consideration and an intelligent response.
  - Adequate time must be given for responses.
  - The product of consultation must be conscientiously taken into account when the ultimate decision is taken.
- 13.3 The consultation process followed is outlined in paragraph 5. The consultation material used is at appendix 6 and the product of the consultation is summarised at paragraph 5 of the report with full results available at appendices 5 and 7. The product of the consultation was also used to inform the Equalities Impact Assessment at appendix 10 which is summarised as to equalities implications at paragraph 11 of the report.
- 13.4 The public sector equality duty provisions of the Equality Act 2010 came into force on 5<sup>th</sup> April 2011 and widened the general equalities duties with which a local authority has to comply. Amongst other things age is now included as one of the protected characteristics to which the general equality duties will apply and amends slightly the factors to which authorities will need to have due regard if they are to comply with those duties. Section 149 of the Act provides (so far as relevant) as follows:
- (1) A public authority must, in the exercise of its functions, have due regard to the need to:
- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

(3) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

(a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;

(b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;

(c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

(4) The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

(5) Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

(a) tackle prejudice, and  
(b) promote understanding.

(6) Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.

13.5 In addition, local authorities are under a duty by virtue of s 29 of the Equalities Act 2010 not to discriminate against, victimize or harass any person to whom they provide services on any of the protected grounds.

13.6 The protected grounds now include age as well as the grounds on which the previous equalities legislation already protected people from discrimination by local authorities (i.e. disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, sexual orientation, religion or belief and sex).

13.7 Case law has established the following principles:

(i) Compliance with the general equality duties is a matter of substance not form. However for a decision such as this it is necessary for the duties to be consciously addressed and the consideration given to them fully documented.

(ii) The duty to have "due regard" to the various identified "needs" in the relevant sections does not impose a duty to achieve results. It is a duty to have "due regard" to the "need" to achieve the identified goals.

(iii) Due regard is regard that is appropriate in all the circumstances, including the importance of the area of life of people affected by the decision and such countervailing factors as are relevant to the function that the decision-maker is performing. The weight to be given to the countervailing factors is in principle a matter for the authority. However in the event of a legal challenge it is for the court to determine whether an authority has given "due regard" to the "needs" listed in s149. This will include the court assessing for itself whether in the circumstances appropriate weight has been given by the authority to those "needs" and not simply deciding whether the authority's decision is a rational or reasonable one.

(iv) The duty to have "due regard" to disability equality is particularly important where the decision will have a direct impact on disabled people. The same goes for other protected groups where they will be particularly and directly affected by a decision.

(v) The general equality duties do not impose a duty on public authorities to carry out a formal equalities impact assessment in all cases when carrying out their functions, but where a significant part of the lives of any protected group will be directly affected by a decision, a formal equalities impact assessment is likely to be required by the Courts as part of the duty to have 'due regard'.

(vi) The duty to have "due regard" will normally involve considering whether taking the particular decision would itself be compatible with the equality duty and whether, if the decision is made to go ahead, it will be possible to mitigate any adverse impact on any particular protected group. It may also require consideration to be given to treating any particular affected group more favourably.

13.8 A full Equality Impact Assessment has been carried out and is attached as Appendix 10. The Equality Impact Assessment was informed by the consultation process.

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

<b>No.</b>	<b>Description of Background Papers</b>	<b>Name/Ext of holder of file/copy</b>	<b>Department/ Location</b>
1.	Transport and Environment Committee Meeting Minutes 11/11/2010: Item 4 Taxicard Budget Update	Natasha Price x2872	CHS/ Cambridge House
2.	The Blue Badge Scheme Local Authority Guidance (England)	Natasha Price x2872	CHS/ Cambridge House
3.	Transport and Environment Committee Meeting Minutes 14/10/2010: Item 6 Taxicard – Budget Update and TfL Funding Redistribution - Addendum	Natasha Price x2872	CHS/ Cambridge House
4.	Minutes of Taxicard Borough Officers' Liaison Group Held on Monday 6 <sup>th</sup> September 2010	Natasha Price x2872	CHS/ Cambridge House
5.	Minutes of Taxicard Borough Officers' Liaison Group Held on Wednesday 8 <sup>th</sup> December 2010	Natasha Price x2872	CHS/ Cambridge House
6.	London Councils, Taxicard Consultation– Budgetary Controls and TfL future funding	Natasha Price x2872	CHS/ Cambridge House
7.	London Councils' Elected Officers Urgency Report: Taxicard – Dealing with Budget Overspends and Underspends in 2010/11, 18 April 2011	Natasha Price x2872	CHS/ Cambridge House
8.	Leader's Urgent Decision: Possible Changes To Taxicard Scheme: Public Consultation Needed	Natasha Price x2872	CHS/ Cambridge House
9.	H&F Taxicard Consultation Responses	Natasha Price x2872	CHS/ Cambridge House
<b>CONTACT OFFICER:</b> Natasha Price		<b>NAME:</b> Natasha Price <b>EXT.</b> 2872	

## APPENDIX 1: Demographics of taxicard users

		Taxicard users (%)	Mid-year population estimates, 2009 (%)
Sex	Male	845 (36%)	85,200 (50.2%)
	Female	1,509 (64%)	84,500 (49.8%)
Age group	Under 16 years	52 (2.3%)	28,600 (16.9%)
	16-24	29 (1.3%)	20,100 (11.8%)
	25-44	182 (8.2%)	72,200 (42.5%)
	45-64	532 (23.9%)	31,500 (18.6%)
	65+	1,427 (64.2%)	17,400 (10.3%)
Ethnic group	White	877 (39.5%)	129,000 (76%)
	White British	575 (25.9%)	106,700 (62.9%)
	White Irish	99 (4.5%)	5,300 (3.1%)
	White Other	74 (3.3%)	16,900 (10%)
	Black Caribbean	133 (6.0%)	6,300 (3.7%)
	Black African	86 (3.9%)	7,600 (4.5%)
	Black Other	15 (0.7%)	1,400 (0.8%)
	White and black Caribbean	39 (1.8%)	1,800 (1.1%)
	White and black African	24 (1.1%)	1,000 (0.6%)
	Indian	48 (2.2%)	6,900 (4.1%)
	Pakistani	58 (2.6%)	2,900 (1.7%)
	Bangladeshi	4 (0.1%)	1,800 (1.1%)
	Chinese	3 (0.1%)	2,500 (1.5%)
	White and Asian	8 (0.4%)	1,800 (1%)
	Asian Other	42 (1.9%)	2,200 (1.3%)
	Other ethnic group	137 (6.2%)	2,900 (1.7%)

## **APPENDIX 2: Definitions of eligibility criteria**

### **Higher rate mobility component of disability living allowance**

To get the mobility component of Disability Living Allowance, you must be under the age of 65 and your disability must be severe enough for you to have one of the walking difficulties listed on [www.direct.gov.uk](http://www.direct.gov.uk) even when wearing or using an aid or equipment you normally use.

“There are two rates of the mobility component depending on how your disability affects you:

Lower rate: If you need guidance or supervision out doors

Higher rate: If you have any of the other, more severe, walking difficulties

You may be entitled to only the care component or only the mobility component, or you may be entitled to both”

[www.direct.gov.uk/en/DisabledPeople/FinancialSupport/DisabilityLivingAllowance/DG\\_10011816](http://www.direct.gov.uk/en/DisabledPeople/FinancialSupport/DisabilityLivingAllowance/DG_10011816)

### **War pension mobility supplement**

This supplement is given to individuals who receive war development pension and are unable to walk. “War Pensioners Mobility Supplement is payable to war pensioners whose pensioned disablement(s) causes them serious difficulty in walking, or the effects of walking could pose a serious risk to health.” [www.veterans-uk.info/pdfs/spva\\_factsheets\\_09/Factsheet9.pdf](http://www.veterans-uk.info/pdfs/spva_factsheets_09/Factsheet9.pdf)

### **Higher rate attendance allowance**

“Attendance allowance is a tax free benefit for people aged 65 or over who need someone to help look after them because they are physically or mentally disabled. You may get attendance allowance if you have a physical disability (including sensory disability, such as blindness), a mental disability (including learning difficulties), or both.

### **Eligibility criteria for blue badge:**

- 1) receive the higher rate of the mobility component of Disability Living Allowance
- 2) are registered blind
- 3) receive a war pensioner’s mobility supplement
- 4) have a permanent and substantial disability which means one cannot walk, or which makes walking very difficult (mobility assessment is carried out (see 8.8.4)
- 5) drive a motor vehicle regularly, have a severe disability in both arms, and are unable or would find it very difficult to operate all or some types of parking meter (which would apply to using public transport)
- 6) Children less than two years old, who have specific medical condition which means that they either: must always be accompanied by bulky medical equipment which cannot be carried around without great difficulty or need to be kept near a vehicle at all times, so that they can, if necessary, be treated in the vehicle, or quickly driven to a place where they can be treated, such as a hospital. (not relevant for taxicard)

### APPENDIX 3: Other boroughs taxicard budget

BOROUGH	BOROUGH BUDGET 2011-2012	TFL MAX CONTRIBUTION 2011-12	TOTAL AVAIL EXCL MGT FEE
Barking & Dagenham	£ 337,338	£ 919,678	£ 1,257,016
Barnet	£	£ 504,883	£ 504,883
Bexley	£ 65,097	£ 130,562	£ 195,659
Brent	£ 168,532	£ 537,044	£ 705,576
Bromley	£ 74,288	£ 153,102	£ 227,390
Camden	£ 289,733	£ 209,344	£ 499,077
City London	£ 45,282	£ 7,335	£ 52,617
Croydon	£ 125,089	£ 620,019	£ 745,108
Ealing	£ 55,502	£ 690,908	£ 746,410
Enfield	£ 40,890	£ 139,448	£ 180,338
Greenwich	£ 21,353	£ 461,873	£ 483,226
Hackney	£ 249,490	£ 342,675	£ 592,165
Hammersmith & Fulham	£ 197,155	£ 446,633	£ 643,788
Haringey	£ 103,867	£ 382,819	£ 486,686
Harrow	£ 563,000	£ 187,435	£ 750,435
Havering	£ 383,101	£ 612,494	£ 995,595
Hillingdon	£ 46,164	£ 66,876	£ 113,040
Hounslow	£ 132,840	£ 275,050	£ 407,890
Islington	£ 189,893	£ 279,522	£ 469,415
Kensington & Chelsea	£ 597,288	£ 267,751	£ 865,039
Kingston Upon Thames	£ 42,112	£ 536,701	£ 578,813
Lambeth	£ 133,085	£ 523,471	£ 656,556
Lewisham	£ 44,710	£ 454,977	£ 499,687
Merton	£ 117,512	£ 421,979	£ 539,491
Newham	£ 594,600	£ 1,140,101	£ 1,734,701
Redbridge	£ -	£ 1,016,115	£ 1,016,115
Richmond	£ 118,500	£ 312,060	£ 430,560
Southwark	£ 143,589	£ 710,647	£ 854,236
Sutton	£ 70,632	£ 401,895	£ 472,527
Tower Hamlets	£ 264,316	£ 163,928	£ 428,244
Waltham Forest	£ 279,722	£ 141,708	£ 421,430
Wandsworth	£ 197,060	£ 279,604	£ 476,664
<b>Totals</b>	<b>£ 5,691,740</b>	<b>£ 13,338,635</b>	<b>£ 19,030,375</b>



APPENDIX 4 - What other boroughs have implemented (as at August 2011)

BOROUGH:	TRIP LIMIT:			MEMBER CHARGES:				Double Swiping Allowed	Maximum runin	
	Annual Trip Limit	Annual Trip Limit Bands*	Monthly trip limits (can be rolled over)	Monthly trip limits (cannot be rolled over)	Minimum member charge per trip £	Tariff 1	Tariff 2			Tariff 3
Barking and Dagenham		36/60/104	NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	NO	£ 3.40
Barnet	104		NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	NO	£ 3.40
Bexley	104		NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	NO	£ 3.40
Brent			8	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	NO	£ 3.40
Bromley			NO	8	£ 2.50	£ 8.30	£ 8.30	£ 8.30	YES	£ 2.40
Camden		48/72/96/108	NO	NO	£ 2.50	£ 10.30	£ 11.30	£ 12.80	YES	£ 3.40
City of London		40/60/104	NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	NO	£ 3.40
Croydon	78		NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	NO	£ 3.40
Ealing	NO	26/52/104	NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	YES	£ 3.40
Enfield	NO	NO	8	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	NO	£ 3.40
Greenwich	104		NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	YES	£ 3.40
Hackney	104		NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	YES	£ 3.40
Hammersmith	104		NO	NO	£ 1.50	£ 10.30	£ 11.30	£ 12.80	YES	£ 3.40
Haringey	104		NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	NO	£ 3.40
Harrow	104		NO	NO	£ 2.50	£ 8.30	£ 8.30	£ 8.30	NO	£ 2.40
Havering	NO	104/736	NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	NO	£ 3.40
Hillingdon	72		NO	NO	£ 1.50	£ 10.30	£ 11.30	£ 12.80	NO	£ 3.40
Hounslow	104		NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	YES	£ 3.40
Islington	NO	52/104	NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	YES	£ 3.40
Kensington and Chelsea	NO		10	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	YES	£ 3.40
Kingston Upon Thames	104		NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	YES	£ 3.40
Lambeth	NO		8	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	YES	£ 3.40
Lewisham	104		NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	YES	£ 3.40
Merton	72		NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	YES	£ 3.40
					£14.00 (Saver) / £8.60 (Standard)					
				Saver 40: Standard 6	£2.00 per Saver trip and £3.00 per Standard trip					
Newham	NO	NO	NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	NO	£ 2.40
Redbridge	104		NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	NO	£ 3.40
Richmond Upon Thames	NO	52/104	NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	YES	£ 3.40
Southwark	144		NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	YES	£ 3.40
Sutton	NO	24/104	NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	YES	£ 3.40
Tower Hamlets	NO		4/8/12/16	NO	£ 1.50	£ 10.30	£ 11.30	£ 12.80	YES	£ 3.40
Waltham Forest	104		NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	NO	£ 2.40
Wandsworth	NO	52/104	NO	NO	£ 2.50	£ 8.30	£ 9.30	£ 10.80	NO	£ 3.40

Forthcoming changes in red

\* Trip limit bands refers to the different number of annual trips allocated to certain users. For example, in some boroughs a lower number of annual trips are given to users that have also have a freedom pass.

## **APPENDIX 5: List of complaints from consultation**

“Taxis arrive early. This costs money. When you get in there is money on the clock”

“Some of the drivers are nice and turn their engines off while waiting for you to get to the taxi. This is important to state as some drivers have 6 or 7 pounds on their clocks before one has even started the journey”.

“Often a cab arrives already with £7 or £8 on the clock out of the first swipe”

“When a black cab turns up there is £5 on the clock already 9 out of 10 times”

“Reliability could be improved. Too often waiting time can be 1 hour or more. Some drivers unwilling to accept mobility card when hailed”

“The fare on the clock is usually £4 or £5 when getting into the taxi so the basic allowance can be reached very easily just by getting to a supermarket or clinic”

“Taxi driver should check the photo part of the taxi card to ensure the disabled person is either travelling or at least picked up at the other end. The drivers I have had have never checked the photo part, which means I could give it to anyone to use.”

“Part of the problem is how the minicabs operate the scheme”

“At times I have been sent a mini-cab and the driver has no idea where he is going, and I find getting in and out of a mini cab difficult and you get no help from the mini cab drivers, and are they all licensed?”

“There should be more operating companies involve, rather than just computercabs”

“black cabs are not suitable for certain older people with mobility issues like me. I cannot use a black cab as I cannot get in. I have asked to be sent minicabs instead but they keep sending black cabs, so now I pay for mini cabs myself”

“there are many H&F minicab firms who would like to join the scheme. We find these firms are friendly and familiar cheaper and more convenient than black taxis”

“On 2 occasions recently I have handed my card to the driver who did not swipe it. He wrote my number on a pad and gave me the card back. When it came to a 2<sup>nd</sup> swipe he did not take the car but said “I have your number here and will use that”. By using my number like that instead of a card swipe surely means that he could put my number down for another journey as two on another say when I am not in the cab?”

“When a taxi arrives there is already £4 or more on the meter”

“by lobbying London councils to implement fairer contributions to the scheme by all London Boroughs and demonstrate you (H&F) have done this”

“look at pass security to stop other people using them”

“by the time myself and my guide dog were sitting in the cab recently it read £6.20 before we even pulled off. What use is an £8.30 (maximum subsidy) then?”

“write to holders of the taxicard & tell them how much should be recorded on the taxi meter when they get into the car. This is to prevent the taxi from overcharging the council. This is currently variable and can be as much as £5 – is this correct?”

“the cost of the scheme can be reduced considerably if taxis do not arrive at the residents address running £5, £6, £7 on the clock before the start of the journey”

## Question: What is the war pensioner's mobility supplement?

**Answer:** This supplement is given to individuals who receive war development pension and are unable to walk. "War Pensioners Mobility Supplement is payable to war pensioners whose pensioned disablement(s) causes them serious difficulty in walking, or the effects of walking could pose a serious risk to health." [www.veterans-uk.info/pdfs/spva\\_factsheets\\_09/Factsheet9.pdf](http://www.veterans-uk.info/pdfs/spva_factsheets_09/Factsheet9.pdf)

## Question: What is higher rate attendance allowance?

**Answer:** "Attendance Allowance is a tax-free benefit for people aged 65 or over who need someone to help look after them because they are physically or mentally disabled.

You may get attendance allowance if:

- you have a physical disability (including sensory disability, such as blindness), a mental disability (including learning difficulties), or both

- your disability is severe enough for you to need help caring for yourself or someone to supervise you, for your own or someone else's safety
- you are aged 65 or over when you claim

Whether you get higher or lower rate depends on how much your disability affects you." [www.direct.gov.uk/en/DisabledPeople/FinancialSupport/AttendanceAllowance/DG\\_10012425](http://www.direct.gov.uk/en/DisabledPeople/FinancialSupport/AttendanceAllowance/DG_10012425)

## Question: What is a mobility assessment?

**Answer:** This is usually carried out by a physiotherapist or occupational therapist. The assessment includes a physical assessment of their ability to walk 70 metres, measuring gait, speed, pain and breathlessness. The assessment also includes a number of questions about the applicant's medical condition and history, their transport usage and needs, and their mobility. This assessment uses a score based approach with a set level indicating eligibility.

# Public Consultation on H&F Taxicard Scheme



This questionnaire should only be completed by Taxicard users. You can ask a family member, a carer or a friend to help you complete this questionnaire.

## Introduction

### What is the Taxicard scheme?

The Taxicard scheme is a London-wide scheme, which provides subsidised door to door transport in licensed taxis and private hire vehicles, for people with a serious long-term mobility impairment or who are severely sight impaired.

### Who funds the H&F Taxicard scheme?

Both Hammersmith and Fulham (H&F) and Transport for London (TfL) fund the Taxicard scheme. The organisation 'London Councils' co-ordinates and administers the scheme on boroughs' behalf. For 2010-2011, the council contributed £206,800 (which includes 'London Councils' administration fee) and TfL contributed £463,683. Therefore, for 2010-11, the H&F Taxicard scheme cost £670,483.

### What is staying the same?

The council is not cutting its Taxicard budget and proposes to continue to fund the scheme in 2011-12 by the same amount (currently £206,800).

### What is changing?

Demand for Taxicard has increased since 2009 and membership continues to rise each month. Despite this and the associated need for increased spending,

TfL is reducing its contribution in 2011-12 by £17,050, rising to a reduction of £48,840 by 2013, a reduction of £108,889 by 2014 and a reduction of £167,171 by 2015 resulting in a cut to the local Taxicard funding. Therefore, H&F Council propose to make changes to the Taxicard scheme to ensure that those who need it most continue to have access to the service whilst balancing that need with the financial pressures the council is facing.

H&F are not proposing to increase the Taxicard budget. The national climate and the resulting public spending review has reduced the amount of money available for the council to spend in the coming years. H&F Council has to reduce its spending by £64 million over the next three years. Like all local authorities, H&F is faced with making some difficult decisions on how best to continue services with reduced resources, while trying to minimise the impact on residents.

### What is H&F proposing?

Due to the confirmed reduction in TfL funding and increased demand, Hammersmith & Fulham Council is proposing to make changes to the eligibility criteria for the Taxicard scheme and to change the way the scheme operates, and we are seeking your views on this.

For further information, or if you or the person you care for would like any part of this document interpreted into your own language, or produced in large print, audio, easy read or Braille, please email [taxicardconsultation@lbhf.gov.uk](mailto:taxicardconsultation@lbhf.gov.uk) or telephone on 020 8753 2872.

## Your views

Your views and opinions are important to us and will help shape recommendations to the council. All responses to this consultation will be taken into account when councillors consider their decision at Cabinet.

## Consultation period

This proposal is subject to a consultation from 25th March 2011 to 6th May 2011. H&F will also be carrying out a number of focus groups during this time with representative groups.

## Who fills out the questionnaire?

The questionnaire should only be completed by Taxicard users. You can ask a family member, a carer or a friend to help you complete the questionnaire. If you have a wider interest in the Taxicard scheme please send any suggestions/comments to [taxicardconsultation@lbhf.gov.uk](mailto:taxicardconsultation@lbhf.gov.uk)

## What do I fill out?

Please complete the questions on this document and return it in the pre-paid envelope supplied, or at any council reception point by 6th May 2011. You can also complete the consultation online at [www.citizenspace.com/local/lbhf/Taxicard](http://www.citizenspace.com/local/lbhf/Taxicard)

For further information please refer to the frequently asked questions section at the end of the consultation document.

**Please tick (✓) only one box for each question, unless the question states otherwise.**

**2) Do you agree that the scheme should be limited to the eligibility criteria (a)-(c) and that a doctor's medical assessment form would no longer be accepted?**

- Yes  
 No

In addition to the present automatic eligibility criteria (a) – (c), additional criteria are being considered. We are seeking your views on this.

**3) Please rank the following additional criteria in order of importance, with 1 being the most important and 5 being the least important.**

- Recipients of higher rate attendance allowance  
 People who have had a doctors medical assessment form explaining their severe mobility impairment  
 People who have had a paper assessment by an occupational therapist (or equivalent) proving their severe mobility impairment  
 People who have had a mobility assessment with a physiotherapist or occupational therapist arranged by the council proving their severe mobility impairment  
 Other (please specify or select 5 if no further suggestion)

**4) H&F may have the option to introduce means testing for applicants of the scheme. Do you agree that means testing should be part of the application process (e.g. one option may be that individuals with high income or savings would not be eligible for the scheme?)**

- Yes  
 No

### Proposed changes to how the scheme operates

The organisation 'London Councils' has recommended a number of changes to the price of Taxicard trips. H&F Council is considering implementing some/all of London Councils' recommended changes, which are to increase the minimum member charge, reduce the maximum subsidy and end double swiping. In addition, H&F are also proposing to limit the ability to rollover trips on a monthly basis.

## Questionnaire

**1) Are you?**

- Someone who uses the Taxicard scheme  
 Someone who is helping a Taxicard user complete the questionnaire  
 Other (please do not fill out the questionnaire)

### Current eligibility criteria for the H&F Taxicard scheme

In H&F, applications from people with evidence of one of the following are automatically accepted on to the scheme:

- a) Receiving higher rate mobility component of disability living allowance  
b) Receiving war pension mobility supplement  
c) Severely visually impaired or blind.

Applicants where none of these three conditions apply require a doctor's medical assessment form describing the mobility restrictions of the applicant.

### Proposed changes to eligibility criteria

H&F propose to continue to fund the Taxicard scheme for people who come under any of the criteria (a)-(c) listed above.

We propose not to continue to use the doctor's medical assessment form due to the Department for Transport's advice for a similar scheme (Blue Badge).



5) Please rate the following proposed changes from 1 to 4, with 1 being your most preferred change and 4 being your least preferred change.

- Current:** A minimum member charge per trip currently costs £1.50  
**Proposed:** A minimum member charge per trip would cost £2.50
- Current:** Maximum subsidy tariffs are currently £10.30 (tariff 1); £11.30 (tariff 2) and £12.80 (tariff 3)  
**Proposed:** Maximum subsidy tariffs would be £8.30 (tariff 1); £9.30 (tariff 2) and £10.80 (tariff 3)
- Current:** 'Double swiping' is allowed  
**Proposed:** 'Double swiping' would not be allowed
- Current:** Annual limit of 104 trips  
**Proposed:** Monthly limit of 8 trips (which would result in an annual limit of 98 trips)

**Overall proposed changes**

H&F Council is proposing to change the eligibility criteria and change the operating of trips in order to provide the service with the resources available while also prioritising the scheme for users who most need it.

6) Please rank the following options in order of preference, from 1 to 5, with 1 being the most preferred option and 5 being the least preferred option:

- Make no change to the scheme by increasing the borough budget for Taxicard
- Re-focus the eligibility criteria to those who most need it
- Change how the scheme operates
- Change the eligibility criteria and how the scheme operates
- No longer run the scheme

7) If you have any further comments or suggestions please write them in the box below:

The council plans to make a decision about the Taxicard scheme in June 2011. Your views are important to us and will help to influence this decision. The decision will be included in Cabinet minutes, available on [www.lbhf.gov.uk](http://www.lbhf.gov.uk).

## Background Questions

8) Which of the following apply to you or the person you are completing the form for?

(Please tick all relevant boxes)

- Receiving higher rate of the mobility component of the disability living allowance
- Registered severely visually impaired or registered blind
- Receiving a war pensioner's mobility supplement
- Receiving higher rate attendance allowance

9) What do you use your Taxicard for?

(Please tick all relevant boxes)

- Visiting friends or relatives
- Healthcare visits/hospital appointments
- Travelling to social care services (e.g. a day centre)
- Travelling to an education establishment
- Shopping
- Social activities
- Other (Please specify)

10) Please rank the following schemes you use in order of importance to you, from 1-7, with 1 being most important and 7 being least important.

If you do not use the service, please leave box blank.

- Dial-a-Ride
- Taxicard
- Blue badge
- Freedom pass
- Hospital transport
- Community transport project
- Other transport scheme (Please specify)

11) Are there any groups of people you think would be particularly disadvantaged by the proposed changes?

(Please tick all relevant boxes)

- People under 65
- People over 65
- People with a physical impairment
- People with a visual impairment
- People with a hearing impairment
- People with a mental health condition
- People with a learning disability
- People with a long-standing illness or health condition
- Males  Females
- Any ethnic group(s) (please specify):

- Other group (please specify):

12) Are there any groups of people you think would be particularly advantaged by the proposed changes?

(Please tick all relevant boxes)

- People under 65
- People over 65
- People with a physical impairment
- People with a visual impairment
- People with a hearing impairment
- People with a mental health condition
- People with a learning disability
- People with a long-standing illness or health condition
- Males  Females
- Any ethnic group(s), (please specify):

- Other group (please specify):

### 13) How might the council minimise the impact of introducing the proposed changes, were a decision made to do so?

Please state

### Equalities information

Hammersmith & Fulham Council is committed to promoting equality and diversity, both as an employer and as a service provider. Please be assured that the information you provide below will be used for statistical purposes only and will help us to monitor our consultation process.

#### Are you male or female?

Male  Female

#### What age group are you?

Under 16 years  16 – 24  25 – 44  
 45 - 64  65+

Do you have a long term illness, health problem or disability which limits your daily activities or the work you can do?

Yes  No

If yes, what is the nature of the impairment? (Please tick all relevant boxes)

- Physical impairment  
 Hearing impairment  
 Visual impairment  
 Learning disability  
 Mental health condition  
 Long standing illness  
 Other: e.g. hidden impairment (diabetes, epilepsy etc.) (please specify)

What is your ethnic group?

- White English  
 White Welsh  
 White Scottish  
 White Irish  
 Black Caribbean  
 Black African  
 White and black Caribbean  
 White and black African  
 Indian  
 Pakistani  
 Bangladeshi  
 Chinese  
 White and Asian  
 Other ethnic group (please specify)

What postal area do you live in?

- NW10  SW6  
 SW10  W3  
 W4  W6  
 W10  W11  
 W12  W14

## Frequently asked questions

**Question: How many H&F Taxicard users are there?**

**Answer:** H&F currently has 2,330 service users, 97% of whom are adults.

**Question: What restrictions apply for H&F Taxicard scheme?**

**Answer:** Residents can make a maximum of 104 journeys per year, and no additional journeys are allowed.

**Question: What is the minimum member charge?**

**Answer:** The minimum member charge is the amount of money a Taxicard user pays towards each journey.

**Question: What is the trip subsidy?**

**Answer:** The trip subsidy is the maximum amount that H&F Council and TfL pays towards a Taxicard user's journey. If the Taxicard meter exceeds this subsidy then the user pays the remainder of the fee.

There are three maximum subsidy tariffs for different time periods. Tariff 1 applies for journeys taken between 6.00am and 8.00pm Monday to Friday. Tariff 2 applies for journeys taken between 6.00am and 8.00pm Saturday to Sunday and between 8.00pm and 10.00pm Monday to Sunday. Tariff 3 applies for journeys taken between 10.00pm and 6.00am Monday to Sunday.

**Question: What is double swiping?**

**Answer:** Double swiping means that members can use two subsidies together in one 'single' journey instead of only one subsidy. With double swiping, Taxicard members have the option of

taking more shorter trips or fewer longer trips.

For two trips, double-swiping allows two subsidies to be used together (up to a maximum of £20.60 for a day trip) which costs the Taxicard user £3. So, currently, they can have a journey up to the value of £23.60 on the meter on a double-swipe trip, which would only cost £3. If the council chose not to allow double swiping, this would mean the same trip would cost £13.30 but the user would still have one further credit.

**Question: What is the higher rate of the mobility component of the disability living allowance?**

**Answer:** To get the mobility component of Disability Living Allowance, you must be under the age of 65 and your disability must be severe enough for you to have one of the walking difficulties listed on [www.direct.gov.uk](http://www.direct.gov.uk) even when wearing or using an aid or equipment you normally use.

"There are two rates of the mobility component depending on how your disability affects you:

*Lower rate:*

If you need guidance or supervision out of doors.

*Higher rate:*

If you have any of the other, more severe, walking difficulties.

You may be entitled to only the care component or only the mobility component, or you may be entitled to both."

[www.direct.gov.uk/en/DisabledPeople/FinancialSupport/DisabilityLivingAllowance/DG\\_10011816](http://www.direct.gov.uk/en/DisabledPeople/FinancialSupport/DisabilityLivingAllowance/DG_10011816)

**London Borough of Hammersmith & Fulham**

Gill Sewell, Assistant Director, Children, Youth & Community  
Cambridge House, Cambridge Grove, Hammersmith, London W6 0LE

Tel: 020 8753 3608  
Fax: 020 8753 3714  
Email: [gill.sewell@lbhf.gov.uk](mailto:gill.sewell@lbhf.gov.uk)  
Web: [www.lbhf.gov.uk](http://www.lbhf.gov.uk)



23<sup>rd</sup> March 2011

Dear service user,

I am writing about the Taxicard scheme in which you currently participate.

Since 2009, the demand for taxicards has been increasing across London. It is expected this trend will continue. In addition to this, Transport for London's contribution to the Hammersmith and Fulham (H&F) Taxicard scheme is reducing by about 40% by 2015. This will place increasing pressure on the Council's ability to continue providing the Taxicard scheme in its current form. Hammersmith and Fulham Council is not reducing its financial contribution towards the Taxicard scheme, but nor is it proposing to increase funding.

As a result of the rising demand and falling funding from Transport for London, we are consulting on proposals to: refocus the eligibility criteria to ensure those who most need a Taxicard are prioritised and to change the way the scheme operates. We are seeking your views on these proposed changes.

Your views and opinions are important to us and all responses to this consultation document will be taken into account when councillors consider their decision at Cabinet.

To send in your views, please complete our questionnaire and return it **by 6<sup>th</sup> May 2011** in the prepaid envelope provided, via a council staff member, at any council reception point, or online: [www.citizenspace.com/local/lbhf/Taxicard](http://www.citizenspace.com/local/lbhf/Taxicard)

You should only complete this questionnaire if you are a Taxicard user or are completing it on behalf of a Taxicard user. You can ask a family member, a carer or a friend to help you complete the questionnaire. If you are not a Taxicard user but have a wider interest in the Taxicard scheme, please send any suggestions/comments to [taxicardconsultation@lbhf.gov.uk](mailto:taxicardconsultation@lbhf.gov.uk)

For further information or if you would like a copy of this information in an alternative format please either email [taxicardconsultation@lbhf.gov.uk](mailto:taxicardconsultation@lbhf.gov.uk) or telephone 020 8753 2872.

Many thanks for taking the time to respond to this consultation.

Yours sincerely

A handwritten signature in black ink that reads 'Gill Sewell'.

Gill Sewell  
Assistant Director  
Children Youth and Communities



Director of Children's Services  
Andrew Christie

## **H&F Taxicard Consultation**

*Consultation on H&F Taxicard*

### **Overview**

From **25/03/2011** to **06/05/2011**, London Borough of Hammersmith & Fulham ran a consultation entitled '*H&F Taxicard Consultation*'. This report covers the online element of the consultation process, which was run from <http://www.citizenspace.com/local/lbhf/Taxicard>



### Topic 1: Proposed changes to eligibility criteria

**Q1:** Do you agree that the scheme should be limited to the eligibility criteria (a) - (c) and that a doctor's medical assessment form will no longer be accepted?



■ **Yes: 51%**  
■ **No: 48%**

Option	Value	Percentage
Yes	430	51%
No	401	48%
Total	831	

**Q2:** Please rank the following additional criteria in order of importance, with 1 being the most important and 5 being the least important

Rating	Value	Percentage
Please Select	213	23%
1 (most important)	321	35%
2	91	10%
3	69	7%
4	176	19%
5 (least important)	35	3%

People who have had a doctor's medical assessment form explaining their severe mobility impairment

Rating	Value	Percentage
Please Select	144	15%
1 (most important)	436	48%
2	188	20%
3	80	8%

4	49	5%
5 (least important)	8	0%

People who have had a paper assessment by an occ. therapist (or equivalent) proving their severe mobility impairment		
Rating	Value	Percentage
Please Select	240	26%
1 (most important)	79	8%
2	158	17%
3	238	26%
4	166	18%
5 (least important)	24	2%

People who have had a mobility assessment with a physio/occ. therapist proving severe mobility impairment		
Rating	Value	Percentage
Please Select	233	25%
1 (most important)	148	16%
2	149	16%
3	207	22%
4	143	15%
5 (least important)	25	2%

Other (please specify below or select 5 if no further suggestion)		
Rating	Value	Percentage
Please Select	441	48%
1 (most important)	38	4%
2	9	0%
3	8	0%
4	19	2%
5 (least important)	390	43%

**Q3: If other, please specify**

*There are 905 responses to this question. Please see Appendix A for the text of these responses.*

**Q4: H&F may have the option to introduce means testing for applicants of the scheme. Do you agree that means testing should be part of the application process (eg. one option may be that individuals with high income or savings would not be eligible for this scheme)?**



■ Yes: 41%  
 ■ No: 58%

Option	Value	Percentage
Yes	351	41%
No	500	58%
Total	851	

### Topic 2: Proposed changes to how the scheme operates

**Q1: Please rate the following proposed changes from 1 to 4, with 1 being your most preferred change and 4 being your least preferred change:**

A minimum member charge per trip currently cost £1.50; Proposed minimum member charge per trip would cost £2.50.		Value	Percentage
Rating			
Please select		78	8%
1 (most preferred)		472	52%
2		179	19%
3		93	10%
4 (least preferred)		82	9%

Max subsidy tariffs are currently £10.30 (T1), £11.30 (T2) and £12.80 (T3); Proposed max would be £8.30; £9.30 and £10.80.		Value	Percentage
Rating			
Please select		185	20%
1 (most preferred)		116	12%
2		204	22%
3		232	25%
4 (least preferred)		167	18%



Current: 'double swiping' is allowed; Proposed: 'double swiping' would not be allowed.		
Rating	Value	Percentage
Please select	138	15%
1 (most preferred)	155	17%
2	127	14%
3	155	17%
4 (least preferred)	329	36%

Current: annual limit of 104 trips; Proposed: monthly limit of 8 trips (would result in an annual limit of 98 trips).		
Rating	Value	Percentage
Please select	131	14%
1 (most preferred)	283	31%
2	134	14%
3	153	16%
4 (least preferred)	203	22%

### Topic 3: Overall proposed changes

**Q1:** Please rank the following options, in order of preference, from 1 to 5, with 1 being the most preferred option and 5 being the least preferred option.

Make no change to the scheme by increasing borough budget for Taxicard		
Rating	Value	Percentage
Please Select	83	9%
1 (most preferred)	560	62%
2	70	7%
3	50	5%
4	116	12%
5 (least preferred)	23	2%

Re-focus the eligibility criteria to those who most need it		
Rating	Value	Percentage
Please Select	151	16%
1 (most preferred)	293	32%
2	301	33%
3	97	10%
4	47	5%
5 (least preferred)	13	1%

Change how the scheme operates	Value	Percentage
Rating		
Please Select	211	23%
1 (most preferred)	61	6%
2	108	11%
3	249	27%
4	217	24%
5 (least preferred)	56	6%

Change the eligibility criteria AND how the scheme operates	Value	Percentage
Rating		
Please Select	220	24%
1 (most preferred)	49	5%
2	151	16%
3	215	23%
4	221	24%
5 (least preferred)	46	5%

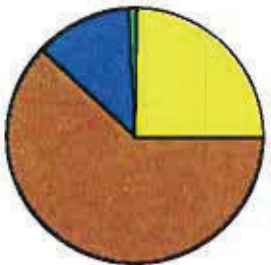
No longer run the scheme	Value	Percentage
Rating		
Please Select	225	24%
1 (most preferred)	9	0%
2	6	0%
3	4	0%
4	11	1%
5 (least preferred)	647	71%

**Q2:** If you have any further comments or suggestions please write them in the box below:

*There are 902 responses to this question. Please see Appendix A for the text of these responses.*

#### **Topic 4: Background questions**

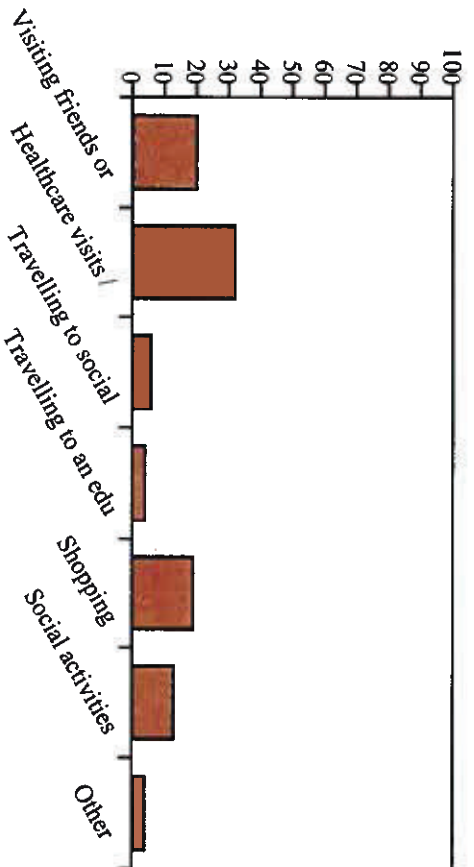
**Q1:** Which of the following apply to you or the person you are completing the form for? (Please tick all relevant boxes)



- On higher rate of the DLA mob. component : 60%
- Registered severely visually impaired or blind: 12%
- Receiving war pensioner's mob. supplement : 1%
- Receiving higher rate attendance allowance: 24%

Option	Value	Percentage
On higher rate of the DLA mob. component	435	60%
Registered severely visually impaired or blind	89	12%
Receiving war pensioner's mob. supplement	14	1%
Receiving higher rate attendance allowance	177	24%
<b>Total</b>	<b>715</b>	

**Q2: What do you use your Taxicard for? (Please tick all relevant boxes)**



Option	Value	Percentage
Visiting friends or relatives	465	20%
Healthcare visits / hospital appointments	762	32%
Travelling to social care services (eg. a daycentre)	141	6%
Travelling to an education establishment	93	4%
Shopping	449	19%

Social activities	310	13%
Other	103	4%
Total	2323	

**Q3: If Other, please specify**

*There are 899 responses to this question. Please see Appendix A for the text of these responses.*

**Q4: Please rank the following schemes in order of importance to you, from 1-7, with 1 being most important and 7 being least important. If you do not use the service, please enter 8.**

Dial-a-ride	Value	Percentage
Rating		
Please Select	485	53%
1 (most important)	72	8%
2	70	7%
3	59	6%
4	64	7%
5	32	3%
6	37	4%
7 (least important)	23	2%
8 (do not use service)	57	6%

Taxicard	Value	Percentage
Rating		
Please Select	37	4%
1 (most important)	557	61%
2	204	22%
3	80	8%
4	12	1%
5	4	0%
6	1	0%
7 (least important)	0	0%
8 (do not use service)	4	0%

Blue badge	Value	Percentage
Rating		
Please Select	358	39%
1 (most important)	219	24%



2	134	14%
3	64	7%
4	26	2%
5	24	2%
6	24	2%
7 (least important)	16	1%
8 (do not use service)	34	3%

Freedom pass		
Rating	Value	Percentage
Please Select	242	26%
1 (most important)	262	29%
2	126	14%
3	139	15%
4	49	5%
5	22	2%
6	14	1%
7 (least important)	18	2%
8 (do not use service)	27	3%

Hospital transport		
Rating	Value	Percentage
Please Select	485	53%
1 (most important)	53	5%
2	51	5%
3	70	7%
4	90	10%
5	54	6%
6	26	2%
7 (least important)	13	1%
8 (do not use service)	57	6%

Community transport project		
Rating	Value	Percentage
Please Select	568	63%
1 (most important)	18	2%
2	15	1%
3	21	2%
4	38	4%



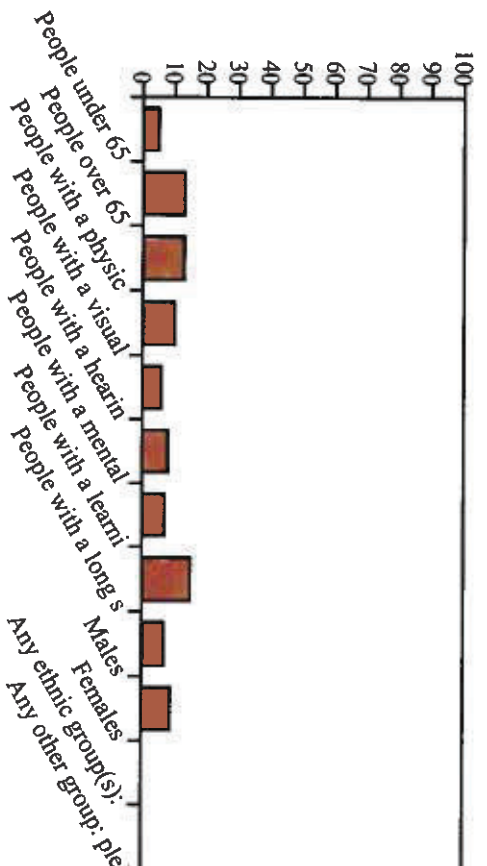
5	72	8%
6	76	8%
7 (least important)	18	2%
8 (do not use service)	73	8%

Other transport scheme (or select 8 if no further suggestion)		
Rating	Value	Percentage
Please Select	650	72%
1 (most important)	8	0%
2	8	0%
3	5	0%
4	13	1%
5	7	0%
6	21	2%
7 (least important)	100	11%
8 (do not use service)	87	9%

**Q5: If Other, please specify**

*There are 899 responses to this question. Please see Appendix A for the text of these responses.*

**Q6: Are there any groups of people you think would be particularly disadvantaged by the proposed changes? Please tick all appropriate boxes.**



Option	Value	Percentage
People under 65	214	5%
People over 65	521	13%

## **Appendix A**

***If other, please specify***

- 1. EPILEPSY STROKE NEUROSISTEROSIS**
- 2. mental health patients**
- 3. Self imobility and also caring for somebody.**
- 4. permanent wheelchair users long term / supported by medical evidence**
- 5. PEOPLE IN WHEEL CHAIRS NEED THE TAXI CARD FOR DR APP.T, ETC.**
- 6. medical evidence obtained from an orthopaedic doctor**
- 7. My doctors medical recomendation**
- 8. two knee replacements**
- 9. Perhaps through a detailed letter from a friend or relative and a subsequent check by a "taxi official".**
- 10. The age of the person concerned.**
- 11. PEOPLE WITH LONG TERM DISABILITY & MENTAL HEALTH.**
- 12. Mobility assessment by DLA or Inc Sup doctors not council appointed or own doctor.**
- 13. disabled people who use the scheme rarely.**
- 14. ENGLISH ONLY**
- 15. REGULAR ATTENDANCE FOR CHECKS ON HEART, EYES VERY ARTHRITIC AGED 87**
- 16. I HAVE ARTHRITIS IN BOTH KNEES AND COULD NOT SHOP WITHOUT THIS EXCELLENT SERVICE OR HELP FROM OTHERS**
- 17. people who live alone.**
- 18. Old age 91 years mobility problems.**
- 19. people who are disabled with mental health problems**
- 20. age related immobility**
- 21. MY DOCTOR GAVE TO ME FOR ME TO GET USE THE TAXI CARD**
- 22. People with mobility problems, hand problems**
- 23. NO COMMENT ADDED**
- 24. AGORAPHOBIA AS WELL AS DISABILITY AND OLD AGE**
- 25. ASK recipient about their mobility problems**
- 26. in my case it began with agropia and since cyst discovered in left side of**

brain (cannot be operated on) causing collapsing/fits and now 2 fractures in spine and just had mri full body scan, have to urgently see gp on monday.

**27.** Disabled people who are also carers for family members

**28.** People with moderate to sever Alzheimer's who cannot use public transport

**29.** To obtain DLA one must have a doctor's/physio signature on the assessment.

**30.** i TRUST MY DOCTOR THEY TELL YOU AS IT IS. LEAVE IT AS IT IS PLEASE.

**31.** credence to those aged 80 +

**32.** higher rate ola.

**33.** VISUAL IMPAIRMMENT

**34.** blind people must have the taxicard

**35.** Blue Badge holders

**36.** All are equally valid methods of assessment or an excuse to reduce the service.

**37.** SCOLIOSIS MAJOR BACK OPERATIONS

**38.** some people have not applied for extra help

**39.** assessment by patients recognised qualified consultant for their disability.

**40.** dont know

**41.** severe problem which restricts / reduces mobility

**42.** People with disability eg cancer who need freequent and reguler visit to Drs & hospitals

**43.** AGE SHOULD BE TAKEN INTO ACCOUNT/HEALTH REASONS

**44.** Mobility impairment does not only mean not being able to walk, if a person

due to severe learning difficulties refusing to walk or use public transport should also be included.

**45.** Age. Everyone over 85

**46.** SHOULD BE BASED ON INDIVIDUAL NEED, NOT TICK BOX CRITERIA.

**47.** i wa sreferred by ramsgate hospitals' falls clinic.

**48.** temporary disabled should be offered for a short period eg 3 months.

- 49.** wheelchair user
- 50.** Emphasema and aggrophobia
- 51.** I USE IT WHEN I GO TO THE DOCTOR
- 52.** seniors, physical and mental disability, physical disability by birth.
- 53.** remmitteed condition eg: rheumatoid arthritis, severe attack ashma
- 54.** people who have been examined by a H&F doctor
- 55.** people who, Because of a medical condition,have to make frequent hospital visits
- 56.** All are important
- 57.** SEVERE HEART PROBLEMS SIGHT LOSS
- 58.** this user does not qualify for higher rate because I am borderline on the number of hours worked but without my help and occasionally taxicard he would be housebound
- 59.** some other groups more deserving
- 60.** If registered disabled - end of story
- 61.** ALLOWANCE NEEDS TO BE MADE MORE FOR SEVERE MENTAL IMPAIRMENT AS A MOBILITY ISSUE.
- 62.** Elders can develop many physical handicaps! Hence we have to listen to them!
- 63.** I cannot comment about the middle three as i don't know about those.
- 64.** war heroes-disabled service men
- 65.** I am not sure but they all sound equally important.
- 66.** MEANS TESTING
- 67.** people with hidden disabilities such as heart, leukaemia, cancers and chronic illnesses, who have bad and better days.
- 68.** Assessment must have been done in medical assessments - if proof is poss, extra work for council?
- 69.** NEED
- 70.** People who would be enabled to be more useful members of society by working or even enabled to do voluntary work.
- 71.** people with long term medical problems.

72. DON'T AGREE MOBILITY ASSESSMENTS. DOCOTRS  
DON'T KNOW  
YOU

73. people with psychological problems prevent them from using  
transport  
agrophobic.

74. PEOPLE WHO'S ONLY WAY OF TRAVEL IT IS

75. OTHER CONDITIONS MAY REQUIRE SPECIFIC  
ASSESSMENTS  
VISITS.

76. INDIPOENDENT VERIFICATION OF SOME FORM.

***If you have any further comments or suggestions please write  
them in the  
box below:***

1. THIS IS A VITAL MEANS OF TRANSPORT FOR ME.

2. I AM HAPPY WITH THE WAY IT WORKS. IT HELPS ME IN MY  
DAY TO

DAY LIFE. I USE IT FOR HOSPITAL AND DOCTOR  
APPOINTMENTS AND

VISITS. ALSO LETS ME GET TO SEE MY FAMILY AND KEEPS  
ME FROM

BEING ISOLATED AS I CANNOT USE PUBLIC TRANSPORT.

3. HOPE I DID MY BEST.DID NOT UNDERSTAND IT VERY  
MUCH.

4. NO LONGER RUN THE SCHEME? - PLEASE NO. IF THE  
TAXICARD NO

LONGER RUN HOW WOULD DISABLED FOLKES LIKE ME GET  
TO

HOSPITAL OR MY CLINIC?

5. as registered disabled the scheme is very much of help;  
sometimes it's not

possible to drive for reasons of parking problems, distance or  
simply not feeling

well enough to drive and this is where the taxi-card is a saviour.

6. SUITABLE FOR INVALEDE

7. TAXIS ARIVE EARLY. THIS COSTS MONEY. WHEN YOU  
GET IN THERE

IS MONEY ON THE CLOCK.

8. wheelchair users get priority over walking sticks

9. "NO LONGER RUN THE SCHEME" - PLEASE DO NOT DO  
THIS - ONLY

USED WHEN ABSOLUTELY NECESSARY. TAXICARD IS VITAL  
FOR

OLDER HANDICAPPED PEOPLE. SCHEME IS A LIFE SAVER AND USED ONLY WHEN ABSOLUTELY NECESSARY FOR DR APP.TS, ETC. VERY OLD PEOPLE IN WHEELCHAIRS SHOULD BE ELIGIBLE AUTOMATICALLY AS WELL AS THOSE WITH CHRONIC PROGRESSIVE DISEASES WHO SEE THEIR MOBILITY DISAPPEAR.

**10.** I am not considered as a standard type of person to whom a taxi card is issued. I have chrons disease for which I can be severly crippled with pain or need to get home quickly. My taxicard makes such a difference in my life.

**11.** THE DOCTORS SHOULD BE INVOLVED, ALSO THE COUNCIL SHOULD HAVE SOMEONE TO EXAMINE THE USERS. THERE WOULD BE A BIG DROP IN APPLICANTS. THERE ARE TOO MANTY MISUSERS. THANKYOU.

**12.** It should be for physically disabled persons.

**13.** Im very grateful for the taxi card scheme, Id be lost without it, it helps me to get places with still keeping my independance. Re my health problems & sight only in one eye & that's not the best.

**14.** stop penalising disabled Londoners.

**15.** Double swiping is essential in London as the traffic is so bad. Some of the drivers are nice and turn their engines off while waiting for you to get to the taxi.

This is important to state as some drivers have 6 or 7 pounds on their clocks

before one has even started the jouney. If one could not double swipe - one

would hardly get anywhere. PLease do not stop double swiping.

**16.** Perhaps the maximum subsidy tariffs should be RAISED for useres making an exceptionally long journeys by taxicard. Double, triple or even quadruple

swipes could be allowed for very long journeys which extend beyond a certain

mileage (20+ miles, for instance).

**17.** I PERSONALLY THINK THE SCHEME SHOULD REMAIN THE SAME.

**18.** I make regular trips to the hospital, and I would be lost without my taxicard.

It would cost me a small fortune.

**19.** Maintaining physical and mental activity among OAPs is of major

importance both to mental and physical health. It keeps them out of hospitals.

**20.** why this offer always changed by the minutes for example:when I go to

cemetery I call taxi to return me they tell me your card has been expired please

increase the offer and limit.

**21.** I think Taxicard is wonderful. I hope we will have them for a long time, very convenient.

**22.** I don't use mini-cabs because I find it difficult & painful to get in and out of

them. Some of them are not very wholesome.

**23.** I will be really annoyed if you took this away from my mother. It's handy to

have this available as she is disabled.

**24.** The scheme is very important to a lot of people.

**25.** THE SCHEME SHOULD BE FLEXIBLE AS PEOPLE WITH DIFFERENT

DISABILITIES HAVE DIFFERENT NEEDS AND THEREFORE A DIFFERENT

SERVICE. I PERSONALLY WOULD BE VERY STUCK WITHOUT DOUBLE

SWIPING AS THE JOURNEYS I NEED TO MAKE ARE LONGER.

**26.** I have no family or friends in London without Taxicard I am housebound.

**27.** ask the taxi drivers to fill in a 3 question docket per pick-up regarding their

fare. They know who is taking the mick and don't need the taxicard. Then you

can correlate with the contact centre. Not too complicated just a tick / cross

affair or drivers won't want to collect passengers. It would take less time than

punching in card details.



**28.** Since my acceptance to a taxicard I am now 90+ and suffer from macular degeneration in both eye this can be confirmed by my GP details of which you already have. Please don't take away my card.

**29.** At the moment [REDACTED] is not using the taxicard scheme as he is bedbound and needs a two man ambulance to get him to hospital for tests etc. and then home again. Nurses visit 3 times a day and doctors do home visits when requested. I cannot see him using the taxicard scheme for quite a while yet.

**30.** In my own case osteoporosis and the consequences of five hip operations plus a double by-pass cardiac operation make me want help. However, I still use my car and normally make less than 20 taxi journeys in a year. This is little to ask for.

**31.** PLEASE KEEP A CHECK ON PEOPLE WHO ASK FOR THESE CARDS, BUT HARDLY USE THEM.

**32.** I go in a taxi a lot. Its ok.

**33.** This has been a godsend as I can only walk several feet without SOB due to advanced COPD especially hospital appointments or admittance & discharge from hospital.

**34.** Minimum payment to be £2 or £2.50

**35.** ONE IS AWARE OF THE DIFFICULTIES IMPOSED ON THE H&F COUNCIL BY THE FACIST NAZI COALITION GOVERNMENT. THEY DID NOT WIN THE ELECTION AND THEREFORE HAVE NO MANDATE THEIR POLITICIANS! IN YOUR DELIBERATIONS, ONE WOULD ASK YOU TO REMEMBER THAT THE MAJORITY WHO USE TAXI CARDS SCHEME ARE THE WHO FOUGHT AND INJURED THE MOST EVIL WORLD WAR IN



MAN'S HISTORY. TO WHOM YOU OWN YOUR LIVES. THAT DEBT CAN NEVER BE REPAYED.

**36.** if i didn't have a taxi card it would affect my quality of life. as I would not be able to mix with my family and my friends as the cost of these visits i would not be able to afford.

**37.** IF YOU DO NOT ALLOW DOUBLE SWIPPING ONLY VERY SHORT TRIPS CAN BE TAKEN - OFTEN A CAB ARRIVES ALREADY WITH £7 OR £8 ON THE CLOCK OUT OF THE FIRST SWIPE.

**38.** Keep the good work going, I can now go out. Thank You

**39.** i think doctors discription is very impotent as they best know the needs of their patients . in regards to mental illness it may be essential that a professional has the right to influence this decision.

**40.** I have heard from some taxi drivers that the scheme is used by family members and friends of taxicard user without them being in taxi. I do think this is a terrible abuse of a scheme that is so helpful for those with restricted mobility. I was diagnosed with primary progressive MS and with decreasing mobility the taxicard is so useful for me as means not housebound.

**41.** NO CHANGES PREFERRED. IT WORKS PLEASE DON'T CHANGE. TAXI CARD IS IMPORTANT TO DISABLED.

**42.** LONGER DISTANCES AS I NEED TO VISIT MY DAUGHTER IN UXBRIDGE.

**43.** PLEASE NOTE ALTHOUGH RATE HAS REMAINED AT £1.50 FOR SOME TIME TAXI FARES HAVE RISEN YEAR ON YEAR MEANING WE RECEIVE LESS SUBSIDERY YEAR ON YAR. TAXI FARES ARE GOING TO INCREASE 2% IN APRIL 2011 WITH AGAIN REGULATION IN DISTENCE SUBSIDISED.

**44.** I PERSONALLY DONT NEED TO USE THE SCHEME VERY OFTEN BUT I AM IN NEED OF VISITS TO MOORFIELDS EYE HOSPITAL AND I HAVE TO PAY £50 THESE AND BACK BY PRIVATE HIRE CARS. I HAVE A PACEMAKER WHICH IS CHECKED TWICE A YEAR, IT CHECKS WITH CARDIOLOGY DEPT. I AM NOT ABLE TO WALK VERY FAR DUE TO MY ARTHRITIS SO BUSES AND TUBES ARE NOT AN OPTION, AT 87 I AM NOT VERY STABLE ON MY FEET! I LIKE TO BE AS INDEPENDANT AS POSSIBLE.

**45.** these questions are very complicated and badly written for simple comprehension.

**46.** I myself suffer with arthritis in my two knees which limits my walking I find it difficult I get out of breath a lot I also suffer with I am bibatic I also a heart problem. I am so thankful for the taxicard especially going back to a from the doctors surgery I am very grateful and thankful to you all.

**47.** When a black cab turns up there is £5 on the clock already 9 out of 10 times so putting the tariff down wouldn;t get you very far if you take the two swipes away as well.

**48.** I AM FILLING THIS FORM IN ON BEHALF OF A VERY ABLE AND INDEPENTLY MINDED LADY IN HER 90'S. SHE BROUGHT IT TO ME BECAUSE SHE COULD NOT COMPREHEND IT! I HAVE HAD DIFFICULTY IN UNDERSTANDING THE MEANING AND CHOOSING APPROPRIATE ANSWERS.

**49.** I HAVE RHEUMATOID ARTHRITIS AND HAVE TERRIBLE WALKING PROBLEMS ALSO HEART PROBLEMS AND SHORT OF BREATH, THE TAXI

CARD SCHEME IS SO WONDERFUL FOR ME I DONT KNOW WHAT I WOULD DO WITHOUT IT, AS I HAVE TO GO FOR BLOOD TESTS AT MY GP AND HOSPITAL APPOINTMENTS. THANK YOU VERY MUCH HOPE YOU KEEP IT THE SAME.

**50.** since i am more mobile now that i can use the bus (i have had two hip replacements) I would continue to use my card eg to take me to Euston, if i used the London buses with luggage, i find the stairs or escalators on the underground rather tiring. Locally I can use the buses for short journeys.

**51.** until the london underground system is able to have passengers with powered wheelchairs on every station the taxicard scheme MUST STAY IN PLACE

**52.** As someone who has mobility issues and a registered Blue Badge holder, I am of the view that this scheme is essential to me and my wife. It allows us to go to hospital and the shops regularly.

**53.** I THINK THIS IS AN EXCELLENT SERVICE IN EVERY WAY. THE DRIVERS ARE MOST COURTEOUS AND SO HELPFUL. I DO HOPE THAT THIS SCHEME CONTINUES BECAUSE WHAT WOULD WE DO WITHOUT THIS WONDERFUL SCHEME. I AM 87 YEARS OLD.

**54.** I have founf minicabs unsatisfactory at times as far as knowledge of route was concerned, but drivers always very pleasant and helpful. I am used to adapting to poor English but it can be difficult at times. I have found all the different lands very interesting and I have had many. I appreciate how well the organisation works for me, and long may it continue. I would be lost without it.

**55.** A reduced service is more acceptable ie reduce annual limit of trip to 7.5 per month on reducing the subsidy per trip. The eligibility criteria is already very strict and people who have injuries from accidents should not be prevented from applying through their doctors - perhaps this be tightened rather than removed completely and a time frame can be introduced ie reviewed 3 monthly.

**56.** I WOULD BE VERY LOST WITHOUT MY TAXI CARD IT DOES GIVE ME LOTS OF CONFIDENCE TO KNOW I CAN GET FROM A TO B. WITH THE WAY MY HEALTH HAS BECOME RATHER RESTRICTED.

**57.** N/A

**58.** Very satisfied as it is

**59.** If I lost my taxicard my quality of life would be badly affected as I would not be able to see people or afford to visit friends and places of interest or any other social or family outings.

**60.** Elderly people over 70-75 depend on the taxi service mainly for hospital visits.

**61.** RELIABILITY COULD BE IMPROVED. TOO OFTEN WAITING TIME CAN BE 1 HOUR OR MORE. SOME DRIVERS UNWILLING TO ACCEPT MOBILITY CARD WHEN HAILED.

**62.** please consider that the taxi card scheme adds to the quality of life of the disabled and elderly as much as other funded activities (day centres, clubs, outings etc) and with greater freedom of choice. As a disabled 90 year old, i find the taxi card scheme a lifeline - otherwise I would be housebound.

**63.** Not everyone has visable handicaps I have diabetes, have had an operation for breast cancer, had two hip replacements on the same leg and

awaiting a knee replacement and I am 87 years old and my life depends on a taxicard to get my shopping and to see my friends socially.

**64.** Proposed max no per month would not work in the case of our son. He

uses the taxicard to help fund journeys to/from clinic for various type of therapy.

Some months he could do 3 different sessions / week i.e. 24 trips in one month

then none the following - therefore it is better with current limit rather than monthly.

**65.** the scheme is very helpful to people who live alone and are of limited ability

and do not abuse it. i wish the same prevails.

**66.** I am nearly 92 years I am not too sure about these forms but to the best of my

ability I am answering them. [REDACTED]

**67.** I WOULD BE UNABLE TO GET AROUND WITHOUT THE SCHEME. IT IS VERY IMPORTANT TO MY DAILY LIFE.

**68.** Only to say that if the scheme is scrapped I will only get away from this flat

when I have a hospital appointment with transport!

**69.** NONE

**70.** I suggest that taxicards should only be issued to those people who are unable to use public transport

**71.** means testing on income is fine means testing on savings is morally wrong,

as it rewards consumption and penalises thrift.

**72.** I find means testing demeaning, bureaucratic and costly. Some of your

proposals for question three cost more to administer than the present scheme.

Double swiping doesn't cost more.

**73.** I WAS GIVEN SOME MONEY THREE YEARS AGO. YOU SAY IF SAVINGS OR HIGH FINANCE. I NEED IT FOR PUTTING MY HOUSE

BETTER. IT IS BAD STATE. I HAVE NEVER BEEN RICH.

**74.** THIS SCHEME IS EXCELLENT, SHOULD BE LEFT, SUBSIDED AT ALL

COST!!

**75.** no

**76.** I RAN OUT OF MY TAXICARDS QUOTA SINCE JANUARY +  
HAVE BEEN  
SEVERELY LIMITED IN MY VISITS TO TYBURN CONVENT AS  
A RESULT.

TYBURN CONVENT IS IN A TRUE SENSE MY LIFETIME.

**77.** It seems to me that a doctors assessment of disability should  
be the most  
important criterion.

**78.** It is difficult to answer a lot of these questions other than in  
person. Would  
prefer a visit No name or address given

**79.** IT IS A VERY WORTHWHILE SCHEME

**80.** Dont - it has been a huge blessing to me with having to go in  
and out of  
hospital

**81.** WHY NOT CHARGE A YEARLY FEE ON TOP OF TARIFFS  
£10 OR £12 A  
YEAR.

**82.** LESS JOURNEYS BUT ALLOW DOUBLE SWIPINS

**83.** With the relocation of service Charing Cross Hospital to St  
Mary's

Paddington this scheme will be even more important. Double  
swiping is

essential for such longer journeys. It Putney Bridge Underground  
has a life or  
escalator more people could use the District line.

**84.** the taxicard for the disabled and elterly is an inperetive part of  
the everyday

existance of thos who mist depend on it for transport. too many  
wouldbe totally  
housebound and isolated without the essential assistance and  
means of  
transport and scheme.

**85.** NO COMMENTS

**86.** I CAN ONLY SPEAK FOR MYSELF. I'M NEARLY 80 CANT  
WALK FAR.

BUT I'M VERY AGORAPHOBIC AND WON'T GO OUT WITHOUT  
THE

TAXICARD. I WOULD BE DEAD IF YOU THINK IM  
EXAGERRATING I CAN

ASURE YOU I'M NOT, THERE ARE TIMES WHEN I HAVE NO  
FOOD IN THE  
HOUSE, I CANNOT GO OUT TO GET MY PENSION MOST OF  
MY FRIENDS  
ARE DEAD AND TWO GIRLS THAT HAVE HELPED ME HAVE  
CHILDREN  
NOW AND CAN'T ALWAYS HELP, OR HAVE MOVED AWAY. IF  
IT'S A BAD  
DAY I CAN'T EVEN USE A TAXI SO???

**87.** No comments

**88.** I think people who can use public transport and have a bus  
pass should not  
have the use of taxicard.

**89.** I think it should stay as it is because as you get older and  
weaker in body  
you have great fear of being out on your own I think door to door is  
the best. As  
regards to putting the allowance down to £8.30 by the time your  
taxi gets to you  
their is already ready £4 on the clock so it and only one swipe you  
are paying a  
lot of money on the fare.

**90.** I THINK THAT THOSE ARE ABLE TO AFFORD TO PAY  
MORE SHOULD  
DO SO, AS YOU SAID MEANS TESTED BUT NOT TAKING INTO  
ALLOWANCE CERTAIN MONEY FROM THE HOUSING  
BENEFIT SYSTEM.  
ALSO LIMIT THE AMOUNT OF TRIPS A PERSON CAN HAVE.  
THE MORE  
MONEY/SAVINGS THE LESS TRIPS IN A YEAR. BUT DO NOT  
TAKE AWAY  
DOUBLE SWIPING AND ALL THE OTHER GOOD THINGS THIS  
BOROUGH  
OFFERS ON TAXICARD.

**91.** People like myself who cannot use public transport and do not  
own a car  
(or drive) are entirely dependent on our taxicards. The dial-a-ride  
service is not  
at all satisfactory, drivers are often rude & poorly trained to assist.  
Picture being  
housebound - try it and see how soul destroying it is. (I am an ex-  
social worker  
with the elderly).

**92.** Double swiping is invaluable if one has to return to hospital/consultant several times in central London or in serious traffic hold ups. Also the fare on the clock is usually £4 or £5 when getting into the taxi so the basic allowance can be reached very easily just by getting to a supermarket or clinic.

**93.** Open the scheme to elderly people who find it difficult to get around.

**94.** We are aware that many people have a taxicard but don't use it. Does the Council still pay a subsidy to this? If so taxicard should be issued to people who will use it / benefit from it.

**95.** I NEED REGULAR ON-GOING HOSPITAL VISITS AND TO ATTEND DAY CENTRE SERVICES IN THE BOROUGH.

**96.** 1) There are many kinds of physical disability that make travelling difficult - a doctor is the most suitable person to make an assessment. 2) The quality of life of a disabled person would be seriously impaired by revocation of membership of the scheme.

**97.** Taxi driver should check the photo part of the taxi card to ensure the disabled person is either travelling or at least picked up at the other end. The drivers I have had have never checked the photo part, which means I could give it to anyone to use.

**98.** I feel very upset that you sent these questions to very badly disabled persons such as myself when you have all this info already. It causes untold stress & pain & then anger at your complete lack of concern. Hit people who deserve it not very vulnerable people like me.

**99.** The elderly people need the taxicard. Specially if they live by themselves, and has no family nearby. Seniors deserve to be looked after and should get



the well known service that London provides.

**100.** Though i infrequently use the taxi card it has been a bonus to use. first

when i was an unpaid carer to a wheelchair bound neurodegenerating brain

man and was agoraphobic (man now in care home in eire and gone)and also had

to get over to sick elderly sister in portobello road to help her(now dead)and

now because discovered thumbnail sized cyst in left side of brain which

apparently causes collapses or epileptic fits? (missed two epileptic fits

scans?-memory loss) now 2 fractures in spine after 2 falls. NOT discovered by

charing cross hospital and parsons green health service-never saw it either?

companion [REDACTED], scientist/medical researcher SAW it on a x-ray last

outing mri mri whole body scan on my DEMAND result have to see doctor on

monday and am in constant pain and can barely walk but stubborn i will not

give in. p.s: i am supposed to have someone with me 24/7 - but only have a

one bed flat, doubt if council will help - have asked!

**101.** I am on disability living allowance low rate since 1998

**102.** I consider that the taxicard should be used for serious occasions including

hospital visits as the hospital schemes just do not work. It would be better to

disallow social activities.

**103.** I, personally, need the scheme in order to attend medical appointments

and attend church on Sundays, because I cannot walk any distance nor got to

the bus stops, even whilst using a walking stick.

**104.** They are very good.

**105.** the scheme enables disabled people to get out and to play our part in

society. The alternative is more expensive i.e. increased hospital admissions

medication

**106.** I think the taxi card scheme made all the difference to my husband's life once he was unable to go on a bus or a tube due to his confused state. He is now in his last stage of Alzheimer's, but the taxicard helped him to get about and enjoy life much longer than he would have. His carer took him to parks and museums while I was at work.

**107.** People need trips all year round to attend hospital, Dr, I am 80 years old & can't walk far, I live alone & do everything myself, shopping, hospital appointments, Dr visit for my medication, Hair-dresser, church services etc.

**108.** One is very grateful for the scheme, making a great difference in ones life.

Being nearly 87 (one did get a doctors form) and hope have answered all

queries correctly and apologise for lost envelope.

**109.** Introduce means testing without double swipping. My journeys would cost

over £10 and therefore puts scheme out of my budget

**110.** YOU COULD HAVE A TWO TIER SYSTEM WITH MOST GENEROUS

ALLOWANCES FOR THOSE MOST IN NEED BUT NOT CUT OFF OTHER

DISABLED PEOPLE COMPLETELY WHICH WOULDN'T BE FAIR. OR IF

RESOURCES ARE LIMITED CHARGE EACH PERSON AN ANNUAL FLAT

FEE (LIKE THE DISABLED REIL CARD) WHICH WOULD BRING IN EXTRA

REVENUE.

**111.** The service has been excellent & much appreciated as blind user.

**112.** I AM AGED 89 AND HAVE SOME DIFFICULTY IN GETTING INTO

SOME CABS, BUT I HAVE ALWAYS FOUND THE TAXICARD SCHEME A

GREAT HELP IN BEING ABLE TO GO OUT MORE WHEN NECESSARY - I

AM VERY DISABLED AND WALK WITH 2 STICKS BUT,  
BECAUSE OF  
GOOD MEDICAL CARE MANAGE TO KEEP MY HEALTH -  
THANK GOD!

**113.** For those that cannot use the tube and for whom getting on and off buses is both difficult and dangerous this scheme is tremendous. The abuse of the scheme in order to receive subsidized taxi journeys is unfair to those who rely upon it. I would encourage the Council to guard the scheme by enforcing eligibility requirements.

**114.** support worker helped me complet the form the questions on the form are confusing to answer

**115.** DON'T CHANGE ANYTHING IS MY VIEW AS A DISABLED WAR PENSIONER PLEASE TRY NOT TO ALTER TOO MUCH KEEP THE DOCTOR'S ASSESSMENTS THEY ARE HIGHLY TRAINED GPS NOT PHYSIOTHERAPISTS. THE SCHEME WORKS TAXICARD SO DON'T FIX IT PLEASE COUNCIL. WE ARE ON LIMITED FUNDS MOST OF US.

**116.** I use taxicard to shop medical appintments visit friends and socialising. I was given a doctors medical assessment to join the Scheme. if i did not have my taxicard i would be stuch at home with no chance of getting out as i do not have accessto a car and i would struggle to pay for taxis +minicabs.if the eligibility criteria is changed it will leave a lot of people housebound the taxicard is a lifeline to so many people.I would not object to paying a bit more as i am very greatful to the scheme.please take into consideration people in my position.

**117.** RELIABILITY REGARDING TIMING FOR HOSPITAL APPOINTMENTS

ETC. WHERE TIMING IS CRUCIAL.

**118.** Maybe credence should be given to those aged 80 years + and have age related mobility problems which are not specifically categorised in the questionnaire. It is common knowledge that many mobility problems are caused extensively by the aging process.

**119.** You do have the money. This cut back priveleged elitist scam must be stopped. As with freedom pass and taxicard it is both immoral and ethically unconscionable. For people of average or moderate means and wealth to abuse council funds by being social perks hoovers - if you are a property owner with money in the bank you have no need for a taxicard which very much is meant to be a help for disabled and elderly people who cannot afford necessary transport to /from hospital, food shopping etc. basic needs! I would be very surprised if this consultation were the resulting to be honest your decision is made.

**120.** Black cabs are too expensive to use even for local shopping, appointments or hospital visits. Also quite unreliable. I don't have either the money or energy to use them.

**121.** As i use a mobility scooter to get to most places I need a card to places such as hospitals in east london

**122.** THE TAXI CARD BUDGET FOR THE CHRONICALLY DISABLED SHOULD NOT BE CUT. IT IS NOT FAIR, WHY SHOULD THE MOST VULNERABLE IN SOCIETY MAKE UP THE SHORTFALL IN COUNCIL TAX. INFLATION AT 4.4% IS A HEAVY BURDEN. ENOUGH IS ENOUGH.

**123.** i have a mental illness (severe borderline personality disorder) and

arthritis and scoliosis (curvature of the spine). if i didn't have taxicard i would be SEVERELY handicapped because a large part of mt treatment (physio and psychiatric) is learning to get out and about with people otherwise I become isolated and suicidal. I walk on crutches permanantly.

**124.** Being registered blind, I cannot cope with the minicabs I am sent. I cannot identify them as they look like ordinary cars, they are extremely hard to enter and exit & do not know the London streets. I NEED BLACK CABS!

**125.** Why change it? The svheme is of great help to me and I would leave it exactly how it is.

**126.** Satisfactor

**127.** MEANS TEST

**128.** no comments. you are well done.

**129.** no comment

**130.** 1. MUSCLE CONDITION SHOULD NOT BE AN ELIMINATION FACTOR.

2 ELIGIBILITY BASED ON ONE PARTICULAR PERFORMANCE ON A

PARTICULAR TIME OF ONE PARTICULAR DAY CAN BE MOST MISLEADING AND NO ABSOLUTE EXCLUSION SHOULD BE ALLOWED ON

THAT BASIS. A MINIMUM OF 2 SUBSEQUENT REVIEWS BY 2 DIFFERENT

ASSESSORS SHOULD BE A REQUIREMENT.

**131.** without double swipping I would not be able to go shopping.

**132.** I have a herart condition and have arthritus in left leg and have to use a

crutch. I am also a psychiatric patient.

**133.** MOST OF MY TRIPS ARE JUST PAST THE TRIP FOR ONE SWIPE I

HAVE TO SWIPE TWICE EVEN WHEN I WAS JUST OVER ABOUT 200

YARDS.

**134.** Make sure the people who need this scheme like me (I have cerebal palsy

and walk with 2 sticks). Age related deterioration means my condition will get

worse which means taxicard is a vital link for me to be mobile.  
Please inform  
those who not have computers through the H & F News.  
**135.** THE SCHEME NEEDS TO RUN TO ENABLE SOME  
INDEPENDENCE  
AND FREEDOM FOR THOSE WHO ARE HOUSEBOUND AND  
UNABLE TO  
GO OUT ALONE. I AM HAPPY WITH HOW THE SCHEME IS  
CURRENTLY  
RUN. I AGREE THAT THE SCHEME SHOULD FOCUS ON  
PEOPLE WHO  
MOST NEED. IT IS IMPORTANT TO ALSO CONSIDER THAT  
NOT  
EVERYBODY WHO IS ELDERLY NEEDS THIS HELP. IN  
ADDITION THERE  
ARE MANY YOUNGER PEOPLE WHO MAY ALSO HAVE  
DISABILITIES AND  
MOBILITY ISSUES, WHO REALLY DO NEED THEIR TAXI  
CARD, AS IT IS  
THEIR ONLY MEANS OF GETTING OUT. FURTHERMORE, IF  
YOU HAVE  
NO FAMILY OR FRIENDS WHO CAN HELP YOU THIS SERVICE  
IS  
CRUCIAL LIFELINE TO HELPING LEAD A MORE NORMAL LIFE  
AND  
INDEPENDENCE.

**136.** Some of us will be lost without the help of the taxicard.

**137.** no

**138.** I ONLY WORK WITHIN NUMBER. THE REST OF YOUR  
QUESTIONS  
OBVIOUSLY CONTRADICTS MY MOST PREFERRED OPTION.

**139.** Should definitely not be means tested as a person who has  
been careful

all their lives and has some savings shouldn't be penalised. If taxi  
is used

mainly for essential visits (eg. to hospital) this should be allowed  
especially if

person is elderly.

**140.** PEOPLE NEED HELP. SPECIAL PEOPLE WITH SEVERE  
DISABILTY

NEED HELP

**141.** i use for hospitals an dr's maybe use just for medical appt

**142.** It is most obvious that there are among the local residents disabled people who rely heavily on this scheme. The taxicard service is a must for all residents irrespective of financial circumstances.

**143.** Adjust the council tax accordingly, thousand pay it it so the amount to be paid should be quite small

**144.** please be flexible about the eligibility criteria because smoe people who would be eligible have not applied eg not able to get out to get wheels in motion.

**145.** consider the practices of double swiping essential to the scheme for the following legitimate reasons: often there will be up to £4/£4.50 on the taxi meter before starting the journey. due to the very adverse travel conditions often incurred in London double swiping is often a necessity to complete an even medium term journey in an acceptable budgetable framework. Within your proposed changes to charges and subsidy tarriffs double swiping would become even more of a necessity to make a journey economically viable. To no longer run the scheme woul db e interpreted as a total discrimination against disabled people. I am surprised the question is even included and I think the question is disgusting and possibly contravenes discrimination laws.

**146.** You have missed out a vital group of people who are limited in their mobility, over 65 but who only clime the lower rate of attendance allowance.

The questionnaire is therefore flawed. Note: these same people are unable to get on and off public transport.

**147.** I NEED IT VERY MUCH

**148.** this is an invaluable service. restriction of number of trips available per

person per year would be a fairer way of achieving any cuts in my opinion.

**149.** The taxicard is essential to me for emergency trips.

**150.** without the taxicard i wouldn't be part of the community and couldn't get

out

**151.** The scheme is very important as it helps us avoid isolation by being able

to visit friends. Double-swiping is very important as it enables us to visit friends

who live further afield, such as my friends in North London. I could not afford to

visit them under the Taxicard scheme if double swiping were eliminated. I

would therefore not see them very often. I am retired and live alone, and seeing

friends is my lifeline.

**152.** Taxicard is essentially for those people who cannot use public transport.

Obviously in this financial climate cuts have to be made to many services.

However, this service is essential to those who have no other option re travel

as non disabled people currently do. Therefore, the eligibility criteria must be

more focussed on those who need this service.

**153.** Arrange this questionnaire so that people can understand it as it's too

confusing and misleading Questions should be answered with a YES/NO and a

1 to 10 rating. It's far too complicated for the older person.

**154.** Please note: this is not the correct spelling of tariff. Other criteria in the

above question are unclear.

**155.** PLEASE DO NOT USE MEANS TESTING IN YOUR CHANGES -

PROPOSED. THIS IS UNFAIR TO THOSE MEMBERS WHO ARE NOT WELL

OFF AND MAY BE ON THE BORDERLINE OF BENEFITS.

DOUBLE

SWIPING IS ESSENTIAL TO PATIENTS WHO NEED LONG TERM



TREATMENT IN HOSPITALS SOME DISTANCE AWAY FROM THEIR HOMES. IT IS DIFFICULT TO ANSWER THESE QUESTIONS AS THIS SERVICE IS VERY IMPORTANT AND ANY PROPOSALS REGARDING CUTS IS DISGRACEFUL.

**156.** MANY PEOPLE HAVE THE TAXICARD BUT HARDLY USE IT, WHILE OTHERS RELY ON TAXIS AS THEIR ONE MEAN OF TRANSPORT AND OFTEN RUN OUT OF TRIPS AND ARE PREVENTED FROM GOING OUT. A FAIR SYSTEM NEEDS TO BE ESTABLISHED.

**157.** ALL PROPOSALS IN BOXE 5 RESTRICT DISABLED PEOPLES FREEDON OF MOVEMENT. I WANT TO SEE A COMPREHENSIVE IMPACT ASSESSMENT PROCESS WITH PROPER ANALYSIS OF DATA. WHY SHOULD I PAY SUBSTANTIALLY MORE THAN NON DISABLED PEOPLE TO GET AROUND?

**158.** that the taxi's could be more on time, especially when one has to keep an appointment for hospital.

**159.** I WOULD BE LOST WITHOUT THE TAXI CARD: I CAN ONLY WALK TO THE END OF THE STREET, LACK OF ENERGY, BREATHLESSNESS. I WAS DIAGNOSED WITH CANCER THIS YEAR. LAST YEAR I WAS IN HOSPITAL FOR JUST OVER 2 MONTHS.

**160.** I use the serice for hospital visits only and would find it difficult without.

**161.** WITHOUT TAXICARD I WOULD BE TOTALLY HOUSE BOUND AND WOULD RELAYE ON FAMILY'S GENEROSITY AND THEIR GOOD WILL. I AM UNABLE TO USE PUBLIC TRANSPORT DUE TO A PHYSICAL IMPAIRMENT. IF YOU PROPOSE TO INCREASE A CHARGE PER TRIP AND

LIMIT MONTHLY TRIPS AND IT IS NECESSARY, SO BE IT BUT PLEASE KEEP TAXICARD SCHEME.

**162.** In respect of question (6) above the proposed limitations are all very hard to swallow because in any one month I do not know in 1 month is just 4 journeys really. I do not mind the extra £1 dropping or lowering tariffs would be very bad news as it currently often takes 2 swipes to go to the hospital now given traffic levels. £8.30 WORTH WILL GET ME HALFWAY AT BEST.

**163.** if anyone has to go further, then pay more than £1.50

**164.** I don't know how I would get to some of my appointments, without my card.

I cannot afford mini cabs or the usual black cabs, I usually take a co-cab to the hospital, so that I'm not too puffed when I get there, I try to come back by bus it stops outside Brompton hospital and Chelsea and Westminster. I'm afraid to use my card both ways because of using up my trips too early, I'm very happy with things as they are at present, I'm sorry they have to change.

**165.** From our experience you could cut the number of trips allowed significantly eg. 40%

**166.** Reduce the number of trips per year increase minimum trip cost to £2.50 allow double swiping - this is vital for longer complicated journeys that cannot be done by public transport.

**167.** Part of the problem is how the minicabs operate the scheme.

**168.** Doctors' assessment and certificate to be compulsory as the only criterion for a taxicard/Blue badge, and, National Insurance fully paid throughout entire working life - in UK.

**169.** RESTRICT TO SEVERELY LONG TERM DISABLED. "BAD BACK SYNDROME"

**170.** taxicard is a great help in my day to day living (i am blind)

**171.** I think you are providing a wonderful service to aged and disabled people

who are suffering a lot from the present financial situation.

Reduced pensions,

higher cost of services. I am 87 and only slightly handicapped and appreciate

your support.

**172.** I AM 90 YEARS OF AGE AND I ONLY USE THE TAXI ABOUT SIX

TIMES IN A YEAR, USUALLY WITH A 'DOUBLE SWIPE'. I USE IT AT NIGHT

WHEN I HAVE BEEN TO A MEETING AND I AM ON MY OWN AND DO NOT

FEEL SAFE TO PUBLIC TRANSPORT. I WOULD BE CONTANT WITH 24

TRIPS IN A YEAR.

**173.** As indicated in question 3, I think that it would be acceptable to charge a

slightly higher rate to all current users.

**174.** We don't want any change in fair it is difficult for us to pay increased

money.

**175.** Do not waste money sending out complicated surveys

**176.** Personally as a long term taxicard user, I find the present system very

good. However, it is a shame that the runs not used over the year, are not

carried on & added to the new years supply.

**177.** replace or renew old card. Mine is old and needs renewing.

**178.** SCHEME IS VERY GOOD - AGREE TO MODEST REDUCTIONS - WE

MUST ALL TIGHTEN OUR BELTS!

**179.** I THINK THE TAXI CARD SCHEME IS A REALLY IMPORTANT AND

USEFUL SERVICE. WITHOUT IT, OR WITHOUT A DOUBLE SWIPE

POSSIBILITY IT WOULD BE SO DIFFICULT TO GO ANYWHERE. E.G.

DOCTOR, HOSPITAL, SUPERMARKET. IT TAKES USUALLY TWO SWIPES

TO GET ANYWHERE BECAUSE OF LONDON'S SIZE AND TRAFFIC

## PROBLEMS.

**180.** Questions 2 and 3 It is essential to have a proper medical assessment i.e. from a doctor who alone has the in-depth knowledge to make it. the local authority once sent to assess me a young man who had never heard of poliomyelitis. Question 6 Why comments above are relevant. A decision here can be life or death for some and must be input. The correct data for such people is a first priority. Question 9 and 10 I am unable to shop, visit doctor or hospital under my own steam to say nothing of friends and family. The taxicard service is a lifeline force and greatly appreciated. To visit my doctors by minicab as I once had to do cost £6 each way - £12 quite beyond my measure. It is plainly essential that those most needful of the service should have it and that the criteria and the means of establishing whether they are met would be absolutely right. decisions must be made by those really competent to make them.

**181.** I THINK OLD PEOPLE NEEDED IT. IF I'M FEELING WELL I GO BY BUS, BUT COME BACK WITH THE CAB IF FEELING NOT TOO WELL. I GO BY COMPUTER CAB ALSO. I COULD NOT VARRY BACK MY SHOPPING.

**182.** MY MOTHER IS 94 AND USES A WALKER. AT THE MOMENT SHE CAN LIFT THE WALKER ON THE BUS, BUT SHE CANNOT COPE WITH SHOPPING. IN TIME THE WALKER WILL BE TOO HEAVY TO LIFT SO A TAXI IS A MEANS OF TRANSPORT. IF BUSES BECAME MORE USER FRIENDLY FOR DISABLED PEOPLE EVEN IF IT BETWEEN CERTAIN TIMES.

**183.** At times I have been sent a mini-cab and the driver has no idea where he is going, and I find getting in and out of a mini cab difficult and you get no help from the mini cab drivers, and are they all licensed?

**184.** The taxi card scheme is very important for people who rely on transport to take them to hospitals, doctors etc. There is a delay sometimes in taxis arriving on time. However, it is a lifeline for these people. As other transport is sometimes not available.

**185.** As raising the budget is not going to be an option and you feel you must pick on the most vulnerable in your community. I feel those who have already been through the DWP Mobility Impairment qualification should not be made to go through it again as it is highly personal very humiliating and if it was put before the EU Human Rights Commission would fail. I have always thought that H&F Council was one of the most caring councils in London.

**186.** there many people who suffer in silent.

**187.** I understand that I have 104 trips per year at present. Due to hospitalisation I have been unable to travel less frequently. I have been told that ifi have not used my 104 trips the council still have to pay the taxi card frim would it be economical to charge for trips used?

**188.** I WRITE ON BEHALF OF MY NEIGHBOUR WHO IS 91 IN APRIL AND TOTALLY DEPENDS ON THE TAXI CARD TO ATTEND HOSPITAL AND CHIROPODIST APPOINTMENTS. PERHAPS YOUR CRITERIA SHOULD ALSO INCLUDE AN AGWE CRITERIA.

**189.** Can u please let me know how I can replace my card as it has a split in it.

**190.** I think means testing is a good idea, especially if it safeguards use of the scheme for those who qualify/increase the number of trips they can make, i.e.

share out the trips saved. I have a taxicard, but have never used it. I qualify for the scheme any need it, but since I applied I have never had to use it as I either struggle on public transport or ask friends/neighbours for a lift. I need my trips for emergencies only. I only get out of the house 6-8 times a month on average due to my impaired mobility.

**191.** I am in my 80's, live alone with no family, this taxi service is a life line for me. I am able to make two trips a week for my shopping. Nobody tells me which shops I have to visit and how long I can take. The choice is mine. I don't have to ask anyone for help except the kind taxi driver who puts my shopping in the taxi and then delivers me and the shopping to my doorstep I would be devastated to lose this service.

**192.** Taxicard is an absolute necessity to get me to hospital appointments

**193.** THE SCHEME IS VERY IMPORTANT TO MY SON AND MYSELF WHO DEPEND THIS TO GO OUT. I HAVE LEARNING DISABILITY - ALSO HAVE PHYSICAL DISABILITIES BY BIRTH.

**194.** Consideration should also be given to those who require another person

to be with them. I am in this position as are many others.

**195.** PLEASE NOTE ALTHOUGH RATE HAS REMAINED AT £150 FOR

SOME TIME TAXI FARES HAVE RISEN YEAR ON YEAR.

MEANING WE

RECEIVED LESS SUBSIDY YEAR ON YEAR. TAXI FARES ARE TO

INCREASE 2% in april 2011 with again a reduction in distance subsidised.

**196.** Without Taxicard I wouldn't be able to go to the places I like to go to. Why don't the Council get into the stupid amounts of lottery millions there should be

a law to say any individual should only be allowed to win a maximum of 2 million anything over that should go into funding schemes like this one. That is all I have to say.

**197.** TRAVELLING IN THIS COUNTRY IS VERY EXPENSIVE. I WANT TO VISIT MY RELATIVES IN E11 I JUST CAN'T DO IT EVEN WITH A TAXI CARD IT COST SO MUCH. INCREASE THE NUMBER OF ANNUAL LIMIT TRIPS, BECAUSE IT IS NOT ENOUGH. OTHER BOROUGHS HAVE MORE TRIPS WHY NOT OUR BOROUGH, WE MAIN TO BE THE BEST BOROUGH. I USE PRIVATE TAXI SOMETIMES BECAUSE THE TRIP IS NOT ENOUGH AND SOMETIME I HAVE NOT ENOUGH MONEY TO BUT FOOD.

**198.** The taxi card helps me because I cannot walk.

**199.** HAVING BEEN GRANTED A TAXICARD MY LIFE HAS BEEN IMPROVED BEYOND MY WILDEST DREAMS AS USING THE FREEDOM PASS HAD BECOME IMPOSSIBLE BECAUSE I CANNOT WALK AS FAR AS THE BUS STOP. IT ALSO MEANS THAT KEEPING HOSPITAL/DOCTOR APPOINTMENTS HAS BECOME LESS WORRYING. I HAVE BEEN ABLE TO DO SHOPPING MYSELF INSTEAD OF RELYING ON NEIGHBOURS AND I WILL BE ABLE TO KEEP IN TOUCH/TAKE PART IN THE COMMITTEE OF WHICH I HAVE BEEN A MEMBER FOR SOME YEARS (IT USED TO BE COUNCIL RUN. NOT BY AN OUTSOURCED AGENCY!) ALSO, HOPEFULLY, GET OUT MORE!!! THANK YOU FOR THIS WONDERFUL 'GIFT'.

**200.** Keep the scheme going as long as you can

**201.** Q 1,2,3 suggests that, since the (mobility component of) disability living

allowance is available - as far as I am aware - only to people up to the age of 65, those over this watershed age, unless receiving a war pension supplement or afflicted by severe visual impaired, could be deprived of the great help to mobility that is the taxicard. This "solution" would discriminate against the oldest, most vulnerable residents by condemning them to immobility, home confinement and effective house arrest. In my view - and I declare a vested interest here - this is unacceptable: it does not bear the hallmark of a civilised, compassionate society. Q3 reflects upon the person best qualified to assess the merits of the application for a Taxicard; my answer is that although, ideally, a team consisting of a doctor, an occupational therapist and a physiotherapist should examine each application and each applicant, in practice that may prove time consuming, wasteful and unnecessary. Only a doctor would be fully conversant not only with the level of incapacity, but also with the prognosis for the evolution of the ailment. In most cases, I guess that the applicant's GP would be familiar with the injury and its treatment, if any. Q4. The thinking behind this question is what informs the Charter of the Improvement and Profligate: "spend like there is no tomorrow and the State would look after you; save for a rainy day, be prudent and you would be punished!" As always, the "squeezed middle" would suffer. Those really wealthy have their own private means of transport and, even if prevented from driving by poor health, are likely to find a friend or relative to ferry them around. Those without a car, but who,



by skimping and saving all their lives, by deffering every gratification, have set aside a modest reserve for the contingencies of life in old age, would be deprived of mobility! Q5. Here is the solution. The Mayor may need to redefine his priorities, perhaps prompted by the exigencies of a war chest in the forthcoming mayoral elections. But the Borough Councils should not rejig their financial allocations, to favour unduly, in times of stringency, the incapacitated elderly. An equitable solution would be to increase the cost of journey to the traveller, from the presnt £1.50 to, say £2.50, if that would be enough to balance the books. Two local journeys each week (one out and one return) for £2.50 each would still be a great help and the pain would be uniformly distributed. And, perhaps, those with exceptional needs and in exceptionally difficult financial circumstances, could apply for a number of ex-gratia completely free journeys!

**202.** 65 IS COMPARATIVELY YOUNG NEWDAYS. EVEN 20 YEARS AGO MOST OF US COULD WALK TO BUS STOPS AT THEIR AGE - AND DRIVE CARS! AFTER 70 ONE BEGINS TO FALL AND BY 80 MANY PROBLEMS MAKE LIFE DIFFICULT.

**203.** We do not want the scheme changed it is essential for being able to get around for disabled & infirm pensioners & to keep them independent.

**204.** I am in need of the taxicard scheme as I have a form of epilepsy, which means I collapse and for those reasons i need taxicard. It helps me get to the hospital and also food shopping as I cannot take local transport.

**205.** The taxicard scheme has made an enormous difference to my life. I would

be very sad and much worse off if you end it. I hope you don't.

**206.** I will be really annoyed if you took this away from my father.

This is the

only way I can get him out of the house. He can hardly walk very far, unsteady

on his feet, and stoned deaf.

**207.** From my point of view the taxi service is excellent as it is.

Paying a little

extra is still good value.

**208.** Reduce max number journeys further. Continue allowing double swiping

**209.** we do need the taxi card to help you get to some place you can't walk to

get there with out help it really help otherwise we would be housebound.

**210.** Just to let you know that I do need the Taxi card for shopping, arranging

trips to the hospital, and for other essential daily needs in order to ensure my

independence. Finally, I really appreciate your help and wish you all the best.

**211.** I am registered blind but mobile in my local area. I am also chronically sick

and need double swipes to get me to and from hospitals. Having spoken to

many drivers there ARE people who need scrutinising as to thier disability.

**212.** I am 87 years of age, I suffer from very poor health, a heart condition,

breathless, problems with my legs resulting in poor mobility. My condition is

deteriorating. My taxicard is my lifeline and allows me to access the outside

world, which I would not be able to do without the scheme. It gives me quality

of life!

**213.** I only use the taxi card on trips to the hospital either Charing Cross or

Hammersmith Du Cane Road. Both require at least two bus changes - parking

is a problem at both hospitals and sometimes, because of the traffic problem

Hammersmith Broadway particularly it is necessary to double swipe.

**214.** means testing is wrong as it discourages people from saving and is expensive to implement.

**215.** I SEE IN YOUR FIRST THREE DISABILITY ALLOWANCE IF YOU ARE

OVER 65 YOU GET ATTENDANCE ALLOWANCE AND FEW PEOPLE WHO

HAS LIKE ME DOUBLE BUS PASS MONTHLY MAKE REPLACEMENT ANY

PROBLEM, KIDNEY NOW ON DIALYSIS HEART ATTACK STROKE WHERE

DOWN THE LINE DO YOU PUT PEOPLE LIKE ME?

**216.** Leave the scheme as it is. Its worked well for me since 1994. A certain

member on the telephone could be more polite and understanding - she needs

more training to learn her manners.

**217.** Taxicard service most useful to me! As I can't walk more than few meters!

Even short distances I stop and walk using the spray! Three minutes walk takes

me nearly 15 minutes with many stops and spray

**218.** since using taxicard i have found it so much easier for me to travel. the

drivers and safe are courteous and helpful thanks.

**219.** Leave as now

**220.** i know this scheme is expensive & I try very much not to use it. I have a

Blue Badge and can still drive, so I try to drive, but I live alone & I know older

people do not see so well in the dark, so I do not drive after dark. I am too slow

& have too much pain to dare to go out after dark, so if I have to go out at night

& I cannot afford ordinary taxis, so the scheme is a life-line for me. When I have

to give up driving and get more ill, i would be lost without the scheme.

**221.** HAVING A VERY SEVERE LONG IMPAIRMENT, THE TAXI CARD

SCHEME HAS ENABLED ME TO FUNCTION; TO GET ME TO MEDICAL HELP OTHERWISE UNREACHABLE BY PUBLIC TRANSPORT - IN OTHER WORDS IT HAS SAVED MY LIFE AND ENABLED MUCH INDEPENDENCE.

TAXICARDS WITHDRAWN FIRST BENEFIT CHEATS. THIS QUESTIONNAIRE IS ALMOST IMPOSSIBLE FOR MYSELF AND USER FRIENDS TO COMPLETE.

**222.** VERY HAPPY. THANK YOU.

**223.** EACH TRIP IS REALLY 2 TRIPS THERE AND 2 BACK MAKING EACH TRIP COSTING 4 WITH SWIPES, WHICH CAN ONLY BE MADE BY COMPUTER CABS. THUS MINI CABS WILL BE MUCH CHEAPER, BUT LITTLE "KNOWLEDGE" OF ROUTES.

**224.** the long delays to which london road torneys are subject results in many taxicard voyages overreaching permitted limits. clock should STOP after a limited period, otherwise delays mean one might as well call an ordinary CAB .

**225.** a taxicard service is only for elderly and with mobility desablity

**226.** I DONT USE THE CARD VERY OFTEN, BUT WHEN I DO IT IS FAR ESSENTIAL JOURNEYS AS I DO NOT WANT TO DRIVE MY SCOOTER ON BUSY ROADS. I WAS A DRIVER THO' DISABLED I AM NOW 90 AND CAN USE NO OTHER FORM OF TRANSPORT. CANNOT USE BUSES OR TRAINS.

**227.** The problem with the consultation is that the answers depend partly on attitude of the scheme users to benefits. Some want little change because they consider that the governemnt does little or nothing for the older or disabled people. Other recognise that the financial constraints are a reality & with us for

some time yet. (ranking q10 is difficult, equal rank for some)

**228.** Not being a car owner I rely on public transport & taxis quite a lot. I am

sure there are a lot of other people in the same position.

**229.** I FIND TAXI HELPFUL FOR THE HOME SUPPORT DUE TO INCREASING NEEDS OF FAILING HEALTH NOW DUE TO REACH MY 80TH

YEAR BORN 02-03-1931 BEING ALONE ENTIRELY NEEDING SUPPORT IN

MANY WAYS MEDICALLY.

**230.** People on fixed incomes will find it difficult, especially the very old and feeble.

**231.** HAVING READ YOUR NEW SCHEME AND ACKNOWLEDGE AND

VIRTUALLY UNABLE TO WALK CONSIDERING ANY DISTANCE, WHILE

NOT WISHING TO APPEAR DISCOURTEOUS I STILL NEED TRANSPORT

FROM HOSPITAL

**232.** The taxicard scheme is essential for ANY kind of independence for

many/most disabled people...as such, it is something (Independent Living) that

local authorities are legally required to consider, along with the impact of any

changes on this extremely vulnerable population. Removing the double swipe

would make any but the most local journeys impossible, particularly if done in

conjunction with lowering the maximum subsidy. Please rethink this whole idea,

and focus council cost cutting on areas that won't impact and put at risk the

Hardest Hit in our society.

**233.** A system such as this which has proven benefits must be retained and

improved upon rather than diminished.

**234.** I ATTEMPTED TO ANSWER ONLINE.112 SEARCH RESULTS, ABOUT

100 OUT OF DATE A REPETITIERIS. NO QUESTIONNAIRE.

**235.** There should be more operating companies involved, rather than just

computercabs

**236.** Monthly limit of 6 trips - not carried over from month to month.  
£2.50

minimum member charge/trip is reasonable. If double swiping is not allowed,  
the maximum subsidy tariffs given could be reduced. OR double swiping could  
be allowed only once a month.

**237.** Please keep the scheme a must for hospitals and clinics  
thank you.

**238.** I USE WHEN NEEDED. DOES NOT ABUSE THE SYSTEM.  
PEOPLE

WHO HAVE A NOTICE OF DISABILITY (ASC) SHOULD BE  
AUTOMATICALLY ON TO THE SCHEME. I THINK PEOPLE  
WHO SHOULD  
BE ENTITLED TO A TAXICARD GET IT.

**239.** IF A CHANGE HAS TO BE MADE-ELIGIBILITY CRITERIA  
COULD BE  
FOCUSED ON MOST NEEDY NUMBER OF TRIPS PER YEAR  
COULD BE  
REDUCED BUT WITHOUT A TIME LIMIT ON USE.

**240.** I DON'T OBJECT TO AN ANNUAL LIMIT OF 98 TRIPS, BUT  
LIMITING  
THE MONTHLY TRIPS TO 8 IS DIFFICULT AS SOME MONTHS I  
NEED  
MORE TRIPS THAN OTHER MONTHS.

**241.** Taxi card taxis - special equipment, - drivers - for people  
without access to  
other transport = main criteria. Whichever their condition. Purpose  
to allow  
contacts outside home. not everyone on all categories needs to be  
automatically included. although those who can use it need it  
should be given  
priority on recommendation. Cost of minicabs now £6 - £8 per trip -  
beyond  
reach of number of people to pay £12 - 16 everytime they go  
anywhere. Unfair  
to those of limited means but not on benefits only sd taxi costs are  
bound to  
rise.

**242.** Scheme should run as it is without wasting any time and  
money.

**243.** BLACK CABS ARE NOT SUITABLE FOR CERTAIN OLDER PEOPLE WITH MOBILITY ISSUES LIKE ME. I CANNOT USE A BLACK CAB AS I CANNOT GET IN. I HAVE ASKED TO BE SENT MINICABS INSTEAD BUT THEY KEEP SENDING BLACK CABS. SO NOW I PAY FOR MINI CABS MYSELF.

**244.** A CHANGE IN ELIGIBILITY CRITERIA WILL BE BOUND TO EXCLUDE SOME PEOPLE THE BEAUTY OF THE SCHEME IS ITS FLEXIBILITY FOR THOSE WITH LIMITED MOBILITY(ALL OF THEM). BUT WITHIN THAT SOME PEOPLE MIGHT CHOOSE TO HAVE FEWER TRIPS, PAY MORE.

**245.** I am too old to understand what changes mean.

**246.** Limit the trips and usage of taxicards to trips to hospital visits doctors and dentists.

**247.** Tighten the criteria - but no 'means testing'!

**248.** I normally have to wait for my taxicard. I can not walk as i'm in a lot of pain.

**249.** QUESTION 5 IS BADLY WORDED AND PEOPLE WITHOUT HELP WILL ANSWER IT INCORRECTLY! THE TAXI CARD IS IMPORTANT, BY CUTTING THE SERVICE IN THE END PEOPLE DENIED THE SERVICE WILL GET MORE UNWELL AND THE COUNCIL WILL END UP PAYING MORE SERVICES TO HELP THESE PEOPLE. KEEP THE SERVICE GOING AS IS!!

**250.** Scheme as it running is very good so government should not waste time and money changing it.

***If Other, please specify***

1. work
2. getting home when ill
3. When I need to in an emergency health situation.
4. disabled people conference

5. mosque
6. Keep business appointments
7. Train stations for days out
8. Taking me to pick up coach for journeys
9. Getting to railway stations.
10. CHURCH
11. Theatre
12. going to country
13. CHARITY MEETINGS AND EVENTS TO PROMOTE FUNDING.
14. I USE MY TAXICARD TO VISIT MY CHURCH.
15. CHURCH
16. Everington
17. Church-going
18. Visits to my Solicitor and other business appointments as they arise.
19. Not used for a few years now.
20. Travelling to get to an airport
21. volunteer job
22. DIABETES CLINIC
23. NEW MEMBER, NOT YET USED IT.
24. using care homes via sister
25. travel in with other place with luggage
26. GP FOR WARFARIN BLOOD TESTS
27. To Railway stations and Theatres
28. I have a small scooter for local use.
29. travelling to meetings of interest and support.
30. school trips & swimming lessons
31. CHARITY MEETINGS AND EVENTS
32. OUTDOORS, PARK
33. hairdressers
34. ALL MY APPOINTMENTS
35. Going to the hairdressers
36. only use taxicard when I am unable to force myself to get other transport as  
I try to keep myself as ambulant as possible.
37. I DON'T GO OUT MUCH NOW, BUT ALSO TO MY BANK
38. visiting the synagogue
39. lectures
40. EMERGENCY ONLY
41. searching eg museums / hospitals to cared in central london
42. I HAVE TWO FRIENDS LEFT SEE.
43. bank & iceland Hammersmith



44. Mosque visits
45. CHURCH
46. To main line station with luggage
47. Church on Sundays - one way
48. Hospitals , Dr's
49. ATTENDING COLDSTREAM GUARDS MEETINGS  
VETERANS  
MEETINGS.
50. therapy physiotherapy
51. CHURCH
52. VISIT SHEEN CEMETARY
53. To stations when dial-a-ride aint available.
54. visiting the mosque for prayers
55. special shopping venues
56. to church
57. taxis need to have the extra low step & not only the ramp!!!
58. church
59. traveling - going to airport sometimes
60. BUS CONNECTION
61. WHEN DIAL A RIDE UNAVAILABLE
62. EMERGENCIES, WEATHER ETC
63. i use it very ocassionaly
64. VISITING MOTHER IN NURSING HOME
65. Church not often. No social activity
66. Gives a medium of support to living independently.
67. longer journeys involving lots of steps on the underground
68. Emergency trips
69. travelly to religions establishment
70. Longer distances /moving tv.computer
71. To get to Heathrow (because my local tube stations are inaccessible)  
Stations such as Kings Cross, Euston etc - as above.
72. doctor, eye tests, dentist
73. SOMETIMES WORK.
74. BISHOP CREIGHTON HOUSE
75. chiroprapist
76. taking my dog to the vet.
77. ATTENDING AN EVENING MEETING
78. Taking cat to Blue Cross (vets)
79. WHEN I GO TO THE BANK
80. Travel to Rail & Coach Stations
81. TO BRITISH RAIL STATIONS EG VICTORIA
82. Lectures

- 83. appointments
- 84. As explained in box 7 I have yet to use it. If I had more trips I would and get out more often.
- 85. Sevice
- 86. airport
- 87. travel to train station (kings x) to visit family
- 88. ATTENDING MEETINGS OF 'READING GROUP'
- 89. Voluntary organisations
- 90. Railway trips
- 91. It is essential
- 92. very rarely used, but a lifeline
- 93. Visually impaired but not registered.
- 94. HOSPITAL APPOINTMENT
- 95. fund raising for guid dogs
- 96. work (self employed)
- 97. coming home late at night
- 98. SHOPPING
- 99. To get home, if become unable to continue on public transport.
- 100. Church
- 101. Travelling to main railway stations
- 102. hospital appointments
- 103. PICK UP POINTS TRAVEL
- 104. airports/trains/west end
- 105. getting to and from railway stations
- 106. Funerals
- 107. For adult study classes
- 108. theatres, exhibitions
- 109. DENTIST
- 110. from work as well
- 111. Council/Links/NHS meetings
- 112. TO GET TO TRAIN STATIONS
- 113. CHURCH, VOLUNTEER WORK
- 114. Library visit/age concern
- 115. Appointments
- 116. GETTING OUT OF THE HOUSE SAFELY
- 117. TRAVELLING TO RAIL TERMINI
- If Other, please specify***
- 1. PHYSIOTHERAPY AND SPEECH THERAPY
- 2. WITH THE FREEDOM PASS I GO WITH A CARER.
- 3. TAXI CARD IS ESSENTIAL. DIAL-A-RIDE IS NOT RELIABLE FOR APPOINTMENTS.

4. TRANSPORT TO DAY CENTRE
5. Friends or relatives being given access to parking next my home for perhaps 2 hours or more on a free-of-charge basis. I live in Controlled Parking locality.
6. AGE CONCERN SHOPPING TRIP.
7. SON'S CAR WHEN AVAILABLE
8. Using a scooter under mobility for short distances under 1 or 2 miles
9. FREEDOM PASS - VERY RARELY
10. my son
11. DIAL-A-RIDE USELESS
12. com cab
13. Neighbours
14. Council supplies other transport.
15. VISITING FAMILY
16. none
17. I do not currently have a blue badge or car but plan to get one soon.
18. Would like to use dial-a-ride but can never get an appointment.
19. friends
20. train
21. SCHOOL TRANSPORT
22. I DON'T AND WON'T GO TO HOSPITAL.
23. school bus
24. Visiting Doctors Surgery
25. TRANSPORT TO MOD SPECIAL CLINIC PTSD.
26. PRIVATE MINI CABS AND BLACK CABS.
27. Personal support system from DLA
28. I only use dial-a-ride
29. MINI CAB.
30. 5 days per week I go to the day centre
31. non car owner the scheme is invaluable.
32. people with taxicards should be assessed on a regular basis cut rides to 50 a year.
33. Sheltered housing scheme
34. private family cars
35. work it out
36. FOUNDATION TRANSPORT WHEN POSSIBLE
37. AMBULANCE
38. NORMAL TAXI SOMETIME
39. IF I CAN WALK AS FAR AS BUS STOP - FREEDOM PASS

- 40. PODIATRY AMBULANCE
- 41. 1. MOBILITY SCOOTER
- 42. people should be checked up on to see if they are eligible for taxi card i am sure there are people that do not need them.
- 43. other taxi firm
- 44. I CANT WALK VERY FAR SO I DONT USE MY PASS
- 45. Hpsital transport - have had very bad experience of this as I live between the hospitals and neither would come & collect me. I was very very late for an appointment which upset the medical staff.
- 46. diabetes type 2
- 47. only use taxicard
- 48. Age concern
- 49. TO CLINICS
- 50. UNABLE TO COMMUNITY TRANSPORT
- 51. Neighbour gives lift
- 52. TRANSPORT EDUCATION
- 53. do not use the others
- 54. SCOOTER (SUMMER ONLY!)
- 55. NONE
- 56. Trains
- 57. not known

***If you answered "any ethnic group(s) or "any other group" please specify:***

- 1. permanent wheelchair users
- 2. VERY OLD OR VERY DISABLED
- 3. Iranian
- 4. All ethnic groups
- 5. ALL EXCEPT THE RICH
- 6. any
- 7. ALL.
- 8. ITALIAN
- 9. all of the groups
- 10. British
- 11. British citizen
- 12. PEOPLE WITH FLUCTUATING CONDITIONS.
- 13. over 80's you can benefit at 65
- 14. people with use it for social purposes
- 15. I THINK THEY ALL NEED IT
- 16. all groups
- 17. people physically unable to use public transport

18. IF YOU AR ILL WHAT DIFFERENCE DOES IT MAKE. WHY ASK SUCH A STUPID QUESTION. I DON'T KNOW WHAT YOU MEAN
19. over 80 and 90 years of age.
20. All
21. All ethnic groups
22. with walking difficulties
23. People on low income
24. This is difficult to quantify
25. SERVICE VETERANS (MISSED OUT)
26. SERVICE PERSONNEL
27. mixed race caribbean mixed caribbean
28. People on low incomes
29. all ethnic groups
30. Should be used by those who need it! These sort of questions are tiresome!
31. BLACK CARIBBEAN
32. older people
33. I AM HAPPY WITH THE COUNCIL HELPING US
34. Asian/ Iranian
35. all groups would be disadvantaged.
36. English
37. Disable children
38. All groups.
39. All
40. Language barrier
41. COMPARED TO NON DISABLED PEOPLE.
42. White British
43. Basically all of the above.
44. BRITISH+
45. I AM NOT QUALIFIED TO ANSWER
46. ASIAN
47. WHITE ENGLISH
48. indian
49. DLA RECIPIENTS
50. ALL THE GROUPS WOULD BE DISADVANTAGED IF YOU CHANGE IT
51. all
52. IRANIAN
53. ENGLISH
54. Anybody it doesn't matter where they are from.
55. INDIAN
56. MUSLIM

57. The prudent savers
58. PEOPLE WHO HAVE DISABLED CHILDREN
59. indian british
60. all
61. British
62. wheel chair users
63. CHILDREN
64. All groups!
65. I do not know about this. I am 80 & physically disabled & short of cash. I expect others feel the same about their own cases.
66. ?
67. Not possible to rank or answer
68. All in need really
69. ENGLISH
70. elderly who rely on taxi to get out.
71. All the above, if the scheme was changed, particularly those on low incomes.
72. Indian British Elderly females - fear of mugging
73. PEOPLE WITH SHORT TERM SEVERE HEALTH CONDITION
74. older people living alone.
75. All
76. ESPECIALLY PARTIALLY SIGHTED
77. PEOPLE WHO HAVE JUST ARRIVED IN THE COUNTRY
78. PEOPLE OVER 65 - WHO ARE ALWAYS CONCERNED+MONEY
- PEOPLE WITH A LONG-STANDING ILLNESS OR HEALTH CONDITION - SO CANNOT EASILY INCREASE THEIR INCOME (POSSIBLY)
79. CHILDREN WITH HEALTH PROBLEMS
80. ALL. PEOPLE WHO'S ONLY FORM OF TRAVEL IT IS
81. ALL ETHNIC GROUPS
- If you answered "any ethnic group(s) or "any other group" please specify:***
1. NONE
  2. Everybody who needs it truly should get it.
  3. NO
  4. non disabled people who don't need the scheme.
  5. who work and could afford the extra costs
  6. NONE
  7. No

8. NONE
9. Make sure people who need it, get it. E.g. This person is 81 years old but does not know about Disability Living Allowance. She lives off state pension which is enough for day to day living but not getting around. She is severely mobility impaired - she can hardly walk. I think if for changes she would not be eligible therefore would not be able to go out.
10. COUNCIL AND POSSIBLY COUNCIL TAX PAYERS
11. NONE
12. none
13. British citizen
14. Senior Citizens
15. those who cannot speak or write
16. depends on severity of disability
17. NOBODY ADVANTAGED. EBERY BODY DISADVANTAGED BY PROPOSED CHANGES.
18. NONE AT ALL
19. I DON'T KNOW WHAT CHANGES YOU ARE TALKING ABOUT
20. Slowly phase in changes
21. All
22. are you joking?
23. People who are not on low income
24. Difficult to quantify
25. none
26. NOT ADVANTAGED
27. no can't see
28. NONE
29. as above
30. People on low incomes
31. none of the above
32. not sure
33. BLACK CARIBBEAN
34. older people
35. no group
36. Asian/ Iranian
37. no groups advantaged.
38. English
39. DON'T AGREE WITH THE STATEMENT (QUESTION)

40. All
41. None of the above.
42. I AM NOT QUALIFIED TO ANSWER
43. indian
44. not sure
45. I THINK ALL WOULD NOT BE ADVANTAGED BY PROPOSED CHANGES
46. IRANIAN
47. Anyone who has never had a taxicard before would benefit wouldn't they.
48. MUSLIM
49. The profligate
50. none
51. none
52. non British
53. Don't know, somewhat ambiguous question.
54. All groups
55. ?
56. The council
57. SEE ABOVE
58. Not possible to answer. The present rules are fair cost but a problem if the card holder has extra benefits
59. none if they are in need
60. NONE
61. Indian British Elderly Females
62. I have no idea!
63. NONE
64. NONE
- How might the council minimise the impact of introducing any changes, were a decision made to do so? (please specify)***
1. By giving more information out in Health centre also social community centre.
  2. PEOPLE WITH CARS AND CARERS/DRIVERS DON'T NEED A BUS PASS.
  3. Phase chnages over a longer period and assess individual needs.
  4. Priority, I feel should be given to the disabled or those caring for someone.



Blue Badge holders cannot always drive themselves for various reasons or sometimes simply need transport in a hurry.

**5. ADJUST OR CHANGE NOT SUITABLE FOR INVALIDS**

**6.** Do not know.

**7.** I am not using the taxi card service at the moment because I have had a hip op & trying to get my balance back.

**8. ANY PERSON WHO HAS A TAXICARD HAS PRIORITY IN ANY**

**REDUCTION OF NUMBERS IF THEY ARE IN A WHEELCHAIR/**

**9. IF ANY CHANGES ARE TO BE MADE PLEASE DO NOT MAKE THEM TO**

**PEOPLE OVER 65 YEARS OLD WITH PROGRESSIVE CHONIC ILLNESSES.**

**THEY NEED ALL THE HELP POSSIBLE, PLEASE.**

**10.** not very sure

**11.** Not sure. I would be prepared to pay a bit more and have less journeys a year.

**12.** Don't make the changes you will further marginalise and isolate disabled people.

**13.** Each proposed change could be phased in over time, individually. Each

change could be introduced very slowly to allow users time to adjust. Users

may not be able to adapt easliy if all the changes occur at one and the same time.

**14. ENABLE PEOPLE WHO LIVE IN A CARE HOME TO KEEP THEIR**

**MOBILITY ALOOWANCE DLA.**

**15.** I dont know

**16.** We would rather it be left as it is.

**17.** Just give it to the people who I've listed at no 11.

**18.** Do not change it. Just make it better. Don't take away a good thing.

**19. MAKE SURE USERS DON'T ABUSE THE SYSTEM.**

**20.** I am not being rude but they are going to do what they have to do anyway.

**21. HAVE A LOWER MINIMUM CHARGE THAN PLANNED I.E £2.00 NOT**

£2.50. HAVE THE SUBSIDY TARIFF GO DOWN BY £1.00  
INSTEAD OF

£2.00. CONTINUE DOUBLE SWIPING.

**22.** More rigorous surveillance of taxicard use and even more the blue badge -

it is said that 500000 blue badges are used illegally. The maximum fine for this

is £1000 but when or where has this been imposed? We all get tired of seeing

young healthy people getting out of cars displaying blue badges.

**23.** GRADUATE CHANGES OVER A PERIOD OF 2 YEARS.

SOME PEOPLE

MAY NEED THE SERVICE FOR TRANSPORT TO WORK AND LOWERING

THE LIMIT OF TRIPS PER MONTH MAY HAVE A NEGATIVE EFFECT

FILTERING INTO THE ASPECTS OF THEIR LIVES. THEREFORE THEY

SHOULD BE ASSESSED INDEPENDENTLY.

**24.** IF YOU FEEL THAT PEOPLE ARE ON THE BORDERLINE FOR A TAXI

CARD. WHY NOT HAVE THEM BEFORE A MEDICAL DOCTOR FOR A

SECOND OPINION.

**25.** TO MAXIMIZE BENEFIT BY CONCENTRATING EFFORTS ON PEOPLE

WITH HIGHEST NEEDS DUE TO THEIR ILL HEALTH OR POOR MOBILITY +

MENTAL INCAPACITY

**26.** THIS IS A STUPID QUESTION! THE H&F COUNCIL CANNOT MINIMISE

THAT FOR WHICH IT IS NOT RESPONSIBLE. THIS MATTER IS FORCED

ON THE COUNCIL BY THE NON MANDATED COALITION OF FACIST

FILTH. INTENT ON DIVIDING OUR NATION AND CLASS WARFARE. WE

WHO SURVIVED 1945, (MANY LIKE MYSELF TO SEVENTY YEARS OF

PAIN). SAY BEWARE!! GOD WORKS IN MYSTERIOUS WAYS HIS

WONDERS TO PERFORM.

**27.** please do not change anything as the h/f taxicard is very good for older people. e west.

**28.** focusing on people who are really in need of the service.

**29.** Gradual implementation of the proposed changes if they are implemented.

The double swipe is very important as the taxi usually has over £4 on the meter

and therefore couldn't go far if only 1 swipe allowed.

**30.** TO INTRODUCE THE PROPOSED CHANGES WOULD CAUSE CHAOS.

THE PRESENT SYSTEM WORKS SO DON'T FIX IT.

**31.** I would like if possible for my uses to stay as they are a godsend as I have

2 very bad knees and leg and ulcer problems. I am most grateful to have a

taxicard, blue badge and mini bus.

**32.** USE SOME COMMON SENSE!

**33.** I AM SICK AND DISABLED I SUFFER FROM A NUMBER OF MEDICAL

PROBLEMS SO URGENTLY NEED THE TAXICARD. IF I GET THE

TAXICARD OR I GET YOUR DECISION TO PROVIDE ME A TAXICARD I

WILL BE HAPPY WITH PLEASURE.

**34.** I AM A TAXI CARD USER WITHOUT MY TAXI CARD I WOULD BE LOST

IF I HAVE ARE TO BE CHANGES I HOPE NOT TO DRASTIC.HAVING A TAXI

CARD HELPS ME SO MUCH TO GET FROM A to B.

**35.** IAM SURE USERS WOULD BE HAPPIER TO PAY SLIGHTLY HIGHER

CHARGES RATHER THAN REDUCE THE NUMBER OF TRIPS PER MONTH

BY ABOLISHING THE ROLLOVER OF TRIPS. SOMETIMES PEOPLE ARE

TOO ILL TO GET OUT AND SOMETIMES UNEXPECTED EVENTS ARISE

CLOSE TOGETHER - SO IT IS IMPORTANT TO KEEP THE ROLLOVER OF

AVAILABLE TRIPS AND ALSO DOUBLE SWIPING IS IMPORTANT TO KEEP

GIVING THE USER MORE CHOICE.

- 36.** Make sure everybody is kept fully informed at all stages of the process.
- 37.** DELAY FOR 20 YEARS OR BRING THE CHARGES IN VERY SLOWLY OVER THE COURSE OF THE NEXT 20 YEARS.
- 38.** MEANS TESTING: NOT FOR THOSE WHO ARE ELIGIBLE FOR HB/CT BENEFIT ONLY THOSE WITH SUBSTANTIAL CAPITAL INCOME. OLDER RESIDENTS IN THE BOROUGH MOST BENEFIT FROM THIS SERVICE. THEY WILL BE ISOLATED FURTHER AND LISTERED TO LESS. IT IS OUTRAGEOUS TO DENY THOSE THAT USE THIS AS THEN LIFETIME TO THE OUTSIDE WORLD - TO REDUCE (THEY DO NOT USE TO PARTY).
- 39.** TRY IT OUT NOT ALL AT ONCE. PLEASE DONT MAKE TOO MANY CHANGES.
- 40.** ENABLE PEOPLE WHO LIVE IN A CARE HOME TO KEEP THEIR DLA MOBILITY ALLOWANCE.
- 41.** 1. limiting trips to 8 trips per month. 2. reducing maximum subsidy tariffs as proposed in question no.5
- 42.** Give plenty of notice. Bring things in gradually.
- 43.** making changes in stages
- 44.** By focusing on those who need the scheme most.
- 45.** WHERE CHANGES NEED TO BE MADE, MAKE ALLOWANCES FOR PEOPLE WHO CANNOT GET OUT WITHOUT THE HELP OF THE SERVICE AND THAT USED BY FOLK AS A GENERAL TAXI SERVICE AS MOST PEOPLE USING THIS COMCAB TAXI ARE ON LOWER INCOMES AND THEREFORE THE COST COMES INTO IT. HAMMERSMITH COUNCIL DO US VERY PROUD.
- 46.** I am afraid I have no idea! The scheme is very helpful to me and it has

always worked very well and all have been most pleasant to deal with.

**47.** i learned some weeks ago from taxi driver that other borough had put their taxi tariff up, so this was not a surprise to me. if a change is to be announced as soon as possible to allow users time to adjust their finance. i would make more use of the scheme for social events but the cabs are not always available. i am very grateful for the taxi card especially now because my emphysema is progressing and this affects my walking ability. i would be prepared to pay more should it become necessary.

**48.** H&F must offer other means of transport or support so that the disabled and infirmed are not isolated in their homes.

**49.** MOSTLY WHEN SOME BODY FALLS SICK TAX CARDS HEPL VERU MUCH SO THE COUNCIL SHOULD CONSIDER THIS ISSUE TO OLD PEOPLE. PEOPLE OVER 65 YRS. THANKS.

**50.** Sorry don't know.

**51.** Please do not change anything as H&F council are very caring over this taxicard and very understanding how much it helps people.

**52.** change the way the scheme operates by reducing the no of trips available per year and raising the minimum charge to £2.50, even £3.

Possibly re-allocating an amount from other funds currently given to projects for the disabled and elderly - to give sick people greater choice.

**53.** Do not change it.

**54.** the council should survey all the people using the scheme and voting should be done in order to look into the matter seriously and the majority should win.

**55.** health problems Asthma and I had a stroke Im on a stick.

**56.** Increase number of buses with more disabled accomodation.

**57.** HISTORICALLY PEOPLE WITH MOBILITY ISSUES HAVE RELIED ON SCHEME TO GET ABOUT, THIS WERE TO BE REMOVED, I AND OTHERS WOULD NEED MORE CARERS TO HELP DAILY LIFE. PERHAPS MEANS TESTING WILL HELP ESTABLISHED THOSE WHO REALLY CANNOT DO WITHOUT OR AFFORD TRANSPORTATION AT PRESENT I PAY £7 TO GO TO THE HAIRDRESSERS AS I AM UNABLE TO REACH BY MYSELF.

**58.** FOR PEOPLE WITH FLUCTUATING CONDITIONS IT IS IMPORTANT TO BE ABLE TO ROLL OVER THE TRIPS TO THE NEXT MONTH. THERE ARE MANY H&g MINICAB FIRMS WHO WOULD LIKE TO JOIN THE SCHEME. WE FIND THESE FIRMS ARE FRIENDLY AND FAMILIAR CHEAPER AND MORE CONVENIENT THAN BLACK TAXIS. EVERY BLACK CAB IN EFFECT ALWAYS CHARGES TWO FARES INSTEAD OF DOUBLE SWIPING AT THE START OF THE JOURNEY THEY RUN FIRST FARE, THEN AT £11.80 THEY RESTART THE FARE. DOUBLE SWIPING IS ESSENTIAL ESPECIALLY FOR MEDICAL TREATMENT OUTSIDE THE BOROUGH. MENS TESTING SEEMS FAIR WAY OF LIMITING THE COSTS OF THE SCHEME. CONSIDERATION FOR PEOPLE WITH MENTAL HEALTH OR COMMUNICATION PROBLEMS MUST NOT BE UNDERESTIMATED BY THE PROPOSED CHANGES. LIMITING THE NUMBER OF TRIPS MADE ANNUALLY WOULD BE PREFERABLE OVERALL THAN REDUCING THE FLEXIBILITY OF DOUBLE SWIPING AND ROLL OVER.

**59.** the council could limit the trips taken by taxicard users and give priority to

people who need to make hospital visits to any hospital in the london area.

**60.** EVERYONE OVER 80 SHOULD GET A TAXICARD TRAVELLING ON BUSES IS IMPOSSIBLE FOR THE ELDERLY THE SETTING ON AND OFF PROVES DIFFICULT BECAUSE THE DRIVERS DONT PARK NEXT TO THE PAVEMENT AND DONT WAIT TILL THEY ARE SITTING DOWN.

**61.** I don't think you can . Any of the proposed changes would have an affect on the quality of life for the card users. Especially OAPs who I beleive are the majority of the users of the scheme. I would add that many card users pay income tax & council tax, therefore contribute, as I do, to the cost of the scheme indirectly.

**62.** The taxicard is invaluable to me as it gives me the confidence that I will be able to get to my destination if having a bad day and cannot make it via my own 'steam' - I do not abuse it as I realise it is there for emergencies only. It would be devastating to no longer have it as the knock on effect would be a sense of losing my independence therefore, perhaps form of verification that each individual is entitled to it would be clear guidelines as to who can hold the taxicard or not.

**63.** YOU MUST DO WHAT YOU THINK I SRIGHT. I HAVE ALWAYS VOTED CONSERVATIVE ALL MY LIFE AND WAS BORN IN 1927. MY HUSBAND DIED.

**64.** THERE IS NO WAY THAT THESE PROPOSALS WOULD BE TO ANY ONES ADVANTAGE.

**65.** I have no idea.

**66.** allow people to qualify with a doctors letter. this lady is a 90 year woman

who has difficulty walking. (above note is written by a friend who is helping me)

**67.** On 2 occasions recently I have handed my card to the driver who did not swipe it. He wrote my number on a pad and gave me the card back. When it came to a 2nd swipe he did not take the card but said "I have your number here and will use that". By using my number like that instead of a card swipe surely means that he could put my number down for another journey as well as another day when I am not in the cab?

**68.** If the council took away my taxicard I could not manage to get to the hospital, doctors or dentist.

**69.** CLEAR INFORMATION ON SERVICE - NO CONFUSION ABOUT ELIGIBILITY - HELP THE SCHEME TO IMPROVE RELIABILITY

**70.** By delaying their implementation as long as possible.

**71.** Tightly focus eligibility to those most in need.

**72.** BY MAKING SURE THE VULNERABLE ARE NOT PENALISED

**73.** I don't know. If the changes are made what could be done about it - it is such a blessing to so many. Since I became ill it has been a huge blessing to me.

**74.** to limit the number of trips per eligible person but not to reduce the eligibility

criteria so that some less able individuals can access taxis under the scheme

but other less able individuals cannot, which would be inequitable.

**75.** To means test people and see if they can give some money to the council

like the community charge so that they can keep this running.

**76.** IF ANYONE HAS A GOOD INCOME THEY COULD STILL USE THE

FACILITY BUT WOULD HAVE TO PAY A HIGHER RATE. AS HIRED TAXIS

ARE NOT ALL SUITABLE FOR DISABLED.

**77.** 1) Write a letter clearly explaining reasons for change and particulars of

new arrangements. 2) give 3 months notice of changes



- 78.** BY INFORMING US AT ALL STAGES AS AND WHEN ANY CHANGES ARE MADE BY NOT INTRODUCING DOUBLE SWIPING.
- 79.** INCREASE BUDGET FOR TAXI CARD SCHEME
- 80.** I STILL DON'T KNOW WHAT CHANGES YOU MEAN.
- 81.** it is council decision to look in financial and decide who most need a taxicard
- 82.** I AM SICK AND DISABLED I SUFFER FROM A NUMBER OF PROBLEMS SO URGENTLY NEED THE TAXICARD. IF I GET THE TAXICARD OR I GET YOUR DECISION TO PROVIDE ME A TAXICARD I WILL BE HAPPY. WITH PLEASURE.
- 83.** I don't think they can minimise the impact as people will still use the service as it is a necessity.
- 84.** ?
- 85.** MAYBE INTRODUCE SLOWLY AND GRADUALLY NOT IN ONE GO FOR IT TO BE A SUDDEN CHANGE SHOCK. MAYBE IF YOU DO NOT USE YOUR JOURNEYS FOR THE YEAR YOU CAN CARRY THEM OVER FOR THE NEXT YEAR OR GIVE THEM JOURNEYS TO SOMEONE ELSE WHO HAS NOT GOT ANY MORE FOR THE YEAR. PEOPLE DON'T OFTEN USE UP 104 JOURNEYS MAYBE SOMETHING COULD BE DONE WHERE THEY ARE SHARED OUT IF NOT USED IF THAT'S POSSIBLE.
- 86.** I have no idea - but if it ain't broke, why fix it?
- 87.** The impact of the proposed changes would be catastrophic for current users of the scheme if they were implemented. I think it is disgraceful that you are considering them.
- 88.** NO COMMENT!!
- 89.** Ensure that you are not taking away a service that makes a huge positive difference to someone who greatly depends on it. Consider individual cases if it

has made a negative impact on their life.

**90.** This is not a viable or acceptable proposal. Do not do it you will be

enforcing even more stress & pain & isolation & this will not be viewed

favourably by anyone at all.

**91.** personally being someone who handles money sensibly i can't see any

harm in a increase in charges for the taxi card travelling and i think it is a

marvellous service if people are too mean to pay a little extra (some are!) then i

don't think that they deserve the service! and should not expect a taxi card.

**92.** Have a hopper bus that drops people off where they want to be dropped.

**93.** improve other schemes available. Give out more information re. other

schemes

**94.** Allow trip allocation to be carried over from month to month

**95.** By making adjustments rather than abolishing certain aspects of it. The

means testing already affects the middle class citizens in any ways. I pay

close to £1000 per month at the moment for my husband in a care home, for

instance. We have never claimed any benefits and the taxicard scheme has

been liberating.

**96.** I was not quite certain about attendance allowance. all I get is housing

benefit! I heard one is not on mobility allowance one uses a 3 wheel mobility

trolley all the time otherwise could not get about.

**97.** Please consider those that cannot use public transport. The tubes and the

buses are not easily accessible for people with disabilities. If there is abuse of

the scheme then please enforce the eligibility criteria more successfully and

fairly.

**98.** Not many people who need the taxicard will be able to get one.

**99.** Assess those who need the taxicard the most, e.g. highly disabled, visually impaired, elderly etc. This will help the council from having an increase demand on taxicards.

**100.** questionnaire to be sent to hammersmith and fulham residents, especially patients with mental illness old age pensioners, visual disabilities and learning disability and long standing illness.

**101.** BY NOT TWISTING A DOCTOR'S MEDICAL ASSESSMENT. BIG

MISTAKE AND A SLUR ON OUR DOCTOR WHO IN THIS PRIMARY CARE

TRUST ARE FIRST CLASS. DOCTOR'S ARE HIGHLY TRAINED 7 OR 8

YEARS TRAINING AND SHAME ON THE COUNCIL FOR EVEN THINKING

OF DOING AWAY WITH THEIR LEARNED ASSESSMENTS.

LEAVE THE

TAXICARD IT WORKS DON'T MESS IT ALL UP COUNCIL ARE CONFUSING

THE CABBIES.

**102.** ENABLE PEOPLE WHO LIVE IN A CARE HOME TO KEEP THEIR DLA

MOBILITY ALLOWANCE

**103.** to continue using a doctors medical assessment many people do not have

access to a car so do not apply for a blue badge.

**104.** in my case the present system works very well and is most welcome for

necessary hospital appointments.

**105.** importantly means test, a property owner with considerable savings on

hand and incoming pensions or investments should not even be considered for

a perk taxicard. taxicard service should be for a person who is of such limited

means that £20 or £25 taxi fares are beyond budget! Otherwise the total cash

amount depicted on cover are not that much in line with the taxes we pay. do

no fool yourself that services are laid on we pay for them all our lives barely ever getting value for money.

**106.** Impact is impact and absolute irrespective of loading.

**107.** By making no changes

**108.** DIP INTO THE PERSONAL POT. ANY CABINET MEMBER EARNING

MORE THAN THE PM TO TAKE A 5% CUT IN SALARY. THE COUNCIL

INCREASED MEALS ON WHEELS, THE HOURLY RATE FOR THOSE

NEEDING CARE AND NOW TAXI CARDS. WHAT DO YOU WANT, BLOOD?

**109.** to focus eligibility on people most in need.

**110.** By looking at the nature of impairment. I could not get out without the taxicard scheme.

**111.** Give some form of preference to disabled pensioners, who like myself are dependent on the state pension.

**112.** Please do NOT change the scheme. It works very well - why change it - if

you must, put up the cost. Otherwise, please LEAVE IT ALONE.

**113.** review all clients and assess how often they use the service

**114.** Both dial a ride and the taxicard scheme are generally satisfactory.

**115.** Vote to leave things as they are. Taxes have been increased so this

recession should not affect the elderly or disabled in any way.

London is a

world class city and should set an example by supporting and helping people

who are disadvantaged and not think of little ways to penalize them.

**116.** Allow trips to medical facilities only

**117.** Don't know

**118.** MAKE EVERY EFFORT TO MINIMISE THE NUMBER AND COST

CHANGES NEEDED TO ACHIEVE THE COUNCIL'S TARGET.

**119.** Not for just shopping & social activities

**120.** I use double swipes to do journeys to make it easy for me to get about in my wheelchair

**121.** ENABLE PEOPLE WHO LIVE IN A CARE HOME TO KEEP THEIR DLA MOBILITY ALLOWANCE.

**122.** Charge the customer based on their destination location. E.g if a patient is going to the hospital, charge at lower rate, but if going elsewhere (like outing), charge higher rate. Therefore prioritising the usage of the scheme

**123.** A slightly higher grant from the government for people who deserve to have concab, have worked hard in many cases or suffered a lot with pain and disability.

**124.** INCREASE COUNCIL TAXES. YOU DO IT FOR THE OLYMPICS, SO YOU CAN DO IT FOR THE DISABLED.

**125.** Make sure that all council tenants and those who rent premises from H & F council and make sure they pay their bills. It is time people are made accountable for their actions.

**126.** Make reasons for using journeys more important such as hospital & doctors appointments and travelling to centres etc. cut out social trips.

**127.** The scheme works as it is, no need for change except false economics and ignoring social responsibilities to the aged and infirm. This form and format requires a detailed understanding of the objectives which are not clear to the average person to whom this form has been sent. It is an excuse to change the existing system to something less useful under the pretext of a public consultation.

**128.** DOUBLE SWIPE 1. CONTINUE TO PROVIDE DOUBLE SWIPES. AS A WHEELCHAIR USER IT TAKES LONGER TO BOARD A TAXI, AS I REQUIRE ASSISTANCE TO GET THE WHEELCHAIR INTO THE TAXI. THIS MEANS THAT MORE TIME IS NEEDED. AS THE METER IS TICKING AWAY 1 TRIP

CAN ALREADY BE HALVED. THIS REDUCES SOME OF THE JOURNEY TIME BEFORE YOU HAVE BEEN MOVED OFF. YOU MAY ONLY BE DOWN THE ROAD AND ALREADY YOUR HAVING TO USE YOUR SECOND SWIPE. 2. AS TAXI FARES HAVE INCREASED AND CONTINUE TO DO SO EACH YEAR. THE AMMOUNT OF DISTANCE YOU CAN TRAVEL ALSO REDUCES YEARLY. IF A DOUBLE SWIPE IS NO LONGER ALOWED REACHING THE FINAL DESTINATION MAY NOT BE POSSIBLE WITHOUT INCURRING MUCH EXPENSE AS PEOPLE WILL BE PAYING THE FULL CHARGE FOR THE MAJORITY OF THEIR JOURNEY. 3. WHEN TAXI ARRIVES THERE IS ALREADY £4.00 OR MORE ON THE METER 4. IN ADDITION IF FUNDING DOES NOT INCREASE THE ABOVE WOULD STILL APPLY. 5. DUE TO ADVICE TRAFFIC CONFITIONS/CONGESTION IN THIS AREA YOU VERY OFTEN HAVE TO INCUR A DOUBLE SWIPE FOR MINIMAL JOURNEY IN ORDER TO BE ABLE TO WORK WITHIN YOUR BUDGET. 6. THE PRICE OF PETROL HAS INCREASED. DOCTORS MEDICAL ASSESSMENT THIS SHOULD STILL CONTINUE AS NOT EVERYBODY WHO MAY BE UNABLE TO PHYSICALLY TRAVEL MAY FALL INTO THE CURRENT ELIGIBILITY CRITERIA. IN ADDITION A PERSON MAY NEED TO USE THIS OPTION WHILST THEY ARE IN THE PROCESS OF APPLYING FOR DLA. COMMUNITY TRANSPORT PROJECT THESE DO NOT WORK FOR EVERYONE. IF YOU NEED TO GET TO AN APPOINTMENT FOR SPECIFIC TIME THIS CAB BE DIFFICULT TO

ORGANISE AS OTHER PEOPLE ARE PICKED UP ON ROUTE AND THERE IS NO DETERMINATION OF HOW THIS CAN TAKE. AS A RESULT THE APPOINTMENT MAY BE MISSED ALTOGETHER CAUSING FURTHER PROBLEMS. OT I FEEL THEY WOULD NOT BE VIABLE, AS THEY DO NOT HAVE IN DEPTH KNOWLEDGE OF YOUR MEDICAL BACKGROUND THEY ALSO DO NOT KNOW PERSONALLY OR YOUR CIRCUMSTANCES. UNLESS YOU ARE IN THE UNFORTUNATE POSITION OF EXPERIENCING PHYSICALLY DISABILITY AS WE ARE. IT WOULD BE IMPOSSIBLE TO IMAGINE WHAT WE EXPERIENCE AND HOW CRUCIAL THIS SERVICE IS TO US AS LIFELINE. I UNDERSTAND CUTS NEED TO BE MADE. THIS COULD BE DONE BY REDUCING THE NUMBER OF TRIPS EACH PERSON IS ALLOCATED.

**129.** CUT DOWN ON SPENDING

**130.** By concentrating with those who have a greater need. & only issue taxi

cards with those with a greater need.

**131.** To make sure council helps people elderly who suffer long term illness.

**132.** 1) Perhaps by increasing the standard amount for taxicard. 2) not to carry

forward the rides. if it isn't used in a month then they won't necessarily need

double next month. I know I don't I use it minimum.

**133.** NO COMMENT.

**134.** If the council have to minimise the amount of money allocated to the

taxicard scheme, i feel sure that there are other areas of council expenditure

that there is always been evidence of waste instead of picking on our service

that to a lot of residents is very important to their well being.

- 135.** More facilities for people with physical impairment and long standing illness in these schemes.
- 136.** Whatever the outcome, decision will be made and there not you can do about that.
- 137.** I would make the following suggestions/observations on the scheme: As a local government spending is to be reduced by 15% I feel that your proposed allocation of trips would appear to strike by and large a fair balance for everyone. Because of increased journey times due to adverse traffic conditions in this area, increasing inflation, increased basic private travel cost and rising fuel costs it is a necessity that double swiping should be retained by the taxicard scheme. Unless you are in a position of physical impairment and long standing illness you are definitely unable to appreciate the degree of independence it brings and the interaction you are able to achieve with people instead of being totally housebound. Unless advised differently I see no reason for the scheme retaining roll over trips on a monthly basis.
- 138.** A CONSULTATION INVITING CURRENT SCHEME USERS.
- 139.** people with taxicards should be asseset an regular basis cut rides to 50 a year.
- 140.** appeals process with expert assessor
- 141.** I do not know?
- 142.** To gradually phase changes in
- 143.** By phasing them in and giving plenty of warning in a pamphlet not dissimilar to this one! Make sure we are aware of the new rules etc
- 144.** CONSULT WITH RELEVANT CHARITIES AND COMMUNITY GROUPS.
- 145.** it would increase the load on my family
- 146.** reduce or restrict the use of taxicard gradually.
- 147.** There might be people using taxicard who do not have genuine health or



psychological or mental conditions, just like so many that are on incapacity benefit & should not be accepted in the first place. If the Council can filter those individuals out, they might even be able to increase services to those who need it most rather than cutting services.

**148.** Keep it as it is.

**149.** This survey is in my opinion a waste of money. I elect Councillors to make decisions on budget spending and managers have to take difficult decisions on cuts.

**150.** Introduce them very gradually. Any changes to the current scheme would be a terrible disadvantage to visually impaired people and the elderly - I fit into both categories as I am 64 and registered blind.

**151.** no comment

**152.** This service is essential for those people who cannot use public transport. Achieving this could be by tightening the eligibility criteria and by slightly increasing the financial contributions of individuals per trip. However, the current double swiping possibility should not be cut as it is up to the individual how they choose their yearly limit.

**153.** Ensure that existing users continue to have their existing entitlement and phase in cuts gradually for new users. This is a poorly worded form where the categories are not mutually exclusive needlessly complicated and will confuse the elderly.

**154.** 1) persons are getting confused with all paperwork 2) Just advise persons of changes with the system.

**155.** ALL MEMBERS WHO RECEIVE A TAXI-CARD SHOULD BE PEOPLE WHO ARE DEPENDENT ON THIS BECAUSE THEY ARE UNABLE TO WALK,

STAND UP FOR BUSES, GET ON BUSES ETC. DIAL A RIDE IS NOT FOR HOSPITAL VISITS I HAVE NOT A FAMILY MEMBER WHO DRIVES A CAR. HOSPITAL TRANSPORT WOULD INCREASE MORE WAITING AND EXPENSE.

**156.** reduced it gradually - i.e. in line with tfl's reductions over the years:

2011/12 - £17,050 2013 - £48,840 2014 - £108,889 2015 - £167,171

**157.** BY LOBBYING LONDON COUNCILS TO IMPLEMENT FAIRER CONTRIBUTIONS TO THE SCHEME BY ALL LONDON BOROUGH AND DEMONSTRATE YOU HAVE DONE THIS.

**158.** Please do not change this scheme as I rely on it otherwise I would be house-bound and isolated and would have no social contact which I need.

**159.** I am severely ill with a long standing illness, double vision and cannot walk far. Taxicard is a life saver for me as I couldn't get to shopping or hospital without it. Also I am taken ill when out and need my taxicard to get me home. Any changes might mean I don't go out in case I can't get back etc. So I don't want any changes as higher rates, less trips etc. will curtail any visits anywhere.

**160.** Where a medical certificate is supplied I think cases should be considered based on individual circumstances or people who really need it may miss out.

**161.** I cannot imagine my life without my taxicard.

**162.** It is imperative that the number of journeys can be rolled over through the year - but starting afresh each new year.

**163.** Introduce new changes to new taxicard users rather than existing users.

**164.** by automatic exclusions as suggested for question 7. this will substantially

reduce eligibility and expense.

**165.** to introduce the changes over a period of time so that people can adjust to

one change at a time.

**166.** Provide the service to those who need it the most.

**167.** I think that the charge per trip should be raised to the proposed level of

£2.50 without further assessment. The current rate is so low that there is room

for raising it without affecting numbers.

**168.** no

**169.** work it out

**170.** DON'T KNOW

**171.** I sincerely hope no changes will take place. Over the years of this service,

I have found nothing but great kindness, or professional attitude from all the

drivers. I consider myself fortunate to have a card, otherwise I would be

housebound & unable to afford cab fares.

**172.** By making available lower taxi fares for anyone reliant on the scheme. eg.

picking up black cab anywhere and showing evidence from council of eligibility.

**173.** I THINK THE SCHEME IS DESIGNED TO HELP VULNERABLE PEOPLE

AND INTRODUCING CUTTING CHANGES SHOULD NOT BE ALLOWED. GOING THROUGH THE PROCESS OF FILLING IN FORMS AS

COMPLICATED AS THE DLA ONE SHOULD ALREADY MAKE POINTS

TOWARDS INTITLEMENT. PERSONALLY I DO NOT ABUSE THE SCHEME. IF DECISION CHANGES WILL BE MADE PERHAPS A SLOWLY

PROGRESS AND NOT A COMPLETE SEVERE CUT SHOULD BE TAKEN TO

PROTECT INDIVIDUALS.

**174.** GRADUALLY.

**175.** I THINK THE COUNCIL MUST REMEMBER THAT THE MAJORITY OF

USERS HAVE VERY LIMITED FUNDS. THIS IS BECAUSE THEY ARE

DISABLED AND DO NOT WORK. THEY REALLY NEED THIS SCHEME TO CONTINUE AND NOT BE CHARGED NOR HAVE A REDUCED SERVICE OR TARIFF/DOUBLE SWIPE ETC.

**176.** I do not think that a freedom pass and a taxicard should be held by the same person. If one is able to use public transport a taxicard is not a necessity.

A means test could be useful. If one could afford to use a taxi or minicab, the latter payment would not be necessary. To increase the present cost at suggested for some of us would be prohibitive. To add £5 to one's shopping bill is no laughing matter these days. It should not be forgotten that although Taxicard users are elderly we have spent our long lives paying taxes, rates council tax etc. And even now mostly with very restricted incomes still do pay taxes. Many of my generation have actually saved local authorities expenditure by doing voluntary work but before it was looked down upon as patronising fortunately such a view no longer prevails. All such facts are very relevant.

**177.** I DO NOT KNOW IF THAT IS WHAT DEVERTERLISES. WHEN I WENT TO FULHAM HOSPITAL TO MY EYE TEST MY DR TOLD ME NOT TO GO THIS YEAR BUT TO GO THE YEAR AFTER AND I MIGHT BE BLIND BY THEN, SO I HOPE NOT.

**178.** INCREASE CHARGES AND LOWER TRIPS. THEN REVIEW. ASK PEOPLE TO RENEW EVERY FEW YEARS TO ENSURE THEY STILL REQUIRE IT. LOOK AT PASS SECURITY TO STOP OTHER PEOPLE USING THEM.

**179.** By introducing a means test, i have seen blue badges on top of the range

cars i.e. rolls royces, jags, mercs etc. Ony blue badge and freedom passes to

be issued to holders of mobility allowance highest rate DLA.

**180.** I really appreciate H&F Council for providing this service and I feel they

should think twice about reducing it because once they start it will become and

easy target until it has gone altogether. If you are not disabled you cannot

imagine how much freedom this service gives you. A lot of people would be

housebound if it was not for this service. Let us keep our independence do not

cut this valuable service.

**181.** Please keep the system as it is

**182.** AS I SUGGESTED: 1. REREDUCE THE 104 TO 98 TRIPS 2. INCREASE

£1.50 TO £2.50

**183.** The Council to pay for trips used not 104 for everyone.

**184.** comforting to know that transport is available if needed

**185.** PHASE ONE ALTERATION - FAST REDUCE NUMBER OF TRIPS (ABLE

TO REDISTRIBUTE) PUT UP PRICE THEN DO COSTINGS.

**186.** Means testing sounds a good idea. If you have the money to pay why use

council money to subsidise yourself? I though taxicard, freedom passes etc

were subsidised via parking fees and fines. So why not double the price of

parking.

**187.** I cannot see anyway you can minimise the impact of introducing proposed

changes. It is very sad it has come to this. I just hope very few changes will

have to be introduced, as so many of us depend on this wonderful service,

which offers us independence.

**188.** limiting use at published rates and charging extra for exceeding number of

call outs.

**189.** KEEP SYSTEM AS IT IS

**190.** The council can help minimise the impact by increasing the financial

contribution towards the taxicard scheme.

**191.** The council should introduce changes from 2012

**192.** Re-focus the eligibility criteria to those who most need it.

Annual limit 104

trips all the rest should be in a section with a reduced annual limit of 80 trips.

**193.** Improve the scheme. Do not cut it

**194.** I have nothing else to say.

**195.** IT MIGHT AFFECT THE MORE ILLPEOPLE AND THE LESS UNWELL

WILL BE BENEFITTED FROM THE CHANGE. BETTER

INCREASE THE TRIP

GET SOME MORE FUNDING AS THE LORD SAY LOOK AFTER THE SICK,

SUCH PEOPLE SHOULD HELP THE POOR AS WHEN WE DIE WE DON'T

TOOK OUR MONEY WITH US.

**196.** As stated in your letter. Refocus the eligibility criteria so that people who

need this service benefit from it.

**197.** I have been very grateful for the taxicab and do appreciate it.

**198.** By reducing the amount of trips allowed on taxicards

**199.** Proposed changes to be brought in gradually. ALso, special care to be

taken with serious impairments ,e,g a thorough assessment by an occupational therapist.

**200.** AWARD A MINIMUM OF 'RIDES' AT ORIGINAL CRITERIA AND AN

EXCESS (TO A FIXED LIMIT OF 104) AT 'NEW CRITERIA' ADD TO THE

TAXICARD A BLUE BADGE SO THAT IF A FRIEND/RELATIVE WERE SO

MINDED AS TO GIVE A LIFT. THEN COULD PARK MORE EASILY AND

LESS EXPENSIVELY WITH A RIGID CONTROL THAT IT COULD BE USED

ONLY WHEN THE NAMED PERSON WAS A PASSENGER. THIS WOULD/COULD 'SAVE' A USE OF THE TAXICARD.

**201.** Look after people over 75 and not working

**202.** I have no idea, the Council have to do what they have to do, as its their

decision to make.

**203.** Raise the traveller's contribution to "2.50 per journey.

**204.** make means testing part of the scheme and that people with high income

would not be eligible

**205.** IMPROVE DIAL A RIDE. WHEN SOME 8 YEARS AGO MY PARTNER

BECAME A WHEEL CHAIR USER WE TRIED TO MAKE HIM A MEMBER OF

THE SCHEME, BUT IT TOOK MONTHS AND MONTHS, HE DIED BEFORE

HIS ACCEPTANCE LETTER CAME.

**206.** It is essential it is kept for the elderly. This stops them filling up care

homes.

**207.** I find your questionnaire confusing and irritating. Up the swipe to £2.50 is

all right with me. I need as many trips as possible. I am totally reliant on taxis. I

am unable to walk unassisted. My vision is impaired -- I cannot see more than

the top three lines on the chart. A taxi is the only way I can travel. I can't use

public transport. The slightest effort causes angina and I have to use GTN

spray. Loss of foot sensation due to diabetes, positional vertigo and a bladder

problem add further complications. I am 86 years old.

**208.** give taxi cards on a means test basis + work from there.

**209.** Don't give it to people who can use the bus and can walk or think for

themselves. Give it to the people I've ticked at no 11

**210.** what the council propose will go ahead regardless of what I think.

**211.** I really appreciate my taxicard I do think reducing journeys in a year, to 98

is very generous? Could be reduced to 6 a month? That would reduce the

council subsidy and I doubt this would have a huge impact on taxicard users? I

think it is really important that when looking at eligibility criteria - that people are

not refused cards, with severe enduring hidden illness, that prevents them

travelling on normal transport!

**212.** I don't know my doctor put me on pain killers twenty four seven. Without it I can't do nothing. I would like to do things for myself =, but I can't because of my disability I struggle.

**213.** (i) The council need to scrutinise members more thoroughly. (ii) By the time myself and my guide dog were sitting in the cab recently it read £6.20 before we even pulled off. What use is an £8.30 then? (iii) Double swiping is a necessity to me. I save my credits to essential travel and double swipe regularly. (iv) Your proposals would essentially leave us transportless as blind persons.

**214.** By not making the proposed changes at all!

**215.** As I have stated before some of the questions are somewhat ambiguous if not misleading.

**216.** By restricting it to groups A-C in question 1. By cutting the number of rides to 98 i.e. 4 per month. Double swipe should be retained as it gives people choice and most journeys in London need it.

**217.** The council should consider the effect that these proposed changes would affect the lives of users.

**218.** I WOULD SAY LOOK AT THEIR MEDICAL RECORDS THEIR AGE GROUP AND TAKE IT FROM THERE ALL OF IT IS ON THE COMPUTER. I KNOW I AM.

**219.** MAKE IT CHEAPER AND MORE ACCESSIBLE

**220.** Reduce the number of taxi rides available per month. Increase the number of dial a rides with more availability for booking in advance.

**221.** Taxicard users should not abuse the system!

**222.** Don't know

**223.** At present I can still drive so could do with 1/2 number of rides i.e. 52. But, as I am 80, I may well have to give up driving soon & would need more rides. I



sometimes have 8.00am daily appointments at Royal Marsden Hospital. I cannot stand for long & would find public transport difficult. Some late clinics have people caring for badly disabled children or family members, who have to take them in a wheeled transport (pram) To get to early hosp appointments (or late) would have difficulty in rush hour public transport. note - many of Charing Cross's clinics have now transferred to St Mary's Paddington. Very difficult to get to from much of H&F we would still need the double swipe. Perhaps a few less rides to minimise impact?

**224. EXCEPTIONS MADE FOR USERS FORCED TO TRAVEL LONG**

**DISTANCES TO NHS HOSPITAL APPOINTMENTS OTHERWISE INACCESSIBLE BY PUBLIC TRANSPORT. INTRODUCTION OF CHANGES**

**SLOWLY E.G. YEAR 1, 2, 3, NOT SIMULTANEOUSLY.**

**INCREASE NUMBER**

**OF TRIPS ALLOWED ABOVE THE SUGGESTED MAXIMUM IN VERY COLD**

**WEATHER AS DEFINED BY HEATING ALLOWANCE**

**SUPPLEMENTS PAID**

**BY CENTRAL GOVERNMENT.**

**225. write to holders of the taxicard & tell them how much should be recorded**

**on the taxi meter when they get into the car. This is to prevent the taxi from**

**overcharging the council. This is currently variable & can be as much as £5 - is**

**this correct?**

**226. If it must be done then please make it a slow process. Give people time to**

**get used to not having the help they need.**

**227. Phasing in slowly if really needed to be changed**

**228. GIVE GOOD NOTIFICATION OF CHANGE PERHAPS IMPLEMENT**

**CHANGES IN STEPS NOT ALL AT ONCE.**

**229. MEANS TESTING, STOP THE SCHEME FOR THOSE IN WELL PAID**

JOB OR WITH CAPITAL: £75,000 PLUS. PUT UP THE PRICE FOR A SINGLE TRIP. LIMIT THE AMOUNT OF YEARLY TRIPS. DO NOT STOP DOUBLE SWIPING. FREQUENTLY PEOPLE SAVE UP TRIPS TO ENABLE THEM TO VISIT HOSPITAL, FRIENDS/RELATIVES/SHOPPING/EDUCATION/CULTURAL EVENTS THERE, BACK & BACK WHICH THEY MIGHT NOT OTHERWISE BE ABLE TO DO.

**230.** I do not think the council could minimise the impact of changes to the taxicard scheme.

**231.** people who opt for the Taxicard scheme must meet a certain criteria.

**232.** By having no restrictive rules. For example; Blue Badge rules disadvantage the over 65's, who cannot apply for DLA (mobility) & have no automatic qualification for the badge. That is discrimination. There should be no exclusive rules like this for the taxicard. (But each applicant should have a need or disability)

**233.** DO NOT CHANGE ANYTHING ABOUT IT. UNLESS YOU LIVE WITH THESE DAY TO DAY PROBLEMS YOU WILL NOT KNOW WHAT A COMFORT IT IS TO HAVE THE SERVICE THE WAY IT IS. LEAVE IT ALONE!

**234.** To keep the double swiping especially if the overall price is reduced. As if people (as i do) need to go to hospital clinics-and it's quite a distance changing buses 2-3 times is very exhausting. Plus wx problems makes it more so i live in Fulham and need to go to Hammersmith hospital for check ups on pace maker etc.

**235.** many people are using Blue Badges illegally. Heavier fines. Checking if on disabilities - people tend to use facilities when cured.

- 236.** Increase the Council Tax
- 237.** Cut the amount of journeys a year
- 238.** DON'T WANT TAXI CARD TAKEN AWAY.
- 239.** AND WOULD SUGGESTED EXTENT HARDSHIP ON DISABLED
- 240.** I would argue that cost cutting should occur elsewhere in the council's budget, not focused on the most vulnerable in society. If changes are made, they should be made gradually, and certainly not by removing double swiping, as this would render the service unusable for many people.
- 241.** By putting those that need the service as their priority.
- 242.** Allow more innovating ways like swiping twice or thrice, booking well in advance etc
- 243.** DO NOT EXCLUDE THOSE WITH WITH MOBILITY IMPAIRMENT, BUT NOT IN CATEGORIES A-C.
- 244.** Phase them over several years.
- 245.** Slow introduction.
- 246.** Please do not discontinue the service - it is a great boon to those of us who can't 'get about' like we used to. Reducing the number of trips and reducing the subsidies would, I hope, enable the Council to continue the scheme. Means testing - It is fair that all users should pay something - but those who pay a lot of Council Tax are already making a contribution.
- 247.** I think the council should first think before they make any changes as it might affect people who need the scheme most.
- 248.** TO CONCENTRATE THE USE OF TAXICARD TO THOSE WHO NEED IT MOST ON HEALTH AND MOBILITY GROUNDS
- 249.** Strike a balance
- 250.** THEY COULD REDUCE THE NUMBER OF TRIPS ALLOWED AS I ONLY USE HALF MY ALLOWANCE OF TRIPS
- 251.** Do not take it away from us.

**252.** LOOKING THROUGH COUNCIL RECORDS TO SEE WHO IS REGISTERED.

**253.** Keep the service as it is, just increase the charge from 1.50 to 2.50 this

has the least impact but cuts some of the cost to the council

**254.** IT IS HOPED THAT THE COUNCIL CAN MINIMISE BY ENSURING THE SERVICE CONTINUES. THE ONLY ALTERNATIVE METHOD OF TRANSPORT IS BUS AND IT IS OFTEN VERY DIFFICULT TO TRAVEL

BECAUSE OF IT STOPPING AND STARTING AND THE SHEER NUMBER

OF PEOPLE. A TAXI IS MUCH SAFER TO TRAVEL IN.

**255.** SERVICE USERS SHOULD BE NOTIFIED IN A TIMELY MANNER + THE COUNCIL SHOULD ENSURE THEY HAVE AN ALTERNATIVE METHOD OF

TRANSPORT IF THE TAXICARD WAS TAKEN AWAY OR NUMBER OF TRIPS REDUCED. NUMBER INCREASING LOST TO SERVICE USERS

WILL AUTOMATICALLY REDUCE NUMBERS OF TRIPS AS TAXI

JOURNEYS ARE ALREADY EXTREMELY EXPENSIVE. REMOVING DOUBLE

SWIPING WILL HAVE A HUGE IMPACT-IT IS OFTEN NECESSARY TO

DOUBLE WIPE FROM W14-W12 DUE TO TRAFFIC.

**256.** Listen to peoples needs, some changes will have a big impact on certain groups of people.

**257.** I FIND THE SERVICE INVALUABLE AND WOULD BE SEVERELY

AFFECTED IF IT WERE NO LONGER AVAILABLE. I AM UNABLE TO USE

TRAINS OR MOST BUSES. I REALISE THE COUNCIL NEED TO REDUCE

COSTS, I FEEL THAT AN INCREASE IN JOURNEY CHARGE WOULD BE

THE MOST ACCEPTABLE. AS A DOUBLE SWIPE COUNTS AS 2

JOURNEYS AND THE TOTAL NUMBER OF JOURNEYS PER YEAR IS LIMITED, I CANNOT SEE THAT DOUBLE SWIPE IS RELEVANT TO OVERAL COST.

**258.** To inform the various customers in reasonably good time & with as much detail as possible.

**259.** The Council might help to minimise the impact, by helping people who has a severe hearing and movement problem such as my brother to understand in writing.

**260.** 1) Do not introduce a restriction to monthly trips of 8. Freedom to use total number of trips is essential and monitoring of this unnecessarily bureacratic - what would it acheive?? 2) Fares bound to go up - to consider not changing tariff downwards - better to reduce annual number of trips otherwise people will be priced out of existing system. 3) Comcab - often v. different costs before passenger gets in - not in control of passenger - checks made on accounts from comcab to monitor this?

**261.** THE TAXICARD IS VERY IMPORTANT TO ME AND THE SCHEME MUST CONTINUE RUNNING IT IS SO IMPORTANT.

**262.** Bring charge in slower for people to get used to it. It takes 2 swipes for chelsea and westminster hospital we go there a lot, I take my son.

**263.** It should be kept as it is - lives of needy people will be miserable.

**264.** ENABLE PEOPLE WHO LIVE IN A CARE HOME TO KEEP THEIR DLA MOBILITY ALLOWANCE.

**265.** you should just cut the number of journeys allowed in half or 3/4 and put more money into DIAL A RIDE. make users pay a nominal fee for this service.

that would bring in some revenue. the organising of dial-a-ride could do with an

overhaul. there is sometimes only one passanger in the WHOLE bus!

**266.** I use the taxicard mainly for hospital/doctors appointments so it is a necessity for me to use this card.

**267.** IS BETTER NOT TO INTRODUCE THE SCHEME ALL IN ONE YEAR TO SEE IF THINGS WILL GET BETTER INTHE COUNTRY.

**268.** by pahsing it in and listening to the views expressed in this questionnaire

**269.** AS I SAID BEFORE, YOU COULD GIVE PEOPLE OPTIONS - CHOOSE FEWER TRIPS - SEND BACK THEIR FREEDOM PASS ETC. I MYSELF AM A GRATEFUL BUT OCCASIONAL USER, NEVER USING MORE THAN 4 TRIPS PER MONTH, IF THAT.

**270.** no idea

**271.** BY WORKING HAND TO KEEP TRANSPORT E.G TUBES SUCH AS

SUCH AS SHEPHERDS BUSH WHEELCHAIR FRIENDLY PROMISES NOT

HAPPEN SO NOT USEABLE BY MAKING SURE THE VULERBLE USEFS

ARE GIVEN ALTERNATRE REPLACEMENT TRAVEL AND HELPERS AS

SOME PEOPLE DON'T COME UNDER NORMAL CRIETERA IE MENTAL

HEALTH CANCER PATIENTS ETC MOST TRANSPORT STILL INACCESABLE EVEN FOR OLYMPICS HAD NOT SAID

LONDON IS NOT

HOPING ONE DAY WILL CHANGE UNTILL THEN TAXICARD IMPORTANT

BUT EXPENSIVE TO USE WHEN BUSY ROADS.

**272.** no idea.

**273.** ONLY BY RAISING THE CHARGE/FARE SLIGHTLY.

**274.** A general smaller allocation of permitted rides per month would be better.

**275.** Some people will lose out if criteria is tightened - but that's life!!

**276.** ENABLE PEOPLE WHO LIVE IN A CARE HOME TO KEEP THEIR DLA MOBILITY ALLOWANCE

**277.** THE COST OF THE SCHEME CAN BE REDUCED CONSIDERABLY IF TAXIS DO NOT ARRIVE AT THE RESIDENTS ADDRESS RUNNING £5, £6, £7 ON THE CLOCK BEFORE THE START OF THE JOURNEY.

**278.** PERHAPS INTRODUCING AN UNANNOUNCED VISIT DURING THE ASSESSMENT OR AT ANY GIVEN TIME AND ENSURING THAT THE ASSESSMENT IS DONE AT HOME WITH A PROFESSIONAL TOGETHER WITH THE GP INFO. MAINLY ENSURING THAT THOSE WHO REALLY NEED IT ARE PROVIDED. H&F SPEND TOO MUCH MONEY ON REPLACING PAVEMENTS AND ROADS SERIOUSLY!

**279.** Introducing the changes gradually

**280.** PLEASE SEE PREVIOUS PAGE

**281.** STAGGER IMPLEMENTATION OF CHANGES OVER AS LONG A PERIOD AS POSSIBLE

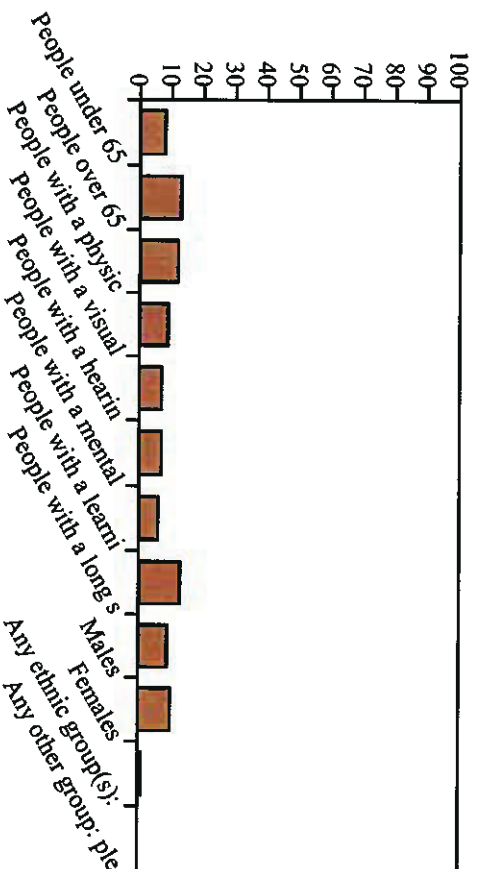
**282.** Keep as it is otherwise lives of needy people will be made miserable & sad and more burden on NHS.



People with a physical impairment	545	13%
People with a visual impairment	414	10%
People with a hearing impairment	271	6%
People with a mental health condition	349	8%
People with a learning disability	289	7%
People with a long standing illness or health condition	596	15%
Males	307	7%
Females	394	9%
Any ethnic group(s): please specify below	34	0%
Any other group: please specify below	33	0%
Total	3967	

**Q7:** If you answered "any ethnic group(s)" or "any other group" please specify:  
*There are 899 responses to this question. Please see Appendix A for the text of these responses.*

**Q8:** Are there any groups of people you, or the person you care for, think would be particularly advantaged by the proposed changes? Please tick all appropriate boxes.



Option	Value	Percentage
People under 65	150	8%
People over 65	240	13%
People with a physical impairment	227	12%
People with a visual impairment	170	9%
People with a hearing impairment	132	7%
People with a mental health condition	129	7%
People with a learning disability	113	6%



People with a long standing illness or health condition	250	13%
Males	163	9%
Females	186	10%
Any ethnic group(s): please specify below	18	1%
Any other group: please specify below	13	0%
Total	1791	

**Q9:** If you answered "any ethnic group(s)" or "any other group" please specify:  
*There are 899 responses to this question. Please see Appendix A for the text of these responses.*

**Q10:** How might the council minimise the impact of introducing any changes, were a decision made to do so? (please specify)

*There are 899 responses to this question. Please see Appendix A for the text of these responses.*

## **APPENDIX 8: Hammersmith and Fulham Disability Forum Consultation response**

# **Hammersmith & Fulham Disability Forum**

## **Disability Forum response to Taxicard Consultation 2011**

1. Hammersmith and Fulham Disability Forum is a user led group of disabled residents supported by Hestia under contract with Hammersmith and Fulham Council. We had a discussion at a Forum meeting before Christmas on London Council proposals for the Taxicard budget. Members were very concerned about the proposals and asked me to find out if Hammersmith and Fulham Council planned to consult Taxi card users and the Disability Forum on the proposals. At that stage members were clear that their top priority was to retain double swiping.
2. I attach the email correspondence I had with Councillor Botterill on Taxicard and ask that issues raised be taken into account.
3. At the Taxicard focus group on 3 May 2011 Disability and Consultative Forum Taxicard users
  - Did not support restricting eligibility to the automatic criteria
  - Supported a fair way of assessing applicants for discretionary Taxicards. It was not easy to get consensus on which assessment method was the fairest that would also met the council's objectives.
  - strongly supported double swiping
  - Supported retention of an annual limit for trips that was not less than the current limit. Users did not believe that the council's concern that some people run out of Taxicard trips before the end of the year should mean monthly trips for all Taxicard users. Users felt that the Council should identify those Taxicard users that had difficulty managing their trips and find a way of assisting them.
  - strongly opposed mean testing
  - Reluctantly supported increasing the minimum member charge to £2.50 but did not support reducing maximum subsidy tariffs.
4. Various users mentioned problems using taxis with their Taxicard which we hope will be reflected in the report to Cabinet.

- The biggest problem is the amount on the meter when the taxi arrives. Despite members being told that it should be no more than £3.80 the run in charge frequently can range from £5 - £8 which can be almost the 1<sup>st</sup> swipe gone.
- Despite taking a booking the journey is not guaranteed as Comcab can ring back and say no cab is available. This causes difficulty with time specific journeys such as theatres, trains or appointments.
- Hospital transport and parking provision for blue badge holders are big issues for people who need door to door transport to access health services.

5. Amending eligibility criteria is a difficult issue for councils if one of the objectives is to promote independence and reduce health inequality.

- If any amended criteria meant some blind and partially sighted people are no longer eligible the consequence could be less independence etc. if they did not have access to someone to guide them on public transport. This may have a consequence for their mental health if they could not get out and about.
- Amended criteria for Taxicard such as reducing the distance could be counterproductive. Most people on Taxicard in practice would not be able to walk the minimum of 400 metres needed to get to the average bus stop as well as walk to their destination.

6. From the public policy perspective there is everything to be gained by a

- robust and fair assessment process with re-assessments at regular intervals such as with blue badge 3 years: freedom pass 5 years
- reviewing rules and closing any loopholes that encourage taxi drivers to abuse run in fees which mean users pay more; travel less far or find one swipe already gone
- rigorous monitoring of Taxicard contracts to ensure London Councils; TfL and the boroughs as well as Taxicard users are not ripped off by taxi companies or taxi drivers
- robust Taxicard system that does not result in Taxicard users paying for taxi drivers and taxi companies taking advantage of poor contract management
- Taxicard contract that achieves efficiencies: it is not acceptable for Taxicard users to be making all the efficiency savings needed to keep within a Taxicard budget at borough level. We heard evidence that the Taxicard budget may not have kept pace with recent taxi fare increases.
- innovative ways of providing effective door to door transport for those who cannot walk the minimum of 400 metres needed etc in all weathers to use public transport to access various services.

**Jane Wilmot**  
**Chair**  
**Hammersmith and Fulham Disability Forum**

Dear Cllr Botterill

We understand that TfL and London Councils are dealing with a deficit in this year's Taxicard budget and also agreed cuts to next year's Taxicard budget.

Taxicard members of Hammersmith and Fulham Disability Forum are very concerned about the proposals

- to end double swiping
- to increase the charge to Taxicard users from £1.50 to £2.50
- to reduce the subsidy per journey by £1
- to have a moratorium on new members between January and March 2011

and asked me to write to you on their behalf. We understand that each borough has to make a decision whether to implement the London Council /TfL proposals in full or in part.

**Hammersmith and Fulham already has a annual limit of 104 Taxicard journeys.** Taxicard users tell me that they often do not use their annual quota so are concerned that the council has a deficit on its Taxicard budget in the current financial year.

Members are querying London Council's belief that the current year deficit is solely caused by additional trips by Taxi card users rather than increased fares for the same or similar level of trips.

Are TfL and London Councils confident that their Taxicard contractor is giving them full value for money and not charging for unused journeys or unused portions of journeys? How can TfL and London Councils control how much is already on the meter before Taxicard users are picked up?

**Double swiping:** Taxicard users tell me that the value and distance travelled on each £1.50 swipe had reduced by about 50% in the last 10 to 12 years. Eg one swipe at one time took users for Covent Garden to Hammersmith. Now it takes 2 swipes plus a cash payment of £ 3 to £4 for the same distance. 1 swipe often only gets as far as Hyde Park Corner or Knightsbridge.

**Members tell me that double swiping is what makes the longer taxi journey affordable and strongly recommend that this council continues to fund double swiping for its residents.** We do not consider that the comparison between Taxicard fares of £1.50 with current bus and tube fares is correct. Most taxi card users also use Dial a Ride which is free of charge. Freedom Pass holders do not pay for public transport so Taxicard users feel it is not fair that they have to make any contribution to taxi fares.

**Increasing the Taxicard fare and reducing the subsidy:** Reducing the subsidy by £1 on top of an increase for one swipe to £2.50 means an overall increase to 3.50 for one swipe which is an increase of more than 100%. Members are not happy at this level of increase but I am told their top priority is that Hammersmith and Fulham Council continue to fund double swiping for its residents.

**Moratorium on new Taxicard members in current financial year:** we do not support this as it discriminates against new Taxicard applicants.

We do understand that every borough is facing difficult decisions over its Taxicard budget but members value double swiping and hope Hammersmith & Fulham Council will fund this for their disabled residents.

Please do not hesitate to contact me if you need further information. I look forward to hearing the decision made by Hammersmith and Fulham Council on its Taxicard budget.

With best wishes for Christmas and the New Year

Yours sincerely

Jane Wilmot  
Chair  
Hammersmith and Fulham Disability Forum

## APPENDIX 9: List of Focus Groups

Date	Focus Group
07/04/2011	Sunberry Independent Living Service (H&F)
13/04/2011	Sunberry Independent Living Service (H&F)
03/05/2011	Focus group - Better Government For Older People
05/05/2011	HAFAD

## Appendix 10 - Equality Impact Analysis Full Tool with Guidance

### Overview

This Tool has been produced to help you analyse the likelihood of impacts on the protected characteristics – including where people are represented in more than one – with regard to your new or proposed policy, strategy, function, project or activity. It has been updated to reflect the new public sector equality duty and should be used for decisions from 5<sup>th</sup> April 2011 onwards. It is designed to help you analyse decisions of high relevance to equality, and/or of high public interest.

### General points

1. 'Due regard' means the regard that is appropriate in all the circumstances. In the case of controversial matters such as service closures or reductions, considerable thought will need to be given the equalities aspects.
2. Wherever appropriate, and in all cases likely to be controversial, the outcome of the EIA needs to be summarised in the Cabinet/Cabinet Member report (section 08 of this tool) and equalities issues dealt with and cross referenced as appropriate within the report.
3. Equalities duties are fertile ground for litigation and a failure to deal with them properly can result in considerable delay, expense and reputational damage.
4. Where dealing with obvious equalities issues e.g. changing services to disabled people/children, take care not to lose sight of other less obvious issues for other protected groups.

### Timing, and sources of help

Case law has established that having due regard means analysing the impact, and using this to inform decisions, thus demonstrating a conscious approach and state of mind ([2008] EWHC 3158 (Admin), [here](#)). It has also established that due regard cannot be demonstrated after the decision has been taken. Your EIA should be considered at the outset and throughout the development of your proposal, through to the recommendation for decision. It should demonstrably inform, and be made available when the decision that is recommended. This tool contains guidance, and you can also access guidance from the EHRC [here](#). If you are analysing the impact of a budgetary decision, you can find EHRC guidance [here](#). Advice and guidance can be accessed from the Opportunities Manager: [PEIA@lbhf.gov.uk](mailto:PEIA@lbhf.gov.uk) or ext 3430.

## Full Equality Impact Analysis Tool

Overall Information	Details of Full Equality Impact Analysis
<b>Financial Year and Quarter</b>	11/12 Q3
<b>Name and details of policy, strategy, function, project, activity, or programme</b>	<p><b>Changes to the Taxicard scheme</b></p> <p>The Taxicard scheme is a discretionary pan-London transport scheme that provides subsidised door-to-door transport for people who have serious and long term mobility impairment and difficulty in using public transport. The scheme is jointly funded by London boroughs and Transport for London (TfL), co-ordinated and administered by London Councils. A number of changes to the scheme, following a reduction in the top up funding provided to the Council from Transport for London (TfL) to run the scheme and in consideration of current pressures on council budgets, are being presented to Cabinet for consideration.</p>
<b>Lead Officer</b>	<p>Name: Gill Sewell            Position: Assistant Director, Children, Youth and Communities            Email: <a href="mailto:gill.sewell@lbhf.gov.uk">gill.sewell@lbhf.gov.uk</a>            Telephone No: 0208 753 3608</p>
<b>Date of completion of final EIA</b>	21/09 /11

Section 02	Scoping of Full EIA
<b>Plan for completion</b>	<p><b>Timing</b> – completion by 26 August 2011</p> <p><b>Resources</b> – Feedback from consultation with Taxicard users, database of Taxicard users</p> <p><b>Lead Officer</b> – Gill Sewell</p> <p><b>Other Officers</b> –Radhika Mehra (Project Officer), Natasha Price (Project Officer)</p>



**What is the policy, strategy, function, project, activity, or programme looking to achieve?**

## **Proposed changes to the Taxicard scheme**

### **Background to the scheme**

The Council currently contributes towards a pan-London Taxicard scheme for disabled residents in partnership with Transport for London (TfL). The Taxicard scheme provides subsidised taxis and private hire vehicles to residents with serious mobility impairments at similar costs to public transport. Each service user receives a total of 104 trips per annum, each with a minimum user charge of £1.50. Existing users, on average, use 29 journeys per year or 59 per active user (defined as using over 12 trips per year), which includes the use of double swiping. The scheme is intended to facilitate a degree of local travel and is not intended to meet all of the transport needs of residents with serious and long-term mobility impairments.

### **The financial context and consultation**

As detailed in the Cabinet Report at 2.3, from 2011/12 TfL have made changes to the way it distributes funding to participating boroughs, which will see the allocation of TfL top-up funding for H&F's Taxicard scheme reduce from £463,696 in 2010/11 to £296,512 by 2014/15. In addition, 2.3.2 of the Cabinet Report notes that any budget overspends will have to be met by individual boroughs rather than London Councils, as had previously been the case. The demand for Taxicards has increased and despite this, there have been no material changes to the scheme for 15 years. It should be noted, however, that taxi fares in general have increased during this period which may have had a negative impact on users. In order to address the predicted overspend within the current budget level, as a result of the changes to TfL funding allocation, the Council consulted with service users on potential changes to the Taxicard scheme (see section 5 of the Cabinet Report) and in response to the consultation and the decreasing funding from TfL, is proposing a number of changes to the operation and eligibility criteria for Taxicard scheme. These recommendations will enable H&F to target the service to those who most need it whilst giving confidence that the council can continue to operate the scheme and mitigate the impact of reduced funding from TfL. The recommendations are detailed in section 7 of the Cabinet report.

H&F currently has 2,345 Taxicard users (according to London Councils' database at the end of 2010/11). 1,113 (47%) of these are 'active users' of the scheme, defined as using greater than 12 trips in a year. This is detailed in section 2.1.1 of the report. Every registered service user (2,336 users were registered at the start of the consultation) was sent a paper consultation document to complete and return. There were 909 responses and additional information of 20 users who had passed away and have subsequently been removed from our register. Removing these 20 from the total number of users at the time of consultation means that the overall response rate is 39%. If the number of active users were taken into account it is likely that the response rate would be much higher.

### **Changes proposed**

The key changes to the Taxicard scheme being proposed for implementation from January 2012 are as follows:

1. To increase the minimum user charge by £1 per trip from £1.50 to £2.50 from January 2012
2. To reduce the Council's subsidy contribution by £2 per trip from January 2012
3. To expand the automatic eligibility criteria and remove non-automatic eligibility from January 2012, as set out in paragraph 4.1
4. In response to the public consultation, to maintain double swiping until April 2014.
5. In response to the public consultation, to maintain the current annual trip limit until April 2014 when a monthly trip limit of 8 trips per month, as set out in paragraph 3.4, will be introduced.
6. To review the eligibility of Taxicard users and send the Taxicard database to the national fraud initiative every two years.
7. To carry over any unused contingency in the Taxicard scheme budget until 2014/15.
8. That the Leader transfers Cabinet responsibility for the Taxicard scheme from the portfolio of the Cabinet Member for Children's Services to the portfolio of the Cabinet Member for Residents Services under the Council's Scheme of Delegation.
9. That the Leader transfers responsibility for the Taxicard scheme from the Director of Children's Services to the Director of Finance and Corporate Services under the Council's Scheme of Delegation.

Recommendations 8 and 9 refer to the internal management of the scheme and have therefore not been considered as part of this assessment. However, it should be noted that it is recommended that the scheme is managed by H&F Direct who would have knowledge of alternative providers of services and would therefore be able to signpost residents to other providers if they are no longer eligible for the Taxicard scheme or need a greater level of service.

The potential changes to the Taxicard scheme that we asked service users about are broken down into two areas: (1) changes recommended by London Councils at section 3 in the Cabinet Report and (2) additional recommendations from H&F at section 4 in the Cabinet Report. These proposed changes, the response on each from the public, and officers' recommendations are detailed below:

*Changes recommended by London Councils :*

*Increase Minimum User Charge*

The current minimum user charge for a Taxicard user is £1.50 per trip. The Council is proposing to increase the minimum user charge to £2.50 (a £1 increase). This change was recommended by the Transport and Environment Executive Sub Committee in order to address the projected budget overspend for the pan-London Taxicard scheme and has been implemented in 28 of the 32 London Boroughs on the scheme. This option was supported by respondents to the Taxicard consultation as the most preferred change.

- **Officers recommend that this change is proposed for implementation from January 2012**

#### *Reduce the Maximum Subsidy Tariff*

The trip subsidy is the maximum amount that funders (LBHF and TfL) pay towards a single trip. Once this maximum has been reached the user is responsible for the remaining fare. This option was not preferred by respondents to the consultation or in the focus groups, although it was also not the least preferred option. It was clear that users who prefer to use their Taxicard for longer journeys were more concerned by this change. By reducing the subsidy, shorter journeys will not be affected.

- **Officers recommend reducing this maximum subsidy by £2 from January 2012.**

#### *End Double Swiping*

Currently, if a trip goes above the maximum subsidy users are permitted to “double swipe,” using two of their annual trip allowances for one journey in order to travel further distances. London Councils recognised that ending double swiping is likely to have the biggest impact on service users. Ending double swiping was the least preferred option identified in the consultation process and therefore officers have recommended maintaining double swiping for the benefit of users for as long as possible within the approved budget. It is therefore recommended that ending double swiping is implemented from April 2014 when the reduction in funding from TfL and level of predicted overspend is most severe.

- **Officers recommend that double swiping is maintained until April 2014, in response to the public consultation.**

#### *To reduce the annual limit to 8 trips per month*

Currently, users are provided with an annual trip limit of 104 trips per year. The consultation proposed that this is reduced to 8 trips per month (96 per year), with no roll over. Recognising the impact on user flexibility officers have recommended that an annual trip limit is maintained for the benefit of users for as long as possible within the approved budget. It is therefore recommended that monthly trip limits are applied in 2014/15 when the reduction in funding from TfL and level of predicted overspend is most severe.

- **Officers recommend that an annual trip limit of 104 trips per year is maintained until April 2014, in response to the public consultation.**

#### *Other changes proposed by H&F:*

#### *Changes to eligibility criteria*

Under the existing Taxicard scheme residents are automatically eligible for a Taxicard if they meet one of the following eligibility criteria:

- a) Higher rate mobility component of disability living allowance
- b) War pension mobility supplement

c) Registered severely visually impaired or blind

There is a fourth, non-automatic, category for applicants where none of these three conditions apply which requires a doctor's medical assessment form to be completed.

Under the proposed changes the Council will expand the automatic eligibility criteria to also include Blue Badge holders (which requires a mobility assessment) and those residents with a higher rate attendance allowance. Officers believe that these changes to the eligibility criteria will ensure that the scheme targets those residents for whom the scheme is intended. These additional criteria should provide a consistent mechanism of assessment as recommended in response to the consultation. Officers have considered the response to the consultation from the Hammersmith and Fulham Disability and Consultative Forum that recognises that "people on Taxicard in practice would not be able to walk the minimum of 400 metres needed to get to the average bus stop." An appeals process will be available for those users who do not meet the automatic eligibility, and are able to walk over 70 metres, but have mobility issues and live much further from public transport and therefore may consider themselves eligible for support.

Under the proposed changes, the Council would not continue with the current non-automatic criteria, which is currently a doctor's medical form. Officers have acknowledged that this was not recommended by the consultation results but have outlined the reasons at 4.1.6 of the Cabinet Report for this recommendation.

- **Officers recommend expanding the automatic eligibility criteria to also include Blue Badge holders (requires a mobility assessment) and those residents with a higher rate attendance allowance.**
- **Officers recommend that the non-automatic criteria, currently a doctor's medical form, is disbanded although a robust appeals process will still apply.**

**Profile of respondents to consultation:**

As is given here, the common profile of respondents emerged as:

Older (over 65) (Age): **572 (63%)**

Disabled "Has a long term illness, health problem or disability which limits daily activities or work done (self-declared)" (Disability): **810 (89%)**

Female (Sex): **565 (62%)**

**Profile of current Taxicard users, based on the London Council's database at the end of 2010/11:**

Older (over 65) (Age): **1,427 (64.2%)**

Disabled (based on the 3 automatic eligibility criteria for the Taxicard scheme) (Disability): **827 (35%)** (\*\* as noted in the Cabinet Report at 2.2.1 the remaining 65% of users would require a doctors medical assessment form to detail the nature of their mobility requirements).

Female (Sex): **1,509 (64%)**

The Race profile of service users is given in the analysis on Race below, and the proportions of disabled people represented within race groups have been given in different race groups to in order to highlight where some race groups are under, and some are over represented. Only one race group is broadly in line with the borough profile.

Further information is given below, where we have analysed the proposals against each protected characteristic, and used this to determine the relevance to (low, medium, high or unknown) and impact on each (positive, negative, neutral or unknown).

Age	<p>The scheme is open to all residents from the age of 2 (age at which you become mobile). Those under 18 are not currently covered by the protected characteristic of Age under the Equality Act 2010. Other protected characteristics do cover those under 18</p> <p>64.2% of Taxicard users are over the age of 65 (compared to the mid-year population estimates for 2009 of 10.3%). The high take up of residents over the age of 65 demonstrates the high relevance of all proposals to the age group of 65-plus.</p> <p><b>Recommendation 1: To increase the minimum user charge by £1 per trip from January 2012; and</b></p> <p><b>Recommendation 2: To reduce the council's subsidy contribution by £2 per trip from January 2012</b></p> <p>Given that a majority of Taxicard users are over 65 years old and therefore eligible for state pension it may be the case that users could be on a fixed income. Given this, recommendations 1 and 2 are likely to be of high relevance to the Council's Public Sector Equalities Duties (PSED) in terms of the protected characteristic of Age, and to individuals in the age group over</p>	High	Negative
		High	Negative

65 in particular.

The proposed increase in minimum fare and reduction in maximum tariff could negatively impact on users' ability to maximise use of the service. In particular each trip will cost a minimum of £1 more per journey and if users want to make a longer journey, under the proposed changes to tariffs, users will be expected to pay after the meter has reached £8.30. Previously users would not be charged until the meter reached £10.30 (there are variations depending on the time of day travelled). This does not prevent the users making longer journeys but less of the journey will be subsidised.

Officers have provided some examples of the potential individual financial impact of the recommended changes on a range of users using the current user figures and assuming that current user trends remain the same (see 11.1.7 of the Cabinet Report). This analysis has looked at the maximum trip user (all 104 trips allocated), an average active trip user (59 trips) and a minimum trip user (defined as less than 12 trips per year), assuming that they would still be eligible under the new eligibility criteria. The financial impact of implementing the two recommendations above for the maximum trip user is £294.10 per year, for the average trip user is £166.84 per year and for the minimum trip user is £31.11.

A majority of respondents (52%) stated that an increase in the minimum charge from £1.50 to £2.50 would be their most preferred change. Officers consider that increasing charges could have a negative effect on all age groups and older people in particular, as the majority of service users. This negative impact will be reduced or even mitigated by maintaining double swiping for the benefit of users until April 2014. The impact of ending double swiping at this time is discussed below. This also supports responses to the consultation that recommended a gradual implementation of changes.

It should be highlighted that the proposed changes to the scheme, which will increase the cost to the user will have a greater affect on older residents whose mobility issues may compound with age and therefore there may have a greater reliance on the Taxicard service. This is recognised as being particularly disadvantageous to women who generally out live men and

therefore may be using the service for a longer period of time. As highlighted below 64% of Taxicard users are women.

**Recommendation 3: To expand the automatic eligibility criteria and remove non-automatic eligibility from January 2012, as set out in paragraph 4.1**

The council is proposing to develop the automatic eligibility criteria to include:

- (a) Blue Badge eligibility
- (b) Higher rate attendance allowance.

This will replace the non-automatic doctor medical assessment form for reasons outlined in 4.1.6 of the Cabinet Report, where it is noted that this was not popular during consultation and as such there could be a negative effect on that group of 211 individuals, whose protected characteristics, as stated above and below, are not known. However, officers have considered the DfT guidance (outlined in the Cabinet Report) and consider the removal of a doctor's certificate to be positive not only because is there a charge, but also because the new criteria are specifically targeted towards disabled people and so directly help those people to access the scheme.

The proposed introduction of the higher rate attendance allowance, which is a benefit provided to people aged 65 or over who need someone to help look after them because they have a mental or physical disability, as an automatic eligibility criteria is likely to be of high relevance to the Council's PSED duties in terms of the protected characteristic of Age, and to individuals in the age group over 65 in particular. This proposal would also be positive for them.

Removing the non-automatic criteria will impact on those users that are currently accessing the scheme in this way. Based on figures available, officers estimate that reducing the non-automatic criteria would mean that 211 active users are no longer eligible for the Taxicard scheme. This is based on the known number of users that would be automatically eligible under the new criteria. Officers do not know whether the 211 users that would no longer be eligible would consist of any group in particular. Therefore, it is not possible to determine the relevance of the proposal or an

High

Positive

Unknown

Unknown



impact as the protected characteristics of the 211 is unknown. Officers note that by expanding the eligibility criteria and removing the non-automatic eligibility, the changes to the scheme aim to ensure services for disabled people reach disabled people.

**Recommendation 4: In response to the public consultation, to maintain double swiping until April 2014.**

Ending double swiping does not mean that users are no longer able to travel longer distances, but this cost will have to be met by the user. This will therefore have a financial impact on users wishing to travel longer distances. Officers have considered that the scheme is intended for local travel and not to meet all the transport needs of users. Only 16% of trips are currently double swiped, although we do not have a breakdown of the profile of specific users who frequently double swipe and therefore the relevance of the proposal and impact on the protected characteristics of these users is unknown.

Officers have provided some examples of the potential individual financial impact of the recommended changes on a range of users using the current user figures and assuming that current user trends remain the same (see 11.1.7 of the Cabinet Report). This analysis has looked at the maximum trip user (all 104 trips allocated), an average active trip user (59 trips) and a minimum trip user (defined as less than 12 trips per year), assuming that they would still be eligible under the new eligibility criteria. From April 2014, the financial impact of implementing double swiping for the maximum trip user is an additional £170.00 per year, for the average trip user £96.44 per year and for the minimum trip user £17.98 per year. This is based on the assumption that 16% of trips are currently double swiped. As noted above is likely to have a negative impact on elderly residents who may be on a fixed income.

Officers have recommended deferring the implementation of ending double swiping until April 2014 in order to reduce this negative impact. This recommendation has considered the responses to the consultation which noted that ending double swiping is the least preferred change and supporting a gradual implementation process.

High

Positive up to 2014/15  
Negative thereafter



By deferring the decision to end double swiping officers have attempted to mitigate the impact of the initial changes. From April 2014 ending double swiping will have an additional negative impact on users. Officers could have raised the eligibility criteria further in 2014 in order to meet the financial challenges, rather than ending double swiping. However, officer have considered that any Taxicard scheme should continue to target vulnerable users and ensure that as many people as possible can benefit. Moreover, it is recommended that the scheme is managed by H&F Direct who would have knowledge of alternative providers of services and would therefore be able to signpost residents to other providers if they are no longer eligible or need a greater level of service.

**Recommendation 5: In response to the public consultation, to maintain the current annual trip limit until April 2014 when a monthly trip limit of 8 trips per month, as set out in paragraph 3.4, will be introduced.**

The financial saving attached to applying monthly trip limits assumes that user activity will remain the same and therefore the cost of journeys for those users that currently make more that 8 trips per month represents a saving to the council. It is difficult to calculate the exact financial impact on those individual users. It is noted that currently users only use on average 29 trips a year (or 59 for active users) of the 104 provided. Under the proposed changes users would have access to 96 trips per year.

Officers have noted that applying monthly trip limits does affect the flexibility of the scheme. From 2014, this may have a particular impact on older residents who may find that they need their Taxicard more in a given month. In the consultation this particularly referred to frequent hospital appointments. Although H&F do not intend to monitor what the Taxicard is used for, the Taxicard is not intended for hospital transport as NHS provision is available, as noted in 4.3. Recognising the impact on the flexibility of the scheme officers have recommended that the implementation of this recommendation is deferred until April 2014.

By deferring the decision to apply a monthly trip limit officers have attempted

High

Positive up to 2014/15  
Negative thereafter

to mitigate the impact of the initial changes. From April 2014 introducing a monthly trip limit will have an additional negative impact on users. Officers could have raised the eligibility criteria further in 2014 in order to meet the financial challenges, rather than making changes to trip limits. However, officers have considered that any Taxicard scheme should continue to target vulnerable users and ensure that as many people as possible can benefit. Some responses to the consultation also recognised the merit in applying trip limits, which will assist users in managing the number of trips allocated throughout the year.

Low

Positive

**Recommendation 6: To review the eligibility of Taxicard users every two years and to send the Taxicard database on a regular basis to the national fraud initiative.**

High

Positive

The above recommendation was considered following the consultation in which the introduction of a robust assessment and review process was recommended by the Hammersmith and Fulham Disability and Consultative Forum in their response to the consultation. It is proposed that the eligibility of all Taxicard users will be reviewed every two years. It is also proposed that the Taxicard database is sent on a regular basis to the national fraud initiative (as with Blue Badge and Freedom Pass databases). This will help to protect the scheme from fraud and therefore ensure that it is targeted at those who require it.

High

Positive

**Recommendation 7: To carry over any unused contingency in the Taxicard scheme budget until 2014/15**

Recognising the negative impact of the proposed changes on users, officers have recommended that any unused contingency in the Taxicard scheme budget is carried over until 2014/15, which may or may not happen. This may mitigate the need to implement any additional changes to the scheme which may have a negative impact on users.

**Other Options not recommended**

Means testing was considered by officers to address the funding challenges but was not recommended.

Various

Various

	Disability	<p>The current Taxicard scheme is designed to improve social mobility and independence for those users, who because of their physical disability, are less able to use public transport.</p> <p><b>Recommendation 1: To increase the minimum user charge by £1 per trip from January 2012; and</b></p> <p><b>Recommendation 2: To reduce the council's subsidy contribution by £2 per trip from January 2012</b></p> <p>A number of Taxicard users are likely to be on a fixed income as they are in receipt of the Disability Living Allowance. Given this, recommendations 1 and 2 are likely to be of high relevance to the Council's PSED duties in terms of the protected characteristic of Disability. The proposed increase in minimum fare and reduction in maximum tariff could negatively impact on disabled people's ability to maximise use of the service. In particular each trip will cost a minimum of £1 more per journey and if users want to make a longer journey, under the proposed changes to tariffs, users will be expected to pay after the meter has reached £8.30. Previously users would not be charged until the meter reached £10.30 (there are variations depending on the time of day travelled). This does not prevent the users making longer journeys but less of the journey will be subsidised.</p> <p>Officers have provided some examples of the potential individual financial impact of the recommended changes on a range of users using the current user figures and assuming that current user trends remain the same (see 11.1.7 of the Cabinet Report). This analysis has looked at the maximum trip user (all 104 trips allocated), an average active trip user (59 trips) and a minimum trip user (defined as less than 12 trips per year), assuming that they would still be eligible under the new eligibility criteria. The financial impact of</p>	High  High	Negative  Negative

implementing the two recommendations above for the maximum trip user is £294.10 per year, for the average trip user is £166.84 per year and for the minimum trip user is £31.11.

A majority of respondents (52%) stated that an increase in the minimum charge from £1.50 to £2.50 would be their most preferred change. Officers consider that increasing charges could have a negative effect on disabled users' ability to pay the increased amounts.

**Recommendation 3: To expand the automatic eligibility criteria and remove non-automatic eligibility from January 2012, as set out in paragraph 4.1**

The council is proposing to develop the automatic eligibility criteria to include:

- (c) Blue Badge eligibility
- (d) Higher rate attendance allowance.

This will replace the non-automatic doctor medical assessment form for reasons outlined in 4.1.4 of the Cabinet Report, where it is noted that this was not popular during consultation and as such there could be a negative effect on that group of 211 individuals, whose protected characteristics, as stated above and below, are not known. However, officers have considered the DfT guidance (outlined in the Cabinet Report) and consider the removal of a doctor's certificate to be positive not only because is there a charge, but also because the new criteria are specifically targeted towards disabled people and so directly help those people to access the scheme.

The higher rate attendance allowance is provided to all residents over the age of 65 who need someone to help them look after them because they have a physical or mental disability. Given the profile of current users, making this group automatically eligible will ensure the service is targeted at those users most in need of additional transport support and this will be both positive for those service users and of high relevance to the protected characteristic of Disability.

The eligibility for Blue Badge includes a mobility assessment which includes a physical assessment of their ability to walk 70 metres, measuring gait, speed, pain and breathlessness. The assessment also includes a number of

High

Positive

High

Positive

questions about the applicant's medical condition and history, their transport usage and needs, and their mobility. Respondents to the consultation as well as the response from the Hammersmith and Fulham Disability and Consultative Forum identified a need for a robust and fair assessment to determine eligibility. It is therefore recommended that the Blue Badge criteria, including the mobility component is applied to Taxicard users as part of the automatic eligibility. It is considered that this would have a positive effect on disabled service users and of high relevance to the protected characteristic of Disability.

High

Positive

For those that are not automatically eligible under the above criteria an appeals process, similar to that currently applied to the Blue Badge mobility assessment will also be applicable for this scheme. Whether an individual is given a Taxicard at the appeals process will depend on whether sufficient evidence has been provided that the individual has a chronic, or severe long term mental/physical health problem which results in them finding it difficult to use public transport. The relevance to protected characteristics and impact on a service user will depend on the outcome of an individual case. However, officers note that this has been designed in order to ensure that the scheme as a whole reaches disabled people. As such, a robust appeals process is of high relevance to the protected characteristic of Disability and is positive.

High

Positive

Based on figures available, officers estimate that reducing the non-automatic criteria would mean that 211 active users are no longer eligible for the Taxicard scheme. This is based on the known number of users that would be automatically eligible under the new criteria. Officers do not know whether the 211 users that would no longer be eligible would consist of any group in particular. Officers note that by expanding the eligibility criteria and removing the non-automatic eligibility, the changes to the scheme aim to ensure services for disabled people reach disabled people. It is noted in the Cabinet Report that this was not popular during consultation and as such there could be a negative effect on that group of 211 individuals, whose protected characteristics, are not known. However, officers have considered the DfT guidance (outlined in the Cabinet Report) and consider the removal of a doctor's certificate to be positive not only because is there a charge, but also because the new criteria are specifically targeted towards disabled

Unknown

Unknown

people and so directly help those people to access the scheme.

**Recommendation 4: In response to the public consultation, to maintain double swiping until April 2014.**

Ending double swiping does not mean that users are no longer able to travel longer distances, but this cost will have to be met by the user. This will therefore have a financial impact on users wishing to travel longer distances. Officers have considered that the scheme is intended for local travel and not to meet all the transport needs of users. Only 16% of trips are currently double swiped, although we do not have a breakdown of the profile of specific users who frequently double swipe and therefore the relevance of the proposal and impact on the protected characteristics of these users is unknown.

Officers have provided some examples of the potential individual financial impact of the recommended changes on a range of users using the current user figures and assuming that current user trends remain the same (see 11.1.7 of the Cabinet Report). This analysis has looked at the maximum trip user (all 104 trips allocated), an average active trip user (59 trips) and a minimum trip user (defined as less than 12 trips per year), assuming that they would still be eligible under the new eligibility criteria. From April 2014, the financial impact of implementing double swiping for the maximum trip user is an additional £170.00 per year, for the average trip user £96.44 per year and for the minimum trip user £17.98 per year. This is based on the assumption that 16% of trips are currently double swiped. As noted above is likely to have a negative impact on disabled residents who may be on a fixed income.

Officers have recommended deferring the implementation of ending double swiping until April 2014 in order to reduce this negative impact. This recommendation has considered the responses to the consultation which noted that ending double swiping is the least preferred change as well as supporting a gradual implementation process.

By deferring the decision to end double swiping officers have attempted to mitigate the impact of the initial changes. From April 2014 ending double

High

Positive up to 2014/15  
Negative thereafter

swiping will have an additional negative impact on users. Officers could have raised the eligibility criteria further in 2014 in order to meet the financial challenges, rather than ending double swiping. However, officers have considered that any Taxicard scheme should continue to target vulnerable users and ensure that as many people as possible can benefit. Moreover, it is recommended that the scheme is managed by H&F Direct who would have knowledge of alternative providers of services and would therefore be able to signpost residents to other providers if they are no longer eligible for the Taxicard scheme or need a greater level of service.

High

Positive

**Recommendation 5: In response to the public consultation, to maintain the current annual trip limit until April 2014 when a monthly trip limit of 8 trips per month, as set out in paragraph 3.4, will be introduced.**

High

Positive up to 2014/15  
Negative thereafter

The financial saving attached to applying monthly trip limits assumes that user activity will remain the same and therefore the cost of journeys for those users that currently make more than 8 trips per month represents a saving to the council. It is difficult to calculate the exact financial impact on those individual users. It is noted that currently users only use on average 29 trips a year (or 59 for active users) of the 104 provided. Under the proposed changes users would have access to 96 trips per year, which remains greater than the current average usage for active users.

Officers have noted that applying a monthly trip limit does affect the flexibility of the scheme. This may have a particular impact on disabled residents who may find that they need their Taxicard more in a given month. In the consultation this particularly referred to frequent hospital appointments. Although H&F do not intend to monitor what the Taxicard is used for the Taxicard is not intended for hospital transport as NHS provision is available, as noted in 4.3. Recognising the impact on the flexibility of the scheme officers have recommended that the implementation of this recommendation is deferred until April 2014.

By deferring the decision to apply a monthly trip limit until April 2014 officers have attempted to mitigate the impact of the initial changes. From April 2014 introducing a monthly trip limit will have an additional negative impact on



users. Officers could have raised the eligibility criteria further in 2014 in order to meet the financial challenges, rather than making changes to trip limits. However, officers have considered that any Taxicard scheme should continue to target vulnerable users and ensure that as many people as possible can benefit. Some responses to the consultation also recognised the merit in applying trip limits, which will assist users in managing the number of trips allocated throughout the year.

Low

Positive

**Recommendation 6: To review the eligibility of Taxicard users every two years and to send the Taxicard database on a regular basis to the national fraud initiative.**

High

Positive

The above recommendation was considered following the consultation in which the introduction of a robust assessment and review process was recommended by the Hammersmith and Fulham Disability and Consultative Forum in their response to the consultation. It is proposed that the eligibility of all Taxicard users will be reviewed every two years. It is also proposed that the Taxicard database is sent on a regular basis to the national fraud initiative (as with Blue Badge and freedom pass databases). This will help to protect the scheme from fraud and therefore ensure that it is targeted at those who require it.

By applying a robust assessment officers believe we will ensure that resources continued to be targeted at disabled persons who have the protected characteristic of Disability. This will enable us to promote the service to those not currently making use of the scheme, therefore attempting to increase social mobility for disabled residents. As such, this proposal is of high relevance to, and will have a positive impact on, Disability.

**Recommendation 7: To carry over any unused contingency in the Taxicard scheme budget until 2014/15**

High

Positive

Recognising the negative impact of the proposed changes on users, officers have recommended that any unused contingency in the Taxicard scheme budget is carried over until 2014/15, which may or may not happen. This may



		mitigate the need to implement any additional changes to the scheme which may have a negative impact on users.		
	Gender reassignment	<p>Data is not available regarding gender reassignment amongst users. As noted elsewhere, service users must have a disability as per the eligibility criteria in order to be able to access the scheme. Therefore, this protected characteristic is, in general, of low relevance to the proposals. However, the proposals may have various impacts on disabled people within this group, as given under Age, Disability, Race and Sex and as such could be of various relevance.</p> <p>Based on figures available, officers estimate that reducing the non-automatic criteria would mean that 211 active users are no longer eligible for the Taxicard scheme. This is based on the known number of users that would be automatically eligible under the new criteria. Officers do not know whether the 211 users that would no longer be eligible would consist of any group in particular, or if this number could consist of individuals with the protected characteristic of gender reassignment.</p> <p>Officers note that by expanding the eligibility criteria and removing the non-automatic eligibility, the changes to the scheme aim to ensure services for disabled people reach disabled people. It is noted in the Cabinet Report that this was not popular during consultation and as such there could be a negative effect on that group of 211 individuals, whose protected characteristics, are not known. However, officers have considered the DfT guidance (outlined in the Cabinet Report) and consider the removal of a doctor's certificate to be positive not only because is there a charge, but also because the new criteria are specifically targeted towards disabled people and so directly help those people to access the scheme.</p>	Various	Various
	Marriage and Civil Partnership	The law does not require service providers to take into account the impact of what they do on married people and civil partners. The law does require public authorities to have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status.	Unknown	Unknown

However, if a service is provided to married people, protection from sexual orientation discrimination requires that the same service and standards must also be provided to people who are civil partners.

Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.

Data is not available regarding marital or civil partnership status amongst users and the service is not provided on different grounds to married people or to civil partners. As noted elsewhere, service users must have a disability as per the eligibility criteria in order to be able to access the scheme. Therefore, this protected characteristic is, in general, of low relevance to the proposals. However, the proposals may have various impacts on disabled people within this group, as given under Age, Disability, Race and Sex and as such could be of various relevance.

Based on figures available, officers estimate that reducing the non-automatic criteria would mean that 211 active users are no longer eligible for the Taxicard scheme. This is based on the known number of users that would be automatically eligible under the new criteria. Officers do not know whether the 211 users that would no longer be eligible would consist of any group in particular, or if this number could consist of individuals with the protected characteristic of marriage and civil partnership.

Officers note that by expanding the eligibility criteria and removing the non-automatic eligibility, the changes to the scheme aim to ensure services for disabled people reach disabled people. It is noted in the Cabinet Report that this was not popular during consultation and as such there could be a negative effect on that group of 211 individuals, whose protected characteristics, are not known. However, officers have considered the DfT guidance (outlined in the Cabinet Report) and consider the removal of a doctor's certificate to be positive not only because is there a charge, but also because the new criteria are specifically targeted towards disabled

Various

Various

Unknown

Unknown

		people and so directly help those people to access the scheme.									
	Pregnancy and maternity	<p>For clarification, pregnancy is not a disability under the Equality Act 2010. Data is not available regarding pregnancy and maternity amongst users. As noted elsewhere, service users must have a disability as per the eligibility criteria in order to be able to access the scheme. Therefore, this protected characteristic is of low relevance to the proposals. However, the proposals may have various impacts on disabled people within this group, as given under Age, Disability, Race and Sex and as such could be of various relevance.</p> <p>Based on figures available, officers estimate that reducing the non-automatic criteria would mean that 211 active users are no longer eligible for the Taxicard scheme. This is based on the known number of users that would be automatically eligible under the new criteria. Officers do not know whether the 211 users that would no longer be eligible would consist of any group in particular, or if this number could consist of individuals with the protected characteristic of pregnancy and maternity.</p> <p>Officers note that by expanding the eligibility criteria and removing the non-automatic eligibility, the changes to the scheme aim to ensure services for disabled people reach disabled people. It is noted in the Cabinet Report that this was not popular during consultation and as such there could be a negative effect on that group of 211 individuals, whose protected characteristics, are not known. However, officers have considered the DfT guidance (outlined in the Cabinet Report) and consider the removal of a doctor's certificate to be positive not only because is there a charge, but also because the new criteria are specifically targeted towards disabled people and so directly help those people to access the scheme.</p>	Various	Various							
	Race	<p>The ethnic groups of Taxicard users compared to the mid year population estimates for 2009 is illustrated below:</p> <table border="1" data-bbox="734 1364 1818 1428"> <thead> <tr> <th>Ethnic group</th> <th>Taxicard Users</th> <th>Borough Profile</th> <th>Officer comments</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Ethnic group	Taxicard Users	Borough Profile	Officer comments					Unknown
Ethnic group	Taxicard Users	Borough Profile	Officer comments								

White	877 (39.5%)	129,000 (76%)	Compared to the borough profile, active Taxicard users who identify as White are under-represented by half.
White British	575 (25.9%)	106,700 (62.9%)	Compared to the borough profile, active Taxicard users who identify as White British are under-represented by more than half
White Irish	99 (4.5%)	5,300 (3.1%)	Compared to the borough profile, active Taxicard users who identify as White Irish are over-represented by over a third
White Other	74 (3.3%)	16,900 (10%)	Compared to the borough profile, active Taxicard users who identify as White Other are under-represented by around two thirds
Black Caribbean	133 (6.0%)	6,300 (3.7%)	Compared to the borough profile, active Taxicard users who identify as Black Caribbean are over-represented by almost half
Black African	86 (3.9%)	7,600 (4.5%)	Compared to the borough profile, active Taxicard users who identify as Black African are slightly

				under-represented: by just over half a percentage point		
		Black Other	15 (0.7%)	1,400 (0.8%)	Active Taxicard users who identify as Black Other are broadly the same as the borough profile, with just 0.01% less of this group represented in the service user group	
		White and black Caribbean	39 (1.8%)	1,800 (1.1%)	Compared to the borough profile, active Taxicard users who identify as White and Black Caribbean are slightly over- represented, with 0.07% more of this group represented in the service user group	
		White and black African	24 (1.1%)	1,000 (0.6%)	Compared to the borough profile, active Taxicard users who identify as White and Black African are over-represented by almost half	
		Indian	48 (2.2%)	6,900 (4.1%)	Compared to the borough profile, active Taxicard users who identify as Indian are under- represented by almost half	
		Pakistani	58 (2.6%)	2,900 (1.7%)	Compared to the borough profile,	

				active Taxicard users who identify as Pakistani are over-represented by almost half		
	Bangladeshi	4 (0.1%)	1,800 (1.1%)	Compared to the borough profile, active Taxicard users who identify as Bangladeshi are largely under-represented, by over a percentage point		
	Chinese	3 (0.1%)	2,500 (1.5%)	Compared to the borough profile, active Taxicard users who identify as Chinese are largely under-represented, by over a percentage point		
	White and Asian	8 (0.4%)	1,800 (1%)	Compared to the borough profile, active Taxicard users who identify as White and Asian are under-represented by almost half a percentage point		
	Asian Other	42 (1.9%)	2,200 (1.3%)	Compared to the borough profile, active Taxicard users who identify as Asian Other are slightly over-represented		
	Other ethnic group	137 (6.2%)	2,900 (1.7%)	Compared to the borough profile, active Taxicard users who identify as Other		

				Ethnic Group are over-represented by over two-thirds			
	<p>In summary, the race groups that are under-represented in Taxicard service users are:</p> <p>White White British White Other Indian Bangladeshi Chinese White and Asian</p> <p>In summary, the race groups that are over-represented in Taxicard service users are:</p> <p>White Irish Black Caribbean Black African White and Black Caribbean White and Black African Pakistani Asian Other Other Ethnic Group</p> <p>The one race group that is broadly the same as the Taxicard service user group is Black Other.</p> <p>Further analysis is given below, and officers note that overall, increases in fares will impact more on those service users in the race groups identified above as being over-represented in the Taxicard service user group as compared to the borough profile. The changes proposed will be proportionately of more relevance to those disabled people in the race groups</p>						

that are over-represented. Because of this, officers consider the first two proposals to be of high relevance to Race, as some race groups could be differently affected by the proposals. Similarly proposal four and five from April 2014 will have a high relevance to race. Officers consider the third proposal to be of low relevance to race, as the automatic criteria are based on disability only (see below).

**Recommendation 1: To increase the minimum user charge by £1 per trip from January 2012; and**

High

Negative

**Recommendation 2: To reduce the council's subsidy contribution by £2 per trip from January 2012**

High

Negative

Officers note that residents from some ethnic minority communities may earn less than others, and this could account for the numbers of disabled people in the race groups listed above that are over-represented in Taxicard users. The proposed increase in minimum fare and reduction in maximum tariff could negatively impact on their ability to maximise use of the service. In particular, each trip will cost a minimum of £1 more per journey and if users want to make a longer journey, under the proposed changes to tariffs, users will be expected to pay after the meter has reached £8.30. Previously users would not be charged until the meter reached £10.30 (there are variations depending on the time of day travelled). This does not prevent the users making longer journeys but less of the journey will be subsidised.

Officers have provided some examples of the potential individual financial impact of the recommended changes on a range of users using the current user figures and assuming that current user trends remain the same (see 11.1.7 of the Cabinet Report). This analysis has looked at the maximum trip user (all 104 trips allocated), an average active trip user (59 trips) and a minimum trip user (defined as less than 12 trips per year), assuming that they would still be eligible under the new eligibility criteria. The financial impact of implementing the two recommendations above for the maximum trip user is £294.10 per year, for the average trip user is £166.84 per year and for the minimum trip user is £31.11.



A majority of respondents (52%) stated that an increase in the minimum charge from £1.50 to £2.50 would be their most preferred change.

Officers consider that increasing charges could have a negative effect on disabled people from some ethnic groups' ability to pay. A review to measure the impact of the changes after year one and reflect on these for further recommendations will help to assess impact after initial changes are made.

**Recommendation 3: To expand the automatic eligibility criteria and remove non-automatic eligibility from January 2012, as set out in paragraph 4.1**

Expanding the automatic eligibility criteria for the scheme is based on disability, in line with the purpose of the scheme. It is unlikely that a set of criteria that takes race into account could be devised, as the scheme needs to meet the needs of disabled people. As such, this is of low relevance to Race and any impact on race groups is expected to reflect the needs of disabled people within all race groups. This would have a small positive effect on Race.

Based on figures available, officers estimate that reducing the non-automatic criteria would mean that 211 active users are no longer eligible for the Taxicard scheme. This is based on the known number of users that would be automatically eligible under the new criteria. Officers do not know whether the 211 users that would no longer be eligible would consist of any group in particular. Officers note that by expanding the eligibility criteria and removing the non-automatic eligibility, the changes to the scheme aim to ensure services for disabled people reach disabled people.

**Recommendation 4: In response to the public consultation, to maintain double swiping until April 2014.**

Ending double swiping does not mean that users are no longer able to travel longer distances, but this cost will have to be met by the user. This will therefore have a financial impact on users wishing to travel longer distances.

Low

Positive

Unknown

Unknown

High

Positive up to 2014/15  
Negative thereafter

Officers have considered that the scheme is intended for local travel and not to meet all the transport needs of users. Only 16% of trips are currently double swiped, although we do not have a breakdown of the profile of specific users who frequently double swipe and therefore the relevance of the proposal and impact on the protected characteristics of these users is unknown.

Officers have provided some examples of the potential individual financial impact of the recommended changes on a range of users using the current user figures and assuming that current user trends remain the same (see 11.1.7 of the Cabinet Report). This analysis has looked at the maximum trip user (all 104 trips allocated), an average active trip user (59 trips) and a minimum trip user (defined as less than 12 trips per year), assuming that they would still be eligible under the new eligibility criteria. From April 2014, the financial impact of implementing double swiping for the maximum trip user is an additional £170.00 per year, for the average trip user £96.44 per year and for the minimum trip user £17.98 per year. This is based on the assumption that 16% of trips are currently double swiped. As noted above, this is likely to have a negative impact on disabled or elderly people from some ethnic groups' ability to pay.

Officers have recommended deferring the implementation of ending double swiping until April 2014 in order to reduce this negative impact. This recommendation has considered the responses to the consultation which noted that ending double swiping is the least preferred change and also supported a gradual implementation process.

By deferring the decision to end double swiping officers have attempted to mitigate the impact of the initial changes. From April 2014 ending double swiping will have an additional negative impact on users. Officers could have raised the eligibility criteria further in 2014 in order to meet the financial challenges, rather than ending double swiping. However, officers have considered that any Taxicard scheme should continue to target vulnerable users and ensure that as many people as possible can benefit. Moreover, it is recommended that the scheme is managed by H&F Direct who would have knowledge of alternative providers of services and would therefore be able to

signpost residents to other providers if they are no longer eligible or need a greater level of service.

**Recommendation 5: In response to the public consultation, to maintain the current annual trip limit until April 2014 when a monthly trip limit of 8 trips per month, as set out in paragraph 3.4, will be introduced.**

The financial saving attached to applying monthly trip limits assumes that user activity will remain the same and therefore the cost of journeys for those users that currently take more than 8 trips per month represents a saving to the council. It is difficult to calculate the exact financial impact on those individual users. It is noted that currently users only use on average 29 trips a year (or 59 for active users) of the 104 provided. Under the proposed changes users would have access to 96 trips per year, which remains greater than the current average usage for active users. Recognising the impact on the flexibility of the scheme officers have recommended that the implementation of this recommendation is deferred until April 2014.

By deferring the decision apply a monthly trip limit officers have attempted to mitigate the impact of the initial changes. From April 2014 introducing a monthly trip limit will have an additional negative impact on users. Officers could have raised the eligibility criteria further in 2014 in order to meet the financial challenges, rather than making changes to trip limits. However, officers have considered that any Taxicard scheme should continue to target vulnerable users and ensure that as many people as possible can benefit. Some responses to the consultation also recognised the merit in applying trip limits, which will assist users in managing the number of trips allocated throughout the year.

**Recommendation 6: To review the eligibility of Taxicard users every two years and to send the Taxicard database on a regular basis to the national fraud initiative.**

The above recommendation was considered following the consultation in

High

Positive up to 2014/15  
Negative thereafter

Low

Positive

Low

Positive

		<p>which the introduction of a robust assessment and review process was recommended by the Hammersmith and Fulham Disability and Consultative Forum in their response to the consultation. It is proposed that the eligibility of all Taxicard users will be reviewed every two years. It is also proposed that the Taxicard database is sent on a regular basis to the national fraud initiative (as with Blue Badge and freedom pass databases). This will help to protect the scheme from fraud and therefore ensure that it is targeted at those who require it.</p>		
	<p>Religion/belief (including non-belief)</p>	<p>Data is not available regarding religion or belief and non-belief amongst users. As noted elsewhere, service users must have a disability as per the eligibility criteria in order to be able to access the scheme. Therefore, this protected characteristic is of low relevance to the proposals. However, the proposals may have various impacts on disabled people within this group, as given under Age, Disability, Race and Sex and as such could be of various relevance.</p> <p>Based on figures available, officers estimate that reducing the non-automatic criteria would mean that 211 active users are no longer eligible for the Taxicard scheme. This is based on the known number of users that would be automatically eligible under the new criteria. Officers do not know whether the 211 users that would no longer be eligible would consist of any group in particular, or if this number could consist of individuals with the protected characteristic of religion or belief, or who have different religious or philosophical beliefs.</p> <p>Officers note that by expanding the eligibility criteria and removing the non-automatic eligibility, the changes to the scheme aim to ensure services for disabled people reach disabled people. It is noted in the Cabinet Report that this was not popular during consultation and as such there could be a negative effect on that group of 211 individuals, whose protected characteristics, are not known. However, officers have considered the DfT guidance (outlined in the Cabinet Report) and consider the removal of a doctor's certificate to be positive not only because is there a charge, but</p>	<p>Various</p> <p>Unknown</p> <p>Various</p>	<p>Various</p> <p>Unknown</p> <p>Various</p>

		also because the new criteria are specifically targeted towards disabled people and so directly help those people to access the scheme.		
	Sex	<p>There is a disproportionate number of females currently accessing the Taxicard scheme. This is likely to be a result of the greater proportion of users being in the 65+ age group and the longer life expectancy of women. The changes proposed will therefore be proportionately of more relevance to disabled women. Because of this, officers consider the first two proposals to be of high relevance to Sex, as women will be affected more by the proposals. Officers consider the third proposal to be of low relevance to Sex, as the automatic criteria are based on disability only (see below).</p> <p><b>Recommendation 1: To increase the minimum user charge by £1 per trip from January 2012; and</b></p> <p><b>Recommendation 2: To reduce the council's subsidy contribution by £2 per trip from January 2012</b></p> <p>Recommendations 1 and 2 may have a greater impact on female users considering the fact that women are likely to earn less over their lifetimes, live longer, and be on lower incomes. The proposed increase in minimum fare and reduction in maximum tariff could negatively impact on their ability to maximise use of the service. In particular, each trip will cost a minimum of £1 more per journey and if users want to make a longer journey, under the proposed changes to tariffs, users will be expected to pay after the meter has reached £8.30. Previously, users would not be charged until the meter reached £10.30 (there are variations depending on the time of day travelled). This does not prevent the users making longer journeys but less of the journey will be subsidised.</p> <p>Officers have provided some examples of the potential individual financial impact of the recommended changes on a range of users using the current user figures and assuming that current user trends remain the same (see 11.1.7 of the Cabinet Report). This analysis has looked at the maximum trip</p>	<p>High</p> <p>High</p>	<p>Negative</p> <p>Negative</p>

user (all 104 trips allocated), an average active trip user (59 trips) and a minimum trip user (defined as less than 12 trips per year), assuming that they would still be eligible under the new eligibility criteria. The financial impact of implementing the two recommendations above for the maximum trip user is £294.10 per year, for the average trip user is £166.84 per year and for the minimum trip user is £31.11.

A majority of respondents (52%) stated that an increase in the minimum charge from £1.50 to £2.50 would be their most preferred change. Officers consider that increasing charges could have a negative effect on female users' ability to pay. However, the majority of the users are in receipt of benefit and the programme is not means tested.

**Recommendation 3: To expand the automatic eligibility criteria and remove non-automatic eligibility from January 2012, as set out in paragraph 4.1**

Expanding the automatic eligibility criteria for the scheme is based on disability, in line with the purpose of the scheme. As such, this is of low relevance to Sex and any impact on Sex is expected to reflect the needs of men and women disabled people. This would have a small positive effect on the protected characteristic of Sex.

Based on figures available, officers estimate that reducing the non-automatic criteria would mean that 211 active users are no longer eligible for the Taxicard scheme. This is based on the known number of users that would be automatically eligible under the new criteria. Officers do not know whether the 211 users that would no longer be eligible would consist of any more men than women, or more women than men. In other words, if this number could consist of individuals with the protected characteristic of Sex.

Officers note that by expanding the eligibility criteria and removing the non-automatic eligibility, the changes to the scheme aim to ensure services for disabled people reach disabled people. It is noted in the Cabinet Report that this was not popular during consultation and as such there could be a negative effect on that group of 211 individuals, whose protected

Low

Positive

Unknown

Unknown

characteristics, are not known. However, officers have considered the DfT guidance (outlined in the Cabinet Report) and consider the removal of a doctor's certificate to be positive not only because is there a charge, but also because the new criteria are specifically targeted towards disabled people and so directly help those people to access the scheme.

**Recommendation 4: In response to the public consultation, to maintain double swiping until April 2014.**

Ending double swiping does not mean that users are no longer able to travel longer distances, but this cost will have to be met by the user. This will therefore have a financial impact on users wishing to travel longer distances. Officers have considered that the scheme is intended for local travel and not to meet all the transport needs of users. Only 16% of trips are currently double swiped, although we do not have a breakdown of the profile of specific users who frequently double swipe.

Officers have provided some examples of the potential individual financial impact of the recommended changes on a range of users using the current user figures and assuming that current user trends remain the same (see 11.1.7 of the Cabinet Report). This analysis has looked at the maximum trip user (all 104 trips allocated), an average active trip user (59 trips) and a minimum trip user (defined as less than 12 trips per year), assuming that they would still be eligible under the new eligibility criteria. From April 2014, the financial impact of implementing double swiping for the maximum trip user is an additional £170.00 per year, for the average trip user £96.44 per year and for the minimum trip user £17.98 per year. This is based on the assumption that 16% of trips are currently double swiped. As noted above is likely to have a negative impact on female elderly or disabled residents who may be on a fixed income.

Officers have recommended deferring the implementation of ending double swiping until April 2014 in order to reduce this negative impact. This recommendation has considered the responses to the consultation which noted that ending double swiping is the least preferred change and supporting a gradual implementation process.

High

Positive up to 2014/15  
Negative thereafter



By deferring the decision to end double swiping officers have attempted to mitigate the impact of the initial changes. From April 2014 ending double swiping will have an additional negative impact on users. Officers could have raised the eligibility criteria further in 2014 in order to meet the financial challenges, rather than ending double swiping. However, officers have considered that any Taxicard scheme should continue to target vulnerable users and ensure that as many people as possible can benefit. Moreover, it is recommended that the scheme is managed by H&F Direct who would have knowledge of alternative providers of services and would therefore be able to signpost residents to other providers if they are no longer eligible or need a greater level of service.

**Recommendation 5: In response to the public consultation, to maintain the current annual trip limit until April 2014 when a monthly trip limit of 8 trips per month, as set out in paragraph 3.4, will be introduced.**

The financial saving attached to applying monthly trip limits assumes that user activity will remain the same and therefore the cost of journeys for those users that currently take more than 8 trips per month represents a saving to the council. It is difficult to calculate the exact financial impact on those individual users. It is noted that currently users only use on average 29 trips a year (or 59 for active users) of the 104 provided. Under the proposed changes users would have access to 96 trips per year, which remains greater than the current average usage for active users. Officers have noted that applying monthly trip limits does affect the flexibility of the scheme. Recognising the impact on the flexibility of the scheme officers have recommended that the implementation of this recommendation is deferred until April 2014.

By deferring the decision to apply a monthly trip limit officers have attempted to mitigate the impact of the initial changes. From April 2014 introducing a monthly trip limit will have an additional negative impact on users. Officers could have raised the eligibility criteria further in 2014 in order to meet the financial challenges, rather than making changes to trip limits. However, officers have considered that any Taxicard scheme should continue to target

High

Positive (up to 2014/15, negative thereafter)



	<p>vulnerable users and ensure that as many people as possible can benefit. Some responses to the consultation also recognised the merit in applying trip limits, which will assist users in managing the number of trips allocated throughout the year.</p> <p><b>Recommendation 6: To review the eligibility of Taxicard users every two years and to send the Taxicard database on a regular basis to the national fraud initiative.</b></p> <p>The above recommendation was considered following the consultation in which the introduction of a robust assessment and review process was recommended by the Hammersmith and Fulham Disability and Consultative Forum in their response to the consultation. It is proposed that the eligibility of all Taxicard users will be reviewed every two years. It is also proposed that the Taxicard database is sent on a regular basis to the national fraud initiative (as with Blue Badge and freedom pass databases). This will help to protect the scheme from fraud and therefore ensure that it is targeted at those who require it.</p> <p><b>Recommendation 7: To carry over any unused contingency in the Taxicard scheme budget until 2014/15</b></p> <p>Recognising the negative impact of the proposed changes on users, officers have recommended that any unused contingency in the Taxicard scheme budget is carried over until 2014/15, which may or may not happen. This may mitigate the need to implement any additional changes to the scheme which may have a negative impact on users.</p>	low	Positive
		High	Positive
		Various	Various
Sexual Orientation	Data is not available regarding sexual orientation in relation to Taxicard. As noted elsewhere, service users must have a disability as per the eligibility criteria in order to be able to access the scheme. Therefore, this protected characteristic is of low relevance to the proposals. However, the proposals may have various impacts on disabled people within this group, as given under Age, Disability, Race and Sex and as such could be of various	Various	Various

relevance.

Based on figures available, officers estimate that reducing the non-automatic criteria would mean that 211 active users are no longer eligible for the Taxicard scheme. This is based on the known number of users that would be automatically eligible under the new criteria. Officers do not know whether the 211 users that would no longer be eligible would consist of any group in particular, or if this number could consist of individuals with the protected characteristic of religion or belief.

Officers note that by expanding the eligibility criteria and removing the non-automatic eligibility, the changes to the scheme aim to ensure services for disabled people reach disabled people. It is noted in the Cabinet Report that this was not popular during consultation and as such there could be a negative effect on that group of 211 individuals, whose protected characteristics, are not known. However, officers have considered the DfT guidance (outlined in the Cabinet Report) and consider the removal of a doctor's certificate to be positive not only because is there a charge, but also because the new criteria are specifically targeted towards disabled people and so directly help those people to access the scheme.

Unknown

Unknown

### **Human Rights and Children's Rights**

Will it affect Human Rights, as defined by the Human Rights Act 1998?

Yes

Providing ways to access accessible transport for disabled people could increase access to education (article 14) and freedom to join and access associations/organisations (Article 11). Increasing independence of travel could also enhance the right to participate in free election (Article 3 of Protocol 1)

Will it affect Children's Rights, as defined by the UNCRC (1992)?

Yes

Providing ways to access accessible transport for disabled children could increase access to development opportunities, including education, leisure, culture and the arts. The service promotes the rights of disabled children by increasing social mobility and independence.

<b>Section 03</b>	<b>Analysis of relevant data and/or undertake research</b>
<b>Documents and data reviewed</b>	<p><u>LBHF Consultation</u> In light of the proposed funding reductions from TfL, London Councils presented a list of recommended changes to local authorities' Taxicard schemes. Hammersmith and Fulham Council made the decision to consult with service users and therefore the proposed changes to the Taxicard scheme have been made in consideration of the consultation process which took place from 25<sup>th</sup> March 2011 to 6<sup>th</sup> May 2011. There were 909 responses to the consultation. A full list of responses is available in Appendix 7 to the Cabinet Report. During that time, focus groups with service users and others also took place. Particular organisations, offering services to disabled persons were targeted, including H&amp;F day centres Hammersmith and Fulham Action on Disability (HAFAD), Better Government for Older People (consultative forum), Age UK, Citizens advice bureau, Hammersmith and Fulham Disability and Consultative Forum.</p> <p><u>Complaints and Comments</u> Through the consultation process a number of complaints and comments were noted by service users. These have influenced the proposed changes to the Taxicard policy. These recommendations have been considered alongside additional suggestions noted in section 4.2 and 4.3 of the cabinet report to improve the quality of the scheme for users. This includes lobbying London Councils to improve the monitoring and quality of their contract with Computer Cab and ensure no unnecessary charges are passed onto users. Further information is given at Appendix 5, which offers a list of complaints from the consultation.</p> <p><u>Mid Year Population Estimates</u> Data has been compared to that of the Mid Year Population Estimates for 2009, which can be accessed here: <a href="http://www.lbhf.gov.uk/Directory/Council%20and%20Democracy/Plans%20performance%20and%20statistics/Statistics%20and%20census%20information/Census%20information/7057%20Demographic%20Data%20for%20Hammersmith%20and%20Fulham.aspx">http://www.lbhf.gov.uk/Directory/Council and Democracy/Plans performance and statistics/Statistics and census information/Census information/7057 Demographic Data for Hammersmith and Fulham.aspx</a></p>
<b>New research</b>	New research was not considered necessary, as we conducted a public consultation, available in Appendix 6 to inform the proposals. We have, however, included information on what other London boroughs have done (see Appendix 4)

<b>Section 04</b>	<b>Undertake and analyse consultation</b>
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<p><b>Consultation</b></p>	<p>The consultation on the proposed changes to the Taxicard scheme took place between 25 March 2011 and 6 May 2011. The new, single public sector equality duty came into effect on 6 April 2011. The public consultation included a questionnaire sent by post to all users of the H&amp;F Taxicard scheme as well as series of focus groups, listed in Appendix 9. A summary of the consultation results is at section 5 of the Cabinet Report.</p> <p>Respondents were asked to rate possible changes to the scheme. 62% of respondents voted not to make any changes to the scheme as their most preferred option.</p> <p>Changes to the eligibility criteria (see 4.1 of the Cabinet Report) was more preferred than the changes suggested by London Councils (see section 3 of the Cabinet Report).</p> <p>71% of respondents put their least preferred option as ‘to no longer run the scheme’.</p> <p>The most preferred change was to increase the minimum user charge by £1 with 52% of respondents rating this as their most preferred change. The least preferred change was to end double swiping, with 36% of respondents rating this as their least preferred change. Ending double swiping was further recognised as the least preferred option in the response to the consultation from the Hammersmith and Fulham Disability and Consultative Forum, a service user group. The Hammersmith and Fulham Disability and Consultative Forum further noted the need for flexibility, supporting annual rather than monthly trip limits.</p> <p>In the comments from respondents a repeated suggestion was to introduce the changes gradually.</p> <p>In addition, see “Consultation on H&amp;F Taxicard” at Appendix 7, and the analysis of all nine protected characteristics in Section 02 of this EIA.</p>
<p><b>Analysis</b></p>	<p>Officers have used the evidence from the consultation to inform the recommendations. These are detailed in section 7 of the Cabinet Report.</p> <p>Officers believe the recommendations enable H&amp;F to target the service to those who most need it whilst giving confidence that the council can continue to operate the scheme whilst mitigating the reduction in funding from TfL.</p> <p>Officers have recommended that the minimum user charge is increased by £1 recognising that this was the most preferred solution identified in the consultation.</p> <p>Officers have recommended that the subsidy is reduced, recognising that this was not the least preferred</p>

solution by users and the additional contribution that this would make to reducing the potential overspend.

Officers have expanded the automatic eligibility as a result of a review of service users and the intended target group. Changes to the eligibility criteria was recognised in the consultation as a more preferred solution than the options suggested by London Councils. In addition, officers believe the changes to the eligibility reflect the need identified in the consultation for a robust assessment of eligibility to support the Taxicard scheme, whilst also offering significant savings to reduce the overspend. As noted in 4.1.4, the Blue Badge eligibility and criteria for assessment are long established and are based upon legislation with clear guidance from the DfT. There is also an appeals process. This should give the Taxicard scheme eligibility more substance based upon established principles.

Officers have recommended not ending double swiping immediately recognising that this was the least preferred option from the consultation. This also reflects the repeated suggestion to introduce changes gradually.

Officers have not recommended introducing monthly trip limits immediately in order to maintain the flexibility of the scheme for as long as possible.

Officers have considered the negative impact on users following the introduction of these additional changes from April 2014. This has been considered alongside other council priorities and the councils overall financial position. The council is committed to retaining its financial contribution to the Taxicard scheme for the next three years, despite a number of efficiencies being made elsewhere.

By deferring the decision to end double swiping and applying monthly trip limits officers have attempted to mitigate the impact of the initial changes. From April 2014 ending double swiping and introducing trip limits will have an additional negative impact on users. Officers could have raised the eligibility criteria further in 2014 in order to meet the financial challenges, rather than ending double swiping or introducing trip limits. However, officers have considered that any Taxicard scheme should continue to target vulnerable users and ensure that as many people as possible can benefit. In addition, it is recommended that the scheme is managed by H&F Direct who would have knowledge of alternative providers of services and would therefore be able to signpost residents to other providers if they are no longer eligible or need a greater level of service.

Officers have recognised the limitations of the data which uses 2010/11 user activity to make financial predications over a four year period. Officers have recommended that any unused contingency in the Taxicard scheme budget is carried over until 2014/15.

These recommendations have been considered alongside additional suggestions noted in section 4.2 and 4.3 to

improve the quality of the scheme for users. This includes lobbying London Councils to improve the monitoring and quality of their contract with Computer Cab and ensuring no unnecessary charges are passed onto users.

Section 05	Analysis of impact and outcomes
Analysis	<p>The recommendations would enable H&amp;F to target the service to those who most need it whilst giving confidence that the council can continue to operate the scheme and mitigating the reduction in funding from TfL</p> <p>Section 02 gives the analysis for each protected characteristic. This section analyses the proposals considered above and their overall relevance to, and impact on, the protected characteristics as a whole.</p> <p><b>Recommendation 1: To increase the minimum user charge by £1 per trip from £1.50 to £2.50 from January 2012</b></p> <p><b>Recommendation 2: To reduce the Council's subsidy contribution by £2 per trip from January 2012</b></p> <p>As given above, these two proposals will be of high relevance to:</p> <ul style="list-style-type: none"><li>▪ Age groups, and those aged over 65 in particular</li><li>▪ Disability: disabled people</li><li>▪ Race: different race groups</li><li>▪ Sex: this will have more relevance to women than to men</li></ul> <p>The proposed increase in minimum fare and reduction in maximum tariff could negatively impact on users' ability to maximise use of the service. Each trip will cost a minimum of £1 more per journey and if users want to make a longer journey, under the proposed changes to tariffs, users will be expected to pay after the meter has reached £8.30. Previously users would not be charged until the meter reached £10.30 (there are variations depending on the time of day travelled). This does not prevent the users making longer journeys but less of the journey will be subsidised.</p> <p>A majority of respondents (52%) stated that an increase in the minimum charge from £1.50 to £2.50 would be their most preferred change. Officers consider that increasing charges could have a negative effect on those groups. This negative impact will be reduced by not ending double swiping immediately.</p> <p><b>Recommendation 3: To expand the automatic eligibility criteria and remove non-automatic eligibility</b></p>

**from January 2012, as set out in paragraph 4.1**

As given above, this proposal will, in the main, be of high relevance to:

- Age groups, and those aged over 65 in particular
- Disability: disabled people

This is due to the fact that the proposed, expanded eligibility criteria will include the following:

- Blue Badge eligibility
- Higher rate attendance allowance.

More detail is given above in section 02 under Age and Disability. These will replace the non-automatic criterion of the doctor medical assessment form. Officers note that removing the doctor medical assessment form was not popular during consultation, however, officers have considered the DfT guidance (outlined in the Cabinet Report) and consider the removal of a doctor's certificate to be positive not only because is there a charge, but also because the new criteria are specifically targeted towards disabled people and so directly help those people to access the scheme. As noted, a large number of these people will also be older (over 65)

This proposal will also have an effect on 211 users who will no longer be eligible. It is not known if this number will consist of any group in particular and so it may have a relevance to, and negative impact on some or all of the following protected characteristics:

- Gender reassignment
- Marriage and civil partnership
- Religion or belief (including non-belief)
- Pregnancy and maternity
- Race
- Sex
- Sexual orientation

However, service users must have a disability in order to be able to access the scheme, and the Equality Act permits the Council to treat disabled people more favourably than non-disabled people. The eligibility criteria applies lawful discrimination as the scheme is only open to those residents with a physical disability.

**Recommendation 4: In response to the public consultation, to maintain double swiping until April 2014.**

**Recommendation 5: In response to the public consultation, to maintain the current annual trip limit until April 2014 when a monthly trip limit of 8 trips per month, as set out in paragraph 3.4, will be introduced.**

As given above, these two proposals will be of high relevance to:

- Age groups, and those aged over 65 in particular
- Disability: disabled people
- Race: different race groups
- Sex: this will have more relevance to women than to men

By deferring the decision to implement this recommendation until April 2014 will initially have a positive impact on the above groups. Following 2014/15 implementation will have a negative impact, as detailed above, particularly in terms of an increased financial burden and a negative impact on the flexibility of the scheme for users. It is recommended that the scheme is managed by H&F Direct who would have knowledge of alternative providers of services and would therefore be able to signpost residents to other providers if they are no longer eligible or need a greater level of service.

**Recommendation 6: To review the eligibility of Taxicard users and send the Taxicard database to the national fraud initiative every two years.**

This recommendation has been assessed under Age, Disability, Race and Sex. A greater level of analysis is under Disability as it will only be the details of disabled people that are sent as part of this proposal. It is therefore considered that this will be of high relevance to disabled people, and that it will be positive since it helps to protect the scheme from fraud and therefore ensure that it is targeted at those who require it.

This will also enable the Council to promote the service to those not currently making use of the scheme, therefore attempting to increase social mobility for disabled residents. As such, this proposal is of relevant to Age, Disability, Race and Sex, and will have a positive impact on those protected characteristics. Overall though, the proposal will have the most relevance to and impact on, Disability because the information sent will be that of disabled people.

**Recommendation 7: To carry over any unused contingency in the Taxicard scheme budget until 2014/15**

Recognising the negative impact of the proposed changes on users, officers have recommended that any unused contingency in the Taxicard scheme budget is carried over until 2014/15, which may or may not happen. This may mitigate the need to implement any additional changes to the scheme which may have an additional negative



impact for the above groups detailed above.

**Section 06**

**Reducing any adverse impacts**

**Outcome of Analysis**

Given the overall summary detailed at section 05, it is considered that the proposals will be of most relevance to the following protected characteristics (in order of relevance):

1. Disability
2. Age
3. Sex
4. Race

The increased charges that are proposed at recommendations 1 and 2 could be negative for all of the above. However, alongside the following, officers consider that the impact may be mitigated or even removed until 2014/15 by:

- not removing double swiping immediately
- expanding the automatic eligibility criteria
- reviewing eligibility of users every two years and sending information to national fraud database

After 2014/15, ending double swiping and introducing monthly trip limits is predicted to have an additional negative impact for the aforementioned protected characteristics. Officers could have raised the eligibility criteria further in 2014 in order to meet the financial challenges, rather than ending double swiping or applying monthly trip limits. However, officers have considered that any Taxicard scheme should continue to target vulnerable users and ensure that as many people as possible can benefit. Moreover, it is recommended that the scheme is managed by H&F Direct who would have knowledge of alternative providers of services and would therefore be able to signpost residents to other providers if they are no longer eligible for a Taxicard or need a greater level of service.

Criteria for accessing the Taxicard scheme will now also be assessed using the Blue Badge eligibility criteria, which includes a mobility assessment. The Blue Badge eligibility and criteria for assessment are long established, are based upon legislation with clear guidance from the DfT. This will give the Taxicard scheme eligibility more substance based upon established principles. If users do not pass the mobility assessment but

believe they are eligible for a Taxicard an appeals process will apply. Following the transition process, the framework for appeals for new applicants will be aligned with the councils Blue Badge appeal process managed by the Head of Service for Blue Badges & Freedom Passes (Finance and Corporate Services).

Additional suggestions have been made in the cabinet report at section 4.2 and 4.3 to improve the quality of the scheme for users. This includes lobbying London Councils to improve the monitoring and quality of their contract with Computer Cab to ensure no unnecessary charges are passed onto users. In addition It is recommended that information should also be provided to users to inform them that the taxi will start charging from the moment it arrives at the pick up point and therefore users should ensure they are ready at the arrival time to avoid any unnecessary charges.

A number of Taxicard users commented that the reason they used their Taxicard for hospital visits was because the NHS provision available took too long to get to the required destination, was un-reliable and that one could not guarantee that they would make their appointment in time. It is suggested that these complaints are passed onto the NHS transport team and a discussion about possible improvements to the NHS service and/or the potential of aligning provision with the Taxicard scheme is considered.

Section 07		Action Plan					
Action Plan		Issue identified	Action (s) to be taken	When	Lead officer	Expected outcome	Date added to business/service plan
		Inform users of changes	Communicate changes to current users in conjunction with London Councils	Following Cabinet decision – 2 months notice to be provided to users.	Natalie Luck	Users informed of changes to the Taxicard scheme	25/8/11

Section 08		Agreement, publication and monitoring				
Chief Officer sign-off		Name: Gill Sewell				

	Position: Assistant Director, Children, Youth and Communities Email: <a href="mailto:gill.sewell@lbhf.gov.uk">gill.sewell@lbhf.gov.uk</a> Telephone No: 0208 753 3608
<b>Key Decision Report</b>	Date of report to Cabinet: 10 / 10 / 11 Confirmation that key equalities issues found here have been included: Yes
<b>Opportunities Manager for advice and guidance only</b>	Name: Carly Fry Position: Opportunities Manager Date advice / guidance given: 12 September 2011 Email: <a href="mailto:PEIA@lbhf.gov.uk">PEIA@lbhf.gov.uk</a> Telephone No: 020 8753 3430

**APPENDIX 11: London Council's EIA**

**LONDON COUNCILS EQUALITIES IMPACT ASSESSMENT  
FORM B - Full Assessment**

<p>Policy, service or function being assessed:</p> <p>London Taxicard Service (Covers all London authorities except the City of Westminster)</p>
<p>Is this a new policy/function, or a review of an existing one?</p> <p>Review of an existing one</p>
<p>What is the purpose/aim of the policy/function?</p> <p>To provide subsidized door to door journeys in licensed taxis and private hire vehicles for London residents with serious mobility impairments or those who are seriously sight impaired. To enable people who are unable or who find it very difficult to use mainstream public transport to make social trips.</p>
<p>What needs or priorities is it designed to meet?</p> <p>The proposal is to increase the cost of the service to Taxicard members from 15 November 2010. This is because growth in demand is projected to exceed available budget this year. There is no additional funding to cover it. The cost impact will be between £1.00 and £2.00 extra for a single journey.</p>
<p>What processes are/will be involved in its implementation?</p> <p>The taxi contractor will have to make technical amendments to their systems. The intention is to write to all Taxicard members to inform them of the changes.</p>
<p>Might they result in different outcomes for different groups (e.g. higher or lower uptake/failure to access/inferior service)?</p> <p>Yes – lower uptake of the service.</p>
<p>If yes, which aspects of the policy or function contribute to inequality?</p> <p>There is a possibility that some Taxicard members may be disadvantaged by the increase in charges, and that some on lower incomes may not be able to make as many trips as they do currently. It will not impact on the quality of the service they receive.</p>
<p>What evidence do you have for coming to your conclusion (e.g. statistics, consultation, monitoring)?</p> <p>There is no statistical or objective evidence, but it is reasonable to assume that if someone is on a tight budget any increase in costs to one area of spend may lead to decisions having to be made on priorities.</p>

What action will be taken as a result of this Equality Impact Assessment to address any adverse impacts or meet previously unidentified need?

Taxicard is a non statutory service and is funded at the discretion of the London boroughs and TfL. If these measures are not taken there is a real probability that the service would have to be temporarily suspended before the end of the financial year when the budgets are spent as there is no additional funding. This would be a worse scenario for Taxicard members as they would not be able to travel at all during this period.

Each borough is responsible for setting the parameters of the scheme for their local residents, and they are responsible for considering the equalities impact of the changes in their borough.

The effects of the changes will be monitored closely.

Assessment completed by:

**NAME Tony O'Connor**

**DIVISION Services**

**DATE 14/10/2010**





London Borough of Hammersmith & Fulham

## Cabinet

10 OCTOBER 2011

### LEADER

*Councillor Stephen Greenhalgh*

### DEPUTY LEADER (+ENVIRONMENT AND ASSET MANAGEMENT)

*Councillor Nicholas Botterill*

### CABINET MEMBER FOR RESIDENTS SERVICES

*Councillor Greg Smith*

### CABINET MEMBER FOR HOUSING

*Councillor Lucy Ivimy*

### DEVELOPMENT OF WORMHOLT AND WHITE CITY COLLABORATIVE CARE CENTRE AND HOUSING SCHEME LAND DISPOSAL AND SWAP

Ward:

**Wormholt & White  
City**

To enable the Council's preferred scheme for the Collaborative Care Centre Development (known as the Site A scheme) to progress requires land to be swapped between Wormholt Park with land at Sawley Road and Bryony Road as well as a transfer of additional land to Building Better Health (White City) Limited (the developer). The land swap between Wormholt Park and land at Sawley Road and Bryony Road does not result in any net loss of open space. Cabinet agreed the areas to be swapped at nil value in February 2010. However as the scheme has been revised and the areas to be swapped have changed, the revised areas need to be agreed.

### Recommendation:

**That approval be given to the proposed swap of land within Wormholt Park with land at Sawley Road and Bryony Road as detailed in Appendix 2.**

### CONTRIBUTORS

CSD  
BPM-VPS  
ADLDS  
DFCS

**HAS A EIA BEEN  
COMPLETED? N/A**

**HAS THE REPORT  
CONTENT BEEN  
RISK ASSESSED?  
N/A**

## 1. BACKGROUND

- 1.1. Following Cabinet approval on 6<sup>th</sup> September 2005 a conditional agreement was completed dated 28<sup>th</sup> July 2006, with Building Better Health (White City) Ltd (BBH) for the development of the former Janet Adegoke Leisure Centre site to provide a range of facilities with the objective of improving economic, social and environmental well being (2006 Agreement). The 2006 Agreement provided for BBH to pursue a Site A scheme or a Site B scheme; the preferred scheme being Site A (a larger site) since by accommodating an improved physical design and layout of the proposed development it provided increased improvement to the economic, social and environmental wellbeing of the area.
- 1.2. At the time the whole of Site A could not be transferred to BBH because:
  - (a) part of Site A is within Wormholt Park and subject to restrictive covenants in favour of the Church Commissioners for England to preserve the land as open space, dating back to 1909; and
  - (b) the same part of Site A could not be sold without the Council having completed the public consultation procedures for sale of open space under section 123 (2A) of the Local Government Act 1972.
- 1.3. Consequently an alternative scheme was proposed for the smaller Site B which excluded the land affected by the 1909 restrictive covenants and the open space but which would require a re-design of the development. At the time both Sites A and B had the same open market value as determined by the Council's external valuation consultants (despite Site A being larger). The 2006 Agreement detailed the benefits to be obtained by Site A and encouraged BBH to pursue a Site A scheme as the preferred option and a Site B scheme as a fall back position.
- 1.4. To enable the development to progress and a capital receipt to be received by the Council, the unencumbered smaller Site B was leased to BBH in 2007, for a term of 250 years commencing 27<sup>th</sup> February 2007, but BBH was placed under an obligation to progress the Site A scheme to planning permission whilst land swap arrangements for the open space within Site A and a release from the 1909 restrictive covenants were pursued.
- 1.5. The expectation in 2007 was that: (a) if the Site A scheme could be brought forward (including obtaining a release from the 1909 restrictive covenants), BBH would be granted a long lease of the remaining part of Site A it did not own (the open space) and, in return, it would surrender part of Site B back to the Council for dedication as open space, so that



there would be no net loss of open space; or (b) if Site A could not be achieved then the parties agreed to (but were not obliged to) work towards an alternative Site B scheme.

- 1.6. A Cabinet report was approved in February 2010 regarding the land swap and the amount and position of that part of Site A to be leased to BBH. The report also set out the land from Site B to be transferred back to the Council. As the land to be leased to BBH is designated as public open space, the disposal was duly advertised in a local paper as required by legislation and no objections to the lease were received. Cabinet also agreed to transfer the land at nil value.
- 1.7. Since that Cabinet report, BBH has reconsidered the design and make-up of the Site A scheme. It has taken out all the speculative office space and replaced this with residential. Also the retail space has been reduced. A new planning application has been submitted.
- 1.8. BBH has agreed Heads of Terms for the sale of the residential element of the Site A scheme to Notting Hill Housing Trust. It is also close to agreeing terms with contractors to build the Site A scheme.
- 1.9. However, with the change in the nature of the Site A scheme the land to be swapped between BBH and the Council has changed. Cabinet approval to the new plans is therefore required. The amount of open space to be leased to BBH has again been advertised in the local paper and no objections have been received. In the new proposal for the land swap (as shown on the revised plans) the Council now receives back more open space than it is giving up. This is in contrast to previous plans, where it was always agreed that the Council would not give up more open space than it would receive back (see current open space plan in Appendix 1).

## **2. EQUALITY IMPLICATIONS**

- 2.1. As the land swap does not result in any loss of open space there are no equality implications arising from this report.

## **3. COMMENTS OF THE DIRECTOR OF COMMUNITY SERVICES**

- 3.1. The comments of the Director of Community Services have been incorporated in the report.

**4. COMMENTS OF THE DIRECTOR OF FINANCE AND CORPORATE SERVICES**

- 4.1 As one piece of land is being exchanged for another at nil value there is no overall impact on the Council's balance sheet. There will be no consequences for the Council's revenue account.

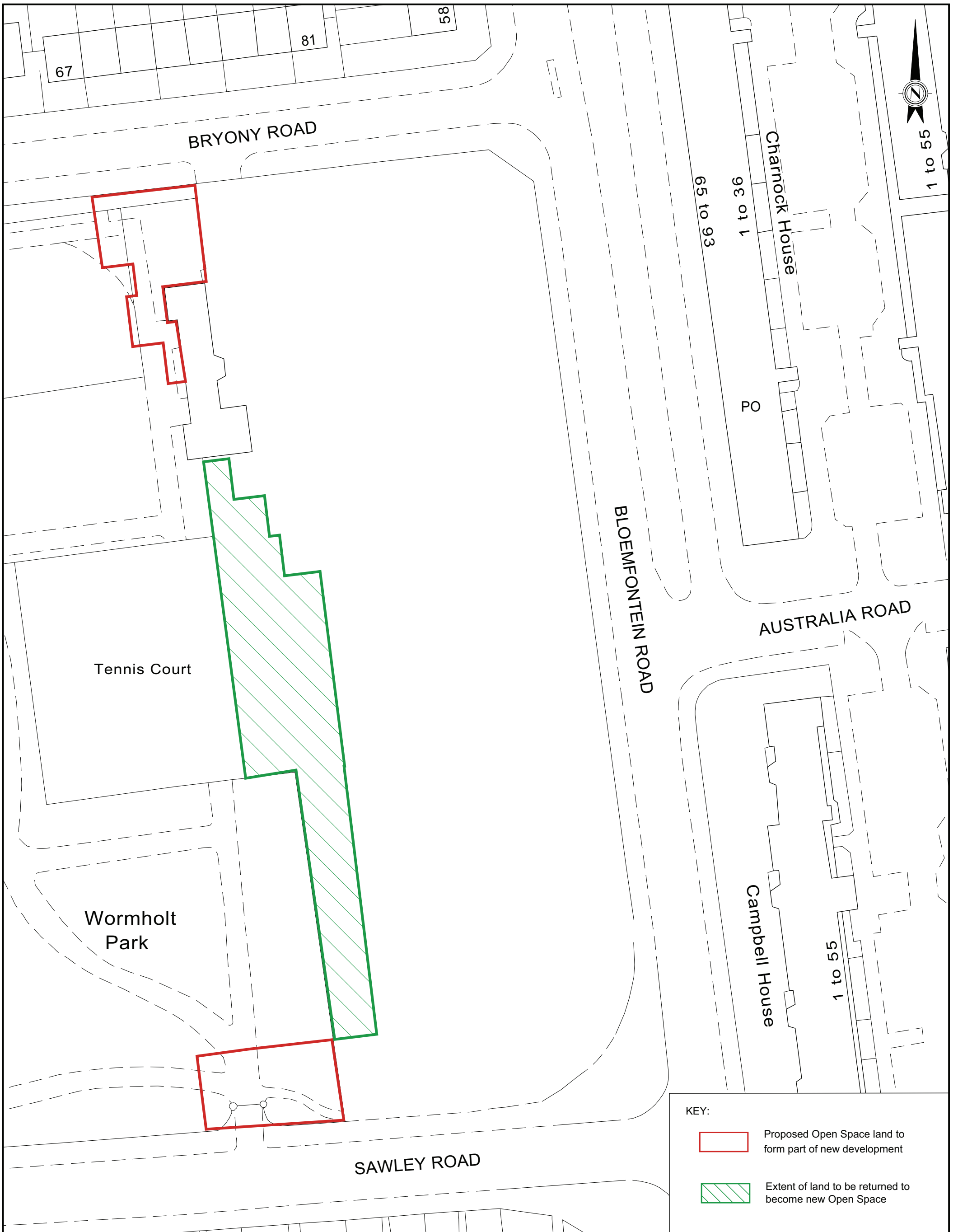
**5. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)**

- 5.1. The Council has retained external lawyers to advise on this matter and their advice is incorporated in the report.



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

<b>No.</b>	<b>Description of Background Papers</b>	<b>Name/Ext of holder of file/copy</b>	<b>Department/ Location</b>
1.	Public Notice Details External legal advice	Miles Hooton Ext 2835	Building & Property Management, Env, 6 <sup>th</sup> Floor, HTHX
2.	Cabinet Report 8 <sup>th</sup> February 2010 Land Disposal and Swap	Miles Hooton Ext 2835	Building & Property Management, Env, 6 <sup>th</sup> Floor, HTHX
<b>CONTACT OFFICER:</b>		<b>NAME: Miles Hooton</b>	

## **APPENDICES**



**KEY:**

-  Proposed Open Space land to form part of new development
-  Extent of land to be returned to become new Open Space

**HAMMERSMITH & FULHAM COUNCIL**  
 Environment Services  
 Town Hall Extension, King Street  
 London W6 9JU  
 Tel. 020 8748 3020

Drawn	Checked	Approved
HOR	WAS	
Scale	Original Sheet Size	
1 : 500	A3	
DWG No.	Revision	Date
73550/11/1	B	Jan. '09

PROJECT


## WHITE CITY LIFT SCHEME

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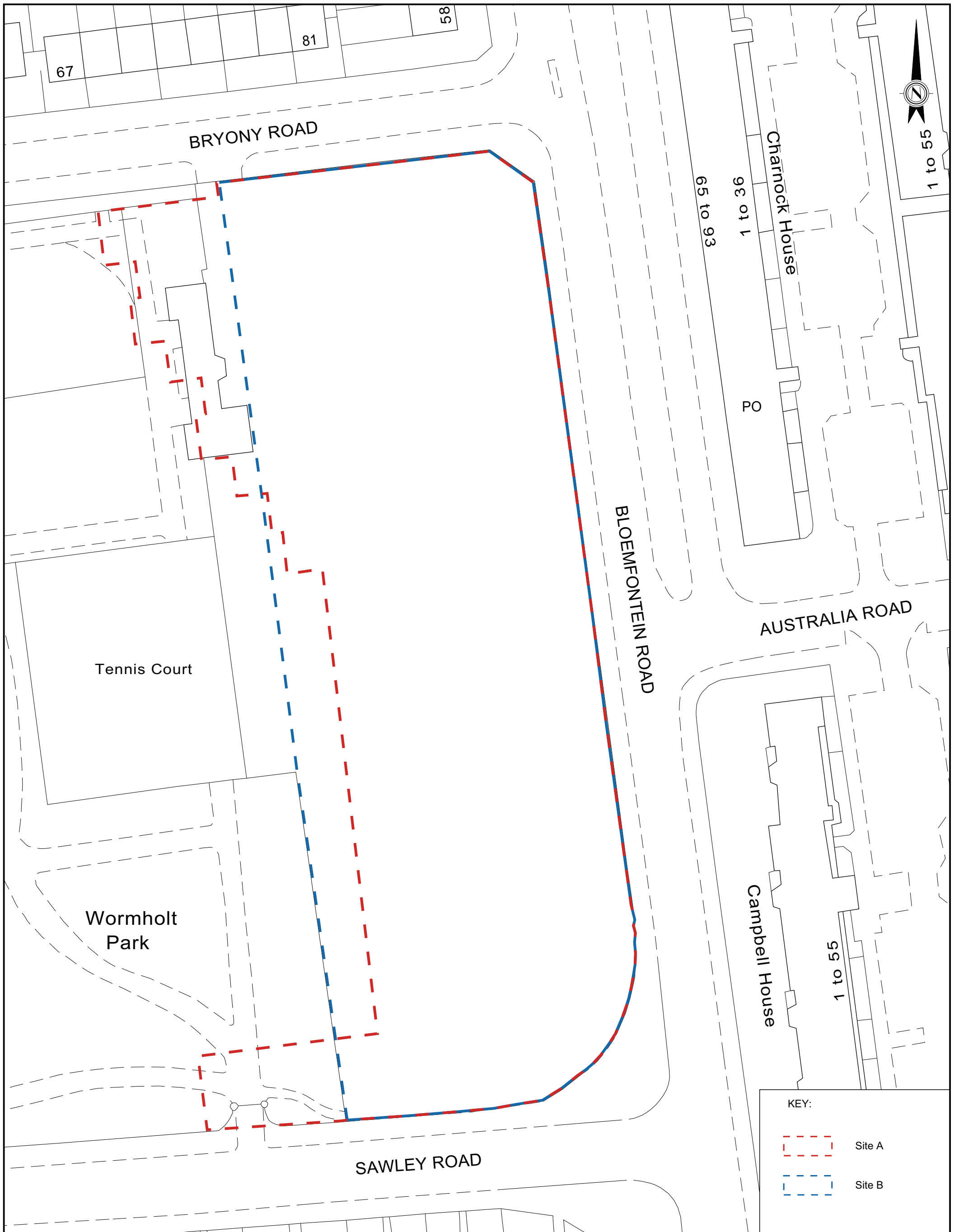
**NOTES**

Extents amended	Date	Rev	Init
Extents amended	Jan.'09	A	WAS
	Aug.'11	B	HOR

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FS 32265



<b>HAMMERSMITH &amp; FULHAM COUNCIL</b>		
Environment Services Town Hall Extension, King Street London W6 9JU Tel. 020 8748 3020		
Drawn <b>WAS</b>	Checked <b>CK</b>	Approved
Scale <b>1 : 500</b>	Original Sheet Size <b>A3</b>	
DWG No. <b>73550/11/2</b>	Revision <b>B</b>	Date <b>Jan.'10</b>

PROJECT

# WHITE CITY LIFT SCHEME

## APPENDIX 2

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NOTES Extents amended Extents amended	Date Jan.'09	Rev A	Init WAS
	Aug.'11	B	HOR

KEY:	
	Site A
	Site B

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FS 32265	

# Agenda Item 8



London Borough of Hammersmith & Fulham

## Cabinet

10 OCTOBER 2011

**CABINET MEMBER  
FOR RESIDENTS  
SERVICES**

*Councillor Greg Smith*

**LBHF & RBKC RESPONSE TO THE  
GOVERNMENT'S REVISED PREVENT  
STRATEGY**

**Wards:**

Seeking approval to develop a Prevent Programme in partnership with the Royal Borough of Kensington and Chelsea and the Home Office.

**CONTRIBUTORS**

DFCS  
ADLDS

**HAS A EIA BEEN  
COMPLETED?  
YES**

**HAS THE REPORT  
CONTENT BEEN  
RISK ASSESSED?  
N/A**

**Recommendations:**

- 1. That the Government's revised Prevent Strategy and its objectives be noted.**
- 2. That approval be given to work with the Home Office and RBKC to develop a Prevent Programme.**
- 3. That the Leader of the Council, in consultation with the Cabinet Member for Residents Services, signs off the Council's Prevent Programme and use of any funding allocated to the borough for 2011/12 and 2012/13 by the Home Office.**

## 1. BACKGROUND

- 1.1. The Government's revised Prevent Review and Strategy was published on 7 June 2011. The Home Secretary has stated that Prevent will tackle all forms of terrorist ideology, confront non-violent extremism, make a clearer distinction between the Government's counter terrorist work and its integration strategy, and ensure effective and efficient use of taxpayers' money.
- 1.2. The Government has stated that the previous Prevent programme was flawed and it has given the following reasons:
  - It confused the delivery of Government policy to promote integration with Government policy to prevent terrorism
  - It failed to confront the extremist ideology at the heart of the threat facing the UK and in trying to reach those at risk of radicalisation
  - It inadvertently funded extremist organisations that Prevent should have been confronting
- 1.3. The aim of the revised Prevent Strategy is to prevent people from being radicalised and stop would-be terrorists from committing mass murder. Prevent forms part of the Government's wider strategy for countering terrorism in the United Kingdom referred to as CONTEST.
- 1.4. The Prevent strategy is guided by six principles:
  - Prevent remains an integral part of the Government's counter-terrorism strategy.
  - Prevent will address all forms of terrorism (including far right) though Al Quaida and like-minded groups remain the greatest threat.
  - Prevent will tackle non violent extremism which can create an atmosphere conducive to terrorism or popularise views which terrorists exploit.
  - There is a clear distinction between prevent and integration strategies – the two cannot be merged together.
  - The new Prevent must do much better in evaluating and monitoring progress against a set of common objectives.
  - Public money will not be provided to extremist organisations that do not support the values of democracy, human rights, the rule of law and mutual respect and tolerance of different faith groups.
- 1.5. The Prevent strategy has three objectives:
  - Respond to the **ideological** challenge of terrorism and of those extremist views conducive to it.
  - Prevent vulnerable **individuals** from being drawn into terrorism by expanding programmes to identify who they are and provide them with support.

- Do much more with the wide range of sectors and **institutions** where ideology, the ideologues and vulnerable people come together and where there are either risks of radicalisation or opportunities to prevent it – or both.
- 1.6. The Government has adopted the following definition of extremism: *“Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members for our armed forces, whether in this country or overseas.”*
  - 1.7. The Government has stated that Al Quaida related extremism is the biggest threat facing this country and therefore Prevent activity must focus primarily on Islamist extremism for the time being.
  - 1.8. The Office of Security and Counter Terrorism (OSCT), which is part of the Home Office, directs Prevent across central and local Government.
  - 1.9. OSCT has published a list of 25 priority areas based on different information and policing indicators of terrorist activity where it thinks Prevent work needs to be prioritised. OSCT has said that demographic information has not contributed to the calculation. LBHF, Westminster City Council and RBKC are included in this list as are 13 other London boroughs including Barking, Brent, Camden, Ealing, Hackney, Haringey, Lambeth, Lewisham, Newham, Redbridge, Tower Hamlets, Waltham Forest and Wandsworth.
  - 1.10. Ring fenced funding, in the region of £100,000, is to be made available in 2011/12 to each of the local authority priority areas for targeted project work and Prevent activity coordination.
  - 1.11. In addition, OSCT is also funding the role of a Prevent coordinator (up to £50,000 plus related on costs) in each of the priority boroughs to manage and coordinate local Prevent programmes and to act as liaison with OSCT and other local partners.
  - 1.12. OSCT have stated they will only approve funding for project work which directly targets vulnerable individuals and institutions as well as activities which tackle extremist ideology related to terrorism. OSCT have also said that they will not fund any general community engagement or integration work.
  - 1.13. OSCT has advised that the priority areas should expect to continue to receive funding for 2012/13 and so the priority areas have been advised to work on a two year Prevent programme.
  - 1.14. The cut off date for application for programme funding was the 16<sup>th</sup> September and OSCT will work with priority areas to co-design



projects to ensure they are aligned to the Prevent objectives. OSCT has indicated that priority areas will be able to review and adjust programme plans on an ongoing basis throughout the lifetime the funding period.

- 1.15. OSCT will monitor and evaluate all those areas in receipt of Prevent funding.

## **2. LOCAL CONTEXT**

### **Our Position on Prevent**

- 2.1. LBHF and RBKC have agreed to work on this agenda together. Both boroughs welcome the refresh of the Prevent Strategy and recognise the importance of the agenda and its desired outcomes. LBHF and RBKC also fully appreciate and support the need to address terrorism at its earliest 'preventative stages' and that local authorities have a role to play in that.
- 2.2. LBHF and RBKC believe that tackling terrorism related extremism is a long term issue which requires sustained activity. Whilst we welcome additional but short term funding being offered to LBHF and RBKC, the main focus should be on how public agencies operating in the area can make use of their existing services to tackle this issue.
- 2.3. LBHF and RBKC also welcome the amendment to more clearly address would-be terrorists from wider communities and ideologies, such as the Far Right, as well as the recognition that Prevent need not be restricted to borough boundaries and that partnership working with other local authorities will be necessary.
- 2.4. However, unease arises over the decoupling of preventing terrorism with the 'softer' elements of promoting integration and addressing perceived grievances. LBHF and RBKC see effective community engagement and building good community relations as integral to the long term success of Prevent. As such building good community relations will continue through existing channels and will not use any Prevent monies.

### **The need for an evidence based approach**

- 2.5. LBHF and RBKC strongly believe that Prevent activity can only be successful if it's based on robust evidence in order to ensure that interventions are effectively targeted.
- 2.6. Due to the sensitivity and difficulty associated with intelligence gathering, we believe that the Police and wider intelligence community must lead on this.

- 2.7. However, future Prevent work will require closer working with the Police and further research in order to produce a more robust evidence baseline for targeted intervention work as the intelligence provided to LBHF so far from the Police and Home Office is considered insufficient to allow targeted projects.
- 2.8. Although OSCT, for quite legitimate reasons, has not released its reasoning for including LBHF and RBKC in the priority list, it has agreed to provide 'start-up' funding to all areas to carry out research.

### **The role of communities and faith groups in tackling extremism**

- 2.9. LBHF and RBKC, as part of existing and mainstream community engagement, have developed good relations with our local Mosques and Muslim faith groups. Any future work on Prevent should be implemented in a way that doesn't jeopardise these connections.
- 2.10. LBHF and RBKC believe that Muslim individuals, groups and organisations are best placed to identify and challenge terrorism related ideology and activity with support from the wider community and public services.
- 2.11. Imams and Mosque leaders, because of their deep knowledge of the faith, their experience in religious teaching and mentoring and their knowledge of local communities, must be at the forefront of challenging any extremist ideology within their communities and institutions. Any intervention work to deradicalise individuals from extremist ideology or to disengage them from criminal activity will require the support, cooperation and credibility of local Muslim groups, Mosques and community leaders.
- 2.12. Even though the Prevent Strategy has been refreshed, we know from experience and feedback that Muslim communities have expressed serious concerns about, and an unwillingness to engage with, the previous Prevent strategy (even when external funding was available). The shift of Prevent towards 'harder' counter-terrorism activity away from 'softer' integration and cohesion may make engaging with Muslim communities and organisations even more challenging.

### **3. JOINT LBHF & RBKC RESPONSE**

- 3.1. The Government has made public the list of the 25 priority areas it believes require particular attention for which it is actively offering ring fenced funding for targeted interventions. Given that the Government regards this as a serious issue, and at a time when it is reducing the overall revenue grant to Councils, there will be an expectation on LBHF and RBKC to respond. At the time of writing, all of the other 23 priority areas were intending to apply for Prevent funding

- 3.2. This report presumes the Government has sufficient and robust evidence that suggests LBHF and RBKC are at considerable risk in terms of Prevent. Although most of the evidence, for legitimate and sound reasons, is inaccessible to LBHF and RBKC, this report suggests we take as given and accept the principle that there is a problem that requires targeted intervention.
- 3.3. In light of what has been suggested earlier, LBHF and RBKC have applied for the maximum amount of Prevent funding available.
- 3.4. This report recommends that we continue to work closely with OSCT and the Police to design the necessary projects over the funding period, which is expected to extend into 2012/13.
- 3.5. To ensure that the risk is sufficiently lowered, the Metropolitan Police and the Home Office will need to play an active role by sharing intelligence and information with LBHF and RBKC in a timely manner and consistently and fully contributing to the overall coordination of Prevent activity at a borough level.
- 3.6. Local authority project work on Prevent should be proportionate and focused on reducing the overall risk of extremism. Once the risk level is reduced, any future lower level issues which might present themselves ought to be covered by the existing menu of interventions used in the councils. This report recognises the significant financial pressure on council services and what this might mean for those mainstream services being used to support vulnerable individuals

#### **4. POTENTIAL CHALLENGES**

- 4.1. As noted above, any limitations in the quality of the evidence base will limit targeting of interventions and hinder the overall effectiveness of projects. However, further research may help to mitigate this.
- 4.2. Also mentioned earlier, cooperation from local Muslim communities and organisations such as Mosques is likely to determine the success of any Prevent projects. Muslim communities have a key role in helping LBHF and RBKC in targeting the projects to the most appropriate individuals, promoting key Prevent messages and helping to rally support.
- 4.3. Muslim individuals and families have a particularly significant role in keeping an eye out for vulnerable individuals as well as challenging extremists and their negative ideology.
- 4.4. There is a need to be open with OSCT around managing their expectations in terms of how much LBHF and RBKC can realistically

achieve given the amount of time and resource available as well as the lack of a robust narrative about what best practice looks like. This is especially so considering that there is a lack of clear and useful guidance and any specific examples on the type of projects priority areas are expected to design and delivery.

- 4.5. Unfortunately, one of the barriers of the previous Prevent strategy was the poor intelligence sharing between the Police with the Council. If this proposal is approved, the Police and the Councils have agreed to work together to overcome this issue.

## **5. DELIVERY PLAN**

- 5.1. The delivery plan document, which will also act as the application for funding, is currently being developed. As part of the funding criteria, OSCT will review and endorse the overall Prevent Delivery Plan before agreeing any funding.
- 5.2. OSCT has asked that delivery plans are built around an analysis of the vulnerabilities and threats and that actions and projects are designed so they mitigate these vulnerabilities and threats.
- 5.3. As such, Westminster City Council has developed a proposal asking for additional 'start-up' funding to carry out a Tri-borough research project. The analyses from the research project will support the implementation and ongoing iteration of the Prevent programme which should result in improved targeting.
- 5.4. A Home Office decision on precise funding allocations is expected by the 30<sup>th</sup> September. The delivery plan will cover a 18 month period; starting in October 2011 and ending in March 2013.

## **6. BI AND TRI-BOROUGH INTEGRATION**

- 6.1. The programme management of Prevent in LBHF and RBKC will be managed through a single delivery plan and staff lead overseen by a Bi-Borough officer level steering group.
- 6.2. LBHF and RBKC will work with Westminster City Council on a 'two plus one' basis. In other words, Westminster City Council play a part in some of the project and front line activity however, overall coordination and governance of Prevent in Westminster City Council will be managed separately from the Bi-Borough arrangement. Westminster City Council will be invited to participate in any officer level meetings to ensure any necessary coordination and sharing of intelligence and learning.

- 6.3. If possible, Bi-Borough projects will be designed in a way which allows Westminster City Council to join at any time.

## **7. RISK MANAGEMENT**

- 7.1. If this proposal is approved and once projects are initiated, the relevant risk register (corporate and project) will be updated and managed.

## **8. EQUALITY IMPLICATIONS**

- 8.1. An equality impact assessment (EIA) has been undertaken by the Home Office and covers both strategy and local implementation.
- 8.2. It highlighted concerns about a disproportionate impact on religion and belief, and to some extent on race, as it targeted Muslims of South Asian/Middle Eastern and African descent.
- 8.2. The widening of Prevent to cover all forms of extremism should help to mitigate the negative impact on Muslims.
- 8.3. It is recognised that young people and in particular young men are more vulnerable to the risks associated with terrorism. Given that Al Quaida related terrorism represents the most significant threat facing the UK, there may continue to be a perception of disproportionate impact on young men under the revised strategy.

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

- 9.1. As set out in the report Hammersmith and Fulham has been invited to bid for funding for a Prevent Programme. The bid is due to be submitted and the Council is likely to receive an award in the region of £100,000 per annum for 2011/12 and 2012/13. Confirmation of the award is expected at the end of September and an appropriate amendment will be made to the revenue budget for the additional income and expenditure.

## **10. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)**

- 10.1. There are no direct legal implications.

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

<b>No.</b>	<b>Description of Background Papers</b>	<b>Name/Ext of holder of file/copy</b>	<b>Department/ Location</b>
1.	Prevent Strategy	Pinakin Patel	FCS
2.	Equality Impact Assessment	Pinakin Patel	FCS
<b>CONTACT OFFICER:</b>		<b>NAME: Pinakin Patel</b> <b>EXT. 5727</b>	



London Borough of Hammersmith & Fulham

## Cabinet

10 OCTOBER 2011

**CABINET MEMBER  
FOR RESIDENTS  
SERVICES**

*Councillor Greg Smith*

**THE CONTRACT FOR THE MANAGEMENT  
OF THE BISHOPS PARK CAFE**

**Ward:  
Palace  
Riverside**

Seeking approval for the appointment of a café operator to undertake the management and enter into a lease for the Bishops Park Café for four years with an option to extend for a further three years.

**HAS AN EIA BEEN  
COMPLETED?  
YES**

The awarded contract will generate a fixed income of £96k over a four-year period, plus a 10% commission payment of the café's revenue as detailed later in the report. If the contract is extended for a further 3 years an additional £79.3k (plus 10% of revenues) will be generated.

**HAS THE REPORT  
CONTENT BEEN  
RISK ASSESSED?  
YES**

A separate report on the exempt part of the Cabinet agenda provides exempt information on the procurement process and recommends that the contract be awarded to the successful tenderer.

**CONTRIBUTORS**

AD Customer &  
Commercial  
DFCS  
ADLDS

**Recommendation:**

**That the report be noted.**

## **1. BACKGROUND**

- 1.1 Bishops Park is currently being redeveloped. When it re-opens in the autumn it will be one of London's premier municipal parks with visitor numbers likely to exceed 3 million people per year.
- 1.2 At the heart of the central core of the park lies the historic tea pavilion. With indoor covered terrace and outdoor seating, the pavilion will not only provide fully licensed sit-in and takeaway catering facilities for park users, it will also be a destination café in its own right.
- 1.3 The Council has carried out a procurement process in respect of catering provisions for the park café.
- 1.4 The proposed contract is for four years with a provision to extend up to a further 3 years. It is anticipated that the café will open on 31 October 2011.
- 1.5 The café operator will pay to the Council an annual rental for the lease of the premises together with a percentage based commission (which will be based on a percentage of the café's total revenue and any other revenue associated with the café revenue, exclusive of VAT).

## **2. PROCUREMENT PROCESS**

- 2.1 In accordance with the Council's procurement procedures a Tender Appraisal Panel (TAP) was established to oversee the procurement process for the project. The TAP consists of officers from RSD Business Development Unit, Procurement, Property, Legal Services and Finance.
- 2.2 Advertisements inviting expressions of interest were placed on the London Tenders Portal and on the Council's website on 10 June 2011. The deadline for receipt of Pre-qualification questionnaires (PQQs) was 23 July 2011. Bidders were required to complete a questionnaire providing financial, insurance, technical capability and reference information. The five highest scoring bidders were then invited to the next round of the tender process.

### **Tender Process**

- 2.3 The Council first evaluated the tender submissions on quality on the basis of the Tenderers' response to the Contractor's Proposal in accordance with the evaluation criteria set out in the ITT as follows:



### Quality evaluation criteria

Section	Quality	Weighting	Total Maximum Score
A	<p><b>CATERING OFFER</b></p> <p>Degree to which Tenderer's catering offer responds to the desired Council's concept including:</p> <ol style="list-style-type: none"> <li>1. Overall concept of the catering offer and general scope of the menu offered</li> <li>2. Type of service</li> <li>3. Method of food preparation and procurement</li> <li>4. Value for money (as defined by food portion size, cost and ingredients)</li> <li>5. Style of food , branding, merchandising and packaging of the café.</li> </ol>	<p>25 total</p> <p>5</p> <p>5</p> <p>5</p> <p>5</p>	125
B	<p><b>FINANCIAL INFORMATION:</b></p> <ol style="list-style-type: none"> <li>1. Robustness of 4 year forecast</li> </ol>	<p>15 total</p> <p>15</p>	75
C	<p><b>EQUIPMENT AND MAINTENANCE</b></p> <ol style="list-style-type: none"> <li>1. Level of investment proportionate to the proposed concept and service level</li> <li>2. Commitment to routine maintenance</li> </ol>	<p>15 total</p> <p>10</p> <p>5</p>	75
D	<p><b>MANAGEMENT STRUCTURE AND RESOURCES</b></p> <p>Degree to which catering offer responds to Council's concept preference including:</p> <ol style="list-style-type: none"> <li>1. Methods for delivering prompt, interested and enthusiastic service</li> <li>2. Methods for dealing with peak demand</li> <li>3. Commitment to taking a personal interest in the café's success.</li> <li>4. Staff requirement training</li> <li>5. Food hygiene; Health and safety systems</li> <li>6. Quality management systems</li> </ol>	<p>20 total</p> <p>4</p> <p>4</p> <p>4</p> <p>3</p> <p>2</p> <p>3</p>	100

E	<p><b>MARKETING AND MERCHANDISING</b></p> <p>Proposals to:</p> <ol style="list-style-type: none"> <li>1. Market the café within Fulham in general and across London in particular</li> <li>2. Secure repeat business from the general public</li> <li>3. Promote the café during the low season</li> </ol>	<p>15 total</p> <p>5</p> <p>5</p> <p>5</p>	<p>75</p>
F	<p><b>SUSTAINABILITY</b></p> <p>Degree to which catering offer responds to Council's concept preference including:</p> <ol style="list-style-type: none"> <li>1. Maximum use of fresh ingredients</li> <li>2. Minimising the use of packaging, disposables and the use of recycling of all waste, including the composting of food waste</li> <li>3. Low energy/environmental impact equipment, taking a whole life view of costs (i.e. purchase cost plus running costs)</li> </ol>	<p>10 total</p> <p>5</p> <p>3</p> <p>2</p>	<p>50</p>
<b>TOTAL</b>		<p>100 total</p>	<p>500</p>

Responses to question were marked in accordance with the following criteria:

Assessment	Score	Interpretation
Excellent	5	Exceptional demonstration by the Tenderer of the relevant ability, understanding, skills, resource & quality measures required to provide the services. Response identifies factors that will offer potential added value, with evidence to support the response.
Good	4	Above average demonstration by the Tenderer of the relevant ability, understanding, skills, resource & quality measures required to provide the services. Response identifies factors that will offer potential added value, with evidence to support the response.

Acceptable	3	Demonstration by the Tenderer of the relevant ability, understanding, skills, resource & quality measures required to provide the services, with evidence to support the response.
Minor Reservations	2	Some minor reservations of the Tenderer's relevant ability, understanding, skills, resource & quality measures required to provide the services, with little or no evidence to support the response.
Serious Reservations	1	Considerable reservations of the Tenderer's relevant ability, understanding, skills, resource & quality measures required to provide the services, with little or no evidence to support the response.
Unacceptable	0	Does not comply and/or insufficient information provided to demonstrate that the Tenderer has the ability, understanding, skills, resource & quality measures required to provide the services, with little or no evidence to support the response.

2.4 Tenderers needed to achieve a total weighted quality score of 55% or more, with no individual sub-criterion being deemed "Unacceptable "or "Serious reservations". Tenderers who failed to reach this minimum quality requirement would be rejected and would not be invited to the e-auction.

2.5 The tenderers were requested to submit schedules of rates including the following:

2.5.1 Percentage based commission from the café revenue

2.5.2 Annual rent for years 1 to 4.

2.5.3 Annual rent for each extended year (from year 5 to year 7) including an 5% annual increase.

2.6 The TAP met on 25 August and concluded the evaluation, agreeing that the tenderer recommended in the separate exempt report be awarded the contract, as they meet the minimum quality threshold and provide an acceptable income to the Council.

### **3. RISK MANAGEMENT**

3.1 This project is included on the departmental project register. It has been assessed as a low risk project, as there is no financial contribution required from the Council.

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

- 4.1 Awarding the lease of Bishops Park Café to the recommended tenderer will generate rental income for the Council of £96k over the four year contract, £24k per annum, commencing 2012/13. The contract may then be extended for a further three years; if this occurs the lease income will equal £25.2k, £26.4k and £27.7k respectively for those subsequent years.
- 4.2 An additional income of 10% of the café's revenue will also be paid to the Council throughout the life of the contract.
- 4.3 Other comments are in the separate report on the exempt part of the Cabinet agenda.

#### **5. EQUALITY IMPLICATIONS**

- 5.1 The EIA concluded that this proposal will improve disability access to the café and that there are no negative impacts.

#### **6. COMMENTS OF THE ASSISTANT DIRECTOR (PROCUREMENT & IT STRATEGY)**

- 6.1 The AD Procurement and IT strategy is represented on the Tender Appraisal Panel and supports the recommendations.

#### **7. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)**

- 7.1 Legal advice on the procurement process was provided by an external law firm. The procurement process has complied with the Council's contract standing orders and relevant EU procurement rules.
- 7.2 Other comments are in the separate report on the exempt part of the Cabinet agenda.

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

<b>No.</b>	<b>Description of Background Papers</b>	<b>Name/Ext of holder of file/copy</b>	<b>Department/ Location</b>
1.	Project documents, avertissement, PQQ evaluations, TAP documents	Jem Kale EXT. 2370	RSD – Glenthorne Road
<b>CONTACT OFFICER:</b>		<b>NAME: Jem Kale ext. 2370</b>	



London Borough of Hammersmith & Fulham

## Cabinet

10 OCTOBER 2011

**CABINET  
MEMBER FOR  
HOUSING**

*Councillor Andrew  
Johnson*

**AWARD TO THE LOWEST TENDERER FOR THE  
REMOVAL OF ASBESTOS: AT RIVERSIDE  
GARDENS BLOCKS A-Q (1-171) AND S-T (180-199)**

**Ward:  
Hammersmith  
Broadway**

Seeking approval to appoint Ayerst environmental Ltd to carry out the removal of asbestos debris and contaminants in the loft spaces of Riverside Gardens, with the omission of block 172-179 which was previously damaged by a gas explosion and is now fully refurbished. This tender recommended for award complies with Health & Safety Executive standards for asbestos removal.

The works are necessary to eliminate the risks to residents associated with asbestos-containing materials and to provide a safe working environment for future trade operatives within the roof compartments.

**HAS THE  
REPORT  
CONTENT BEEN  
RISK  
ASSESSED?  
YES**

Cabinet on 18 April 2011 approved expenditure on this scheme within the 2011/12 Housing Capital Programme.

**HAS A EIA BEEN  
COMPLETED?  
YES**

A separate report on the exempt Cabinet agenda provides information on tender prices received and other aspects of the scheme

**CONTRIBUTORS**

ENV(BPM)  
HRD  
DFCS  
FCSLs  
ADLDS

**Recommendation:**

**That approval be given to place an order in the sum of £292,796 to Ayerst Environmental Ltd for the removal of asbestos to the roof compartments of selected blocks situated at Riverside Gardens.**

## **1. BACKGROUND**

- 1.1 The proposed works form part of the 2010/15 Housing Capital programme for which the Cabinet Member for Housing has responsibility.
- 1.2 Riverside Gardens is an inter-war estate of predominantly four-storey walk-up blocks arranged around four central courtyards.
- 1.3 In 2010 a scheme was proposed to overhaul and upgrade the cold water storage tanks in the loft spaces of Riverside Gardens. During the planning stage it became apparent that the water tank lids contained asbestos materials that were in varying stages of disrepair. A full investigation was undertaken in all of the loft spaces which identified a number of concerns.
- 1.4 The water tank lids have an asbestos cement layer which has over time, significantly deteriorated in condition causing widespread contamination of the loft space areas. In addition, there is significant Asbestos Insulation Board (AIB) contamination which appears to have originated from the installation of the roof soffit boards. There is further asbestos cement contamination originating from damaged and broken redundant flues that are present in various areas in the loft spaces.
- 1.5 The spread of asbestos contamination is extensive and includes the contamination of non-asbestos 'friable' insulation materials such as man-made-mineral fibre (glass fibre) and foam insulations.
- 1.6 Further, there is very little or no compartmentalisation in the loft spaces across the estate blocks, which means that not only is there very little fire protection between blocks but also the spread of contamination from asbestos-containing materials has occurred across blocks.
- 1.7 The surveys concluded that it would not be possible to safely carry out upgrade works to the cold water storage or to rectify the lack of fire protection without first fully decontaminating the loft spaces of the asbestos materials and debris, including the removal of all friable materials.

## **2. BRIEF DETAILS OF WORKS**

- 2.1. The proposed works comprise the removal of asbestos cement tank lids which will subsequently be sealed with 1000 gauge polythene and gaffer tape. This will stop any dust and debris falling into the tank. After each loft has been cleaned and passed a certificate of reoccupation will be issued. Thereafter, the loft will be sealed at the point it enters the next adjoining loft. The loft will be sealed with Corex, 100 gauge polythene. This will in turn become one end of the enclosure being worked on next. This will continue until the works are complete.
- 2.2. The proposed works will be carried out in a total of loft spaces across the estate as listed below. The two blocks on the estate not included are Block R

(Flats 172-179) because the works were carried out as part of the recently completed gas explosion reinstatement project and Block U (220-221) because it has no loftspace.

<b>Block</b>	<b>Flat Nos.</b>	<b>Block</b>	<b>Flat Nos.</b>
A	1-11	L	116-123
B	12-23	M	124-131
C	24-34	N	132-143
D	35-43	O	144-151
E	44-55	P	152-163
F	56-63	Q	164-171
G	64-75	S	180-191
H	76-83	T	192-199
I	84-87		
J	88-99		
K	100-107		
K1	108-115		

- 2.3 The loft spaces are arranged in such a way that there is little or no segregation between blocks, as such work phases will not be limited to individual blocks but will incorporate several blocks at any one time.
- 2.4 It is recommended that all loft spaces be decontaminated, including the removal of the water tank lids and all contaminated insulation to the voids. The contractor will need to determine the level of control required, but certainly works including Asbestos Insulation Board removal will be under fully controlled conditions and all other areas of work will be segregated and controlled. The works will be subject to fully controlled conditions in accordance with the Control of Asbestos Regulations 2006 and as such will incorporate controlled access to areas, negative pressure within enclosures for suitable air change and associated plant and equipment.
- 2.5 Access to the majority of locations will be by scaffold which will be safe, secured and alarmed. However, some access will be made via landing loft hatches. These works will be limited to short duration, low intensity works that will not exceed a single working shift (day) and as such will not unduly inconvenience any residents. All affected residents will be informed in advance of the dates of these phases of the works.
- 2.6 Essential to the works will be a compound area situated at a specified location on the site incorporating a Hygiene Unit (with shower for personal decontamination), sealed skip unit in accordance with Environment Agency requirements, works van, mobile laboratory and secured plant.

### **3. TENDER DETAILS AND BASIS FOR APPOINTMENT FOR SPECIALIST CONTRACTOR**

- 3.1 Ayerst is the term contractor for Hammersmith & Fulham Council which manages the borough's Asbestos register. The specialist Governing Body used by Ayerst to select bidders to be invited to tender for asbestos removal, and to then undertake the evaluation of returned tenders, is Exor. The contract proposed will be between Hammersmith and Fulham Council and Ayerst Environmental Ltd.
- 3.2 Exor selected the top-five ranked organisations on the HSE's ALU (Health & Safety Executive's Asbestos License Unit) - a select list of pre-qualified approved contractors licensed to work with asbestos by the HSE. The five companies were:
- DeConstruct
  - T&S Environmental
  - Erith
  - Forest Environmental
  - Aspect.
- 3.3 All five of the above specialist sub-contractors were invited to provide their best value quotation for the works based on an identical tender brief. All contractors were afforded an accompanied visit to the site to allow correct assessment of the required works.
- 3.4 The tender evaluation undertaken by Exor showed all five organisations to have met the requirements of the brief, with DeConstruct submitting the lowest-priced and therefore best value bid. Details of the prices submitted are contained in the separate report on the exempt Cabinet agenda.

### **4. COMMENTS OF THE DIRECTOR OF HOUSING AND REGENERATION AND DETAILS OF FUNDING PROVISIONS**

- 4.1 The Director of Housing and Regeneration supports the recommendation of this report. The works are essential to protect the health, safety and well-being of residents and maintenance operatives and also as a precursor to further projects replacing communal water tanks and introducing fire compartmentalisation.
- 4.2 Consultation meetings provide an opportunity for officers to explain the works, as well as the proposed location of the contractor's welfare and storage facilities and for residents to ask questions about the project. All residents will be invited to an evening surgery where they will have the opportunity to ask representatives of Ayerst Environmental questions regarding the works.
- 4.3 The 2010/2015 Housing Capital Programme contains a total budget of £256,000 for this scheme. The recommended sum for approval therefore results in a potential shortfall of £36,796. The reason for the shortfall is because of a change in scope of works to include external scaffolding to the



blocks, the alternative being access via resident's flats and necessitating temporary decants. However, the proposed sum can be contained within the overall resources available due to the carry-forward of part of the underspend of £96,254 from the 2010/11 major asbestos works budget. The necessary amendments to the housing capital programme will be incorporated in future monitoring reports.

4.4 The anticipated cash flow of the project is as follows:

	<b>2011/12</b>
	<b>£</b>
Works:	226,552
Fees for testing and monitoring	43,589
Fees:	22,655
<b>Total:</b>	<b>292,796</b>

4.5. Expenditure will be charged to Cost Centre COM001 and project code CHRA00322.

## 5. PROGRAMME OF WORK

5.1 The anticipated programme of work is as follows:

	Date:	Year:
Approval (Cabinet) :	10 <sup>th</sup> October	2011
Issue Letter of Acceptance:	18 <sup>th</sup> October	2011
Proposed Start on Site:	1st November	2011
Anticipated Completion:	1st March	2012

## 6. SECTION 20 OF THE LANDLORD AND TENANT ACT 1985 (AS AMENDED BY SECTION 151 OF THE COMMONHOLD AND LEASEHOLD REFORM ACT 2002

6.1 The following properties have already been sold under right to buy legislation:

No's: 2,6,8,10,18,20,23,36,37,42,45,47,48,52,61,67,69,75,80,81,85,86,87, 91,92,93,96,97,102,104,106,110,112,119,126,140,147,148,149,150,151, 159,161,167,170,175,176,179,184,187,190,195,198,199

6.2 No properties have right to buy applications pending on them:

6.3 There has been agreement between officers within Development and the Head of Leasehold Services not to issue Section 20 leaseholder invoices for these works. Therefore, the leaseholder contributions are capped to £100 per leaseholder.

**7. EQUALITY IMPLICATIONS**

7.1 An Equalities Impact Assessment has been completed and is available on request.

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

8.1 The total estimated cost of the proposed scheme (£292,796 including fees) is to be funded from the Housing Capital programme as detailed in paragraph 4.3 above. The proposed sum can be contained within the overall resources available due to the carry-forward of part of the underspend of £96,254 from the 2010/11 major asbestos works budget. The necessary amendments to the housing capital programme will be incorporated in future monitoring reports.

**9. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)**

9.1 These are in the separate report on the exempt Cabinet agenda.

**10. COMMENTS OF THE ASSISTANT DIRECTOR (PROCUREMENT AND IT STRATEGY)**

10.1. The Assistant Director for Procurement and IT Strategy supports the report's recommendation. A transparent competition has been run. The tender recommended for approval meets Health and Safety Executive standards for specialist asbestos removal and is the lowest priced.

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

<b>No.</b>	<b>Description of Background Papers</b>	<b>Name/Ext of holder of file/copy</b>	<b>Department/ Location</b>
1.	EIA (Equality Impact Assessment)	Richard Hexter, Telephone: 0208 753 4788	Housing & Regeneration 3 <sup>rd</sup> floor, Town Hall Extension
<b>CONTACT OFFICER:</b> Client Project Manager		<b>NAME:</b> Richard Hexter <b>EXT. 4788</b>	



London Borough of Hammersmith & Fulham

## Cabinet

10 OCTOBER 2011

**CABINET MEMBER  
FOR COMMUNITY  
CARE**

*Councillor  
Joe Carlebach*

**CABINET MEMBER  
FOR CHILDREN'S  
SERVICES**

*Councillor  
Helen Binmore*

**CONTRIBUTORS**

DChS.  
Interim DCS  
DFCS  
ADLDS

**EXECUTIVE RESPONSE TO THE  
CHILDREN'S ORAL HEALTH TASK GROUP**

This is the Cabinet's Executive Response to the report of the Children's Oral Health Scrutiny Task Group, which was agreed by the Overview and Scrutiny Board 26<sup>th</sup> July 2011. The report contains 14 recommendations to the Cabinet and NHS Primary Care Trust (PCT).

**Wards:  
All**

**Recommendation:**

**That approval be given to the Executive Response to the Children's Oral Health Task Group set out at Appendix 1 and that Cabinet commend the Task Group report and recommendations to the NHS Primary Care Trust (PCT) for consideration.**

## **1. BACKGROUND**

- 1.1. A Children's Oral Health Task Group was commissioned by the Overview and Scrutiny Board (OSB) to examine the issue of children's oral health in Hammersmith and Fulham and to report back with findings and recommendations to the Cabinet, the PCT and other partner agencies.
- 1.2. Following a proposal by the Education Select Committee and agreement by the OSB on 21<sup>st</sup> September 2010, the Task Group met for the first time on 12<sup>th</sup> January 2011.
- 1.3. The OSB agreed the final Task Group report on 26<sup>th</sup> July 2011 and referred the report and 14 recommendations to Cabinet and NHS PCT for consideration, requesting an Executive Response (including Executive Decisions for each Scrutiny Recommendation).
- 1.4. The Cabinet and PCT are asked, in the Executive Response, to agree, reject or amend scrutiny recommendations. Implementation of the recommendations will be carried out either by the PCT, the Council or in joint collaboration.
- 1.5. The Executive Response has been drawn up in consultation with Councillors Carlebach - Cabinet Member for Adult Social Care and Councillor Binmore – Cabinet Member for Children's Services and the relevant departmental officers. It has also been considered for comment by the Council's Executive Management Team (EMT).
- 1.6. Where Cabinet is the executive decision maker, the Cabinet is asked to agree the Executive Response and recommendations set out in Appendix 1. Where the PCT is the decision maker, the Cabinet is asked to commend the recommendation to the PCT.
- 1.7. The executive responses of both implementing agencies will be received by the Council's Education Select Committee on 22<sup>nd</sup> November 2011, which will also monitor the implementation of the agreed recommendations.
- 1.8. The Cabinet's Executive Response is attached at Appendix 1.
- 1.9. The Children's Oral Health Task Group report is attached at Appendix 2.

## **2. RISK MANAGEMENT**

- 2.1 Not applicable.

### 3. COMMENTS OF THE DIRECTOR OF FINANCE AND CORPORATE SERVICES

- 3.1 The overall aim of the recommendations and strategy proposed is to make medium term savings to the PCT primary care budget through early intervention. The current costs of treatment are estimated to be around £2,054,000; £350,000 for 'New Appointments & Admissions' for H&F patients (2010/11) at the Chelsea and Westminster Hospital and an estimated £1.7m for Primary Care treatments (non-prevention, including extractions) in H&F [2010-11].
- 3.2 Most of the recommendations have no budget implications. Overall the estimated budget implication for the Council is **£16,000** out of a total estimated budget of £89,000.
- 3.3 The estimated budget implications to the PCT are £73,000, which includes a recommendation for fluoride varnishing community based public health programme estimated to cost approximately £50,000.

### 4. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)

- 4.1. The process for consideration of the scrutiny report and Executive Response are consistent with the Overview and Scrutiny Procedure Rules set out in Part 4 paragraph 13 of the Council Constitution.

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

<b>No.</b>	<b>Description of Background Papers</b>	<b>Name/Ext of holder of file/copy</b>	<b>Department/ Location</b>
1.	The Children's Oral Health Task Group Report	Michael Carr X2076	Governance & Scrutiny
2.			
<b>CONTACT OFFICER:</b>		<b>NAME:</b> Michael Carr – Scrutiny Development Officer <b>EXT. 2076</b>	



## Hammersmith & Fulham Council

### Executive Response to the Children's Oral Health Task Group Report

**By Cabinet, 10<sup>th</sup> October 2011**

#### Introduction

The Cabinet welcomes the Children's Oral Health Task Group Scrutiny report and recognises that children's oral health is an important area of public health. The Cabinet fully endorses the need to take action to improve children's oral health in Hammersmith and Fulham, given that the Borough has a significant amount of children with decayed, missing or filled teeth, and recognises the significant steps that are already being taken by the NHS PCT.

The Scrutiny report and recommendations provide an opportunity to consider how the Council, the PCT and other community partners can work together even more effectively to take this agenda forward.

#### Response to recommendations

Please find below responses to the recommendations contained within the scrutiny report:

#### ***Getting the Message Across***

##### **Recommendation 1: Keep Smiling – A Children's Oral Health Campaign**

It is recommended that the Council and the PCT initiate a local campaign to highlight the issue of children's oral health. The campaign should focus upon key issues including decay prevention, diet, teeth brushing and visiting the dentist and speak to parents and young people. It should be branded, have a name, a logo and a master set of key publicity messages. The campaign should include events such as an oral health events week in 2011, an annual Children's Oral Health Day and year round community events which are targeted at the borough's most high-risk areas.

#### ***Suggested Executive Decision: AGREED***

##### **Recommendation 2: Review of Health Information and Advice**

It is recommended that the PCT review health information and advice to define key messages and to make sure that there is consistent advice from professionals across the spectrum of children's agencies. Particular attention should be paid to advice to professionals, the use of child-centred communication and the need to use community languages.

#### ***Suggested Executive Decision: Noted. Commended to the INWL NHS PCT.***

## ***Targeting and Outreach***

### **Recommendation 3: Targeted Fluoride Varnishing Programme**

It is recommended that a targeted programme should be launched to provide fluoride varnishing for children aged 3–5 from the most at-risk groups in the borough. The programme should be delivered in schools, children’s centres, community centres and supermarkets to maximise coverage of target geographical areas, as well as “drop in” fluoride varnishing sessions in dental practices.

***Suggested Executive Decision: Noted. Commended to the INWL NHS PCT.***

### **Recommendation 4: Community Champions, Health Advisors and Parent Volunteers**

It is recommended that the Community Champions and Health Advocate schemes be continued and enhanced to include targeted community led action to raise awareness of oral health, recruit parent volunteers from the local community and register children with local dentists.

***Suggested Executive Decision: AGREED. Commended to the INWL NHS PCT.***

### **Recommendation 5: Targeted Provision of Dental Health Packs (Fluoride Toothpaste, Toothbrushes and Baby Beakers)**

It is recommended that fluoride toothpaste and toothbrushes be distributed regularly to targeted groups, through health visitors, Community Champions and events, and that free baby beakers be distributed at age 8 months to 1 year to at-risk groups to encourage the reduced use of feeding bottles containing sugary drinks.

***Suggested Executive Decision: AGREED. Commended to the INWL NHS PCT.***

### **Recommendation 6: Targeted Support for Children in Care**

It is recommended that the following steps are taken to promote oral health amongst children in care:

- i. Incorporate dental screening into mandatory 28 day health checks
- ii. Sign-post H&F foster parents to Child Friendly Dentists
- iii. Follow up and monitor the registration of all looked after children
- iv. Encourage one H&F dentist to take the position of ‘Looked After Children Champion’ and to educate other dentists in the borough about the high level of sensitivity required for these children
- v. Include Keep Smiling campaign in the ‘Rocket Club’ and other targeted points of contact
- vi. Lobby the Government to make the disclosure of dental reports (for looked after children) free, as part of the NHS dental contract.
- vii. Send a Brushing for Life Pack to all looked after children, sponsored by Colgate or another commercial partner

- viii. Add oral health improvements to the 'Independent Reviewer's' agenda.

***Suggested Executive Decision: AGREED.***

**Recommendation 7: Targeted Support for Children with Special Needs**

It is recommended that good practice is maintained including joint-working with schools and Chelsea & Westminster hospital, and that Child Development Service contracts are amended to include oral health promotion.

***Suggested Executive Decision: AGREED. Commended to the INWL NHS PCT.***

***Dentists***

**Recommendation 8: Child Friendly Dentists**

That dentists who would like to be known as 'Child Friendly' display a logo and appear on a list which is distributed to professionals, stakeholders and parents. These H&F dentists should gain the necessary paediatric training from Chelsea & Westminster Hospital and be encouraged to open at 'child friendly' times such as on Saturday mornings. In return their services could be promoted to families in the Borough.

***Suggested Executive Decision: Commended to the INWL NHS PCT.***

***Partnerships***

**Recommendation 9: Commercial Partnerships**

It is recommended that a commercial operator in the field of dental care products, such as Colgate or Glaxo Smith Klien, be approached to sponsor report recommendations including (1) Keep Smiling and (5) Targeted Provision of Dental Health Packs.

***Suggested Executive Decision: AGREED. Commended to the INWL NHS PCT.***

**Recommendation 10: Chuck Sweets Off the Check-Out**

It is recommended that supermarkets, high street shops and leisure centres be asked to play their part and to "chuck sweets off the checkout" as part of a local campaign to promote healthier diets.

***Suggested Executive Decision: AGREED.***

**Recommendation 11: Schools and Children's Centres**

It is recommended that schools, nurseries and children's centres implement a range of the following measures:

- i.* Gain parental consent for dental inspections and fluoride varnishing
- ii.* Supervised tooth brushing
- iii.* The use of a chart for children to record teeth brushing at home



- iv. The school nurse to provide oral health advice and sign-post at-risk families to dentists during the universal age 4-5 health check and at later dates
- v. A fluoride varnishing programme
- vi. A more proactive Healthy Food Policy, including the provision of healthy snacks (fruit, water, etc) as well as a prohibition on sugary products
- vii. Making water available throughout the day
- viii. Establish links with at least one dental practice and take school classes to the dentist or bring the dentist into school
- ix. Inclusion of oral health care education in the school curriculum
- x. Oral Health educational events for children and parents.

***Suggested Executive Decision: AGREED.***

**Recommendation 12: ‘Keep Smiling’ Oral Health Campaign for Professionals - Using Professionals to Influence Behaviour**

It is recommended that GP medical practices improve their links with dentists and that other professionals who are able to pass on oral health advice be trained by the Oral Health Promotion team. Professional groups include:

- ▶ Teaching staff and learning mentors
- ▶ Social Workers
- ▶ School Nurses
- ▶ Health Visitors
- ▶ Youth Services
- ▶ Midwives
- ▶ Child-care workers and child-minders.

Service specifications for relevant professionals, including health visitors and school nurses, should be amended to include oral health actions.

***Suggested Executive Decision: AGREED. Commended to the INWL NHS PCT.***

**Recommendation 13: Maternity and Early Years**

It is recommended that health visitors and midwives be trained to provide oral health advice to new parents on the key stages of infant oral health development and health services, Key stages include a child’s first tooth and registration from age 1 with a local dental practice, free NHS dental treatment for new and pregnant mothers and children and health advice on avoiding “teat bottles” and sugary liquids and foods.

***Suggested Executive Decision: Commended to the INWL NHS PCT.***

***Water Fluoridation***

**Recommendation 14: Further Consideration of Water Fluoridation**

It is recommended that the Council considers the political, financial and public health implications of water fluoridation and seeks to build a coalition of councils and health partners to instigate possible public consultation on the introduction of water fluoridation in the future.

**Suggested Executive Decision: AGREED. Referred to full Council for debate.**

Signed \_\_\_\_\_

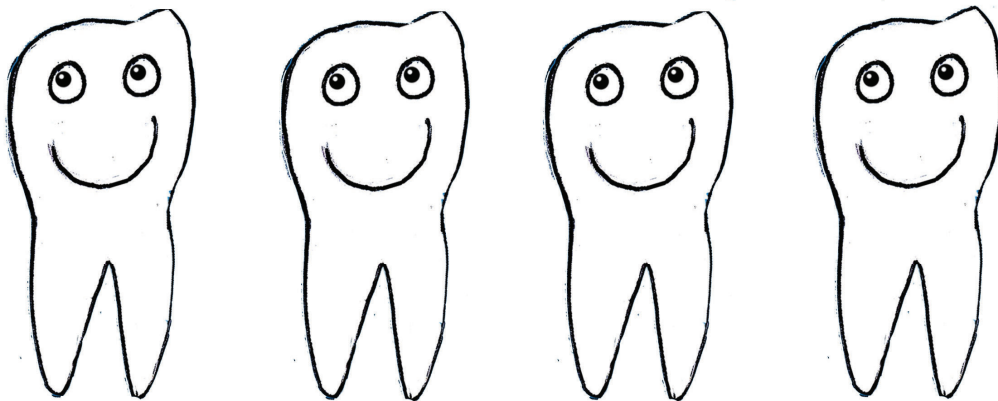
**Councillor Helen Binmore – Cabinet Member for Children’s Services**

Signed \_\_\_\_\_

**Councillor Joe Carlebach – Cabinet Member for Community Care**

**The London Borough of Hammersmith & Fulham**

# Children's Oral Health Task Group



*A report of the Children's Oral Health Task Group*

## Overview & Scrutiny

The London Borough of Hammersmith & Fulham

July 2011



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# Foreword

The Coalition's 'Our Programme for Government'\* document states that 'The Government believes that we need action to promote public health, and encourage behaviour change to help people live healthier lives. We need an ambitious strategy to prevent ill-health which harnesses innovative techniques to help people take responsibility for their own health'.

Hammersmith and Fulham's aspiration to be 'The Borough of Opportunity' and local health objectives are entirely consistent with this approach. Specific aims include a reduction in health inequalities, giving people more control over their health and enabling health and well-being.

With this report we have an opportunity to improve an important area of public health, as part of a wider attempt to combat health inequalities in the borough. A key finding of the report is that our child oral health statistics mask an even worse situation amongst disadvantaged groups. This is why we have put forward a highly targeted set of proposals.

Our recommendations are both ambitious and innovative. They recognise that we must capture the attention and imagination of our community and call upon the support of varied professionals and stakeholders to achieve this. Above all, I hope that we can enable families to help themselves and in so doing create real and lasting change. There is already a lot of excellent work and many examples of best practice in the borough, and the many parents that I have met want to be assisted to do the right thing for their children.

I would like to thank the witnesses and professionals that have given their time to support this piece of work, many of whom are listed at the back of the report.



**Councillor Marcus Ginn**  
**Chairman of the Task Group**

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\* The Coalition: Our programme for government, Crown Copyright 2010

# Membership of the Task Group

- ▶ Councillor Marcus Ginn – Chairman



- ▶ Councillor Caroline Needham  
- Vice-Chairman



- ▶ Councillor Peter Tobias



## Aim and Objectives

The Aim and Objectives of the Task Group are:

### ***Aim***

To investigate the high incidence of tooth decay amongst the child population of the borough (0-19 years old), to identify possible reasons for this and identify ways in which Council services, working with partners, can contribute to the promotion of oral health in young people.

### ***Objectives***

- ▶ To review the oral health services available for children including new health service initiatives and the reasons for a high level of tooth decay amongst the child population of the borough (0-19 years old).
- ▶ To identify and consider the mechanisms available to improve oral health in the Borough.
- ▶ To identify best practice in children's oral health services nationally, regionally and locally, with particular reference to collaborative working between local authorities, PCTs and other community partners.
- ▶ To consider how Council services, along with partner agencies, can most effectively contribute to the promotion of oral health in young people, in particular, through schools and children's centres.

# Executive Summary

The Children's Oral Health Task Group was set up by Hammersmith and Fulham's Overview and Scrutiny Board (OSB) to examine this issue and to report back with findings and recommendations to the Council Cabinet, the PCT and other partner agencies on ways to reduce the numbers of young people being afflicted by what is, in most cases, an entirely preventable disease.

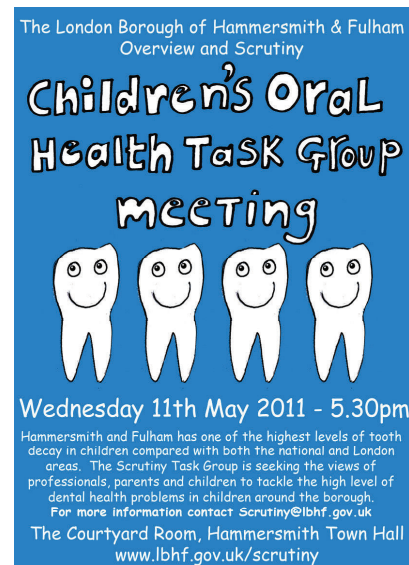
Following a proposal by the Education Select Committee and agreement by the OSB on 21<sup>st</sup> September 2010, the Task Group met for the first time on 12<sup>th</sup> January 2011.

The Task Group has collected evidence from a wide selection of stakeholders in the field, as well as written and documentary evidence and field research.

Witnesses and consultees to the inquiry have included H&F Cabinet Members Cllr Carlebach and Cllr Binmore, Barry Cockcroft – the Chief Dental Officer for England, The Borough Youth Forum, local parents and children, The British Dental Association, local community dental practitioners, private sector representatives including Colgate Palmolive, leading academics including Professor Aubrey Sheiham - University College London, local schools and Children's Centres, school nurses and health visitors, the Children's Trust Board and the NHS Inner North West London Primary Care Trust. During our inquiry we have received advice from Claire Roberton – Consultant in Dental Public Health at the North West London PCTs throughout.

*“Poor dental health in children can influence oral health later on in adult life and influence a wide range of social and health issues. This is an important investigation to help tackle the problem of poor oral health in children and to look at ways in which the council and its community partners can work more closely to find solutions to improve peoples' quality of life”*

*Cllr Marcus Ginn,  
Chairman of the Task Group*



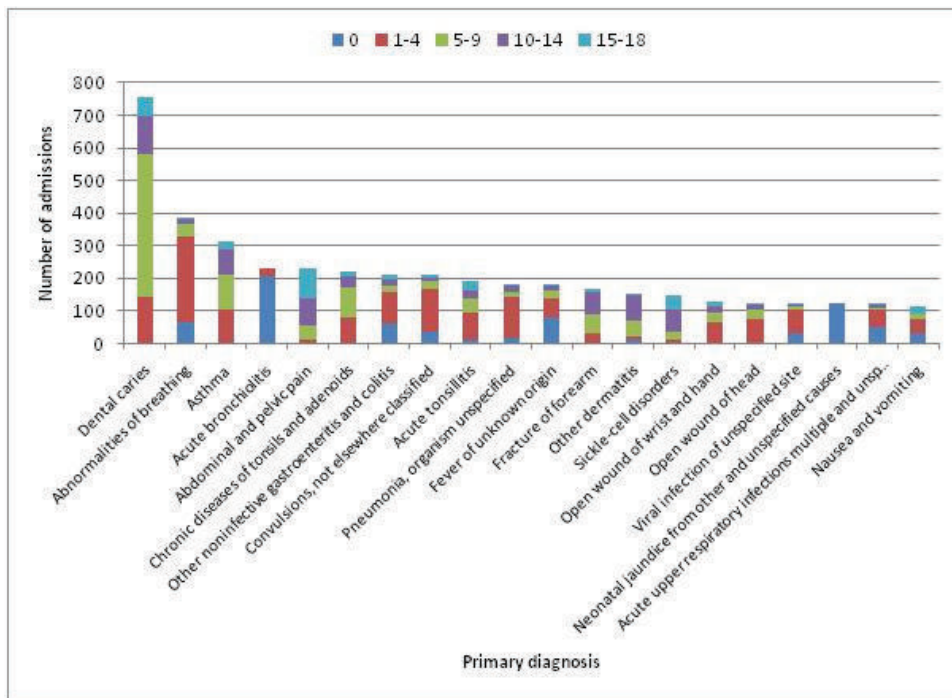
For a full list of witnesses to the inquiry please see Appendix One.

## The Cost of Decay

Hammersmith and Fulham has the 3rd highest prevalence's of child oral health problems in London. Poor oral health can blight an individual's life, with serious



social and economic implications. It can affect the way a person looks and feels, impair a child’s concentration at school and necessitate time off school for dental repairs. Extractions can be traumatic, particularly for young people, and a pattern of poor oral health during childhood can impact upon later health, wellbeing and life chances. Dental caries is the top cause of admissions of children and young people to Chelsea and Westminster Hospital♥.



Top causes of hospital admissions to children aged 0 – 18 years, 2006/07 – 2008/09♥

During the inquiry we visited Chelsea and Westminster Hospital and interviewed staff in Paediatric Dentistry, including Kate Barnard, Consultant in Paediatric Dentistry. In addition to the social costs, dental health problems are expensive to the public purse. The table below shows the rate of admissions and interventions (mainly teeth extractions and fillings) for children from the borough at Chelsea and Westminster Hospital. The number is increasing.

### NHS Hammersmith & Fulham Activity

2006/7 to 2010/11

Year	New Appts	Admissions	Conversion Rate
2006/2007	332	221	66.57%
2007/2008	328	276	84.15%
2008/2009	400	325	81.25%
2009/2010	413	331	80.15%
2010/2011	422	316	74.88%

Numbers of children admitted and treated for extractions and fillings at Chelsea and Westminster NHS Trust.

♥ Source: NHS Secondary Uses Service

**The direct cost of these appointments and treatments in 2010-2011 was £354,024.**

Practically all of these admissions to Chelsea and Westminster are avoidable through prevention.

### The Strategy

This report outlines 14 recommendations to the Council Cabinet, the NHS PCT and other local partners to improve children's oral health in the Borough. The overarching strategy is:

1. to improve children's oral health for all young people in the Borough (a whole population approach)
2. to target particular groups and communities where decay is more likely or more prevalent (a targeted approach), and
3. to bring together the work going on in different agencies

Within this there are 4 key strands:

- i. **Getting the message across** – effectively communicating with children and families to change behaviour
- ii. **Targeting & Outreach** – targeting resources and bringing services and advice in to communities
- iii. **Dentists** – engaging dental practices in the campaign
- iv. **Partnerships** – building even more effective partnerships among local professionals, communities and parents and children themselves.

### Getting the Message Across

*Recommendation 1: Keep Smiling – A Children's Oral Health Campaign* and *Recommendation 2: Review of Health Information and Advice* aim to get the key messages across, particularly targeted at "hard to reach" and the most "at risk" communities, with a more joined up campaign and targeted events in community settings.

### Targeting & Outreach

*Recommendation 3: Targeted Fluoride Varnishing Programme* and *Recommendation 5: Targeted Provision of Dental Health Packs* will take oral health interventions to at-risk groups at key times in their children's lives. One of the most effective forms of communication is word of mouth and *Recommendation 4: Community Champions, Health Advisors and Parent Volunteers* bolsters targeted community led initiatives to engage with parents and children directly and involve parents themselves.

*Recommendations 6 and 7: Targeted Support for Children in Care and for Children with Special Needs* recommend further targeted support for children

who we recognise as particularly vulnerable and for whom the Council and PCT have special responsibilities.

### Dentists

It goes without saying that local dental practices are key partners in delivering children's oral health and the Children's Oral Health Campaign. We urge as many local practices as possible to actively join in the campaign and help to engage more children and families, as well as make links with local schools, nurseries, children's centres, health centres and medical centres.

*Recommendation 8: Child Friendly Dentists* aims to build upon the pilot to increase access to children's dentistry and bring local dentists further into partnership with local communities. We would like to see as many dentists as possible sign up to being a 'Child Friendly Dentist'.

### Partnerships

Building local partnerships is pivotal to making different strands of work combine to have a real impact upon children's oral health. Everyone in contact with children and young people can make a difference, including health visitors, after school and breakfast clubs and of course; parents and young people themselves. The issue should also concern local retailers who sell sugary sweets and drinks and we urge everyone to get involved in this campaign.

We are asking commercial companies such as toothpaste brands to help sponsor the campaign and to offer the wealth of advice they have in getting the message across and engaging children and families.

*Recommendation 12: 'Keep Smiling' Oral Health Campaign for Professionals - Using Professionals to Influence Behaviour* aims to bring professional groups together in delivering the programme and to identify and provide for associated training needs. Children's oral health can be impacted upon even before birth and *Recommendation 11: Maternity and Early Years* is directed at health visitors and midwives involved in delivering advice to new parents.

We recognise that Schools and Children's Centres have a very important role to play, as they are centres for young people. We have recommended some key elements of the campaign for schools and children's centres in Recommendation 10 and several schools have already agreed to pilot the programme. We urge other schools, nurseries and children's centres to get involved, including secondary schools and especially schools in areas where there is the greatest socio-demographic challenge. We would like to see school councils involved too, as well as the Borough Youth Forum, which has played an active role in our inquiry already.

## Water Fluoridation

We have also considered the options for water fluoridation, examined evidence in favour and against the proposition and interviewed representatives from Thames Water.

We have noted that there are a number of hurdles to introducing water fluoridation, starting with building a consensus amongst London boroughs, some out of London councils, the health authorities and the general public. Belying the seemingly straight forward case for fluoridation, there are in fact some fairly complex issues around public confidence in the long term medical effects of compounded exposure to fluoride and the rights of the individual in the face of state intervention (you cannot “opt out” of fluoridated tap water).

Despite this, we believe that there are substantial public health benefits to water fluoridation and negligible proven public health risks. We are therefore recommending that the political, financial and public health implications of water fluoridation are further investigated and that the Council seek to build a coalition to instigate possible public consultation. We envisage that this would begin with a debate at Council.

## The Executive Response and Implementation

This report summarises the salient points in the investigation and presents recommendations to the H&F Cabinet, NHS and other local decision makers. The estimated budget implications for each recommendation are detailed at the end of this report.

It is anticipated that the agreed scrutiny report and recommendations will be presented to the Cabinet, NHS PCT and other decision makers, who will be invited to provide an Executive Response to the report and executive decisions for each recommendation.

It is also anticipated that the Executive Response and executive decisions will be presented to the Council’s Education Select Committee, which will monitor the implementation of the agreed recommendations and outcomes for children and young people. It is requested that in conjunction with the Executive Response, that the implementing agencies provide a joint Action Plan which details for each agreed recommendation (executive decision): the agreed hypothecated budget and resources, an implementation timetable (including when it will happen and when it will be fully in place) and key measurable outputs.

With the work already undertaken through the Scrutiny Task Group to engage partners working with children and young people and the positive response we have received to this initiative; the Children’s Oral Health Campaign has already begun. We hope that the Cabinet, the NHS PCT, local dental practices, schools, Children’s Centres and other professions, local communities and parents and

children themselves will be willing to take this campaign forward. We commend these recommendations to you.

# Summary of Recommendations

## *Getting the Message Across*

### **Recommendation 1: Keep Smiling – A Children’s Oral Health Campaign**

It is recommended that the Council and the PCT initiate a local campaign to highlight the issue of children’s oral health. The campaign should focus upon key issues including decay prevention, diet, teeth brushing and visiting the dentist and speak to parents and young people. It should be branded, have a name, a logo and a master set of key publicity messages. The campaign should include events such as an oral health events week in 2011, an annual Children’s Oral Health Day and year round community events which are targeted at the borough’s most high-risk areas.

### **Recommendation 2: Review of Health Information and Advice**

It is recommended that the PCT review health information and advice to define key messages and to make sure that there is consistent advice from professionals across the spectrum of children’s agencies. Particular attention should be paid to advice to professionals, the use of child-centred communication and the need to use community languages.

## *Targeting and Outreach*

### **Recommendation 3: Targeted Fluoride Varnishing Programme**

It is recommended that a targeted programme should be launched to provide fluoride varnishing for children aged 3–5 from the most at-risk groups in the borough. The programme should be delivered in schools, children’s centres, community centres and supermarkets to maximise coverage of target geographical areas, as well as “drop in” fluoride varnishing sessions in dental practices.

### **Recommendation 4: Community Champions, Health Advisors and Parent Volunteers**

It is recommended that the Community Champions and Health Advocate schemes be continued and enhanced to include targeted community led action to raise awareness of oral health, recruit parent volunteers from the local community and register children with local dentists.

### **Recommendation 5: Targeted Provision of Dental Health Packs (Fluoride Toothpaste, Toothbrushes and Baby Beakers)**

It is recommended that fluoride toothpaste and toothbrushes be distributed regularly to targeted groups, through health visitors, Community Champions and events, and that free baby beakers be distributed at age 8 months to 1 year to at-risk groups to encourage the reduced use of feeding bottles containing sugary drinks.

**Recommendation 6: Targeted Support for Children in Care**

It is recommended that the following steps are taken to promote oral health amongst children in care:

- i. Incorporate dental screening into mandatory 28 day health checks
- ii. Sign-post H&F foster parents to Child Friendly Dentists
- iii. Follow up and monitor the registration of all looked after children
- iv. Encourage one H&F dentist to take the position of 'Looked After Children Champion' and to educate other dentists in the borough about the high level of sensitivity required for these children
- v. Include Keep Smiling campaign in the 'Rocket Club' and other targeted points of contact
- vi. Lobby the Government to make the disclosure of dental reports (for looked after children) free, as part of the NHS dental contract.
- vii. Send a Brushing for Life Pack to all looked after children, sponsored by Colgate or another commercial partner
- viii. Add oral health improvements to the 'Independent Reviewer's' agenda.

**Recommendation 7: Targeted Support for Children with Special Needs**

It is recommended that good practice is maintained including joint-working with schools and Chelsea & Westminster hospital, and that Child Development Service contracts are amended to include oral health promotion.

***Dentists*****Recommendation 8: Child Friendly Dentists**

That dentists who would like to be known as 'Child Friendly' display a logo and appear on a list which is distributed to professionals, stakeholders and parents. These H&F dentists should gain the necessary paediatric training from Chelsea & Westminster Hospital and be encouraged to open at 'child friendly' times such as on Saturday mornings. In return their services could be promoted to families in the Borough.

***Partnerships*****Recommendation 9: Commercial Partnerships**

It is recommended that a commercial operator in the field of dental care products, such as Colgate or Glaxo Smith Kline, be approached to sponsor report recommendations including (1) Keep Smiling and (5) Targeted Provision of Dental Health Packs.

**Recommendation 10: Chuck Sweets Off the Check-Out**

It is recommended that supermarkets, high street shops and leisure centres be asked to play their part and to "chuck sweets off the checkout" as part of a local campaign to promote healthier diets.



### **Recommendation 11: Schools and Children’s Centres**

It is recommended that schools, nurseries and children’s centres implement a range of the following measures:

- i.* Gain parental consent for dental inspections and fluoride varnishing
- ii.* Supervised tooth brushing
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- iv.* The school nurse to provide oral health advice and sign-post at-risk families to dentists during the universal age 4-5 health check and at later dates
- v.* A fluoride varnishing programme
- vi.* A more proactive Healthy Food Policy, including the provision of healthy snacks (fruit, water, etc) as well as a prohibition on sugary products
- vii.* Making water available throughout the day
- viii.* Establish links with at least one dental practice and take school classes to the dentist or bring the dentist into school
- ix.* Inclusion of oral health care education in the school curriculum
- x.* Oral Health educational events for children and parents.

### **Recommendation 12: ‘Keep Smiling’ Oral Health Campaign for Professionals - Using Professionals to Influence Behaviour**

It is recommended that GP medical practices improve their links with dentists and that other professionals who are able to pass on oral health advice be trained by the Oral Health Promotion team. Professional groups include:

- ▶ Teaching staff and learning mentors
- ▶ Social Workers
- ▶ School Nurses
- ▶ Health Visitors
- ▶ Youth Services
- ▶ Midwives
- ▶ Child-care workers and child-minders.

Service specifications for relevant professionals, including health visitors and school nurses, should be amended to include oral health actions.

### **Recommendation 13: Maternity and Early Years**

It is recommended that health visitors and midwives be trained to provide oral health advice to new parents on the key stages of infant oral health development and health services, Key stages include a child’s first tooth and registration from age from age 1 with a local dental practice, free NHS dental treatment for new and pregnant mothers and children and health advice on avoiding “teat bottles” and sugary liquids and foods.

### ***Water Fluoridation***

### **Recommendation 14: Further Consideration of Water Fluoridation**

It is recommended that the Council considers the political, financial and public health implications of water fluoridation and seeks to build a coalition of councils

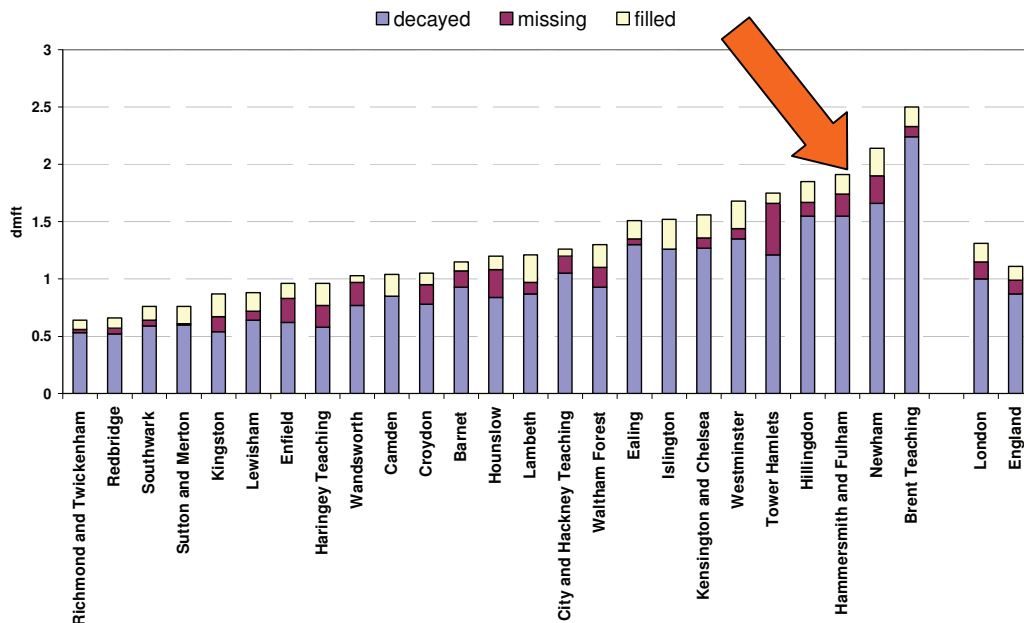


and health partners to instigate possible public consultation on the introduction of water fluoridation in the future.

***For details of the budget and resource implications of these recommendations, please see Appendix Two.***

# Introduction

Hammersmith and Fulham has an unacceptably high level of tooth decay in children. The percentage of five year olds experiencing tooth decay was 44.5% in 2007-8 – higher than London (32.7%) and England (30.9%) and the 3<sup>rd</sup> highest rate of decayed, missing and filled teeth (dmft) in London for this age group\* .

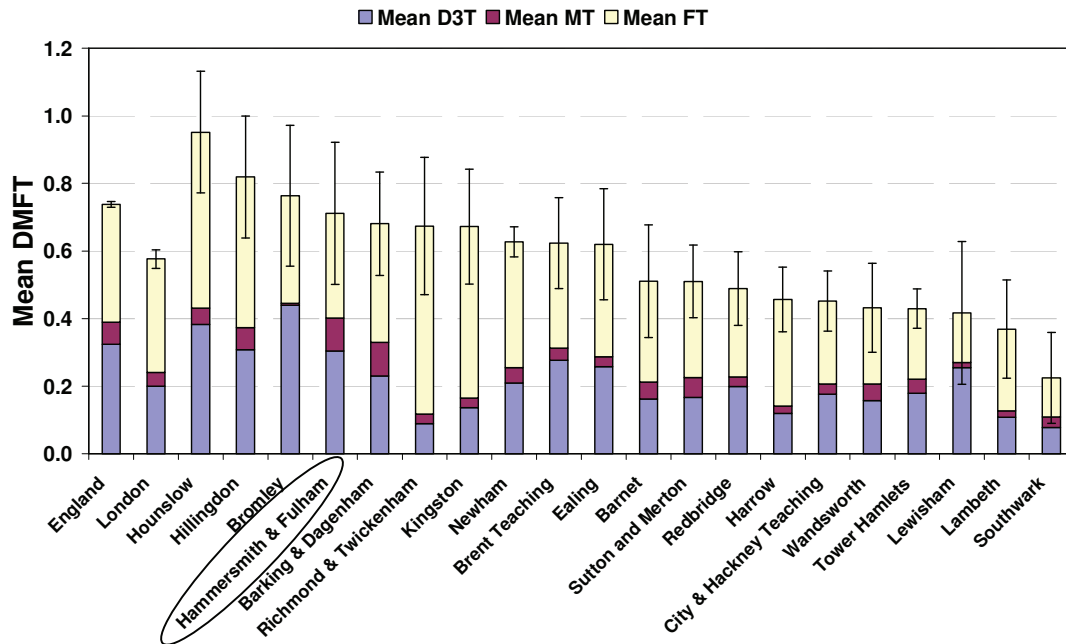


At an early stage in the research process we asked why H&F performs so badly on this measurement of child oral health. We advise a note of caution: these statistics are based upon ‘sampling’ research in each London borough, rather than ‘universal screening’. Nevertheless, they are a useful indication of the scale of the problem in the borough, even if not an exact measurement.

Poor oral health is generally linked to socio-demographic factors including poverty, population transience and overcrowding, with which this inner-city borough must contend to a high degree. We perform better on many of these demographic measurements than on dmft amongst children however, which could suggest more subtle demographic influences, problems with local oral health services or in the sampling research. Regardless of the exact scale of the problem, there is agreement that children’s oral health must be improved and the Task Group has focused upon how this can be achieved.

\* Source: British Association for the Study of Community Dentistry (BASCD) 2007-08

**Mean DMFT 12 years, London PCTs, London SHA & England BASCD Survey 2008-09**



‘Choosing Better Oral Health’<sup>♦</sup> was published in 2005 by the Department of Health. In 2007, the Department of Health also published ‘Delivering Better Oral Health’<sup>\*</sup> which provided the evidence base for oral health promotion initiatives. The two documents provide a guide to PCTs in developing oral health improvement programmes.

There are two basic approaches to achieving health improvement, the ‘targeted’ or ‘high-risk’ approach and the ‘population’ approach. The ‘population’ approach is designed to reduce the level of risk in the whole population. The ‘targeted’ approach involves targeting preventive strategies at identified groups who are at high-risk of dental disease, for example, people living in areas of material and social deprivation, people who have learning disabilities and people in long term institutional care<sup>♦</sup>.

Evidence suggests that a combination of ‘targeted’ and ‘population’ approaches is likely to be most effective<sup>♥</sup>. We have taken account of both approaches in our inquiry, as reflected in the recommendations put forward in this report.

Tooth decay occurs throughout populations and is not confined to subgroups, although it is most severe in certain groups. Strategies limited to individuals ‘at risk’ would therefore fail to deal with the majority of new decay<sup>•</sup>.

<sup>♦</sup> Department of Health *Choosing Better Oral Health. An oral Health plan for England. 2005*

<sup>\*</sup> *Delivering Better Oral Health, Department of Health. 2007*

<sup>♦</sup> *Choosing Better Oral Health, Department of Health 2007*

<sup>♥</sup> *Strategies in the design of preventive programs. Fejerskov O. Adv Dent Res. 1995 Jul;9(2):82-8*

The pattern of children's oral health often appears in an uneven distribution across the population. Although the overall rate of tooth decay may not be high compared to some international comparisons, high incidents of tooth decay appear in specific population areas. Targeting allows us to use the finite resources we have to tackle the populations where there appear to be particular issues. Patterns of oral health decay, like other health issues, are often married to social deprivation or may follow particular ethnic communities and groups.

In targeting children's oral health intervention programmes it is also important to consider the different needs and character of different ages of children from birth to adulthood. In our inquiry we have considered children and young people across the age ranges up to nineteen. We recognised, however, that a focus for a lot of the intervention work is upon younger age groups, where prevention can have earlier impact and where positive habits can be encouraged that will last as a child gets older.

*“When it comes to children's teeth, it's important to set good habits early, as studies have proved that tooth decay is relatively easy to prevent. Our aim is to raise awareness of the importance of dental care and the importance of starting good habits early”*

*Navdeep Pooni - Oral Health Promoter, Central London Community Health Care NHS Trust*

During the inquiry we have considered community based programmes as these seem to be a common and effective approach in providing targeted intervention. Community-based prevention needs to address the particular needs of the local population. A strategy that is effective, cost-effective and appropriate at one time and place may not be in another.

Fluoride forms the basis for most community based caries prevention strategies as it has been shown to prevent decay<sup>\*</sup>. This can be delivered in a variety of ways including supervised tooth brushing programmes ('targeted' approach) and water fluoridation ('population' approach).

Oral health improvement programmes also work in partnership with generic health improvement initiatives to address common risk factors, such as smoking and diet to achieve maximum impact on people's health<sup>\*</sup>. 'Choosing Better Oral Health' identifies 6 key areas for action to achieve sustainable improvements in oral health:

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\* *The limitations of a 'high-risk' approach for the prevention of dental caries. Community Dent Oral Epidemiol. Batchelor P, Sheiham A. 2002 Aug;30(4):302-12*

\* *Fluoride toothpastes for preventing dental caries in children and adolescents - Marinho VCC, Higgins JPT, Logan S, Sheiham A. Cochrane Database of Systematic Reviews 2003, Issue 1. Art. No.:CD002278. DOI: 10.1002/14651858.CD002278*

\* *The common risk factor approach: a rational basis for promoting oral health - Sheiham A, Watt RG, Community Dent Oral Epidemiol. 2000 Dec;28(6):399-406.*

- i. Increasing the use of Fluoride
- ii. Improving diet and reducing sugar
- iii. Encouraging preventive dental care
- iv. Reducing smoking / sensible alcohol use
- v. Increasing early detection of oral cancer
- vi. Reducing dental injuries.

In children's oral health multi-agency partnerships are required to make intervention effective. We have considered a wide range of programmes in place and engaged with a spectrum of organisations and individuals involved in children's services. It is hoped that the momentum for further and enhanced partnerships between agencies and disciplines will have a visible impact upon the scourge of poor child oral health in our Borough.

# 1. Getting the Message Across

1.1 The biggest impact on reducing the number of children with oral health problems will come from changing the behaviour of children and families themselves. We need to communicate key messages on children's oral health care, especially to the population groups that we can estimate as being at high risk. Key messages are:

- ▶ brushing teeth properly twice a day with fluoride toothpaste
- ▶ minimising sugary foods and drinks and
- ▶ visiting a dentist regularly.

If we can get these messages heard and understood by the families and children most likely to develop oral health problems, we can make a real impact on the level of children's tooth decay and extractions in the Borough.

1.2 During the inquiry we heard evidence from Ray McAndrew - Associate Medical Director for NHS Dental Services and Clinical Director of the Community and Salaried Dental Service. Mr McAndrew is also Honorary Clinical Teacher at the University of Glasgow. His role includes clinical governance and advice to the Board on Clinical Strategy. Mr McAndrew has contributed to a number of Paediatric Oral Health Promotion initiatives which have helped to contribute to a 20% reduction in Dental caries in 5 year olds in Glasgow in the last 10 years , including the redesign of the Board's Paediatric Dental Service and the Child Smile programme in Glasgow.

1.3 Mr McAndrew told us in evidence that Glasgow had recovered from the worst oral health in UK and that there has been a 20% improvement in the last 10 years, through a series of government programmes and interventions such as the roll out of Oral Health Action Teams and the Child Smile programme.



1.4 The Child Smile programme in Scotland is very impressive but was also expensive. There are a lot of things within the programme that could be done that are not expensive. We were particularly impressed by the community action work for example.

1.5 For more about the Child Smile programme see [www.child-smile.org.uk](http://www.child-smile.org.uk)

*“don't waste money on techniques on how to brush your teeth” – “keep it simple, keep it consistent, and keep it reliable”*

*Ray McAndrew - Associate Medical Director for NHS Dental Services*

1.6 Mr McAndrew said we need to get the key messages across such as “Spit don't rinse” (maximising exposure of teeth enamel to fluoride toothpaste). He advised not to waste resources on techniques on how to brush your teeth but to keep the message simple, direct and consistent.

1.7 In summary:

- ▶ Leaflets don't work
- ▶ Change the environment to make it easier for people to have the right behaviour
- ▶ Invest in parents and parent peers – this is how most people receive advice on childcare.

An Oral Health Campaign

1.8 To engage parents, children and all key stakeholders from the outset, we recommend an oral health campaign. The campaign should focus upon the prevention of tooth decay, healthier low sugar diets, oral care and visiting the dentist. The campaign needs to be effectively marketed and high profile. It should have a clear and popular appellation, a catchy strapline, a recognisable badge or logo and produce a master set of key publicity messages for use by all participating agencies. Key publicity messages and logos can be produced in targeted community languages but with exactly the same look and feel.



1.9 The campaign should be led by Hammersmith and Fulham Council and the PCT, but should involve as wide a range of community organisations as possible, including all local dental practices and particularly the Child Friendly Dentists, all local schools, nurseries and children's centres, health centres and GP medical practices, the Borough Youth Forum, commercial operators (eg Colgate) and local supermarkets and retailers.

**Recommendation 1: Keep Smiling – A Children's Oral Health Campaign**

It is recommended that the Council and the PCT initiate a local campaign to highlight the issue of children's oral health. The campaign should focus upon key issues including decay prevention, diet, teeth brushing and visiting the dentist and speak to parents and young people. It should be branded, have a name, a logo and a master set of key publicity messages. The campaign should include events such as an oral health events week in 2011, an annual Children's Oral Health Day and year round community events which are targeted at the borough's most high-risk areas.

1.10 Children's Oral Health Campaign events should be held in community centres, supermarkets, schools and imaginative locations to engage parents and promote children's oral health. Events could include dental varnishing, mass registration of children and families with dentists and the distribution of toothbrushes. A logo design competition should be run between H&F nurseries and schools, to engage children and raise awareness of oral health issues.

- 1.11 Key campaign messages could include: “Keep Smiling – Children are seen FREE at NHS Dentists”, “Keep Smiling – No sweets and fizzies”, with key messages appearing in key community languages with the same branding. **An expensive advertising campaign is not recommended, as evidence shows that it would not produce a significant return on investment.** Promotional materials should be used at existing contact points and made available to professionals. All health and social care professionals involved with children and young families need to be involved.
- 1.12 Improving children’s oral health is everyone’s business, and the campaign needs to identify the role played by all stakeholders including local dental practices, children’s centre staff, schools, social workers, health visitors, school nurses, ‘Looked After Children’ nurses, Community Champions, Health Advocates, GPs, the Borough Youth Forum and parents and children. Support should be sought from a commercial partner, such as Colgate, to help design and produce communications materials.
- 1.13 Invitations to participate in the campaign should be sent to all school governors and head teachers of local schools (including breakfast and after school clubs), local shops and supermarkets, children’s centres and nurseries, health centres and GP practices, dental practices and local libraries, community health champions, CITAS and the Borough Youth Forum. As a minimum, these stakeholders can participate by displaying linked oral health promotion material in waiting rooms, reception areas, and shop fronts. They should also be invited to host oral health promotion events such as oral health promotion days and dental varnishing sessions. All organisations should be invited to participate in oral health events such as Teeth Week.

- 1.14 Children’s oral health events should provide a focus for the Children’s Oral Health Campaign and a range of targeted events around the Borough to promote the key children’s oral health messages and register as many children with a local dentist as possible. Events should target ‘at-risk’ communities and groups, sponsored where possible by Colgate (or another commercial operator) and repeated where found to be effective.



Child Centred Communication

- 1.15 We need to get the message across to children themselves and different communications need to be used for children and young people at different ages, starting with nursery age children all the way up to adulthood. The right pictures and images can be effective if focused upon the age relevant audience and can cut across language barriers. During our inquiry we used interactive surveys for young children, including drawing picture boxes, which we found helped to engage and inform them about oral health, as well help us see their perspectives.





- 1.16 It is suggested that the Borough Youth Forum be invited to be involved in the development and review of Children's Oral Health publicity and campaign material. They helped us to develop some of the key messages and images in this report.

### Health Messages

- 1.17 With the wide range of different health messages and different agencies involved in supporting and promoting children's health as they grow up, it is important that the key health information and advice is consistent and "joined up". For Children's Oral Health, this starts even before a child is born and when a mother is receiving support and advice from midwives and health visitors.
- 1.18 NHS dental treatment is free for pregnant women and so this is a good opportunity to encourage prospective mothers to register with a local dental practice, where she will hopefully later register her child. Children with parents who visit the dentist are much more likely to be taken to visit the dentist themselves. Health visitors can also take the opportunity re-enforce health advice on discouraging sugary drinks for babies and young children, especially in the "teat" bottles and beakers, providing teeth friendly drinking beakers as part of the promotion.

**“ Posters showing the effects of poor dental hygiene stuck around the schools would probably have quite a profound affect on unsuspecting pupils ”**

*Josie Durley, aged 15*

- 1.19 'Delivering Better Oral Health in Dental Practices: Prevention Toolkit'\* provides the evidence base for all dental public health messages and is the tool for training by the Oral Health Provider and following it will ensure messages are consistent.
- 1.20 There is an identified need for increased oral health promotion capacity to train the professionals delivering key oral health prevention messages; including teachers, children's centre staff, health visiting teams and staff in early year's settings. The possibility of "buying in" additional resources from other Boroughs also covered by the CLCH Provider should be investigated to increase capacity within existing budgets.
- 1.21 Personal Social and health Education (PSHE) oral health is part of the National Curriculum and there is a need to ensure schools and PSHE teachers have appropriate resources available in local schools.
- 1.22 Other routine advice given out through health centres, dentists, GPs, schools, nurseries and children's centres, the Children's Oral Health Campaign,

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\* Delivering Better Oral Health - An evidence-based toolkit for prevention 2<sup>nd</sup> Edition, DoH and British Association for the Study of Community Dentistry 2009.

Community Health Champions, the Brush for Life Packs, other healthy eating advice and health advice translated into community languages, all need to be consistent and clear. Examples where advice may need clarification include feeding from a beaker or bottle, clarity about registering and visiting a dentist from an early age and healthy eating.

**Recommendation 2: Review of Health Information and Advice**

It is recommended that the PCT review health information and advice to define key messages and to make sure that there is consistent advice from professionals across the spectrum of children's agencies. Particular attention should be paid to advice to professionals, the use of child-centred communication and the need to use community languages.

- 1.23 In getting the key messages across we need to make sure that we identify all of the main audiences and that we have relevant communication resources aimed at them. This includes parents and children generally, but we need to make sure that we target all sections of the population and particularly those groups that we can estimate as being of high risk or where there are barriers to communication which compromise their understanding of basic oral health guidance.
- 1.24 Particular regard should be given to the need for targeted communication to be in appropriate minority languages. During our inquiry we interviewed Malika Hamiddou from the Community Interpreting, Translation and Access Service (CITAS), who explained some of the issues for minority language speakers in accessing information and ways in which this can be overcome. Targeting and outreach is dealt with further in the next chapter.
- 1.25 For more information about CITAS see [www.citas.org.uk](http://www.citas.org.uk)

## 2. Targeting & Outreach

- 2.1 Statistical evidence indicates that children's oral health in Hammersmith and Fulham is amongst the worst in London. The more deprived members of our community will have the worst oral health. Resources should therefore be targeted at these groups<sup>▼</sup>. There is a well established correlation between areas of deprivation and a wide range of health issues, including oral health.

### Fluoride Varnishing

- 2.2 Fluoride varnish is a golden gel containing a highly concentrated form of fluoride, which can be applied to children's teeth using a soft brush. The varnish sets quickly and has a pleasant taste and a fruity smell.
- 2.3 Fluoride varnish provides an effective prevention of decay in permanent teeth and health guidelines advise that it should be applied to the teeth at least twice-yearly for pre-school children assessed as being at increased risk of dental decay<sup>\*</sup>. There is a strong evidence base that fluoride varnishing improves child oral health.
- 2.4 There are several fluoride varnishing projects being carried out around the Borough, including the Old Oak Community Centre and the Normand Croft Early Years Centre. We are recommending a targeted programme of fluoride varnishing for children aged 3 –5 years, starting with children's centres, health centres, nurseries and schools in the most "high risk" community settings.

### **Recommendation 3: Targeted Fluoride Varnishing Programme**

It is recommended that a targeted programme should be launched to provide fluoride varnishing for children aged 3–5 from the most at-risk groups in the borough. The programme should be delivered in schools, children's centres, community centres and supermarkets to maximise coverage of target geographical areas, as well as "drop in" fluoride varnishing sessions in dental practices.

- 2.5 Proxy measures such as obesity and child poverty should be used to decide which areas should be targeted. Appropriate targeting would be according to one of three variables as a proxy measure for high risk of poor oral health: deprivation, percentage of children receiving free school meals, and top quintile for obese and overweight children.
- 2.6 Fluoride varnishing should be an on-going program, as it is most effective if repeated twice annually. For any Fluoride varnish programme to be successful it should not be done in isolation. It requires an integrated approach with very

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▼ London Strategic Health Authority and England BASCD Survey 2008-2009

\* Scottish Intercollegiate Guidelines Network Guideline 83: Prevention and Management of Dental Decay in the Pre-School Child, 2005 [SIGN 83 Guideline](#).

active community and school engagement to increase uptake alongside promotion of public health messages and sign posting to services for continuing care.

### Community Champions

- 2.7 During the inquiry we interviewed Suzanne Iwai and Lornia Polis – Community Health Champions on the White City Estate, Shepherds Bush. The Community Health Champions (now known as “Community Champions”) scheme has been running in Hammersmith and Fulham for the past 3 years, as a strategy to signpost health services, information and advice to targeted populations in community settings to improve access. The Community Champions are people living in the local community with direct links to people living locally, often able to break down cultural and language barriers to signposting local health services.
- 2.8 The key roles of the Community Champions are:
- ▶ Signposting local services
  - ▶ Community networking events
  - ▶ Helping to facilitate events and community activities
  - ▶ Providing some training for health and well being e.g. stop smoking sessions.
- 2.9 Information days are held as part of the project, at which as many of the local service providers as possible attend. These include “fun” activities for children and families.
- 2.10 One of the areas currently using the Community Champions project is the White City Estate in Shepherds Bush. It was estimated that up to 30% of local residents on the White City estate cannot read. The best way to campaign is often community awareness activities which could include community awareness events for children’s oral health.
- 2.11 The Community Champions are engaged through Well London, which is a project aimed at building stronger local communities by getting people working together to improve their health and well-being. The Community Champions project is funded by Well London in partnership with the PCT (which funds the co-ordinator post to manage the volunteers) and the White City Residents Association which provides the office. We have also heard in evidence about Health Advocates, with a similar role of translating and building links with the community, being managed through CITAS, funded by the PCT.
- 2.12 We recommend that the Community Champions and Health Advisors programmes be continued and enhanced to include community led action events to raise awareness of children’s oral health and register children with local dentists. These could co-inside with proposals for community children’s oral health to promote oral health to children and families around the Borough. Ideally, a Community Champion should be recruited for all key language groups where there is an identified language barrier to understanding.

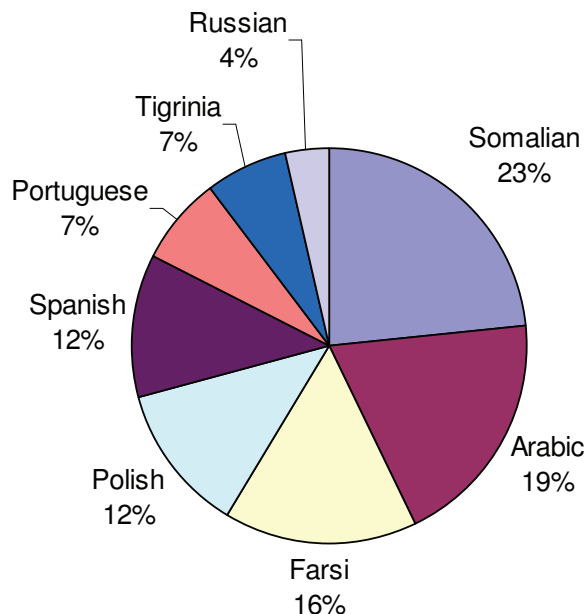
**Recommendation 4: Community Champions, Health Advisors and Parent Volunteers**

It is recommended that the Community Champions and Health Advocate schemes be continued and enhanced to include targeted community led action to raise awareness of oral health, recruit parent volunteers from the local community and register children with local dentists.

2.13 Community Champions should be assisted to organise ‘Motivational Interviewing’ of parents and ‘Small Group Discussions’, both of which have proven oral health benefits. This work will particularly benefit ‘hard to reach’ immigrant groups including the Somali, Arabic, Farsi and Polish speaking populations. A list of dentists conversant in community languages should be compiled and Brushing for Life packs be made available in all key languages. Community Champions should also recruit a list of Parent Volunteers’ to assist them.

2.14 To provide an estimate of the main minority language needs in Hammersmith and Fulham, CITAS have provided us with the numbers of translation requests through them for 2010. These are:

Somalian	754
Arabic	616
Farsi	513
Polish	390
Spanish	378
Portuguese	228
Tigrinia	216
Russian	118



More accurate data for Children’s translation needs may be available from schools.

2.14 The aim of involving the Community Champions is part of the strategy to target high risk populations. Pockets of high deprivation tend to correspond with cultural and language barriers to information and access and a higher risk of poor health.

2.15 As part of the strategy to break down cultural and language barriers to local health services, we are also recommending that a list of dentists conversant in community languages should be compiled and that Brushing For Life packs be made available in all key languages.

## Community Children's Oral Health Events

- 2.16 One way to target communities that may be "high risk" is to hold community focused health promotion days. In evidence we have heard that talking to people directly and where possible and appropriate, in their own community language or dialect is the most effective way of getting key messages across. It is also another opportunity to provide children's oral health promotion packs to targeted families.
- 2.17 We are recommending that oral health awareness events be run as assertive, targeted outreach community based programmes in identified communities, including the White City estate, Edward Woods, Fulham Court, Gibbs Green; to target areas with high levels of children with dmft or not registered with a dental practice, to provide an assertive public education programme and to register children and families with local dental practices.
- 2.18 During the inquiry we interviewed Kelly Nizzer – Senior Contracts Manager for Dental, Pharmacy and Ophthalmic Services at NHS North West London. She told us said it was important to make a link with where the most at risk communities are (eg most deprived communities). She explained that the community projects on dental care they ran in Hounslow had taken health advice and dental varnishing to community settings including Asda supermarket, where an oral health promoter would approach parents in store. More than 280 children had received fluoride varnish in this way. Parents also received a voucher and a list of all the dental practices in the area. Dental nurses are still stationed at Asda in Hounslow.

## Children's Oral Health Promotion Packs

- 2.19 There are a small number of families where children do not even possess a toothbrush and toothpaste, either for reasons of poverty, ignorance or neglect. These children are amongst the most at risk of oral health problems, and in such cases we believe that it is a cost effective solution to provide toothbrushes and toothpaste directly. This is also a direct and clear message to parents and children that children's oral health is important.
- 2.20 Health visitors are currently distributing Brushing for Life packs to families and children at one and two and a half years of age when children have their developmental reviews. Brushing for Life is a Government initiative to reduce the inequalities in children's oral health in the most disadvantaged areas of the country. The scheme provides children in areas with highest levels of dental decay a free pack of fluoride toothpaste and a toothbrush - supported by advice





on oral hygiene. Future funding for these packs and training needs to be identified.

- 2.21 The distribution could take place via health visitors assigned to visit new parents, who should be able to communicate the key messages on oral health care directly. An assessment of translation and communication needs should be undertaken prior to the visit, so that appropriate translation materials are available at the time. Written material used in conjunction with visits should include visually clear key messages on oral hygiene, where to find local dental practices, Child Friendly Dentists and that children are seen free at NHS dentists.

**Recommendation 5: Targeted Provision of Dental Health Packs (Fluoride Toothpaste, Toothbrushes and Baby Beakers)**

It is recommended that fluoride toothpaste and toothbrushes be distributed regularly to targeted groups, through health visitors, Community Champions and events, and that free baby beakers be distributed at age 8 months to 1 year to at-risk groups to encourage the reduced use of feeding bottles containing sugary drinks.

- 2.22 Colgate (or another commercial partner) should be encouraged to fund this recommendation.
- 2.23 We have heard in evidence that baby beakers and bottles with teats can contribute to early tooth decay, especially where babies suckle on the beaker for long periods of time and where they are being given sugary drinks. Health advice is to encourage parents to use teat-less baby feeders and to discourage sugary drinks. In order to encourage this and to re-enforce this message we believe it is cost effective to provide free teat-less baby cups to parents with babies between 8 months to 1 year of age, targeted to high risk groups.

Children in Care

- 2.24 Children in care are a group of young people for whom the council has particular responsibility as Corporate Parent. In particular the Council must make sure that they do not fall off the radar of health services. During our investigation, we heard from Lin Graham-Ray, a Nurse Consultant for Looked after Children for the London Borough of Hammersmith & Fulham. She was able to highlight some of the issues for looked after children in accessing health services.
- 2.25 One of the problems is that most looked after children for which Hammersmith and Fulham Council is responsible are resident outside of the Borough, which can make co-ordination and communication more challenging. Another is that current regulations allow dentists to charge prohibitively high fees for copies of the children and young people's dental records, which could be used to monitor their oral health.

### **Recommendation 6: Targeted Support for Children in Care**

It is recommended that the following steps are taken to promote oral health amongst children in care:

- i. Incorporate dental screening into mandatory 28 day health checks
- ii. Sign-post H&F foster parents to Child Friendly Dentists
- iii. Follow up and monitor the registration of all looked after children
- iv. Encourage one H&F dentist to take the position of 'Looked After Children Champion' and to educate other dentists in the borough about the high level of sensitivity required for these children
- v. Hold Keep Smiling campaign events in the 'Rocket Club' and other targeted points of contact
- vi. Lobby the Government to make the disclosure of dental reports (for looked after children) free, as part of the NHS

### Children With Special Needs

- 2.26 Children's with special needs or "disabled" children are one group that are at risk of oral health problems and during the inquiry the good practice of joint working between Chelsea and Westminster NHS Trust and schools has been noted.
- 2.27 Special efforts should to be made to target early prevention advice and support to these children.

### **Recommendation 7: Targeted Support for Children with Special Needs**

It is recommended that good practice is maintained including joint-working with schools and Chelsea & Westminster hospital, and that Child Development Service contracts are amended to include oral health promotion.



### 3. Dentists



Kids are seen FREE at  
NHS dentists

- 3.1 One of the key ways in which we can improve the dental health of children is to encourage them to visit the dentist regularly. Children can start visiting the dentist from 1 year old. Forging the habit of visiting the dentist from an early age ensures that a child's oral health development is regularly inspected, introduces children to the concept of visiting the dentist and breaks down dental phobias.
- 3.2 During our inquiry we interviewed Henrik Overgaard-Nielsen – Chairman of the Ealing, Hammersmith and Hounslow Local Dental Committee and we were also able to visit his practice “NHS Dentist” in Fulham. We have heard in evidence that Hammersmith and Fulham has enough capacity in terms of the number of dental practices operating, but not all dentists are reaching the child population. Hammersmith and Fulham has 45 NHS dental practices including community dental practices\*.
- “Children need to get used to attend their local dental practice so both children and their parents are aware of how to look after their teeth throughout their lives. It is the involvement of the local high street dentists that will change the oral health of the population of Hammersmith and Fulham”*
- Henrik Overgaard-Nielsen –  
Chairman of the Ealing, Hammersmith and Hounslow Local Dental Committee*
- 3.3 Attendance at dental practices is influenced by a wide variety of factors including information about dental services, parents' perceptions of dentists and their own fears and worries and a lack of appreciation of the importance of dental care for children.
- 3.4 As with oral health generally, there are links between accessing dentists and to economic deprivation, as well as linguistic and cultural barriers. We have heard in evidence that people from more deprived socio-economic groups, from BME communities or living in more deprived areas tend to be less likely to attend dentists, especially for prevention, than people who are more affluent, or white, or who live in a less deprived area. (Currently, social and ethnicity data collected by dental practices is incomplete and therefore we are unable to draw any more definite conclusions about “high risk” sections of the population).
- 3.5 Some parents may still be worried about the cost of treatment, if they do not understand that children are seen free at NHS dentists. They may be reluctant to take their children if they do not attend a dentist themselves and some only seek healthcare when there is a problem and not for prevention. We need to get the message across that in oral health “prevention is better than cure” so that children are not only seen by a dentist when there is a problem.

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\* NHS Choices – [www.nhs.uk](http://www.nhs.uk)

**“ I go to the dentist because my teeth hurt, to get my teeth cleaned or taken out”**

*Teenager from the H&F Borough Youth Forum*

- 3.6 We need to encourage more children and families to register with a dentist and more importantly, to visit a dentist regularly. This is a key part of the preventative strategy to encourage every child to receive a regular dental screening and to highlight any dental problems at an early stage. To achieve this, we need to improve the awareness of free NHS dental services for children, improve the awareness of the importance of children visiting a dentist regularly, make dental practices more attractive and accessible to children and families and to do all of this whilst targeting those children who are least likely to be registered or visiting a dentist and most likely to suffer from oral health problems.

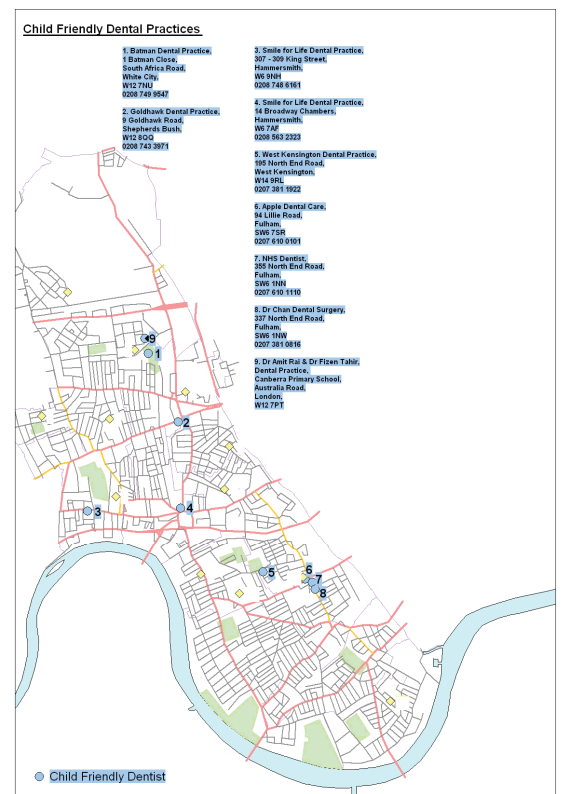
Child Friendly Dentists

- 3.7 One way to encourage more children and families to register and visit the dentist is by making dental practices more child friendly. This can include making the whole experience of visiting the dentist more attractive to children, such as by training dentists and dental nurses and other staff (including reception staff) on working with children, making the waiting room more child focused and by making access points easier to navigate with pushchairs and young children.



- 3.8 The Child Friendly Dentist scheme was designed as a quality initiative to support practices through training, chairside mentoring from the consultant in children’s dentistry at the Chelsea and Westminster NHS Trust and audit. NHS Hammersmith and Fulham has trained special child-friendly dentists as part of a local pilot to improve access by providing more “child friendly” dentists to choose from.

- 3.9 Ten local dentists, based in seven practices across the Borough have been given additional training and undergone extra security checks. As well as check-ups and treatment they can give parents and children advice on brushing, flossing and which foods and drinks to avoid. From 1<sup>st</sup> April 2011 the scheme was aligned to the similar scheme in Kensington and Chelsea and further work is going on to develop links with children’s centres and schools, although the life of the pilot has now officially expired.



- 3.10 We have found the child friendly dentist pilot to be generally a good scheme and one which provides extra choice to children and families in a way that directly focuses on encouraging children and families to visit the dentist. We do believe however that the scheme could be further enhanced in some simple and low cost ways to make dentists even more child focused places and by promoting child friendly dentists more effectively to children and families.
- 3.11 We are recommending that the Child Friendly Dentist pilot be built upon by expanding the number of local dental practices who wish to become 'Child Friendly', by promoting the child friendly dentists more actively in places where children and families will notice and by asking dentists who have previously been, or in future would like to be known as 'Child Friendly' to provide clearly displayed "Child Friendly Dentist" logos and other promotional material in their window and anywhere else they advertise their services to the public.

### **Recommendation 8: Child Friendly Dentists**

That dentists who would like to be known as 'Child Friendly' display a logo and appear on a list which is distributed to professionals, stakeholders and parents. These H&F dentists should gain the necessary paediatric training from Chelsea & Westminster Hospital and be encouraged to open at 'child friendly' times such as on Saturday mornings. In return their services could be promoted to families in the Borough.

- 3.12 The list of participating dental practices should be published and made available through children's centres, schools, nurseries, public libraries and other venues where parents and young children congregate, as well as through Community Champions and oral health events. A Child Friendly Dentist logo should be advertised by participating dental practices by display in their windows and on published materials.

- 3.13 We believe a Child Friendly Dentist:

- ▶ Is an attractive and child centred place for children to come
- ▶ Has staff trained to deal with children
- ▶ Provides fun and educational things to do for children in the waiting room
- ▶ Opens after school, at weekends or during school holidays
- ▶ Displays the Child Friendly Dentist logo to let people know it's a Child Friendly Dentist.



Zara, aged 7 and a half

- 3.14 Annual top up training and on going chairside mentoring should be provided to dental practices.

**“ the opening times were during work/school hours when it should be opened later and/or weekends ”**

*Chikira Smith Richards aged 16*

3.15 A snap-shot survey was conducted during the inquiry by the Oral health Promotion Service of 29 local dental practices. Of the 29 practices surveyed, 16 were open on Saturdays and of these only 6 see children by appointment (for NHS treatment). These are:

- ▶ Batman Dental Practice, 1 Batman Close White City Estate, Shepherds Bush
- ▶ The Care Dental Practice, 118-120 Hammersmith Road, Hammersmith
- ▶ Fulham Dental Centre, 377 North End Road, Fulham
- ▶ Goldhawk Dental Practice, 9 Goldhawk Road, Shepherds Bush
- ▶ Ghauri Dental Practice, 1 Wormholt Road, Shepherds Bush
- ▶ NHS Dentist, 355 North End Road, Fulham. ♥

10 of them were open on Saturdays for private patients only. All NHS dentists must be available to treat children as part of their NHS contract.

“Letters, emails or texts should be sent to young people reminding them to go to the dentist and explaining why going to the dentist is so important”

*Julia Simons aged 15*

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♥ Oral Health Promotion Service, Central London Community Health Care NHS Trust - [www.clch.nhs.uk](http://www.clch.nhs.uk)

## 4. Partnerships

- 4.1 Central to the effectiveness of all of the projects and good work being carried out by the wide variety of different agencies and sectors involved in improving children's oral health is effective partnerships and co-ordination. As part of our evidence gathering we have made site visits to important examples of multi-agency collaboration around the Borough, such as the dental screening and fluoride varnishing project being run by the Normand Croft Early Years Centre and NHS Dentist in Fulham.
- 4.2 We would like to see even closer collaboration between the different agencies involved in a concerted effort to tackle children's oral health problems, building on the instances of best practice collaboration around the borough and with particular focus on identifying and targeting children and families most at risk.

### Parents, Children and Young People

- 4.3 Parents and children are key partners in this themselves and engaging and involving parents and families will be key to getting the message across and changing the behaviours that will really impact on children's oral health. During our inquiry we engaged with parents and children at visits to local children's centres and health centres, including the Canberra Centre for Health, the Normand Croft school and children's centre and the White City Health Centre. It is important that parents and children themselves are engaged and involved in the children's oral health campaign.
- 4.4 During the inquiry we interviewed a focus group of young people from the Borough Youth Forum (BYF). They then held the same focus groups with young people from their school councils. Representatives from the BYF also attended our Children's Oral Health Forum. The BYF is a 'voice' for young people in Hammersmith and Fulham. They plan community based projects and initiatives, develop different methods to obtain and present the views of young people to decision makers, and they work with the Council and health services to give their opinion on policies, activities and services in the borough.
- 4.5 They told us that communications about dentists needed to be focused more on the youth populations and that more could be done to target where young people are, like schools and other places young people congregate. It is important also not to forget about the older children and teenagers, as most programmes focus on young children. Schools could use school newsletters to remind parents to make dental checks for their children during half term and school holidays.

### Commercial Partnerships

- 4.6 We would also like to see the commercial sector involved; both suppliers of preventative care like Colgate toothpaste and local retailers. Kensington and Chelsea have partnered with Glaxo Smith Kline in a similar targeted campaign.

During the scrutiny inquiry we have interviewed representatives from Colgate, which may be able to assist in oral health promotion campaigns, both with resources and a wealth of expertise from the commercial sector.

### **Recommendation 9: Commercial Partnerships**

It is recommended that a commercial operator in the field of dental care products, such as Colgate or Glaxo Smith Klien, be approached to sponsor report recommendations including (1) Keep Smiling and (5) Targeted Provision of Dental Health Packs.

- 4.7 In approaching a commercial operator for sponsorship and support we need to submit them with a project proposal detailing the assistance we will request from them.

#### Chuck Sweets Off the Checkout

- 4.8 In 1992 a campaign called “Chuck Sweets off the Checkout!” was launched to campaign for supermarkets to voluntarily remove sweets and fizzy drinks from their checkouts and queue lines, as evidence suggested that this is deliberately aimed at encouraging impulse buying of high sugar snacks and drinks, especially to children\*.



*Chuck Sweets Off the Checkout 2011*  
[Facebook page](#)

- 4.9 At the end of a shopping trip, children often nag their parents for the sweets, chocolates, crisps and soft drinks displayed at the checkout. Such tempting displays are deliberately placed where customers are a 'captive market' as they queue up to pay, activating pester power and increasing sales of snack products.
- 4.10 The campaign was run by Lona Lidington, a community dietician based in South West London. It was supported by the National Oral Health Promotion Group and also received funding from the Department of Health.
- 4.11 We agree with the principles of the campaign; that with big corporate business comes big corporate responsibility to the local community and we are asking the main supermarkets, as well as other local retailers, to remove the temptation to impulse buy by removing sweets and fizzy drinks from their check-outs and queues. We would like to see the Council and the PCT lead a local campaign to ask local retailers to play their part in reducing oral health decay, as well as the other related problems of child obesity and increased risk of diabetes, by reducing the amount of sugary snacks children consume.

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\* The Food Magazine, published by the Food Commission 2011 - [www.foodmagazine.org.uk/articles/chuck\\_snacks\\_off\\_checkout](http://www.foodmagazine.org.uk/articles/chuck_snacks_off_checkout)



### **Recommendation 10: Chuck Sweets Off the Check-Out**

It is recommended that supermarkets, high street shops and leisure centres be asked to play their part and to “chuck sweets off the checkout” as part of a local campaign to promote healthier diets.

- 4.12 This should include a written invitation to participate from the Cabinet Member and a public petition, which asks supermarkets and other high street retailers to join the local campaign by making sure sweets and fizzy drinks are removed to another part of the shop to discourage impulse buying of sugary snacks.

#### Sugar Free Education

- 4.13 During the inquiry we addressed at meeting of the Hammersmith and Fulham Head Teachers Forum, to talk and listen to head teachers from around the borough. We have also interviewed Jan Gouldstone – Senior Advisor Personal and Sexual Health Education (PSHE) and Citizenship / Healthy School Programme Co-ordinator. We have noted the widespread good practice and progress towards healthy schools and healthy diets in Hammersmith and Fulham schools. All schools have adopted school food policies and in most cases this includes the discouragement of sugary drinks and snacks in the canteen and at break times. Some schools seem to go further than others, especially in terms of enforcement of the policy, to include an effective ban on sugary drinks and snacks at pre-school breakfast clubs, in packed lunches and at after-school clubs.
- 4.14 We would like to see an effective ban on sugary drinks and snacks throughout the school period, including breakfast clubs and after-school clubs, where healthy alternatives could be readily available and encouraged. We would like to encourage schools, nurseries and children’s centres sign up to Guidance issued by the Local Education Authority and the PCT.
- 4.15 Where possible we would like to encourage Healthy Tuck Shops to be established in schools where pupils can purchase healthy food and drinks to make sure alternatives are available and to discourage purchase of unhealthy alternatives from local retailers or from being brought in.

#### The School Dentist

- 4.16 If children do not come to the dentist we need to bring the dentist (or other health professionals) to the children, with more assertive outreach to make sure that every child receives some kind of oral health check to flag up oral health problems and make referrals and to encourage more children to be registered and to visit the dentist.

**“ Target schools, i.e. do projects on bad teeth and include sessions in either science or PSHE”** Chikira Smith Richards, aged 16

- 4.17 There is already work underway to promote oral health and dental services in some children's centres, health centres and schools and we would like to see this good practice expanded to provide more oral health screening, fluoride varnishing and referrals to local dentists in these community based settings. This includes making links between local dental practices and children's centres, nurseries and schools and bringing the local dental practice and oral health promoters physically into these settings.
- 4.18 We believe that all schools should establish links with at least one dental practice and that wherever possible programmed Oral Health Days should take place in each school at least once a year. Where it is not possible for a local dental practice to make school visits then either the Community Dental Service could be requested to visit the school or arrangements made with local dental practices to arrange school trips to the dentist.

### Brushing Teeth

- 4.19 NHS advice is for people to brush their teeth twice a day at least two minutes in the morning and last thing at night before going to bed<sup>▲</sup>. When we have a situation where some children are not brushing their teeth at all, it could help if children had the opportunity to brush their teeth at school, nursery and children's centre. In fact, cleaning teeth should be part of a child's health, hygiene and grooming routine.

**“Supervised tooth brushing programs in childcare settings have achieved up to 40 percent reduction in tooth decay**

*Evidence based oral health promotion,  
Dept. of Health, Australia*

It is suggested that schools, nurseries and children's centres could run teeth brushing demonstrations where children complete their own personal record chart at home and bring it into school as part of the 'Keep Smiling' programme.

### Piloting the Way

- 4.20 We would like to see more opportunities for dental health professionals to carry out dental health screenings and fluoride varnishing in children's centres and schools and other child and family settings, especially in targeted "high risk" and relatively deprived areas of the Borough.

**“ I think the dentist visiting my school is convenient/quick. ... I think that awareness of this should be raised and everyone should take part in how it works”**

*Heanguen Chi, aged 16*

- 4.21 To lead the way on this, we have asked schools and children's centres to volunteer to pilot as centres for integrated oral health action, which could include

<sup>▲</sup> [www.nhs.uk/Livewell/dentalhealth/Pages/Teethcleaningguide.aspx](http://www.nhs.uk/Livewell/dentalhealth/Pages/Teethcleaningguide.aspx)



participation in the Children's Oral Health Campaign, fluoride varnishing projects, bringing school classes to the dentist or vice versa, forging links with local dental practitioners and the availability of teeth cleaning facilities. Schools including Randolph Beresford, Bentworth, St Stephens and The Oratory have already agreed to 'pilot' the programme. Other schools and children's centres, particularly within more deprived areas of the borough, should be encouraged to join in. Pilot programmes should be tailored to the local needs of schools.

**Recommendation 11: Schools and Children's Centres**

It is recommended that schools, nurseries and children's centres implement a range of the following measures:

- i. gain parental consent for dental inspections and fluoride varnishing
- ii. supervised tooth brushing
- iii. the use of a chart for children to record teeth brushing at home
- iv. the school nurse to provide oral health advice and sign-post at-risk families to dentists during the universal age 4-5 health check and at later dates
- v. a fluoride varnishing programme
- vi. a more proactive Healthy Food Policy, including the provision of healthy snacks (fruit, water, etc) as well as a prohibition on sugary products
- vii. making water available throughout the day
- viii. establish links with at least one dental practice and take school classes to the dentist or bring the dentist into school
- ix. inclusion of oral health care education in the school curriculum
- x. oral Health educational events for children and parents.

GPs and Medical Centres

- 4.22 Integrated health services help patients navigate the appropriate pathways through the NHS health care system, improving information and choice and identifying potential health concerns at an early stage. Although General Medical Practitioners (GPs) often do an excellent job in informing and referring patients with general health concerns, there is often no link between GPs and medical centres and dental practitioners. This could result in unnecessary gaps in patient referral to a dentist and there may be occasions where a GP may easily highlight potential concerns and refer a patient to a dentist, or ask if a child is registered with a dentist as part of all round family health advice.
- 4.23 GP waiting rooms could also do more to inform patients about local dentists and improve awareness of the importance of children's oral care, as one of the key community settings where people find out about local health services.

**Recommendation 12: ‘Keep Smiling’ Oral Health Campaign for Professionals - Using Professionals to Influence Behaviour**

It is recommended that GP medical practices improve their links with dentists and that other professionals who are able to pass on oral health advice be trained by the Oral Health Promotion team.

Professional groups include:

- ▶ Teaching staff and learning mentors
- ▶ Social Workers
- ▶ School Nurses
- ▶ Health Visitors
- ▶ Youth Services
- ▶ Midwives
- ▶ Child-care workers and child-minders.

Service specifications for relevant professionals, including health visitors and school nurses, should be amended to include oral health actions.

4.24 During the inquiry we addressed a meeting of the School Nurses Forum to engage with school nurses in the children’s oral health agenda and to listen to their ideas. We believe that school nurses can play an important role in educating children about oral health and signposting services. The Chairman of the Task Group will write to the Chairman of the GP Consortia, requesting an opportunity to address a meeting to present the findings of this inquiry and to broach the subject of inter-agency health linkages.

4.25 Existing ‘Oral Health Promotion’ capacity can be used to train the above list of professionals.

Maternity and Early Years

4.26 The Personal Child Health Record or “Red Book” is a guide issued to new mothers on the key stages of infant growth, development and health services. At the moment, oral health development and dental services are apparently missing from the current edition. Yet we believe that this stage is an important early opportunity to highlight children’s dental health.

“Good oral health is important in preschool children. Evidence shows that poor dental health can have a serious impact on health and wellbeing”

*Navdeep Pooni - Oral Health Promoter, Central London Community Health Care NHS Trust*

**Recommendation 13: Maternity and Early Years**

It is recommended that health visitors and midwives be trained to provide oral health advice to new parents on the key stages of infant oral health development and health services, Key stages include a child’s first tooth and registration from age from age 1 with a local dental practice, free NHS dental treatment for new and pregnant mothers and children and health advice on avoiding “teat bottles” and sugary liquids and foods.

*“ Home visits using primary health workers who integrate oral health promotion into their general work may be as effective as employing specialised oral health promoters ”*

*Evidence based oral health promotion, Dept of Health,*

#### Service Specifications and Monitoring

- 4.27 It is important to make sure that the strategies and programmes we are rolling out are making a difference on the ground and to make sure that the programmes are being effectively integrated within the mainstream service provisions across all partner agencies involved. We suggest that within the service specifications for commissioned children’s services there are elements for school nurses, health visitors and oral health and that there are specific mechanisms for monitoring these.

## 5. Water Fluoridation

“Community water fluoridation is safe and cost-effective and should be introduced and maintained wherever it is socially acceptable and feasible”

*World Health Organisation Expert Committee on Oral Health  
Status and Fluoride Use, Fluorides and Oral Health\**

- 5.1 Applying fluoride to teeth can help prevent tooth decay. Fluoride protects the teeth by inhibiting the demineralisation of teeth enamel, which causes tooth decay caused by the action of bacteria in the mouth producing corrosive organic acids and thus helps to protect against tooth decay and the development of tooth cavities.
- 5.2 There are many ways in which fluoride is used to provide protection for teeth, principally by the application of fluoride toothpaste, which is common in most high street brands of toothpaste. Dentists and dental health nurses can also apply fluoride through fluoride varnishing. Another method sometimes used to apply fluoride is through water fluoridation.
- 5.3 During the inquiry we interviewed representatives from Thames Water to discuss the pros and cons and feasibility of water fluoridation in London.

### What is Water Fluoridation?

- 5.4 Water fluoridation is the controlled addition of fluoride to a public water supply, which is used in some parts of the UK and some countries to reduce tooth decay. Fluoridation does not affect the appearance, taste or smell of drinking water. Fluoridated water operates on tooth surfaces: in the mouth it creates low levels of fluoride in saliva, which reduces the rate at which tooth enamel demineralises and increases the rate at which it remineralises in the early stages of the development of tooth cavities.
- 5.5 There is a great deal of evidence that water fluoridation prevents cavities in both children and adults<sup>♦</sup> with some studies estimating an 18–40% reduction in cavities when water fluoridation is used by children who already have access to toothpaste and other sources of fluoride Centres for Disease Control and Prevention<sup>♥</sup>.

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\* WHO Technical Report Series No. 846. Geneva: World Health Organisation 1994

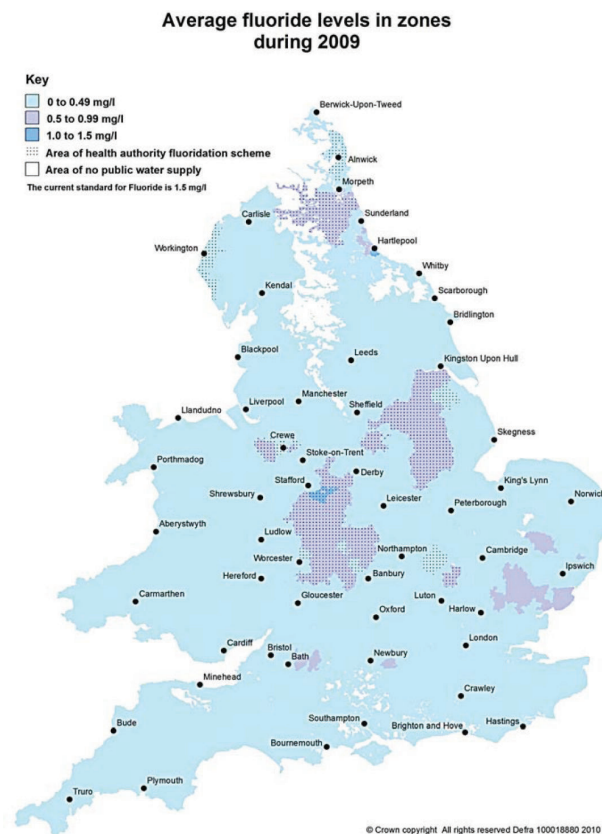
♦ Parnell C, Whelton H, O'Mullane D. Water fluoridation 2009

♥ - [Recommendations for using fluoride to prevent and control dental caries in the United States](#) 2007

## The Case for Water Fluoridation

- 5.6 One way of measuring the effectiveness of water fluoridation is to compare the rate of tooth decay in areas that have fluoridated water to unfluoridated areas. Comparing Manchester and Birmingham, which have similar levels of deprivation, gives one indication of the effectiveness of water fluoridation on reducing tooth decay. In one study, Birmingham, which is fluoridated, had a 0.98 dmft rate compared with 2.47 dmft in non-fluoridated Manchester<sup>♦</sup>.
- 5.7 In the NHS Dental Survey of twelve year olds in 2008-09, the average dmft for 12 year olds in the Heart of Birmingham PCT was just 0.61. Five year olds in Manchester have the second highest dmft in the country. Fluoridated Sandwell near Birmingham has lower than the national average and five year olds from the Heart of Birmingham had higher than national rates of dmft, but were below those from Manchester<sup>•</sup>.
- 5.8 The diagram below shows the areas of England with water fluoridation and water fluoridation levels.

**Figure Source: DEFRA**



<sup>♦</sup> British Fluoridation Society - *One in a million: The facts about water fluoridation*. 2<sup>nd</sup> edition

<sup>•</sup> Source: NHS Dental Epidemiology Survey, from evidence submitted by Inner North West London PCTs

### The Case Against

- 5.9 There is no clear evidence of significant adverse effects of water fluoridation on public health. Over consumption of fluoride has been shown to cause a condition known as “dental fluorosis” in some cases, which can alter the appearance of developing teeth, but this condition is usually mild and not usually considered to be an aesthetic or public-health concern.
- 5.10 There are however significant concerns raised by those who deem water fluoridation treatment as “mass medication”, over the diminution of individual choice in favour of the state ascribed public health benefits to the wider population. This is, however, not an issue unique to water fluoridation, as water companies already have to treat water supplies in various ways in response to intermittent public health issues and maintaining the quality of the water supply.

### The Costs

- 5.11 Water fluoridation is a public health measure to improve dental health and at present it is paid for entirely by the National Health Service; locally, the health authority is billed by the water company for the entire cost of fluoridating supplies. Current changes in legislation may, however, involve local authorities becoming responsible for some of the costs of fluoridation.

### Governance

- 5.12 Under current legislation, Strategic Health Authorities (SHAs) have the duty to initiate the move to water fluoridation with public and stakeholder consultation. The Health and Social Care Bill currently passing through Parliament is expected to abolish SHAs and introduce new arrangements for instigating and consulting on possible water fluoridation of an area.
- 5.13 It is most likely that the new arrangements will require local authorities to initiate moves towards water fluoridation in their area. Thames Water supplies and treats water to most of London, including Hammersmith and Fulham and to areas outside of Greater London. It is not possible to introduce water fluoridation in one area of Thames Water supply and treatment without affecting the levels of fluoride in adjoining areas.

### The Next Steps

- 5.14 Because the supply of water in the Thames Water area will affect several local authority areas both within and outside of Greater London, this is likely to require the consent of nearly all London boroughs, neighbouring local authorities and possibly the Greater London Authority. A widespread public consultation and feasibility study would also be required. So even if a wide consensus is built to introduce water fluoridation in the Thames Water area, it is not likely to happen any time soon.

5.15 From our preliminary inquiry into water fluoridation we have found that there is a great deal of evidence to suggest that, as one part of the overall strategy, it could make a significant contribution to protecting children's teeth against decay. We are therefore recommending that the Council considers in more detail the political, financial and public health implications of water fluoridation and upon the basis of this, seeks to build a coalition, firstly with Westminster, Kensington and Chelsea and then London wide.

**Recommendation 14: Further Consideration of Water Fluoridation**

It is recommended that the Council considers the political, financial and public health implications of water fluoridation and seeks to build a coalition of councils and health partners to instigate possible public consultation on the introduction of water fluoridation in the future.

5.16 It is suggested that this issue be debated at a meeting of the full Council in 2011.

## 6. Implementation and Evaluation

- 6.1 It is requested that, should agreement be gained for implementation of the Task Group's recommendations, mechanisms are put in place to monitor implementation of the agreed recommendations and resulting outcomes. Implementation of the report's recommendations should be monitored on a regular basis and from an early stage. Outcomes will take longer to become clear, and it is therefore suggested that these are measured over a longer time-frame.

### Implementation of the Task Group's recommendations

- 6.2 It is requested that H&F Council and the PCT produce a joint 'Action Plan' detailing how and when the agreed recommendations will be implemented. The Action Plan should detail, for each agreed recommendation (executive decision): the agreed hypothecated budget and resources, an implementation timetable (including when it will happen and when it will be fully in place) and key measurable outputs.
- 6.3 It is requested that a brief progress report on implementation be made to the Task Group Chairman on a quarterly basis for (a minimum of) twelve months, to assess the success of the role-out of these proposals against the Action Plan. At the end of this time (after 12 months) it is requested that a review of implementation is undertaken at a meeting of the Education Select Committee and their findings reported to the Overview and Scrutiny Board and to Cabinet.

### Outcomes: the impact of reforms upon child oral health in H&F

- 6.4 The best way of measuring improvements would be to carry out a borough-wide screening programme for dmft in 2011, followed by later screenings. This would be hugely expensive to deliver however, and the Task Group considers practical prevention actions to be a more cost effective use of limited budget. This is especially the case given that proxy measures including obesity and poverty can be used to effectively target at-risk population areas.
- 6.5 Progress can therefore be assessed in the following ways:
- a. The number of H&F admissions to C&W hospital for paediatric dental care *year-on-year*
  - b. The number of paediatric 'non-prevention' treatments carried out in H&F NHS dental surgeries *year-on-year*
  - c. Levels of dmft amongst H&F children when next sample measured on a London-wide basis. *vs 2007/8*



# Appendix One

## Witnesses

*The following people and groups were interviewed during the scrutiny inquiry:*

### **Hammersmith and Fulham Council**

Councillor Helen Binmore - Cabinet Members for Childrens Services	Hammersmith and Fulham Council
Councillor Joe Carlebach – Cabinet Member for Community Care	Hammersmith and Fulham Council
Councillor Donald Johnson - Chairman of the Education Select Committee	Hammersmith and Fulham Council
Andrew Christie – Director of Children’s Services, London Borough of Hammersmith and Fulham	Hammersmith and Fulham Council
Carole Bell, Assistant director, Commissioning, Performance & Partnerships,	Hammersmith and Fulham Council
Jan Goulstone - Senior adviser PSHE and citizenship / Healthy School Programme coordinator, School Improvement and Standards, Children’s Services Department, London Borough of Hammersmith & Fulham	Hammersmith and Fulham Council
	The Children’s Trust Board, Hammersmith & Fulham

### **The Department of Health**

Barry Cockcroft - Chief Dental Officer for England	The Department of Health
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### **The Borough Youth Forum - Hammersmith and Fulham**

Brenda Whinnett - Children & Young People's Officer	Hammersmith and Fulham Council
Josie Durley (aged 15) – Borough Youth Forum Representative	The Borough Youth Forum
Fred Gill (aged 15) – Borough Youth Forum Representative	The Borough Youth Forum
Julia Simons (aged15) – Borough Youth Forum Representative	The Borough Youth Forum
Mustafa Hussein (aged 16) – Borough Youth Forum Representative	The Borough Youth Forum
Chikira Smith Richards (aged 16) – Borough Youth Forum Representative	The Borough Youth Forum

### **National Health Service (NHS)**

Claire Robertson - Consultant in Dental Public Health	North West London Primary Care Trusts
Marie Trueman Children's Commissioning Manager	Inner North West London Primary Care Trusts

Julia Mason - Children's Commissioning Manager	North West & North Central London Westminster PCT
Christine Mead - Self Care Development Manager	Hammersmith & Fulham PCT
Navdeep Pooni - Oral Health Promoter Hammersmith and Fulham	Inner North West London Primary Care Trusts
Jennifer Allan - General Manager, Paediatrics	Chelsea and Westminster NHS Trust
Kate Barnard - Consultant in Paediatric Dentistry	Chelsea and Westminster NHS Trust
Helen Byrne - Interim Divisional Director of Operations	Chelsea and Westminster NHS Trust
Victoria Wilson - Senior Dental Nurse	Chelsea and Westminster NHS Trust
Huda Yusef - Specialist Registrar Dental Public Health	Inner North West London Primary Care Trusts
Kelly Nizzer - Senior Contracts Manager Dental, Pharmacy and Ophthalmic Services	NHS North West London

**Community and Voluntary Organisations**

Malika Hamiddou – the Community Interpreting	Translation and Access Service (CITAS)
Suzanne Iwai – Community Health Champion (White City)	
Saumu Lwembe - Stakeholder Development Officer (manages health champions and health trainers)	
Koss Mohammed White City Volunteer Coordinator	Well London
Lornia Polius – Community Health Champion (White City)	

**Commercial Sector**

Colgate (Colgate Palmolive UK Ltd)	
Rhona Wilkie (Colgate Professional Relations Manager)	Colgate Palmolive UK Ltd
Anousheh Alavi (Colgate Scientific Affairs Manager UK & Ireland) - Colgate Palmolive UK Ltd	Colgate Palmolive UK Ltd
Elizabeth Sale Local & Regional Government Liaison Manager	Thames Water
Steve White - Drinking Water Strategy Manager.	Thames Water

**Dentists**

Henrik Overgaard-Nielsen – Chairman of the Ealing, Hammersmith and Hounslow Local Dental Committee	NHS Dentist, Fulham.
Dr Denis Chan – H&F dentist	

**National Dental Associations**

Paul Ashley	British Society of Paediatric Dentistry
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## **Schools**

Michele Barrett – Head Teacher - Vanessa Nursery School

Marie Thomas – school nurse

School Nurses Forum

The Head Teachers' Forum – Hammersmith and Fulham

The School Nurses Forum – Hammersmith and Fulham

## **Health Visitors**

Angela Ainslie –  
health visitor

Pamala Tynan –  
health visitor manager (white city)

## **Accademics**

Professor Aubrey Sheiham

Dept of Epidemiology and Public Health at  
University College London (UCL)

## **National and International Best Practice**

Child Smiles

Ray McAndrews

Glasgow PCT

### Site Visits

School visits  
the Old Oak Children's Centre  
Normand Croft School and Children's Centre  
The British Dental Association

# Appendix Two

## Budget Implications

### a) Direct Costs Associated with the Existing Problem

Before looking at the details of proposed resources for intervention, we should consider the existing costs of the problems we have; all of which are in principal, entirely avoidable through intervention and education.

The table below outlines some of the main direct financial costs to the NHS for teeth extractions and fillings in hospital and at dental practices.

Problem	Cost		Cost Detail	Budget Holder
	10-11			
C&W Hospital 'New Appointments & Admissions' for H&F patients (2010/11)	£354,024		Outpatient Appointment (New or Follow-Up) £156. Daycase Admission £912 C&W take circa 95% of H&F paediatric admissions [CR]	PCT
Primary Care treatments (non-prevention, including extractions) in H&F [2010-11]	£200,000		Request from business services authority. No of extractions and their cost. CR to find.	PCT. Delegated to NW Lon Primary Care Team, on behalf of H&F
	£554,024			

b) Costs Associated with Proposals [Excluding Utilisation of Existing - Budgeted For - Resources)

Proposal	Cost		Cost Detail	Budget Holder
	11-12	12-13		
<u>Getting the Message Across</u>				
Keep Smiling	£3,000	£3,000	Design and printing costs. Colgate happy to contribute.	Public Health / Commercial Sponsor.
Review of Oral Health Information and Advice	£0	£0		
<u>Targeting &amp; Outreach</u>				
Targeted Fluoride Varnishing Program	n/a	£50,000	2 applications of FV for 5,000 children	PCT
Community Champions and Health Advocates	£0	£10,000	Additional CC's and HA's. Oral health training for both groups.	Public Health.
Targeted Provision of Dental Health Packs	£1,000	£3,000	11-12 beakers to be provided and paid for by the council or Public Health. Subsequent provision of all to be sponsored by corporate partner. Business case to be made to PCT for ongoing BFL pack budget.	Council / Commercial Sponsor / PCT
Targeted Support for Children in Care	£0	£0	BFL packs provided by corporate partner.	
Targeted Support for Children with Special Needs	£0	£0		
<u>Dentists</u>				
Child Friendly Dentists	£0	£0	C&W training already within budget if taken in dentist's own time.	
<u>Partnerships</u>				
Commercial Partnerships	£0	£0	Will provide funds	Commercial partner

Chuck Sweets Off the Check-Out	£0	£0			
Schools and children's centres	£0	£0		Costs budgeted for in other proposals	
Keep smiling - for professionals	£0	£10,000		Training from Oral Health Promoter. Use budgeted Oral Health Promotion capacity in 11-12 and make business case to PCT for expanded program in 12-13.	Public Health
Maternity and Early Years	£0	£0			
Service Specifications	£0	£0			
<i>Water Fluoridation</i>					
Further Consideration of Water Fluoridation	£0	£0			
<i>Program Manager</i>					
Program Manager	£0	£0		From existing capacity within Children's Services. Support from PCT and ongoing 'scrutiny' function.	Council

<b>TOTAL COSTS</b>	<b>£4,000</b>	<b>£76,000</b>
Proposed costs as % of current direct costs of poor oral health	1%	14%

	BUDGET	
	11-12	12-13
<b>BUDGET HOLDER</b>		
PCT / Public Health	£3,000	£76,000
Council	£1,000	£0
Commercial Partner	£0	N/A
Other	£0	£0
Totals	£4,000	£76,000

## Acknowledgements

Thank you to everyone who has given up their time to support this Scrutiny Task Group, including Claire Robertson of North West London PCTs, Carole Bell of Hammersmith and Fulham Council and the young people at the Borough Youth Forum. Thank you to everyone who has participated by speaking to us at our numerous visits around the Borough and filled in our questionnaires.

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## **FORWARD PLAN OF KEY DECISIONS**

*Proposed to be made in the period October 2011 to January 2012*

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

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

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

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

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

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

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

*Forward Plan No 113 (published 15 September 2011)*

## LIST OF KEY DECISIONS PROPOSED OCTOBER 2011 TO JANUARY 2012

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

**New entries are highlighted in yellow.**

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

<b>Decision to be Made by:</b> (ie Council or Cabinet)	<b>Date of Decision-Making Meeting and Reason</b>	<b>Proposed Key Decision</b>	<b>Lead Executive Councillor(s) and Wards Affected</b>
<b>October</b>			
Cabinet	10 Oct 2011	<b>Proposed changes to Taxicard Scheme</b>	Cabinet Member for Children's Services
	Reason: Expenditure more than £100,000	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.	Ward(s): All Wards
Cabinet	10 Oct 2011	<b>Award to the Lowest Tenderer for the Removal of Asbestos at Riverside Gardens Blocks A-Q (1-171) and S-T (180-199)</b>	Cabinet Member for Housing
	Reason: Expenditure more than £100,000	Tender Acceptance Report to appoint contractor to carry out the removal of asbestos in the tank room at Riverside Gardens, Hammersmith, W6	Ward(s): Hammersmith Broadway
Cabinet	10 Oct 2011	<b>Social Housing Fraud</b>	Leader of the Council
	Reason: Expenditure more than £100,000	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.	Ward(s): All Wards
Cabinet	10 Oct 2011	<b>General Fund Capital Programme, Housing Capital Programme and</b>	Leader of the Council

<b>Decision to be Made by:</b> (ie Council or Cabinet)	<b>Date of Decision-Making Meeting and Reason</b>	<b>Proposed Key Decision</b>	<b>Lead Executive Councillor(s) and Wards Affected</b>
	Reason: Expenditure more than £100,000	<b>Revenue Monitoring Report 2011/12 - Month 4</b>  Report seeks approval to changes to the capital programme and revenue budget.	Ward(s): All Wards
Cabinet	10 Oct 2011	<b>Update on Libraries Strategy: Barons Court Community Library</b>	Cabinet Member for Residents Services
	Reason: Significant in 1 ward	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.	Ward(s): Avonmore and Brook Green
Cabinet	10 Oct 2011	<b>LBHF and RBKC response to the Government's revised Prevent Strategy</b>	Cabinet Member for Residents Services
	Reason: Expenditure more than £100,000	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.	Ward(s): All Wards
Cabinet	10 Oct 2011	<b>Earl's Court Redevelopment Project</b>	Leader of the Council
	Reason: Expenditure more than £100,000	The Council has been exploring the benefits of including the West Kensington and Gibbs Green estates within the proposed comprehensive redevelopment of Earl's Court and Lillie Bridge depot.	Ward(s): North End

<b>Decision to be Made by:</b> (ie Council or Cabinet)	<b>Date of Decision-Making Meeting and Reason</b>	<b>Proposed Key Decision</b>	<b>Lead Executive Councillor(s) and Wards Affected</b>
Cabinet	10 Oct 2011	<b>Nos 5 and 17-31 Carnwath Road, London, SW6</b>  Sale of Council's Freehold Interest in Collaboration with Current Tenants.	Deputy Leader (+Environment and Asset Management)
	Reason: Expenditure more than £100,000		Ward(s): Sands End
Cabinet	10 Oct 2011	<b>Development of the White City Collaborative Care Centre and Housing Scheme Land Disposal and Swap</b>  To enable the Council's preferred scheme for the Collaborative Care Centre Development (known as Site A Scheme) to progress required land to be swapped between Wormholt Park with land at Sawley Road and Bryony Road as well as a transfer of additional Land.	Cabinet Member for Community Care, Deputy Leader (+Environment and Asset Management)
	Reason: Expenditure more than £100,000		Ward(s): Wormholt and White City
Cabinet	10 Oct 2011	<b>The Contract for the Management of the Bishops Park Cafe</b>	Cabinet Member for Residents Services
	Reason: Expenditure more than £100,000	Catering provisions for Bishops Park Cafe	Ward(s): Palace Riverside
Cabinet	10 Oct 2011	<b>New Corporate Structure</b>  This report sets out some changes in reporting arrangements following the appointment of a new Chief Executive.	Leader of the Council
	Reason: Affects more than 1 ward		Ward(s): All Wards
<b>November</b>			
Cabinet	7 Nov 2011	<b>Parking Projects Programme 2011/12</b>  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)
	Reason: Expenditure more than £100,000		Ward(s): All Wards

<b>Decision to be Made by:</b> (ie Council or Cabinet)	<b>Date of Decision-Making Meeting and Reason</b>	<b>Proposed Key Decision</b>	<b>Lead Executive Councillor(s) and Wards Affected</b>
Cabinet	7 Nov 2011	<b>Measured Term Contract for Day-to-Day Breakdown Repair and Maintenance to Lift Plant and Associated Equipment to Housing Properties</b>  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
	Reason: Expenditure more than £100,000		Ward(s): All Wards
Cabinet	7 Nov 2011	<b>Measured Term Contract for Day-to-Day Breakdown Repair and Maintenance to Lift Plant and Associated Equipment to Non-Housing Buildings</b>  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)
	Reason: Expenditure more than £100,000		Ward(s): All Wards
Cabinet	7 Nov 2011	<b>Measured Term Contract for Planned Preventative Mechanical Maintenance for Boroughwide Housing Properties 2011-2015</b>  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
	Reason: Expenditure more than £100,000		Ward(s): All Wards
Cabinet	7 Nov 2011	<b>Measured Term Contract for Planned Preventative Mechanical Maintenance for Boroughwide Non-Housing Properties 2011 - 2015</b>  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)
	Reason: Expenditure more than £100,000		Ward(s): All Wards

<b>Decision to be Made by:</b> (ie Council or Cabinet)	<b>Date of Decision-Making Meeting and Reason</b>	<b>Proposed Key Decision</b>	<b>Lead Executive Councillor(s) and Wards Affected</b>
Cabinet	7 Nov 2011	<b>Measured Term Contract for Planned Preventative Maintenance to Mechanical Plant - Specialist Works 2011 - 2015</b>	Deputy Leader (+Environment and Asset Management)
	Reason: Expenditure more than £100,000	Tender Acceptance to appoint contractor to carry out servicing of mechanical plant, day-to-day repairs, inspection and planned maintenance repairs – Specialist Works.	Ward(s): All Wards
Cabinet	7 Nov 2011	<b>Measured Term Contract for Door Entry Systems – Boroughwide Housing Properties 2011 - 2015</b>	Cabinet Member for Housing
	Reason: Expenditure more than £100,000	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.	Ward(s): All Wards
Cabinet	7 Nov 2011	<b>Serco Contract Review</b>	Cabinet Member for Residents Services
	Reason: Expenditure more than £100,000	Following a review of the financial and service performance of the Serco Waste and Cleansing contract, a clearer performance regime is proposed that provides greater value for money, improves service quality and is based on the principles of risk and reward.	Ward(s): All Wards
Cabinet	7 Nov 2011	<b>Use of 2011/12 HFBP profit share</b>	Leader of the Council
	Reason: Expenditure more than £100,000	This report requests approval to use the HFBP profit share to pursue further e-services as part of a wider self serve strategy.	Ward(s): All Wards
Cabinet	7 Nov 2011	<b>Fire Alarm System Upgrade to Various Sheltered Housing Accommodations</b>	Cabinet Member for Housing
	Reason: Expenditure more than £100,000	Tender Acceptance Report to appoint contractor to carry out Fire Alarm Upgrade to various Sheltered Housing Accommodations within the	Ward(s): All Wards

<b>Decision to be Made by:</b> (ie Council or Cabinet)	<b>Date of Decision-Making Meeting and Reason</b>	<b>Proposed Key Decision</b>	<b>Lead Executive Councillor(s) and Wards Affected</b>
		Borough.	
Cabinet	7 Nov 2011	<b>Installation of IRS Systems at White City Estate, Clem Attlee and Sheltered Housing Properties</b>	Cabinet Member for Housing
	Reason: Expenditure more than £100,000	Tender Acceptance Report to appoint contractor to carry out installation of IRS Systems at White City Estate, Clem Attlee and various Sheltered Housing Accommodations.	Ward(s): Fulham Broadway; Wormholt and White City
Cabinet	7 Nov 2011	<b>Warden Call System Upgrade Phase 1</b>	Cabinet Member for Housing
	Reason: Expenditure more than £100,000	Upgrade of Warden Call System to various properties in the north of the Borough (Hammersmith).	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	7 Nov 2011	<b>Warden Call System Upgrade Phase 2</b>	Cabinet Member for Housing
	Reason: Expenditure more than £100,000	Upgrade of Warden Call System to various properties within South of the Borough (Fulham).	Ward(s): Fulham Broadway; Fulham Reach; Munster; North End; Parsons Green and Walham; Sands End
Cabinet	7 Nov 2011	<b>1 – 76 Barton House, Townmead Road - Lift Upgrade</b>	Cabinet Member for Housing
	Reason: Expenditure more than £100,000	Tender Acceptance Report to appoint contractor to carry out part upgrade of the two existing passenger lifts.	Ward(s): Sands End



<b>Decision to be Made by:</b> (ie Council or Cabinet)	<b>Date of Decision-Making Meeting and Reason</b>	<b>Proposed Key Decision</b>	<b>Lead Executive Councillor(s) and Wards Affected</b>
Cabinet	7 Nov 2011	<b>Replacement of Communal Water Storage Tanks - South</b>  Tender Acceptance Report to appoint contractor to carry out Replacement of Communal Water Storage Tanks – South.	Cabinet Member for Housing
	Reason: Expenditure more than £100,000		Ward(s): Addison; Sands End; Shepherds Bush Green; Town
Cabinet	7 Nov 2011	<b>Replacement of Communal Water Storage Tank - North</b>  Tender Acceptance Report to appoint contractor to carry out replacement of communal water storage tanks – north.	Cabinet Member for Housing
	Reason: Expenditure more than £100,000		Ward(s): Hammersmith Broadway; Shepherds Bush Green; Wormholt and White City
Cabinet	7 Nov 2011	<b>Sex &amp; Relationship &amp; Substance Misuse Education Programme</b>  To agree delegation of contract award to Cabinet Member.	Cabinet Member for Children's Services
	Reason: Expenditure more than £100,000		Ward(s): All Wards
Cabinet	7 Nov 2011	<b>The General Fund Capital Programme, Housing Capital Programme and Revenue Monitoring 2011/12 Month 5</b>  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
<b>December</b>			
Cabinet	5 Dec 2011	<b>The Archives Service Review</b>  This report will outline the current position and recommend options for the future delivery of the Council's archives service.	Cabinet Member for Residents Services
	Reason: Affects more than 1 ward		Ward(s): All Wards

<b>Decision to be Made by:</b> (ie Council or Cabinet)	<b>Date of Decision-Making Meeting and Reason</b>	<b>Proposed Key Decision</b>	<b>Lead Executive Councillor(s) and Wards Affected</b>
Cabinet	5 Dec 2011	<b>Highways Planned Maintenance Programme 2012/13</b>	Deputy Leader (+Environment and Asset Management)
	Reason: Expenditure more than £100,000	The purpose of the report is to seek approval for the projects listed within the Carriageway and Footway Planned Maintenance programme and to establish a degree of flexibility in the management of the budgets and programme during the year.	Ward(s): All Wards
Cabinet	5 Dec 2011	<b>Shepherds Bush Common Improvement Project</b>	Cabinet Member for Residents Services
	Reason: Expenditure more than £100,000	Approval to appoint works contractors to undertake restoration works on Shepherds Bush Common.	Ward(s): Shepherds Bush Green
Cabinet	5 Dec 2011	<b>Travel Assistance Policies</b>	Cabinet Member for Children's Services
	Reason: Affects more than 1 ward	Travel Assistance Policy – Special education needs (SEN)	Ward(s): All Wards
Cabinet	5 Dec 2011	<b>Corporate Network Strategy</b>	Leader of the Council
	Reason: Expenditure more than £100,000	Significant parts of the existing corporate data network have been in service for over nine years and critical components have reached the end of their life. From June 2013, a number of products become unserviceable and will need to be replaced. Other elements of the corporate network need work to make them suitable for triborough working or to provide business continuity.	Ward(s): All Wards
Cabinet	5 Dec 2011	<b>Edward Woods Energy Efficiency Works to Low Rise Blocks</b>	Cabinet Member for Housing
	Reason: Expenditure more than £100,000	CESP funded Energy Efficiency Works to 3 low rise blocks on Edward Woods Estate	Ward(s): Shepherds Bush Green

<b>Decision to be Made by:</b> (ie Council or Cabinet)	<b>Date of Decision-Making Meeting and Reason</b>	<b>Proposed Key Decision</b>	<b>Lead Executive Councillor(s) and Wards Affected</b>
Cabinet	5 Dec 2011	<b>Housing Capital Programme 2012/13</b>  The purpose of the report is to seek approval for the proposed 2012/13 housing capital programme	Cabinet Member for Housing
	Reason: Affects more than 1 ward		Ward(s): All Wards
Cabinet	5 Dec 2011	<b>The General Fund Capital Programme, Housing Capital Programme and Revenue Monitoring 2011/12 Month 6</b>  The report seeks approval to changes to Capital Programme and Revenue Budgets.	Leader of the Council
	Reason: Expenditure more than £100,000		Ward(s): All Wards
Cabinet	5 Dec 2011	<b>Contracts for the Management, Maintenance and Development of Satellite Tennis Centres</b>  Outsourcing management and maintenance of tennis facilities at Hurlingham Park, Ravenscourt Park, and Eel Brook Common	Cabinet Member for Residents Services
	Reason: Affects more than 1 ward		Ward(s): All Wards
Cabinet	5 Dec 2011	<b>Leasing of Glasshouses and Garden in Ravenscourt Park to Hammersmith Community Garden Association (HCGA)</b>  Proposed leasing of glasshouses and curtilage area to HGCA for 7 years as an environmental centre for outdoor learning and volunteering.	Cabinet Member for Residents Services
	Reason: Significant in 1 ward		Ward(s): Ravenscourt Park
<b>9 January</b>			
Cabinet	9 Jan 2012	<b>Advertising and sponsorship opportunities</b>  To market test for external expertise, on payment by reward basis, to help realise advertising and sponsorship opportunities across H&F.	Cabinet Member for Residents Services
	Reason: Affects more than 1 ward		Ward(s): All Wards

<b>Decision to be Made by:</b> (ie Council or Cabinet)	<b>Date of Decision-Making Meeting and Reason</b>	<b>Proposed Key Decision</b>	<b>Lead Executive Councillor(s) and Wards Affected</b>
Cabinet	9 Jan 2012	<b>Workplace replacement</b>  Proposal to upgrade Microsoft Office to support collaborative tri borough working while also renewing the workplace IT device (PC) offer and the core desktop infrastructure to replace end-of-life hardware and software, increasing flexibility of deployment.	Leader of the Council
	Reason: Expenditure more than £100,000		Ward(s): All Wards
Cabinet	9 Jan 2012	<b>Cost reduction programme</b>  Procurement of a five year contract for support on a gain share basis through two initiatives; savings from the renewal and renegotiation of contracts; enhanced revenues collection through improved debt management.	Leader of the Council
	Reason: Expenditure more than £100,000		Ward(s): All Wards
Cabinet	9 Jan 2012	<b>The General Fund Capital Programme, Housing Capital Programme and Revenue Monitoring 2011/12 Month 7</b>  Report seeks approval to changes to the Capital Programme and Revenue Budgets.	Leader of the Council
	Reason: Expenditure more than £100,000		Ward(s): All Wards
<b>30 January</b>			
Cabinet	30 Jan 2012	<b>Award of Term Contract for Public Lighting and Ancillary Works 2012-2015</b>  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
<b>March</b>			
Cabinet	5 Mar 2012	<b>West London Housing Related Support Joint Framework Agreement</b>  Approval of the new framework agreement for housing related support services across eight West London boroughs. LBHF is the lead procurement borough for	Cabinet Member for Community Care
	Reason: Affects more than 1 ward		Ward(s): All Wards

<b>Decision to be Made by:</b> (ie Council or Cabinet)	<b>Date of Decision-Making Meeting and Reason</b>	<b>Proposed Key Decision</b>	<b>Lead Executive Councillor(s) and Wards Affected</b>
		the new framework.	
Cabinet	5 Mar 2012	<b>Corporate Planned Maintenance Programme 2012-2013</b>	Deputy Leader (+Environment and Asset Management)
	Reason: Expenditure more than £100,000	Approval to commit to a programme of works	Ward(s): All Wards
Cabinet	5 Mar 2012	<b>The General Fund Capital Programme, Housing Capital Programme and Revenue Monitoring 2011/12 month 8</b>	Leader of the Council
	Reason: Expenditure more than £100,000	The report seeks approval for changes to the Capital Programme and Revenue Budgets.	Ward(s): All Wards
<b>April</b>			
Cabinet	16 Apr 2012	<b>The General Fund Capital Programme, Housing Capital Programme and Revenue Monitoring 2011/12 month 9</b>	Leader of the Council
	Reason: Expenditure more than £100,000	The report seeks approval to changes to the Capital Programme and Revenue budgets.	Ward(s): All Wards
Cabinet	16 Apr 2012	<b>The General Fund Capital Programme, Housing Capital Programme and Revenue Monitoring 2011/12 month 10</b>	Leader of the Council
	Reason: Expenditure more than £100,000	The report seeks approval to changes to the Capital Programme and Revenue Budgets.	Ward(s): All Wards

# Agenda Item 13



London Borough of Hammersmith & Fulham

## Cabinet

10 OCTOBER 2011

### SUMMARY OF OPEN DECISIONS TAKEN BY THE LEADER AND CABINET MEMBERS REPORTED TO CABINET FOR INFORMATION

#### CABINET MEMBER

#### **CABINET MEMBER FOR HOUSING**

*Councillor Andrew Johnson*

#### **13.1 EARLS COURT REGENERATION PROJECT – WEST KENSINGTON AND GIBBS GREEN STEERING GROUP**

The West Kensington and Gibbs Green Steering Group, established by residents of the West Kensington and Gibbs Green estates, would like to constitute themselves by establishing a non-profit Company Limited by Guarantee to allow them to deliver their agreed objectives.

#### Decision made by Cabinet Members on 5 September 2011:

1. That approval be given to an undertaking to fund Ashfords solicitors up to £3000.00 to formalise and establish a Company Limited by Guarantee (CLG).
2. That, subject to the Steering Group providing evidence that a CLG has been properly constituted and that adequate financial controls are in place, authority be given to the Director of Housing and Regeneration to provide the Steering Group with an enabling fund of up to £5,000 to involve and communicate with residents on the West Kensington and Gibbs Green Estates.

Ward: North End

#### **CABINET MEMBER FOR CHILDREN'S SERVICES**

*Councillor Helen Binmore*

#### **13.2 THE FOSTER CARERS CHARTER**

The government has developed a foster carers charter as a way of increasing the status of foster carers and ensuring they are empowered to provide the best possible care to children. All Local Authorities are invited to sign up to the charter.

#### Decision made by Cabinet Member on: 5 September 2011

1. That approval is given to the Council signing up to the foster carers charter.
2. That delegated authority is give to the Cabinet Member for Children's services, in conjunction with the Director of Children's Services, to add to the local issues section of the charter as necessary in the light of emerging issues and

feedback from the foster carers in Hammersmith and Fulham

Wards: All

**LEADER**  
*Councillor Stephen  
Greehalgh*

**13.3 WAIVER OF CONTRACT STANDING ORDERS TO APPOINT DRIVERS JONAS DELOITTE AS CONSULTANTS TO LEAD EARLS COURT S106 NEGOTIATIONS ON BEHALF OF THE COUNCIL**

This report sets out the case to waive the Council's Contract Standing Orders and approval for up to £100,000 to appoint Drivers Jonas Deloitte as consultants to lead Earls Court s106 negotiations with CAPCO given the urgency to begin intense s106 discussions now that both planning applications for the Earls Court Opportunity Area have been submitted to the Council

**Decision taken by Cabinet Member on: 9 August 2011**

**That approval is given for spend of up to £100,000, funded from contingency balances, and waive the Contract Standing Orders to appoint Drivers Jonas Deloitte to work with and act on behalf of the Council in s 106 negotiations with Earls Court Developers.**

Wards: North End & Earls Court

**CABINET MEMBER  
FOR CHILDREN'S  
SERVICES**  
*Councillor Helen  
Binmore*

**13.4 WEST LONDON FREE SCHOOL – PHASE 1**

This report seeks approval of the Cabinet Member for Children's Services for the acceptance of a bid under the Partnerships for Schools (PfS) Contractors Framework to appoint a selected panel member to deliver Phase 1 of the West London Free School.

**Decision taken by Cabinet Member on: 5 September 2011**

- 1. That approval is given to enter into a contractual agreement with Apollo Property Services Group Ltd in the sum of £694,917.77 to deliver Phase 1 works for the West London Free School. The works comprise the refurbishment of the former Cambridge School site to facilitate the opening of the West London Free School in September 2011.**
- 2. That the works to be awarded under the PfS Contractors Framework.**

Ward: Hammersmith Broadway

**CABINET MEMBER  
FOR HOUSING**  
*Councillor Andrew  
Johnson*

**13.5 APPOINTMENT OF TEMPORARY PROJECT OFFICER  
(POLICY) IN THE HOUSING REGENERATION  
DEPARTMENT**

This report seeks approval to delegate to the Director of Housing and Regeneration the appointment of a temporary project officer policy for a period of 6 months to undertake a review of the Council's Housing Strategy and to write the Council's Tenancy Strategy Plan.

**Decision made by Cabinet Member on: 10 August 2011**

- 1. That approval is given to delegate to the Director of Housing Strategy and Regeneration to appoint a consultant temporary project officer (policy) for a period of 6 months in the Housing and Regeneration department.**
- 2. That a waiver of contract standing orders is approved in respect of the procurement process to appoint the consultant for the reasons set out in paragraph 4 of this report.**

**Ward: All**

**CABINET MEMBER  
FOR HOUSING**  
*Councillor Andrew  
Johnson*

**13.6 APPOINTMENT OF CONSULTANT TO PROVIDE PROJECT  
MANAGEMENT SERVICES ON THE EDWARD WOODS  
ESTATE REFURBISHMENT PROJECT**

Edward Woods refurbishment project is a complex major estate improvement project including major energy efficiency works.

**Decision made by Cabinet Member(s) on: 3 August 2011**

- 1. That approval is given to appoint Calford Seaden for a period of 39 weeks at an average of 2.5 days a week to provide project management services on the Edwards Woods Refurbishment project at a total cost of £ 45,000 exclusive of VAT as set out in para. 3.1 of the report.**
- 2. That a waiver of contract standing orders is approved and to accept the quotation submitted by Calford Seaden in the sum of £ 45,000 exclusive of VAT to undertake the project described in this report.**

**Ward: Shepherds Bush Green**



**CABINET MEMBER  
FOR CHILDREN'S  
SERVICES**

*Councillor Helen  
Binmore*

**13.7 APPOINTMENT OF LOCAL AUTHORITY SCHOOL  
GOVERNORS**

This report records the Cabinet Member's decision to appoint an LA Governor, which falls within the scope of her executive portfolio.

**Decision made by Cabinet Member on: 18 July 2011**

To appoint David Fawkes to Bentworth Primary School for a four-year term from 18<sup>th</sup> July 2011.

**CABINET MEMBER  
FOR CHILDREN'S  
SERVICES**

*Councillor Helen  
Binmore*

**13.8 APPOINTMENT OF LOCAL AUTHORITY SCHOOL  
GOVERNORS**

This report records the Cabinet Member's decision to appoint LA Governors, which falls within the scope of her executive portfolio.

**Decision made by Cabinet Member on: 18 July 2011**

1. To appoint Alison Chadwyck-Healey to St Peters C of E Primary School for a four-year term from date of signature, and;
2. To appoint Roland Allen to The Good Shepherd Catholic Primary School for a four-year term from date of signature, and;
3. To appoint Shaun Bailey to Fulham Primary School for a four-year term from date of signature.

**Wards: Ravenscourt Park; Askew; Fulham Broadway**

**LEADER**

*Councillor Stephen  
Greehalgh*

**13.9 APPOINTMENT OF COUNCIL REPRESENTATIVES TO THE  
BOARD OF THE LYRIC THEATRE HAMMERSMITH  
LIMITED**

This report records the Leader's decision to appoint Council representatives to the Board of the Lyric Theatre Hammersmith Limited, which falls within the scope of his executive portfolio.

**Decision taken by the Cabinet Member on: 20 July 2011**

To reappoint Councillors Tom Crofts, Greg Smith, Frances Stainton, and Stephen Cowan as Members of the Company and Directors of the Lyric Theatre Hammersmith Limited for a period of one year from 21 July 2011.

**Wards: All**

**DEPUTY LEADER  
(+ ENVIRONMENT  
AND ASSET  
MANAGEMENT)**  
*Councillor Nicholas  
Botterill*

### **13.10 PARSONS GREEN – NEIGHBOURHOOD HIGHWAYS IMPROVEMENT PROJECT**

The report details a package of measures for the Parsons Green Neighbourhood Area for this financial year. The improvements are part of the 2011/12 neighbourhood programme.

Funding has been provided specifically for this project by Transport for London and it has been designed on the basis of maximising value for money, reducing the costs to the council of maintenance and repairs, and de-cluttering the street environment.

#### **Decision made by Cabinet Member on: 19 September 2011**

- 1. That approval is given to implement the highway improvements at a total cost of £164,000 as set out in paragraphs 3.2 to 3.8 of the report. Cabinet approved expenditure on this scheme within the annual TfL funded programme on 21 March 2011.**
- 2. That approval is given to implement the highway improvements as set out in paragraph 3.10 subject to a positive consultation.**

**Wards: Town, Parsons Green & Walham**

**DEPUTY LEADER  
(+ ENVIRONMENT  
AND ASSET  
MANAGEMENT)**  
*Councillor Nicholas  
Botterill*

### **13.11 WORMHOLT PARK – AREA WIDE IMPROVEMENTS**

The report details proposed improvements within the area of the Wormholt Park 20mph zone. These improvements are part of the 2011-12 Neighbourhood programme and will involve a range of road safety and environmental improvements, such as addressing road safety problems and concerns, decluttering the area of excessive street clutter, improving the appearance of the area, providing facilities for sustainable modes of transport etc. As part of the scheme approximately 16 on-street car parking spaces will be provided.

Funding has been provided specifically for this project by Transport for London and it has been designed on the basis of maximising value for money and reducing the costs to the council of maintenance and repairs.

#### **Decision made by Cabinet Member on: 19 September 2011.**

**That approval be given to implement the highway improvements at a total cost of £106,000 as set out in para. 5 of the report; Cabinet approved expenditure on this scheme within the annual TfL funded programme on 21 March 2011.**

**Wards: Wormholt and White City**

**DEPUTY LEADER  
(+ ENVIRONMENT  
AND ASSET  
MANAGEMENT)**  
*Councillor Nicholas  
Botterill*

### **13.12 FULHAM PALACE ROAD – CORRIDOR HIGHWAYS IMPROVEMENT PROJECT**

This report details the above highways improvement project which forms part of the annual TfL funded integrated transport programme.

It is proposed that 11 raised entry treatments are installed at side road junctions to Fulham Palace Road from its junction with Talgarth Road to Lillie Road.

The proposal will complement the boroughs flagship Fulham Palace Road slip road major project which will be constructed between August 2011 and February 2012.

#### **Decision made by Cabinet Member on: 19 September 2011**

- 1. That approval be given to implement the highway improvements at a total cost of £276,000 as set out in para. 3.1 and 3.2 of the report. Cabinet approved expenditure on this scheme within the annual TfL funded programme on 21 March 2011.**
- 2. That approval be given to transfer funding to two other highway improvement projects, as approved by Cabinet, at a total cost of £177,000 as set out in para. 6 of the report.**
- 3. That approval be given to implement the additional highway improvements at a total cost of £50,000 funded via an s106 agreement as set out in para. 3.3 of the report.**

**Wards: Hammersmith Broadway, Fulham Reach**

**DEPUTY LEADER  
(+ ENVIRONMENT  
AND ASSET  
MANAGEMENT)**  
*Councillor Nicholas  
Botterill*

### **13.13 TFL ANNUAL SPENDING SUBMISSION 2012/13**

This report refines and details the integrated transport schemes and initiatives as submitted as part of the councils approved transport plan (LIP2) to be undertaken in 2012/13 funded by Transport for London (TfL).

The borough's 2012/13 integrated transport grant was subject to a reduction of approximately 8.5% to £1,988,000 as a result of the October 2010 Comprehensive spending review.

LIP funding is specifically provided by TfL for the transport projects of the type proposed, and the schemes will be designed on the basis of maximising value for money and reducing the costs to the council of maintenance and repairs.

#### **Decision made by Cabinet Member on: 19 September 2011**

- 1. That the annual spending submission for integrated transport and principal road maintenance as detailed in paras. 2 and 3 of the report is approved and submitted to TfL**

before 7 October 2011 by the Director of Environment,

2. That the Shepherd's Bush town centre west major scheme funding submission is approved as detailed in para. 4 of the report.

Wards: All

**DEPUTY LEADER  
(+ ENVIRONMENT  
AND ASSET  
MANAGEMENT)**

*Councillor Nicholas  
Botterill*

### **13.14 SPONSORSHIP FOR THE PROVISION OF HERITAGE STREET LIGHTING ON LOCAL ROADS**

This report outlines the proposed policy required to enable sponsorship for the provision of heritage street lighting and set out a proposed delivery procedure on local roads.

Approval is sought for the new policy and sponsorship procedure

#### **Decision made by Cabinet Member on: 19 September 2011**

1. To approve the proposed policy as set out in section 3 of the report and
2. To note the proposed sponsorship procedure set out in section 4 of the report.

Wards: All

**CABINET MEMBER  
FOR CHILDREN'S  
SERVICES**

*Councillor Helen  
Binmore*

### **13.15 TRANSFER OF SPECIAL EDUCATIONAL NEEDS (SEN) UNIT FROM NORMAND CROFT SCHOOL TO FULHAM PRIMARY SCHOOL.**

In recent years, there has been a significant increase in the number of children diagnosed with an Autistic Spectrum Disorder (ASD). In collaboration with the Governing bodies of Queensmill and Fulham Primary School, Hammersmith and Fulham Council is proposing to transfer SEN provision from Normand Croft School to Fulham Primary School. It is proposed that the School will provide a unit offering 20 places for pupils with ASD from September 2011 onwards.

#### **Decision made by Cabinet Member on: 19 September 2011**

**The Cabinet Member for Children's Services, in consultation with the Governing Bodies of all three schools, approves the transfer of SEN Unit provision from Normand Croft School to Fulham Primary School (as a satellite of Queensmill School).**

Wards: All

**DEPUTY LEADER  
(+ ENVIRONMENT  
AND ASSET  
MANAGEMENT)**  
*Councillor Nicholas  
Botterill*

### **13.16 SCRUBS LANE– CORRIDOR IMPROVEMENTS**

The report details proposed highway improvements along Scrubs Lane, which is a key north-south route in the borough. These improvements are part of the 2011/12 Corridors programme and will involve a range of road safety and environmental improvements, such as addressing road safety problems, decluttering the area of excessive street clutter, improving accessibility for pedestrians, improving the appearance of the area, providing facilities for sustainable modes of transport, an initiative to remove a section of the existing bus lane which is believed to bring no significant benefits to bus reliability, an initiative to install a CCTV camera for safety and parking enforcement purposes etc.

Funding has been provided specifically for this project by Transport for London and it has been designed on the basis of maximising value for money and reducing the costs to the council of maintenance and repairs

#### **Decision made by Cabinet Member on: 19 September 2011**

**That approval be given to implement the highway improvements at a total cost of £70,000 as set out in para.s 5.1 and 5.2 of the report. Cabinet approved expenditure on this scheme within the annual TfL funded programme on 21 March 2011.**

**Ward: College Park and Old Oak**

**CABINET MEMBER  
FOR CHILDREN'S  
SERVICES**  
*Councillor Helen  
Binmore*

### **13.17 APPOINTMENT OF LOCAL AUTHORITY SCHOOL GOVERNORS- ADDISON PRIMARY SCHOOL**

This report records the Cabinet Member's decision to appoint a LA Governor, which falls within the scope of her executive portfolio.

#### **Decision made by Cabinet Member on: 31 August 2011**

To appoint Jason Eker to Addison Primary School for a four-year term from 18<sup>th</sup> July 2011.

**Ward: Addison**

**CABINET MEMBER  
FOR CHILDREN'S  
SERVICES**  
*Councillor Helen  
Binmore*

### **13.18 APPOINTMENT OF LOCAL AUTHORITY SCHOOL GOVERNORS**

This report records the Cabinet Member's decision to appoint LA Governors, which falls within the scope of her executive portfolio.

**Decision made by Cabinet Member on: 13 September 2011**

1. To reappoint Suzannah Frieze to Randolph Beresford Early Years Centre for a four-year term from 1<sup>st</sup> September 2011, and;
2. To reappoint Liz St Clair to Wood Lane High School for a four-year term from 1<sup>st</sup> September 2011.

**Ward: Wormholt and White City**

**CABINET MEMBER  
FOR CHILDREN'S  
SERVICES**

*Councillor Helen  
Binmore*

**13.19 APPOINTMENT OF LOCAL AUTHORITY SCHOOL  
GOVERNORS**

This report records the Cabinet Member's decision to appoint LA Governors, which falls within the scope of her executive portfolio.

**Decision made by Cabinet Member on: 13 September 2011**

1. To appoint Niniola Adetuberu to Ark Conway for a four-year term from date of signature, and;
2. To appoint Councillor Peter Graham to Bayonne Nursery School for a four-year term from 10th September 2011, and;
3. To appoint Henrietta Malet to Flora Gardens Primary School for a four-year term from date of signature.
4. To appoint Councillor Elaine Chumnerly to Miles Coverdale Primary School for a four-year period from date of signature.

**Wards: Wormholt and White City; Fulham Reach; Ravenscourt Park; Shepherds Bush Green**

**CABINET MEMBER  
FOR RESIDENTS  
SERVICES**

*Councillor Greg  
Smith*

**13.20 APPOINTMENT OF COUNCIL REPRESENTATIVES TO  
MORTLAKE CREMATORIUM BOARD**

This report records the Cabinet Member for Residents Services' decision to appoint Council representatives to Mortlake Crematorium Board which falls within the scope of his executive portfolio.

**Decision taken by the Cabinet Member on: 31 August 2011**

**To reappoint Councillors Adronie Alford and Councillor Michael Cartwright to Mortlake Crematorium Board for a period of three years from 3<sup>rd</sup> September 2011.**

**Wards: All**

**LEADER**  
*Councillor Stephen  
Greehalgh*

### **13.21 APPOINTMENT OF COUNCIL REPRESENTATIVES TO OUTSIDE ORGANISATIONS**

This report records the Leader's decision to appoint Council representatives to outside organisations, which falls within the scope of his executive portfolio.

#### **Decision taken by the Leader on: 31 August 2011**

- 1. To appoint Councillor Andrew Johnson to the Park Royal Partnership for a period of one year from 3<sup>rd</sup> September 2011.**
- 2. To reappoint Councillor Mark Loveday to the Greater London Enterprise for a period of one year from 3<sup>rd</sup> September 2011.**

**Wards: All**

**CABINET MEMBER  
FOR STRATEGY**  
*Councillor Mark  
Loveday*

### **13.22 FEE PAYING CONFERENCE ATTENDANCE PROTOCOL**

This report sets out a protocol for Members' attendance at external learning and development events.

#### **Decision taken by Cabinet Member on: 20 September 2011**

**That the recommendations outlined in Paragraph 6 of the report be agreed.**

**Wards: All**

# Agenda Item 14

## **SUMMARY OF URGENT DECISIONS TAKEN BY THE LEADER REPORTED TO CABINET FOR INFORMATION**

The following reports were considered in accordance with paragraph 1.21 of the Leader's Portfolio.

### **ITEM**

#### **14.1 BARCLAY HOUSE – DILAPIDATIONS CLAIM**

The Council occupies Barclay House under a lease which expires on the 28<sup>th</sup> September 2011. The landlord has served upon the Council a schedule of dilapidations claiming £479,313.98 exclusive of VAT. Authority is sought to carry out works in the amount of £127,000 plus VAT to part of the property in order to mitigate the landlords claim and to provide the council with a defence strategy should this matter go to litigation.

Due to the tight timescales, authority is also sought to procure the works via the Council's consultants, Jones Lang Lasalle (JLL) and authority is sought to obtain a waiver from the provisions of Contract Standing Orders.

#### **Reasons for Urgency:**

The Council has been unable to reach a amicable settlement with the landlord and has been advised by its consultants to carry out the proposed works prior to the lease expiry date which is in four weeks time. It is estimated that the works themselves may take four weeks and it is therefore imperative that authority be granted as soon as possible

#### **Decision taken by the Leader on: 31 August 2011**

#### **Recommendations:**

- 1. That approval is given to commission works to Barclay House at a total cost of £127,000 plus VAT via the Council's external consultants Jones Lang Lasalle (JLL) as set out in clause 2 of this report.**
- 2. That approval be granted for a waiver from the provisions of the Council's Contract Standing Orders.**

**Ward: Town**



## **14.2 REPAIRS SETTLEMENT RELATING TO NOTTING HILL HOUSING TRUST LEASED PROPERTIES**

Seeking approval to a payment to Notting Hill housing Trust regarding repairs to leased properties.

### **Reasons for Urgency:**

On 3<sup>rd</sup> May 2011, the Leader approved a report to effect the hand-back of leased properties to Notting Hill Housing Trust.

However, the date of hand-back of the properties precluded the Council from carrying out the required repairs, primarily ensuring voids were in a fit condition for letting. On legal advice, a cash settlement of £100,000 in respect of outstanding repairs is due to Notting Hill Housing Trust.

### **Decision taken by the Leader on: 8 September 2011**

### **Recommendation:**

**That approval is given to make a payment to Notting Hill Housing Trust in respect of repairs outstanding in the 102 leased properties at a total cost of £100,000, as set out in para. 2.2 of the report, funded by the maintenance budget within the Housing Revenue Account.**

**Wards:All**