



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

## Agenda

Tuesday 7 July 2015  
7.00 pm

Courtyard Room - Hammersmith Town Hall

### MEMBERSHIP

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

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Date Issued: 29 June 2015

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

## Agenda

7 July 2015

<u>Item</u>		<u>Pages</u>
<b>1.</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>	1 - 14
	(a) To approve as an accurate record and the Chair to sign the minutes of the meeting of the Health, Adult Social Care and Social Inclusion PAC held on 3 June 2015.	
	(b) To note the outstanding actions.	
<b>2.</b>	<b>APOLOGIES FOR ABSENCE</b>	
<b>3.</b>	<b>DECLARATION OF INTEREST</b>	
	<p>If a Councillor has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.</p> <p>At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Councillor must then withdraw immediately from the meeting before the matter is discussed and any vote taken.</p> <p>Where Members of the public are not allowed to be in attendance and speak, then the Councillor with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Councillors who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.</p> <p>Councillors are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Audit, Pensions and Standards Committee.</p>	
<b>4.</b>	<b>ADDRESSING FOOD POVERTY IN HAMMERSMITH &amp; FULHAM</b>	15 - 32
	<p>This report outlines progress on addressing food poverty in Hammersmith &amp; Fulham, including measures to provide support, Food</p>	

Bank services and further research being undertaken.

**5. CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST INTEGRATION WITH WEST MIDDLESEX HOSPITAL**

This report will follow.

**6. PRIMARY CARE BRIEFING: GP NETWORKS NETWORK PLAN 2015-2016 AND OUT OF HOSPITAL SERVICES**

This report will follow.

**7. WORK PROGRAMME**

33 - 34

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

**8. DATES OF FUTURE MEETINGS**

14 September 2015

4 November 2015

2 December 2015

2 February 2106

14 March 2016

18 April 2016

# Agenda Item 1

London Borough of Hammersmith & Fulham



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

Wednesday 3 June 2015

### **PRESENT**

**Committee members:** Councillors Rory Vaughan (Chair), Hannah Barlow (Vice-Chair), Natalia Perez Shepherd, Andrew Brown and Joe Carlebach

**Co-opted members:** Patrick McVeigh (Action on Disability)

**Other Councillors:** Councillor Vivienne Lukey (Cabinet Member for Health and Adult Social Care), Councillor Fennimore (Cabinet Member for Social Inclusion), Sharon Holder (Lead Member for Health), Ben Coleman (Cabinet Member for Commercial Revenue and Resident Satisfaction), Caroline Needham (Chair of Children and Education PAC) and Mark Loveday (Opposition Whip)

**Expert Witnesses:** Nandini Ganesh (Parentsactive) and Eleanor Allen (Co-opted Member of Children and Education PAC)

**Imperial College Healthcare NHS Trust:** Janice Sigsworth (Director of Nursing)

**Chelsea and Westminster Hospital NHS Foundation Trust:** Vanessa Sloane (Director of Nursing)

**Officers:** Liz Bruce (Executive Director of Adult Social Care and Health), Ian Higgs (Director of Schools), Alison Farmer (Assistant Director), Steve Buckerfield (Head of Children's Joint Commissioning) and Sue Perrin (Committee Co-ordinator)

### **1. MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on 29 April 2015 were approved as an accurate record and signed by the Chair.

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

Councillor Andrew Brown offered retrospective apologies for the 29 April 2015, when he had been on paternity leave.

**2. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Debbie Domb and Bryan Naylor.

**3. DECLARATION OF INTEREST**

Councillor Carlebach is a trustee of Arthritis Research UK, an ambassador for Mencap, a non-executive director of the Royal National Orthopaedic Hospital and he has served with the Chair of the Trust Development Agency on the Court of Newcastle University.

**4. APPOINTMENT OF VICE-CHAIR**

Councillor Vaughan stated that bi-partisan working had broken down on the key issue of health, and therefore he was nominating Councillor Hannah Barlow as Vice-chair.

Councillor Brown responded that the nomination breached the long standing convention of appointing a member of the Opposition as Vice-chair, and could be to the detriment of the PAC. Councillor Carlebach endorsed this.

**RESOLVED THAT:**

Councillor Hannah Barlow be appointed as Vice-chair.

**5. APPOINTMENT OF CO-OPTED MEMBERS**

**RESOLVED THAT:**

The following co-opted members be re-appointed for the municipal year 2015/2016:

Debbie Domb, HAFCAC  
Patrick McVeigh, Action on Disability  
Bryan Naylor, Age UK

**6. PREPARING FOR ADULTHOOD: A REPORT ABOUT YOUNG PEOPLE AGED 14-25 YEARS WITH DISABILITIES**

Councillor Vaughan commented that the report on transition from Children's Services to Adult Services was an important item in the Administration's manifesto. Transition should be a seamless process, led by professionals. The offer going forward should include health, education and adult social care. There should be person centred seamless provision of care for the young person and their families.

Liz Bruce introduced the report, which highlighted the challenges and opportunities for vulnerable young people in the borough regarding transition from Children's Services to Adult Services. The new 'Transition Service' would provide choice and control for the young person and their family, not available in the current provision.

Should a child have a Statement of special educational needs (SEN) or an Education, Health and Care Plan (EHC), it was good practice for the planning process to begin at age 14.

Mrs Bruce stated that there was limited provision within Hammersmith & Fulham. There was a narrow interpretation of who should be supported, largely young people with learning disabilities. The report set out the scope of the service and the current transition offer. Feedback from families was not very good.

The Children and Families Act, which was enacted in September 2014, had extended the age range of eligibility for a formal assessment and support plan for Education, Health and Care needs from 0-16 to 0-25 years.

In respect of Health, young people with complex needs would transfer from specific paediatric support to their local GP at age 18.

The report set out the key imperatives to improve and develop the transition experience for young people and their families and friends.

Ian Heggs stated that the replacement of a SEN with an EHC was a big change and the joint assessment needed to be co-ordinated in a more efficient way. Young people and their families had the right of referral to a tribunal.

There was now a requirement on local authorities to provide a high quality offer of specific courses and support for young people up to the age of 25 years. There was a need to develop and expand provision for young people 16-25 years. However, the budget remained the same.

Mr Heggs noted the development of provision at Queensmill Special School specifically for young people with autism.

Mr Heggs emphasised the importance of local services and supported housing. The Council was focused on taking on board the views of young people and their families and a person centred approach. The EHC assessment would take longer, in the region of 42 hours.

Mrs Bruce stated that there remained challenges in respect of the different services not working in silos and ensuring that the planning process with young people and their families was not an administrative process.

Nandini Ganesh stated in reference to the creation of a consultative forum, that Parentsactive existed. They had not been included in any of the surveys.

Mr Heggs agreed that Parentsactive should be included and this would be addressed.

Alison Farmer stated that the work of Parentsactive would have been covered in the feedback from Healthwatch. There had not been a joined up consultation with Adult Social Care. There had been feedback from schools, but not specific surveys. The PAC was part of the consultation process, which was at an early stage.

Ms Ganesh queried which young people had been invited to the workshops in respect of the design of future commissioned services. Ms Farmer responded that a few workshops had been held in special schools and advice was still being sought.

Members considered the report to be misleading, and asked for clarification of the process and the stage it had reached.

**Action: Alison Farmer**

Patrick McVeigh noted that the number of young people given in the report was small (75 young people with a learning disability and approximately 100 young people aged 16-25 with complex needs across the three boroughs) and requested that a set of metrics be developed to enable the committee to better understand how transition was working in LBHF. These metrics should include at least:

- (i) Number of people awaiting EHC aged 14
- (ii) Number with EHC by age group
- (iii) Number with SEN by age group
- (iv) Number of people awaiting assessments that are outside statutory timescales of 20 weeks
- (v) Number of EHC reports underway
- (vi) Number of transitions backed up for people aged 18+
- (vii) Number of cases raised to the tribunal
- (viii) Number of cases upheld at tribunal
- (ix) Number of cases rejected at tribunal
- (x) Number of further appeal escalations and legal cases in process
- (xi) An analysis of content of SEN and EHC in terms of outcomes requiring psychology input, speEHC and language and occupational therapy for LBHF and NHS resource planning
- (xii) Independent living – how many and when

Mr McVeigh referred to the client database, and queried how long it would take to populate manually and the number of people working on the project. Mr Heggs responded that this data was available and would be provided.

**Action: Ian Heggs.**

Mr McVeigh referred to the late involvement of the Transition Team leading to anxiety and anger for carers and parents, and quoted from the Care Act:

‘Provision will continue throughout the assessment process until adult care and support is in place or until assessment indicates that adult care and support does not need to be provided.’

‘These changes mean that there is no “cliff edge” when someone reaching the age of 18 who is already receiving support will suddenly find themselves without the care and support they need at the point of becoming an adult.’

Mr McVeigh understood that Andrew Christie allegedly told parents that ‘however, we cannot change the fact that, once young people turn 18, they must transition to Adult Services.’

Mrs Bruce assured Members that there would be compliance with the Care Act and agreed to seek clarification from Mr Christie in respect of his alleged comment.

Mr McVeigh sought confirmation that speech and language and other provisions would continue beyond school age until the desired outcomes had been achieved. Mr Steve Buckerfield, Head of Children’s Joint Commissioning for the three boroughs stated that subject to clinician recommendation, speech and language would be provided free of charge at the point of delivery to individuals deemed to require support. Ms Farmer warned that this requirement was potentially unfunded.

Members considered that the overarching issue for Health was not the need to increase the provision of specialist services currently on offer for young people once they became adults, but the consistency of services offered by GPs. There were considerable differences in the quality, capability and skills of GPs in respect of young people with complex needs. Whilst paediatric services were very involved in the early stages, this support fell away. The issue was how to improve access to the services currently available.

Mr Buckerfield responded that there were a number of concerns in respect of access to health services post age 18+, which it was planned to address.

Councillor Brown commented that the quality and experience of GPs could make a significant difference and that people needed to be signposted to the right services.

Mr Buckerfield responded that one of the key outcomes of the Connected Care project in Hammersmith and Fulham was the development of Community Champions, local volunteers who provided signposting for other residents across a range of health, housing and social care services.

Eleanor Allen queried the role of key workers. Ms Farmer responded that key workers would manage the transition process and support young people and their families to make choices. Providers would be expected to do this.



Councillor Carlebach stated that consideration of GP services should not be restricted to Hammersmith and Fulham, as the borough was also served by GPs from Kensington and Chelsea and other neighbouring boroughs.

A member of the public described his family's experience. His child had not been treated as an individual and they had lost the case to keep him at home, as a one year extension had been refused. They had lost all respite care when their child reached age 18 and speech and language therapy was no longer provided. There had been not been regular transition meetings.

Councillor Vaughan stated that clarification was required in respect of: whether speech and language therapy funding stopped at age 18 or whether it could go forward as part of the EHC; and responsibility for co-ordinating the input to transition meetings from young people and their families across a range of services.

Mr Heggs responded that whilst SENs needed to be transferred to EHCs, it was not possible to do this for everyone. The focus of the EHC was on outcomes by the end of the next key stage and greater independence. Education would fund the continuance of speech and language therapy, if it helped to deliver the agreed outcome. Ms Farmer added that there was no additional funding to provide services to age 25. As an interim measure, some of the New Burdens Fund could be used. An additional full time speech and language therapist had been provided in schools. The Council was working towards the provision of a clear statement of the services young people and their families could expect.

Mrs Bruce responded that work was underway to bring about a culture change, including a review of the transition team model. The different services needed to work in partnership; there were currently too many interfaces and limited provision.

A member of the public who had a 19 year old daughter with complex disabilities spoke of her positive experience at Chelsea and Westminster Hospital and also of the situation where she had been told that the SEN she had in place was to be transferred to an EHC and she would need to apply for an EHC assessment. The requirement for an EHC assessment was subsequently rejected. In addition, the panel's decision had not been conveyed in an appropriate manner.

The member of the public emphasised the importance of a co-ordinated approach to transition and the involvement of health professionals. In addition, better training was required, and specifically in respect of placements. There was a lack of provision. There needed to be a holistic approach to residential accommodation.

Councillor Fennimore commented that the member of the public had had to fight every step of the way to ensure that she got the services she needed for her daughter with high level complex needs.

Mr McVeigh was concerned that SEND Code of Practice (9.4) was being ignored:

‘During the transition period local authorities will transfer children and young people with statements onto the new system... No-one should lose their Statement and not have it replaced with an EHC plan simply because the system is changing.’

Mr Heggs accepted the need to improve communications and agreed to investigate this case.

**Action: Ian Heggs**

Councillor Perez Shepherd commented on the effectiveness of personal stories and endorsed the proposals for a more person centred approach and to consider transition models from other boroughs.

Councillor Needham commented on the importance of professional careers advice and the involvement of the young people in decisions, and the need for support for young people who moved away from home to attend university.

Mrs Bruce responded that there would be a review of the services in which the Council was investing, with a focus on learning disabilities. There were a range of groups who needed support.

Councillor Vaughan summarised the key points of the discussion:

1. Issues had been identified in respect of communications and how providers communicated and worked with young people and their families, and the need for sign posting to the right services.
2. There needed to be clarity in respect of the provision of speech and language therapy.
3. It was key for professionals in Adult Social Care, Children’s Services and Education to engage in an appropriate way and for there to be joined up working. The process needed to work properly whilst retaining the focus on outcomes.

**RESOLVED THAT:**

It was recommended that a joint task force be established with the Children and Education PAC to take forward in more detail the transition from Children’s to Adult Services, in conjunction with expert witnesses.

Councillor Vaughan thanked the members of the Children & Education PAC and the parents for attending and contributing to the meeting.

**7. IMPLEMENTING THE RECOMMENDATIONS FROM THE FRANCIS REPORT: IMPERIAL COLLEGE HEALTHCARE NHS TRUST AND CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST**

Professor Janice Sigsworth presented the update on Imperial College Healthcare NHS Trust's (ICHT) implementation of the recommendations from the Francis Report. Of the 290 recommendations, some 50/60 had been applicable to ICHT.

There had been some quite fundamental changes arising from the Francis Inquiry, which had been embedded as part of the existing work streams. In addition, these changes had been reflected in the recent CQC inspection.

In the first year, 44 actions had been completed. The report set out the four areas where ICHT wanted to do more work: feedback and learning from complaints; nurses/midwives to be in a supervisory capacity; clinical audit, mortality and efficacy of treatment; and feedback from students and trainees.

Ms Vanessa Sloane presented the update on Chelsea and Westminster Hospital NHS Foundation Trust, which set out the responses to the recommendations.

Councillor Carlebach considered that there had been a significant improvement in communications at ICHT but that there continued to be a lack of response from the executive team at Chelsea & Westminster Hospital. A response to correspondence initially sent on the 28 April in respect of a Changing Place remained outstanding, despite being chased.

Councillor Carlebach referred to the comments made by the CQC in respect of the Lead Nurse for Learning Disabilities not being a specialist, and additional time not being allocated for this work. In addition there were issues in respect of easy to read leaflets; 'Consent to Treatment' leaflets not being available; and care for people with Learning Disabilities not being audited. The web site did not name the Board Level Lead for Learning Disabilities.

Ms Sloane stated that work on the Changing Place would begin that month and a Changing Place would be incorporated in the Accident & Emergency Department development.

The Lead Nurse for Learning Disabilities now worked full time four days a week in this role, and was working with local police, GPs, families and the voluntary sector.

Ms Sloane stated that an IT solution was needed in respect of the patient audit and accepted the need for a patient leaflet.

300 staff had been recruited.

There was ongoing work in respect of learning disabilities, around transition and support for young people and their families. There had been a stand at

the Open Day, with families participating. Ms Sloane was the Lead Executive for Learning Disabilities

Councillor Brown queried staffing levels, the reliance on agency cover and nurse training across North West London.

Professor Sigsworth responded that ICHT currently had 170 vacancies. A senior nurse for recruitment and retention had been appointed. The Board had approved the recruitment of general nurses in Europe and neo-natal nurses in Australia, for which there was a national shortage. To encourage staff retention, rotation with other hospitals was being offered.

There were a reasonable number of nurses in training, but in North West London they were not coming through quickly enough and generally wanted to move around hospitals.

Councillor Brown queried whether flexibility in pay was an option. Ms Sloane responded that this was possible for Chelsea and Westminster as a foundation trust, but would result in other hospitals being priced out of the market. Education, training and support were more effective retention measures.

Professor Sigsworth responded that there had been a pay freeze for a number of years, and the cost of living and housing was particularly high in London. The London supplement was in the region of £2/3,000. Whilst local staff were preferable, the Trust did recruit from the Philippines, the Commonwealth and Europe.

Imperial had invested in midwives in preparation for the additional births consequent on the closure of Ealing maternity unit. There would be a recruitment day the following Saturday. 70/80 midwives had been recruited in the previous few months. There had been additional funding for the increased staffing.

Councillor Vaughan queried whether action had been taken to bring about a change in culture in respect of whistle blowing and incident reporting, and whether staff were confident to speak out.

Professor Sigsworth responded that there was a weekly review and annual report to the Trust Board. People were probably more confident to speak out, and it was hoped to reach the position where every member of staff felt confident to speak out.

Ms Sloane responded that in addition to the formal process, informal concerns were investigated and feedback given. Senior nurses were back on the floor in uniform every Friday.

Councillor Carlebach noted findings from the Chelsea and Westminster staff survey of bullying from members of the public, working additional hours and discrimination. Ms Sloane responded that staff were given the choice of working additional hours and might do so to support their colleagues. Bullying

and violence was a real concern and the trust was working with the police and staff. Training was provided in conflict resolution to prevent escalation and a security system was in place.

Councillor Vaughan summarised the key issues from the discussion.

1. There were concerns in respect of the responsiveness of Chelsea and Westminster to issues raised.
2. There was a need for more nurses and overseas recruitment.
3. London issues in respect of housing and salaries of nursing staff impacted on recruitment of nursing staff, and there needed to be a national strategy.
4. There needed to be a culture change to encourage people to speak out.

**8. CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST:  
CQC ACTION PLAN**

Ms Sloane stated that the overall rating for Chelsea and Westminster had been 'Requires Improvement', with 13 areas of outstanding practice recognised. A comprehensive action plan had been put in place including the recruitment of permanent nurses and midwives.

There were two different IT systems in the Trust, which it was planned to integrate as part of the West Middlesex acquisition.

The Trust was working with Central North West London Trust to place mental health patients within an appropriate environment in a much shorter time.

Access to IT systems had been provided for agency staff.

24 hour senior nurse and consultant cover was being put in place.

A peer review had been undertaken to provide internal assurance and demonstrate progress since the CQC inspection. This had provided some assurance but there was still work to be done.

In addition, the Trust Development Agency had arranged an independent desktop review to gain assurance about processes.

Questions on this item were taken after the following item.

**9. CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST:  
INTEGRATION WITH WEST MIDDLESEX HOSPITAL**

Ms Sloane updated on the integration of Chelsea and Westminster with West Middlesex University Hospital NHS Trust, which was expected to be

completed on 1 September 2015. There had been a number of meetings with Monitor and the Trust Development Agency (TDA).

The two hospitals were working closely, and had jointly appointed three divisional nurses. Several of the Board directors had worked at or were seconded from Chelsea and Westminster.

Members registered their concerns at the lack of substantive members of staff on the Board.

Ms Sloane stated that transition monies would fund a bespoke Electronic Patient Record (EPR) system which would help drive service integration of the two hospitals, and would provide additional assurance in safety, quality and consistency of services for patients.

Ms Sloane stated that there was good staff engagement. There had been a number of engagement events with members of the public and staff and 'constituency events' in the boroughs. In addition, a Clinical Summit had been held in Brentford, focusing on clinical innovation to support patient care.

Both hospitals would remain as major acute hospitals, with Accident & Emergency services being provided on both sites. It was expected that specialist services would be developed in bariatric surgery, ophthalmology, orthopaedics and cardiology.

Councillor Carlebach queried a number of issues; the CQC's concerns in respect of the security of drugs on wards; the information from recent Trust Board papers that a deficit of £7.5million was forecast for 2015/2016 and that the acquisition of the West Middlesex was important in ensuring the long term financial viability of the Trust; patient safety; staff morale; and the lack of substantive board level post holders at the West Middlesex.

Ms Sloane responded that there was some low morale. There were however significant differences between the hospitals. Whilst staff at the West Middlesex tended to be local and users of the hospital, very few staff at Chelsea and Westminster lived locally. There had been a high turnover at West Middlesex, but there was currently real leadership at the Trust.

Ms Sloane stated that the financial case including the PFI was sound.

Members stated that a full report including the financial aspects was required. Ms Sloane responded that this information was available and agreed to arrange for a report to be provided.

**Action: Chelsea and Westminster**

Ms Sloane responded to a query that the two hospitals were six miles apart and that there was a shuttle bus.

Councillor Vaughan commented that the EPR system remedy was some time away. Ms Sloane responded that the Emergency Department had moved to

'SystemOne', the system used by GP practices. 'Lastword' was used trust wide. There remained some paper records and these were being scanned into the digital record. Approximately a quarter had currently been scanned. A multi-disciplinary group was considering the requirements of a future system.

Councillor Holder emphasised the importance of patient involvement. Ms Sloane responded that patients were being involved, including through the constituency events. She would check if one had been held in Hammersmith & Fulham.

#### **Action: Chelsea and Westminster Hospital**

Ms Sloane noted other public participation including the hospital experience of young people aged 12-17. Young people who were making the transition from children's to adult services across the site were the focus of a piece of work. West Middlesex Hospital had been requested to participate.

The Trust's Open Day in September would have a stand featuring the acquisition with staff from both sites.

#### **RESOLVED THAT:**

1. Chelsea and Westminster Hospital was requested to attend the next meeting of the PAC on 7 July.
2. Chelsea and Westminster was asked to provide a full report, in respect of the detailed acquisition plan, the financial position of both hospitals and the implications for local services.
3. The PAC had some serious concerns in respect of the acquisition of West Middlesex Hospital and specifically in respect of the potential effect on the Accident & Emergency and Paediatric Units.
4. It was recommended that there should be patient involvement in the EPR multi-disciplinary group.

#### **10. WORK PROGRAMME**

The work programme was noted. It was agreed that the following items would be included on the agenda for the next meeting:

Hammersmith & Fulham Foodbank: Update

Chelsea and Westminster Hospital acquisition of West Middlesex Hospital

GP Networks and Enhanced Opening Hours

It was agreed to add an item about mental health to the work programme.

**11. DATES OF FUTURE MEETINGS**

7 July 2015  
14 September 2015  
4 November 2015  
2 December 2015  
2 February 2106  
14 March 2016  
18 April 2016

Meeting started: 7.00 pm  
Meeting ended: 10.00 pm

Chair .....

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## APPENDIX 1

### Recommendation and Action Tracking

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

<b>Minute No.</b>	<b>Item</b>	<b>Action/recommendation</b>	<b>Lead Responsibility Progress/Outcome</b>	<b>Status</b>
6.	Preparing for Adulthood: A Report About Young People Aged 14-25 Years with Disabilities	(i) The stage of the consultation to be clarified.  (ii) Information requested, as detailed in the minutes.  (iii) Clarification of comments allegedly made by Andrew Christie 'however, we cannot change the fact that, once young people turn 18, they must transition to Adult Services.'	Alison Farmer  Ian Heggs  Liz Bruce	Outstanding

# Agenda Item 4

	<p><b>London Borough of Hammersmith &amp; Fulham</b></p> <p><b>HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY &amp; ACCOUNTABILITY COMMITTEE</b></p> <p><b>7<sup>th</sup> July 2015</b></p>
<b>TITLE OF REPORT: ADDRESSING FOOD POVERTY IN HAMMERSMITH &amp; FULHAM</b>	
<b>Report of the Cabinet Member for Social Inclusion</b>	
<b>Open Report</b>	
<b>Classification: For Policy &amp; Accountability Review &amp; Comment</b>	
<b>Key Decision: No</b>	
<b>Wards Affected: All</b>	
<b>Accountable Executive Director: Martin Nottage</b>	
<b>Report Author:</b> Sue Spiller	<b>Contact Details:</b> Tel: 020 8753 2483 E-mail: <a href="mailto:sue.spiller@lbhf.gov.uk">sue.spiller@lbhf.gov.uk</a>

## 1. EXECUTIVE SUMMARY

- 1.1. Addressing the causes and impact of Food Poverty is a key priority for the Administration. Following the PAC discussion on Food Poverty in September 2014, a Food Poverty Statement and Action Plan have been developed, which outline a number of actions to take this agenda forward.
- 1.2. This report outlines progress on addressing food poverty in Hammersmith & Fulham, including measures to provide support, Food Bank services and further research being undertaken.

## 2. RECOMMENDATIONS

- 2.1. The Health, Adult Social Care and Social Inclusion Policy & Accountability is invited to comment on the contents of this update report.

## 3. UPDATE ON THE ACTION PLAN

- 3.1. A food collection point has now been installed at HTH, with information publicised through the council's internet and intranet.
- 3.2. HFCAB and HFFB identified a need for access to advice and casework support in the same place as the local food bank. The CAB submitted a funding proposal to the Cabinet Member for Social Inclusion which was agreed in March 2015, with funding agreed of £56,250 awarded for a 15 month service (equivalent £45k per financial year). The service will work in partnership with the HFFB to train their volunteers to become CAB Information and Budgeting Assistants – and provide assisted information on money, benefits, budgeting, employment and housing matters and carry out an assessment of what further advice and support is needed, and then signpost/refer accordingly. A full time CAB adviser (specialising in welfare benefits) started on 1<sup>st</sup> June.

- 3.3. At the PAC meeting in October 14, it was identified that given the higher rates of deprivation in the north of the borough, an additional H&F Food Bank site in the north of the borough would likely to be highly beneficial to residents from this area.
- 3.4. 75 Bloemfontein Road, W12 has been identified as a suitable location. H&F Food Bank's aim is for the service to be open 5 days a week, and to also provide space for other services and providers to also offer services from the site. Officers are working with H&F Food Bank to identify key local issues and needs in order to then identify the most suitable additional services to be invited to deliver from the site. Of prime importance to H&F Food Bank is to ensure additional services can be delivered at the space, whilst maintaining the informal and welcoming feel of the centre. 75 Bloemfontein Road is in need of renovations and refurbishing before it can be ready for use. We are delighted to inform the Committee that Amey, the council's contractor for property repairs and maintenance, has agreed to undertake the works under their Corporate Social Responsibility programme.
- 3.5. H&F Food Bank will need to secure funding for the centre manager, volunteer costs and premises running costs (including rent payable to LBHF from year 2 of the lease and business rates). It is currently estimated that approximately £45,000 per year will need to be secured by H&F Food Bank in order to be able to deliver a service from this site. It is proposed that is that, as the service will meet Corporate Plan and Manifesto commitments, that the council provides a grant from the 3<sup>rd</sup> Sector Investment Fund to support the service, and to provide support to H&F Food Bank to identify and apply for alternative funding sources as the service develops. This proposal will be subject to a Cabinet Member's Decision Report.

#### 4. FURTHER RESEARCH ON FOOD POVERTY

- 4.1 [London Food Link](#) are launching the [London Food Poverty Campaign](#) to support local authorities in their efforts to address food poverty beyond the Food Bank. Local authorities were requested to complete a survey to assist research and also to gain wider recognition for the positive steps being taken by each local authority in London to reduce food poverty.
- 4.2 The LBHF response is attached as appendix 2 to this report.

**LOCAL GOVERNMENT ACT 2000,**  
**LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	Cabinet Member Decision Report: CAB Advice at Food Bank	Sue Spiller ext 2483	FCS, Room 39, HTH
2.	LBHF Food Poverty Statement	Sue Spiller ext 2483	FCS, Room 39, HTH

Appendices:

Appendix 1: H&F Food Poverty Action Plan

Appendix 2: London Food Poverty Campaign survey, LBHF response

# Food Poverty Action Plan for Hammersmith & Fulham



## 1. Introduction

- 1.1 Too many people are suffering poverty and social exclusion in Hammersmith and Fulham. The Council is bringing together the third sector, businesses and other public sector partners to agree a cross-cutting strategy to tackle social exclusion. A Social Inclusion Forum is being established to oversee the development and delivery of this strategy.
- 1.2 Hammersmith & Fulham Council is committed to supporting the establishment and development of local food banks and other initiatives which seek to avoid and alleviate food poverty for local residents. Addressing food poverty is an important strand of the Council's work on alleviating poverty and delivering social inclusion and this Food Poverty Action Plan forms part of the broader and developing Social Inclusion Strategy.
- 1.3 In October 2014, the Health, Adult Social Care & Social Inclusion Policy & Accountability Committee considered the issue of food poverty in Hammersmith & Fulham and heard the views of the H&F Food Bank and the local Citizens Advice Bureau. The recommendations from the Health, Adult Social Care & Social Inclusion PAC are incorporated within this action plan.

## 2. The Causes of Food Poverty

- 2.1 According to the Trussell Trust, the top three reasons why people are using food banks in London are: benefit delay (24%); low income (21%), and unemployment (10%)<sup>1</sup>. In Hammersmith & Fulham, the predominant reason that residents give for experiencing food poverty is low income, frequently due to changes in DWP benefits and delays in benefit payments. This is particularly the case where DWP changes are being appealed – with residents often having to wait far longer than the stated 6 weeks for DWP to consider the individual's appeal of a benefit change.
- 2.2 Food poverty is likely to increase in London as the economic downturn persists and inflation continues to depress living standards. The Bank of England's February 2013 Inflation Report highlights the risk of higher domestic energy prices and higher commodity prices over the medium term.

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<sup>1</sup> London Assembly: A Zero Hunger City (March 2013)

### **3. The H&F Food Bank**

- 3.1 Food banks operate by collecting donated food and distributing food packs, which provide a supply of food for 2-3 days to individuals or households in need. The Hammersmith & Fulham Food Bank (HFFB) is an independent charity and member of the Trussell Trust Food Bank Network, opened in June 2010, since when it has provided food for over 100,000 meals for local people in crisis. Individuals considered eligible are given HFBB Vouchers by HFFB Voucher Partners. The individual then takes this voucher to a Food Bank Distribution Centre to exchange for a food pack.
- 3.2 The HFFB Distribution Centre is open in a cafe-style setting three times per week:
- Tuesdays 10.30am till 1pm in Fulham
  - Thursdays 1pm till 3pm in Shepherds Bush
  - Fridays 2pm till 4.30pm in Fulham.
- HFBB also see clients for emergency appointments outside of these opening hours. HFBB is very keen to launch a third distribution centre, operating in a cafe-style setting, in the north of the borough where need is anticipated to be highest.
- 3.3 Most of the food distributed by Food Bank is donated by the public via:
- supermarket food collections; where Food Bank volunteers hand out shopping lists and ask shoppers to purchase items from the list before depositing them with the volunteers when leaving the store;
  - permanent collection points in supermarkets and libraries;
  - collections hosted by schools, churches and local businesses, and;
  - individual donations.
- 3.4 In 2013/14 a total of 4,213 Hammersmith & Fulham residents (1,146 of which were children) received food packages from the Hammersmith and Fulham Food Bank, a significant increase on 2012/13, when 2,619 received food from HFFB. In the first six months of 2014/15, residents accessed H&F Food Bank more than 1,600 times. Although the local service cannot as yet confirm how many of these visits were repeat customers, the Trussell Trust estimates that the majority of users (60%) use the service only once.
- 3.5 Access to HF Food Bank is by referral only. 150 local services/organisations are currently HFFB Voucher Partners and keep a supply of Food Bank vouchers in-house to allocate to eligible clients in order for them to access the Food Bank service. Voucher Partners include the Citizen's Advice Bureau, Children's Services, Adult Social Care, GPs, Schools, MIND, the JobCentre Plus and Victim Support.
- 3.6 Vouchers allow the referring partner to indicate the primary 'nature of crisis'. These include: benefit changes, benefit delays, delayed wages, debt, homelessness, low income, unemployment, domestic violence, sickness and refused short term benefit advance.

3.7 The largest number of referrers to the Hammersmith & Fulham Food Bank during this current financial year are:

- JobCentre Plus with 84 fulfilled vouchers (118 people fed). JCP is not currently able to provide H&F Food Bank with data on clients to whom it has issued vouchers;
- Citizens Advice Bureau with 42 fulfilled vouchers (72 fed). 47.6% of referrals are due to benefit delays, 'other' reason was selected for 19% of referrals, and 14.3% were due to 'low income';
- Local Support Payments team with 60 fulfilled vouchers (95 fed), with 38.3% reporting benefit delays, 18.3% reporting benefit changes and 28.3% 'other';
- London Probation Services with 39 fulfilled vouchers (50 fed), with 35.9% reporting benefit delays, 25.6% benefit changes, and 12.8% reporting low income.

A significant number of referrals are also made by Children's Services - Family Services & Child Protection team, the Asylum and Family Team at LBHF, the Community Drug & Alcohol Service, MIND, the Treatment & Recover Team (south) and River House Trust.

#### **4. The H&F Action Plan**

4.1 The London Borough of Hammersmith & Fulham is committed to supporting organisations which are providing services to alleviate and address food poverty for local residents. We are particularly keen to develop sustainable, preventative measures that will enable and support residents to avoid food poverty and food poverty crisis in the future. We will undertake the following actions:

**1. *Require all LBHF frontline services to be HFFB Voucher Partners***

Frontline services across Adult Social Care, Children's and Housing Services (including schools) will be required to become HFFB Voucher Partners, including compliance with required reporting on vouchers given to HFFB. HFFB will be invited to report on referrals made by council services in order to identify where an improvement in referral rates might be achieved.

**2. *Encourage and support appropriate commissioned services to become HFFB Voucher Partners***

Children's Services (including schools and nurseries), Day Care and Home Care providers to be encouraged to become HFFB Voucher Partners.

**3. *Encourage external agencies to support the delivery of Food Banks***

Local services and organisations will be encouraged to support our efforts to address low income and food poverty through increased awareness of services to tackle these and/or by becoming HFFB Voucher Partners or signposting individuals to HF Food Bank Voucher Partners in the borough. These initiatives will include working with health providers to enhance and encourage signposting to services addressing food poverty in acknowledgement of the potential impact of food poverty on health and

wellbeing. We will also support organisations delivering services which address food poverty to build stronger relationships with other businesses in the borough.

**4. *Support the broader provision of support to address low income and food poverty***

We will support the provision of local advice, financial capability and strengthening related skills to tackle the causes of food poverty and enable local residents to avoid food poverty crisis, targeting these services at HFFB Distribution Centres and other appropriate locations.

**5. *Promote HF Food Bank to local residents***

The Council's website and appropriate external communication channels will be utilised to promote Food Bank services to local residents, together with information on broader advice and support for residents on managing on low incomes. Information will be targeted at areas of high deprivation.

**6. *Increase Food Bank collection points***

The Council will invite HFFB to install collection points for food donations in Hammersmith Town Hall, Park View Health Centre, 145 King Street and all area housing offices. The Council will promote the existence of the new collection points and encourage staff and residents to donate food items.

**7. *Support the continued expansion of HF Food Bank***

The Council will support HFFB to identify and secure appropriate premises in the north of the borough for the expanded delivery of the service to meet need in areas of highest deprivation.

**8. *Support the evidence base for Food Bank and other services which address and mitigate low income and food poverty***

We will provide data analysis support in order for HFFB and broader services, addressing low income and resultant food poverty, to better understand the impact of their services, where services could or should be targeted better and the impact on broader socio economic measures.

## Delivery Plan

Action	Comments	Lead officer/department	Timescale
1. All LBHF front line services to be HFFB Voucher Partners	<ul style="list-style-type: none"> <li>HFFB will be invited to report on referrals made by council services in order to identify where an improvement in referral rates might be achieved.</li> <li>HFFB to be offered the opportunity to attend team/divisional meetings where appropriate to inform/train teams on HFFB Voucher process and requirements</li> </ul>	<ul style="list-style-type: none"> <li>ASC: Liz Bruce, Mike Potter,</li> <li>ChS: Andrew Christie</li> <li>ELRS: Sue Harris</li> <li>HRD: Mike England, Paul Rosenberg</li> <li>HF Food Bank</li> </ul>	Details of team managers to be provided by end March 2015.
2. Encourage and support appropriate commissioned services to become HFFB Voucher Partners	<ul style="list-style-type: none"> <li>Children's Services (including schools and nurseries), Day Care and Home Care providers to be encouraged to become HFFB Voucher Partners</li> </ul>	<ul style="list-style-type: none"> <li>ASC: Mike Potter, Paul Rackham</li> <li>ChS, Paul Williamson, Terry Clarke</li> <li>ELRS: Sue Harris</li> <li>HRD, tbc</li> <li>3<sup>rd</sup> Sector: Sue Spiller</li> <li>HF Food Bank</li> </ul>	Details of external service provider contacts to be provided to HFFB by April 2015
3. Encourage external agencies to support the delivery of Food Banks	<ul style="list-style-type: none"> <li>External agencies to be approached with a view to becoming HFFB Voucher Partners and/or raise awareness of the need to signpost individuals to HF Voucher Partners in the borough.</li> <li>Work with health providers to enhance and encourage signposting to services addressing food poverty and food poverty crisis.</li> <li>Support organisations delivering services which address food poverty</li> </ul>	<ul style="list-style-type: none"> <li>3<sup>rd</sup> sector: Sue Spiller</li> <li>HF Food Bank</li> <li>Health Services: tbc</li> <li>Public Health: Pete Westmore</li> <li>HRD: Kim Dero/Antonia Hollingsworth</li> <li>ELRS: David Page</li> </ul>	<p>Information distributed to 3<sup>rd</sup> sector orgs via Sobus by end of March 2015</p> <p>Publicity to GP forum/CCG by March 2015</p> <p>Info to business contacts by March 2015</p>



	to build relationships with other businesses in the borough, including facilitating introductions to other potential supporters, including local football clubs, emergency services etc.		
4. Support the broader provision of support to address low income and food poverty	<ul style="list-style-type: none"> <li>• Cabinet Member to consider project proposal and funding request to deliver additional advice and support to those facing food poverty crisis, i.e. an advice and support worker placed at the Food Bank.</li> </ul>	Sue Spiller	CM Decision report by April 2015
5. Promote HF Food Bank to local residents	<ul style="list-style-type: none"> <li>• Information to be posted on the Council's website and circulated via other external communications to promote Food Bank services to local residents and H&amp;F staff.</li> <li>• Information will be targeted at areas with high levels of deprivation.</li> </ul>	HF Food Bank Louise Raisey, Communications	Information on Food Bank on the Council's website by end of February 2015.
6. Leading by example	<ul style="list-style-type: none"> <li>• HFFB collection points to be offered in Hammersmith Town Hall, Park View Health Centre, 145 King Street and all area housing offices.</li> <li>• The Council will promote and encourage staff and residents to donate food items to HFFB via these collection points.</li> </ul>	HF Food Bank – collection containers  Louise Raisey – info on Council's website  TTS to identify points for Food Bank collection containers	April 2015
7. Support the continued development of HF Food Bank	<ul style="list-style-type: none"> <li>• Support HFFB to identify and secure appropriate storage premises in the north of the borough.</li> <li>• Identify additional support towards HFFB transport needs.</li> <li>• Support targeted information to local</li> </ul>	TTS: Marcus Perry HF Food Bank 3SIF/FCS: Sue Spiller Communications: Louise Raisey	Premises identified at 75 Bloemfontein Rd. Negotiating with HRD, re. length of rent free period. Likely HFFB will

	residents particularly in areas of highest deprivation in the borough, and consider financial support in times of high need when HFFB food supplies may not meet demand.		require grant funding for premises refit and redecoration. Decision report to be submitted once costs provided by HFFB.
8. Support the evidence base for Food Bank and other services which address and mitigate low income and food poverty:	<ul style="list-style-type: none"> <li>Dependent on what info can be provided by HF Food Bank/Trussell Trust, LBHF to provide data analysis support in order for HFFB and broader services, addressing low income and resultant food poverty, to better understand the impact of their services, where services could or should be targeted better and the impact on broader socio economic measures.</li> </ul>	FCS: Lee Fitzjohn H&F Food Bank	

**What is the London Food Poverty Campaign?**

[London Food Link](#) are launching the [London Food Poverty Campaign](#) to support local authorities in their efforts to address food poverty beyond the foodbank. As part of a programme of workshops and activities focusing on key initiatives detailed below, we will produce a report this October which will provide a comprehensive picture of what London’s local authorities can do to reduce long term food poverty. Over the past 5 years, the mapping approach utilised by the [Good Food for London report](#) has had a real impact across sustainable food policies in London and we see significant value in utilising this approach to map, measure and reduce food poverty, starting with the report. Completing this questionnaire as thoroughly as possible will help you gain wider recognition for the positive steps you are taking to reduce food poverty in your borough.

For more information on the London Food Poverty Campaign, London Food Link and Sustain please see [www.sustainweb.org/foodpoverty/london/](http://www.sustainweb.org/foodpoverty/london/).

**Section 1: Improving the uptake of Healthy Start vouchers**

**Measuring uptake of the Healthy Start scheme**  
 Has your local authority requested information on eligibility and participation in the Healthy Start scheme in your borough from the Department of Health?

YES  
 Date measured: 15/5/2015

Entitled	Claiming	Uptake
1472	1058	71%

**Managing the Healthy Start scheme**  
 Who is in charge of managing the Healthy Start food voucher scheme in your local authority? Please provide their name/s and email address/es:

Liz Dunsford , Public Health Commissioner Healthy Weight and Schools  
[EDunsford@Westminster.gov.uk](mailto:EDunsford@Westminster.gov.uk)

CLCH public health nutrition team are commissioned to promote Healthy Start as a scheme alongside the promotion and distribution of Healthy Start vitamins

**Activities to improve Healthy Start food voucher uptake**  
 2) **Is your local authority carrying out any of the following activities to improve Healthy Start food voucher uptake?**  
 a) Ensuring an adequate supply of Healthy Start application forms and up to date information is available at settings where pregnant women and mothers with young families who may be eligible for the scheme are likely to visit:

Yes

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b) Offering training about Healthy Start food vouchers to: 1) those who are eligible to sign Healthy Start forms, and 2) health-related staff who work in Children's Centres and other settings where Healthy Start can be promoted:	Yes
c) Providing information to women and families who may be eligible for Healthy Start food vouchers to explain how they can use the food vouchers to increase fruit and vegetable intake:	Yes
<p><b>If you have answered yes to any of the above, please provide detail / links (100 words max. / 3 links max.)</b></p> <p>a) The CLCH public health nutrition team provides training for all of the following health and education professionals working with mothers and children across distribution centres across LBHF:</p> <ul style="list-style-type: none"> <li>• Children centre staff</li> <li>• Health Centre reception staff</li> <li>• Health Visitors, Team leads and administrators, Family and Community Nurses</li> <li>• Dieticians and Nutritionists</li> </ul> <p>Training includes education on:</p> <ul style="list-style-type: none"> <li>• Why Healthy Start vouchers and Vitamins are important</li> <li>• Who is eligible for the Healthy Start vouchers and how to support the application process</li> <li>• How to order and use promotional collateral including posters, leaflets and application forms.</li> </ul> <p><b>If other work related to the promotion of Healthy Start food vouchers has been conducted in your borough please tell us about it here (100 words max.)</b></p> <p>The service has encouraged all Children Centres and Health Centres to display Healthy Start posters and pamphlets to increase the uptake of Healthy Start vouchers.</p>	
<p><b>Healthy Start retail options</b></p> <p>3) Does your local authority have a record of local shops where Healthy Start vouchers can be exchanged for food?</p>	<p>Yes - The service uses the Healthy Start website to identify a list of registered retailers to the Healthy Start voucher scheme.</p> <p><a href="https://www.healthystart.nhs.uk/healthy-start-vouchers/where-to-use-the-vouchers/">https://www.healthystart.nhs.uk/healthy-start-vouchers/where-to-use-the-vouchers/</a></p>
<p>4) Has any work been done in your local authority to increase the diversity of retailers accepting Healthy Start vouchers, e.g. at independent stores, street markets or other innovative schemes such as food co-ops and box schemes?</p>	<p>No</p>

## Section 2: Promoting breastfeeding via UNICEF UK's Baby Friendly Initiative

1)	Is your local authority not yet participating in the Baby Friendly Initiative or only has a certificate of commitment?	No
	a) Has your local authority (health visiting / public health nursing) achieved <b>stage 1</b> accreditation?	Yes
	b) Has your local authority (health visiting / public health nursing) achieved <b>stage 2</b> accreditation?	Yes
	c) Has your local authority (health visiting / public health nursing) achieved <b>stage 3</b> accreditation?	<p>YES, Accreditation can be achieved within maternity, neonatal, health visiting / specialist public health nursing and children's centres.</p> <p>We note that the Local authority does not currently have responsibility for breastfeeding. However services provided within the borough eg maternity, health visiting and children's centres do have Baby Friendly Accreditation.</p>

## Section 3: Taking significant steps to provide free meals 365 days a year for children living in poverty

Relative income poverty is the definition used – those with less than 60% of median income are classified as poor

<b>Pupil Premium</b>		Not known, as eligibility is only determined through the registration process. The Department for Education provides more exact figures from school reporting at the end of the academic year. Figures for this academic year are not therefore available, however, in previous years data from DfE indicates around 44% of pupils on the educational roll are registered. Obviously there may be an undercount but schools can only record if parents apply.
1) Are 100% of eligible children in your local authority registered for the Pupil Premium?		
<b>Free school meals</b>		YES. Schools submit a termly report which provides uptake of free school meals.
2a) Does your local authorities have a mechanism in place to measure free school meal uptake e.g. cashless catering?		
2b) Please provide the percentage of free school meal uptake in your local authority, including the date when this was measured:		82% Date measured: January 2013
<b>Out of term provision of free meals</b>		YES.
3) Is your local authority tracking the location and number of breakfast clubs and healthy holiday schemes, which provide food, for children living in poverty?		A review has been carried out to assess the number of breakfast clubs in the borough

**Section 4: the role of the London Living Wage in reducing food poverty**

**Is your local authority an accredited London Living Wage employer, ensuring that all directly employed, outsourced and agency staff are paid at least the London Living Wage?**

LBHF is not an accredited London Living Wage employer. We currently have a MEG (Minimum Earning Guarantee) in place for employees, which is £9.51 per hour. This does not apply to our agency workers.

**Is your local authority undertaking any extra activities in promoting the London Living Wage, for example, using NNDR powers to offer local Living Wage businesses a Business Rate Incentive, holding events to promote the LLW to local businesses or implementing the LLW in Social Care?**

No.

**Section 5: Physical access to good food**

**Mapping food access**

1) Is your local authority mapping access to healthy and affordable food across the borough in any of the following ways?

- a) Against transport routes?      No
- b) Against areas of deprivation?    No
- c) Against areas with a high concentration of diet-related disease?      No
- d) Against areas with is a high concentration of unhealthy food outlets?    Yes

**Improving food access**

1b) Is your local authority addressing access issues identified by 1) the mapping above and / or 2) using data from the Public Health Department or your Health and Wellbeing Board?

YES: Public health has been supporting environmental health to deliver the healthier catering commitment. This is the targeted at in areas with high levels of deprivation where there are higher numbers of fast food outlets to improve the quality of food sold.

The council when considering proposals for hot food takeaways will also take into account proximity to areas where children and young people are likely to congregate such as schools parks and youth facilities.

2) Does your local authority include recognition of physical access to healthy and affordable food as a criterion in your Local Development Plan, in guidance documents or in health and wellbeing guidance?

Yes: The local plan stipulates that council policies will assist in ensuring a good range of convenient and accessible local facilities and services for borough residents. Policies will also discourage the increase of businesses such as pay day loans, betting shops, pawn brokers and fast food takeaways.

<p>3) Does your local authority consult the Director of Public Health or other appropriate bodies on any planning applications, including at the pre-application stage, to consider physical access to healthy and affordable food?</p>	<p>No</p>
<p><b>Section 6: Community catering services providing good food to vulnerable older people with limited mobility</b></p>	
<p><b>Community meals service</b>  1) Is the delivery and provision of a community meals service, which meets the National Association of Care Catering Nutritional Standards for Adults and is provided 365 days per year, part of your local authority's borough-wide strategy to ensure good health and wellbeing among older people</p>	<p>Yes</p>
<p><b>Lunch clubs</b>  2a) Does your local authority provide transport to, and / or subsidise, lunch clubs for vulnerable older people to access good food?</p>	<p>Some grant funding is provided to local organisations providing a lunch club type service. Transport costs are not necessarily grant funded if these costs have not been sought by the provider. Grants to organisations for a lunch club type service may include funding for transport costs – but this is not a separate grant award, but is instead part of a single grant made to the applicant organisation.</p> <p>The council funds a local community transport service (£30k pa) for local 3<sup>rd</sup> sector groups, which can be used to support residents access to lunch club type services.</p> <p>Where a resident has an assessed Adult Social Care need for transport to access a service, it can be provided as part of their Individual Budget or Direct Payment.</p>
<p>2b) Does your local authority provide signposting, advice and information on provision of these lunch clubs to those who are eligible?</p>	<p>Yes. CLCH public health nutrition team is currently developing a new resource for the general public and front line health professionals working with older people. This includes a list of all of the community services available for older people to address food insecurity and malnutrition. The Lunch clubs available across the boroughs of Westminster, Hammersmith and Fulham and Kensington and Chelsea are listed on this resource. This resource will sit on the People First website, (spanning LBHF, Royal Borough of Kensington &amp; Chelsea and Westminster City Council) that provides resources and services for older people.</p>

### Recognising malnutrition

3) Is your local authority raising awareness of the risks of malnutrition in older people by, for example, providing training for front-line staff on identifying malnutrition in older people?

Yes, a Food and Fuel Poverty Working Group has been established, working across the London Borough of Hammersmith & Fulham, Royal Borough of Kensington & Chelsea and City of Westminster. The work of the group includes piloting malnutrition awareness raising and training for professionals and 3<sup>rd</sup> sector organisations (currently being piloted in RBKC) and are looking at how this might be extended into Hammersmith & Fulham.

In adult social care, the ability to self-care ie to prepare snacks and meals for oneself, is an ongoing part of the standard care assessment and review process.

## Section 7: Crisis support provision

1a) Does your local authority provide an emergency support scheme for people in the borough at crisis point?

YES, please see the link: [http://www.lbhf.gov.uk/Directory/Health\\_and\\_Social\\_Care/Health\\_and\\_disabilities/Needs\\_assessment/179898\\_Local\\_Support\\_Payments.asp](http://www.lbhf.gov.uk/Directory/Health_and_Social_Care/Health_and_disabilities/Needs_assessment/179898_Local_Support_Payments.asp)

1b) Is the scheme above funded in part or in whole by the local welfare provision fund? Yes, in whole.

## Case studies

If you are running a programme or initiative that you would like for us to consider highlighting as a case study, please let us know below. A maximum of two examples can be provided per borough. You can see the types of case studies we are eager to promote, in the Good Food for London report, which is [available to download here](#).

London Borough of Hammersmith & Fulham is committed to addressing the causes of, and supporting local residents experiencing, or at risk of Food Poverty. As well as a Food and Fuel Poverty Working group, which operates across the London Boroughs of Hammersmith & Fulham, Kensington & Chelsea and City of Westminster, an LBHF Food Poverty Statement and accompanying Action Plan have been established, which forms part of an overarching Social Inclusion Strategy – sponsored by the Cabinet Member for Social Inclusion.



HF Food Poverty  
Statement.doc



HF Food Poverty  
Action Plan.doc

**Thank you very much for filling out this questionnaire – we really appreciate your time and efforts.**



## Guidance on completing the questionnaire

- 1) We recommend appointing a coordinator from your local authority who can collect responses from various departments and staff and submit one version of this document to us for review.
- 2) The areas we are collecting information on are: improving the uptake of Healthy Start vouchers, **promoting breastfeeding via UNICEF UK's Baby Friendly Initiative**, taking significant steps to provide free meals 365 days a year for children living in poverty, **becoming a London Living Wage employer**, improving physical access to good food, providing good food to vulnerable older people through community catering services and providing crisis support. Information on the measures in bold will be collected from the organisations themselves but have been included for your reference.
- 3) We would encourage you to stick to the suggested word limits as much as possible.
- 4) When answering questions that ask for details or further information please provide quantitative data and numbers affected if you have them.
- 5) Please complete this questionnaire as fully as possible, and please name any attached documents clearly, including the measure under which they are being included.
- 6) Please submit this questionnaire by **5pm on Monday 1 June 2015** to [abi@sustainweb.org](mailto:abi@sustainweb.org), and do get in touch with any questions or queries you may have – we are here to help you!

## Glossary of terms

**Breakfast clubs:** Breakfast clubs are set up either by a school and / or supported by charities, such as Magic Breakfast. They aim to make sure no child starts their lessons hungry. Children are typically provided with porridge, cereal, toast and fruit juice. <http://www.magicbreakfast.com/>

**Cashless catering:** Systems such as 'Parent Pay' have been shown to increase the uptake of school meals, helping to ensure that those in receipt of free school meals are not singled out and that pupils spend their money on healthier food within the school gates. <https://www.parentpay.com/Schools/Solutions/Cashless-catering-in-schools/>

**Citizens Social Care Charter:** The Citizens Social Care Charter calls for good practice among care providers and care commissioners. It focuses on proper training, the establishment of better relationships, having enough time for sufficient care and the need for dignity among those who work in the care profession. <http://www.icareaboutcare.org.uk/>

**Community meals / meals on wheels:** Nationally, the provision of meals on wheels to older people has halved over the last two years due, in part, to the tightening of eligibility criteria and the removal of council subsidies. The National Association of Care Catering claims that 19 million community meals on wheels are served in the UK each year, compared with 40 million only 10 years ago. Hospital admissions through malnutrition increased by 217% when provision of community meals on wheels decreased over the 5 year period during 2003 to 2008 and malnutrition in the elderly costs the UK £7.3 billion every year. By contrast, investing in a community meals service has shown that every £1 invested leads to a social return on investment of between £3.00 and £5.30. This service provides a vital lifeline for vulnerable groups who may otherwise end up in food poverty.

**Crisis support:** Local authorities have been given funding to establish local support schemes for people at crisis point. We want to determine what level of support is provided and whether this is funded by the local welfare provision fund. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/220394/social-fund-localisation-call-for-evidence.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/220394/social-fund-localisation-call-for-evidence.pdf)

**Food poverty:** The Department of Health has defined food poverty as *"the inability to afford or to have access to, food to make up a healthy diet."* [http://www.london.gov.uk/sites/default/files/Food%20poverty\\_Call%20for%20views%20and%20information\\_0.pdf](http://www.london.gov.uk/sites/default/files/Food%20poverty_Call%20for%20views%20and%20information_0.pdf)

**Food security:** Elizabeth Dowler, an expert in UK food security defines food security as, "*the physical, social and economic access to sufficient, safe and nutritious food to meet [people's] dietary needs and food preferences for an active and healthy life, and the confidence that access can be assured in the immediate and long-term future.*"

<http://www.ipt.org.uk/Portals/0/What%20We%20Do/Events/Event%20Booklets/The%20Future%20of%20UK%20Household%20Security.pdf>

**Healthy Start scheme:** Healthy Start is the UK's food welfare scheme for pregnant women and infants and young children in low-income families, who are amongst the groups most at risk of being in food poverty. Healthy Start vouchers are an important means-tested scheme providing a basic nutritional safety net to encourage families to make healthy food choices. Pregnant women and children over one and under four years old can get one £3.10 voucher per week. Children under one year old can get two £3.10 vouchers (£6.20) per week.

<http://www.healthystart.nhs.uk/>

**Health and Wellbeing boards:** Following the Health and Social Care Act 2012, Health and Wellbeing Boards have been created at the upper tier of local authorities. The remit of the board is a reduction in health inequalities at a local level. The aim is for a more 'joined up' approach among practitioners in local health care, social care, public health and related public services.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/144020/General-health-and-wellbeing-board-duties-and-powers.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/144020/General-health-and-wellbeing-board-duties-and-powers.pdf)

**Holiday hunger:** Children in receipt of free school meals are currently suffering a hunger gap during the school holidays when parents on low or no incomes are unable to provide for the extra one or two meals required each day of the holidays. Local authorities are required by the Child Poverty Act to assess the need of children in poverty in their area and produce strategies to tackle the issues identified, including child food poverty and hunger. <http://www.trusselltrust.org/holiday-hunger>

**Low pay:** Low pay is often part of a cycle of low pay, worklessness and under-employment. One in five employees earn under the low pay threshold, defined as earning less than two-thirds of median hourly earnings. The emergence of zero-hours contracts has added a new level of consistency to those on low pay. [http://www.irf.org.uk/sites/files/irf/low-pay-no-pay-full\\_0.pdf](http://www.irf.org.uk/sites/files/irf/low-pay-no-pay-full_0.pdf)

**Local welfare provision fund:** Local welfare assistance schemes have replaced the Crisis Loan and Community Care Grant elements of the Social Fund. Local welfare assistance is administered by local authorities in England and devolved to the governments of Northern Ireland, Scotland and Wales, and can be used to provide crisis support.

[http://www.turn2us.org.uk/information\\_resources/benefits/social\\_fund/local\\_welfare\\_provision.aspx](http://www.turn2us.org.uk/information_resources/benefits/social_fund/local_welfare_provision.aspx)

**London Living Wage Employer (LLW):** The Living Wage Foundation believes that work should be the surest way out of poverty. The Living Wage is a better hourly minimum rate of pay which reflects the cost of Living. 640,000 jobs are paid less than the Living Wage in London and 1 in 5 people are experiencing symptoms of working poverty. Food poverty is the symptom of a number of contributing factors, financial access being an important element. Paying the Living Wage to all staff and contractors and promoting that employers within the borough do likewise is an important way of tackling the issue. By September 2014, eleven out of 33 London Boroughs were accredited London Living Wage employers: Brent, Camden, Ealing, Enfield, Greenwich, Hounslow, Islington, Lambeth, Lewisham, Southwark and Tower Hamlets and sixteen local authorities are expected to become London Living Wage employers by the end of the Mayoral term.

<http://www.livingwage.org.uk>

**Lunch club:** Lunch clubs offer community based meals for elderly people. The focus is on both the provision of a hot meal and a social occasion to prevent isolation.

<http://www.ageuk.org.uk/wiltshire/our-services/day-centres--lunch-clubs/>

**National Association of Care Catering Nutritional Standards for Adults** These are the NACC'S recommendations for older people in residential, day care or using community meal services. These recommendations include both minimum nutrition standards, but also a variety, healthier or softer options and sufficient hydration.

<http://www.thenacc.co.uk/assets/downloads/229/Nutrition%20Standards%20reminder%20release.pdf>

**Physical access to good food** Household food security can only be assured when members are confident of having both economic and physical access to sufficient, acceptable food for a healthy life. This report sets out the process of measuring access to food in designated areas of Hackney, firstly by mapping access to healthy food in selected areas of the borough and secondly, by developing a model of operation which could be used in other areas as appropriate.

[http://www.sustainweb.org/pdf/fan\\_m3\\_p6.pdf](http://www.sustainweb.org/pdf/fan_m3_p6.pdf)

**NNDR:** National non-domestic rates are collected by local authorities from businesses and can be used to contribute to local services.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/80243/NNDR1\\_Statistical\\_Release\\_Feb\\_2013.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/80243/NNDR1_Statistical_Release_Feb_2013.pdf)

**Poverty :** The Joseph Rowntree Foundation classifies poverty as: "When a person's resources (mainly their material resources) are not sufficient to meet their minimum needs (including social participation)."

<http://www.jrf.org.uk/publications/a-definition-of-poverty>

**The Department of Public Health:** The Department of Public Health works to protect and improve health and wellbeing and reduce health inequalities.

<https://www.gov.uk/government/organisations/public-health-england>

**Pupil Premium :** Pupil Premium is additional funding available for disadvantaged pupils. It is intended to close the gap between them and their peers. For the year 2015 -2016, those in reception through to year 6 received £1,300 and those in years 7 through to 11 received £935.

<https://www.gov.uk/pupil-premium-information-for-schools-and-alternative-provision-settings>

**Sure Start Children's Centre:** Centres that provide for early learning and day care centres. They often provide advice on child and family health, parenting, money, training and employment.

<https://www.gov.uk/find-sure-start-childrens-centre>

**UNICEF UK's Baby Friendly Initiative:** Breastfeeding improves the health and wellbeing of both mothers and babies. The UNICEF UK Baby Friendly Initiative is an externally evaluated programme for improving breastfeeding prevalence and very early child development, and consists of three stages of accreditation.

<http://www.unicef.org.uk/BabyFriendly/About-Baby-Friendly/What-is-the-Baby-Friendly-Initiative/>

# Agenda Item 7

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

<b>Work Programme 2015/2016</b>
<b>3 June 2015</b>
Preparing for Adulthood: A Report About Young People Aged 14-25 with Disabilities  Chelsea and Westminster Hospital NHS Foundation Trust: CQC Report  The Francis Inquiry recommendations: responses by Chelsea and Westminster Hospital NHSFT and Imperial College Healthcare NHS Trust  Chelsea and Westminster Hospital NHS Foundation Trust: Integration with West Middlesex Hospital
<b>7 July 2015</b>
Addressing Food Poverty in Hammersmith & Fulham  Chelsea and Westminster Hospital NHS Foundation Trust: Integration with West Middlesex Hospital  Primary Care Briefing: GP Networks Network Plan 2015-2016 and Out of Hospital Services
<b>2015/2016 Meetings</b>
2016 Medium Term Financial Strategy  Care Act  Care Quality Commission Inspections: Central London Community Healthcare NHS Trust and West London Mental Health NHS Trust  Customer Journey: Update  Customer Satisfaction  Digital Inclusion Strategy  Equality and Diversity Programmes and Support for Vulnerable Groups  H&F CCG: Performance Report  Home Care: Second Evidence Session  Imperial College Healthcare NHS Trust: Outpatients PAS Update  Integration of Healthcare, social care and public health  Listening To and Supporting Carers  Meals on Wheels: Future Arrangements

Mental Health

Public Health (community champions, health checks and role in immunisations)

Safeguarding Adults: H&F Report:

Self-directed Support: Progress Update