

# Health & Wellbeing Board Agenda

Wednesday 2 December 2020 at 6.30 pm  
Online - Virtual Meeting

## MEMBERSHIP

Councillor Ben Coleman - Cabinet Member for Health and Adult Social Care (Chair)  
Vanessa Andreae - H&F Clinical Commissioning Group (Vice-Chair)  
Dr James Cavanagh - Chair of the Governing Body, H&F Clinical Commissioning Group  
Janet Cree - H&F Clinical Commissioning Group  
Toby Hyde - Deputy Director of Transformation, Imperial College Healthcare NHS Trust  
Inspector Mark Kent – Metropolitan Police  
Councillor Larry Culhane - Cabinet Member for Children and Education  
Dr Nicola Lang – Director of Public Health  
Jacqui McShannon - Director of Children's Services  
Lisa Redfern - Strategic Director of Social Care  
Glendine Shepherd - Assistant Director, Housing Management  
Sue Spiller - Chief Executive Officer, SOBUS  
Maisie McKenzie - Healthwatch Representative

### Nominated Deputy Members

Councillor Patricia Quigley – Assistant to the Cabinet Member Health and Adult Social Care  
Councillor Lucy Richardson, Chair, Health, Inclusion and Social Care Policy and Accountability Committee

**CONTACT OFFICER:** Bathsheba Mall  
Committee Coordinator  
Governance and Scrutiny  
☎: 020 8753 5758 / 0777672816  
E-mail: bathsheba.mall@lbhf.gov.uk

Reports on the open agenda are available on the Council's website:  
[www.lbhf.gov.uk/committees](http://www.lbhf.gov.uk/committees)

This meeting will be livestreamed and can be viewed at [View live stream on YouTube](#)

Date Issued: 24 November 2020

# Health & Wellbeing Board Agenda

**Item**

**Pages**

**1. APOLOGIES FOR ABSENCE**

**2. ROLL CALL AND DECLARATIONS OF INTEREST**

If a Member of the Board, or any other member present in the meeting has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.

At meetings where members of the public are allowed to be in attendance and speak, any Member with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Member must then withdraw immediately from the meeting before the matter is discussed and any vote taken.

Where members of the public are not allowed to be in attendance and speak, then the Member with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Members 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.

Members are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Audit, Pensions and Standards Committee.

**3. PUBLIC PARTICIPATION**

This meeting is being held remotely via Microsoft Teams. If you would like to ask a question about any of the items on the agenda, either via Teams or in writing, please contact: [bathsheba.mall@lbhf.gov.uk](mailto:bathsheba.mall@lbhf.gov.uk)

**Link:** [Watch the meeting on YouTube](#)

#### **4. MINUTES AND ACTIONS**

5 - 14

(a) To approve as an accurate record and the Chair to sign the minutes of the meeting of the Health & Wellbeing Board held on 30 September 2020.

(b) To note the outstanding actions.

#### **5. COVID-19 UPDATE**

This verbal report from the Director of Public Health, Director of Covid-19 Response & Recovery NHS Colleagues provides an update about the following areas:

- Test, trace and isolate – findings, next steps
- Vaccination – prioritisation and distribution
- Covid-19 and winter planning – NHS readiness, resident well-being

#### **6. INTEGRATION**

This item presents a verbal report from the Strategic Director of Social Care, supported by NHS colleagues, and will address the following NHS NW London and H&F activities:

- CCG merger – state of play
- NHS North West London – current priorities, local authority involvement, report of first ICS Chairs meeting
- H&F ICP – Update

#### **7. DEMENTIA**

15 - 23

This report details the progress made towards H&F becoming a dementia-friendly borough.

#### **8. GP ACCESS TO DIGITAL SERVICES - DRAFT CHARTER OF STANDARDS**

24 - 30

This report sets out a draft charter of inclusive standards for access to GP digital services.

#### **9. FOOD ACTION PLAN**

31 - 40

This report considers how the council, NHS and partners can work together to ensure that everyone in the borough has enough to eat and can eat healthily.

**10. WORK PROGRAMME**

41 - 42

The Board is requested to consider the items within the proposed work programme and suggest any amendments or additional topics to be included in the future.

**11. DATES OF NEXT MEETINGS**

The Board is asked to note that the dates of the meetings scheduled for the municipal year 2020/21 are as follows:

Monday, 8 February 2021

Wednesday, 21 April 2021

London Borough of Hammersmith & Fulham  
**Health & Wellbeing Board**  
**Minutes**



**Wednesday 30 September 2020**

**PRESENT**

**Committee members:**

Councillor Ben Coleman - Cabinet Member for Health and Social Care (Chair), LBHF  
Dr James Cavanagh - Chair of the Governing Body, H&F CCG  
Janet Cree - Managing Director, H&F Clinical Commissioning Group  
Councillor Larry Culhane - Cabinet Member for Children and Education, LBHF  
Toby Hyde - Deputy Director of Transformation, Imperial College Healthcare NHS Trust  
Inspector Mark Kent – Inspector, AW Safeguarding Partnership Hub, Metropolitan Police  
Dr Nicola Lang - Acting Director of Public Health, LBHF  
Jacqui McShannon - Director of Children’s Services, LBHF  
Lisa Redfern - Strategic Director of Social Care, LBHF  
Healthwatch - Maisie McKenzie, Operations Manager at Healthwatch H&F

**Nominated Deputies Councillors and members in attendance:**

Councillor Patricia Quigley – Assistant to the Cabinet Member for Health and Adult Social Care, LBHF

**Other attendees:**

**Residents**

Jacolyn Daly - Mutual Aid Groups  
Jim Grealy, HAFSON  
Merril Hammer, HAFSON  
Giles Piercy  
Nadia Taylor – Healthwatch

**Health services**

Caroline Durack – H&F GP Federation  
Carol Lambe - Head of Commissioning and Delivery, H&F CCG, NWL Collaborative  
Deborah Parkin – Head of Primary Care, H&F CCG

**Council**

Nicola Ashton - Strategic Commissioner  
Lisa Henry - Strategic Commissioner  
Linda Jackson - Director of Covid 19  
Mark Jarvis - Head of Governance and Engagement  
Mandy Lawson - Assistant Director SEN and Disabilities (SEND)  
Joanna McCormick - Assistant director health and social care  
Saraon Satwinder - Strategic Lead Education Transformation

---

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.

## **1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Janet Cree, Managing Director, H&F CCG; and Councillor Lucy Richardson, Chair, Health, Inclusion and Social Care Policy and Accountability Committee.

## **2. ROLL CALL AND DECLARATIONS OF INTEREST**

Councillor Coleman welcomed attendees and went through a roll call of members of the Board. There were no declarations of interest.

## **3. MINUTES AND ACTIONS**

A minor correction was noted under Agenda Item 10, page 13, second paragraph which should read "Recovery Curriculum Plan" rather than "Recovery Community Plan".

### **Matters Arising**

#### **1. Expansion of Covid-19 testing technology**

Toby Hyde confirmed that he had raised this issue with the Director of Pathology. The laboratory at Charing Cross hospital had capacity to test 1500 samples per day and this was currently operating at 80% capacity. It was anticipated that this would be scaled up to 3000 tests per day by mid-October. A 17-hour turnaround from receipt in the laboratory to results being provided was sought, and 86% of samples were processed within 24 hours. It was acknowledged that there had been some difficulties in processing and obtaining re-agents had been an issue, but this was a national problem which was being addressed.

#### **2. Staff eligibility for testing**

Councillor Coleman sought clarification regarding the eligibility for staff with Imperial, given the anticipated increase in capacity. Toby Hyde confirmed that 80-90% of tests were being used for patients with the remainder being used to test staff. Approximately 10-20% of tests were potential available to staff. Toby Hyde confirmed that all symptomatic staff at the hospital were eligible for testing and that this included social workers, cleaners, porters and clinicians. Imperial also followed guidance issued by the Royal College of Physicians for clinical specialities who worked with immunocompromised patients to undertake regular testing.

There was concern that asymptomatic social workers were not eligible. Lisa Redfern confirmed that she had been in communication with the Programme Director of Integrated Care, responsible for hospital discharge teams. The issue had been escalated to Julian Redhead, Medical Director at the Trust for resolution. Toby Hyde clarified that there were two categories of testing: Firstly, any staff who exhibited symptoms would be prioritised for testing, including social workers based on hospital sites and working directly with

patients. A second category covered asymptomatic staff who worked with highly vulnerable, immunocompromised patients. Toby Hyde acknowledged the need to expand the roll out of testing to all staff including those who worked in discharge teams and social care, but this was a capacity issue. The implication was that asymptomatic staff remained active in multiple hospital sites without precautions being taken to protect vulnerable patients.

Given that testing capacity was expected to double, Cllr Coleman reasoned that an additional 10% to 20% of those tests could be potentially available to staff by mid-October. It was noted that this issue would be further discussed outside the meeting.

### 3. Testing in care homes

Dr Lang highlighted concerns following the government suspension of the Department of Health pillar 2 testing portal from mid-July to 7 September 2020. There had been intermittent or delayed test kits, but these were being delivered again. A formal complaint was initiated by senior officers as each delay in notifying a test result occurred. The process was being carefully monitored as such delays were unacceptable and further exposed vulnerable groups to risk. Other issues highlighted included courier transport and technical or digital errors. The system to transport samples had become steadier but officers hoped to improve this.

### 4. Distinguishing Covid symptoms from flu and testing issues

Jim Grealy sought clarification as to how Covid-19 symptoms could be distinguished from flu symptoms. Toby reported that there was national clinical guidance on identifying Covid symptoms but if any there was any doubt about a patient's condition they would be tested. Testing was available across all the Trust sites.

Vanessa Andreae highlighted the lack of available test kits in primary care. The cumulative effect on patients was increased particularly given the return to school. A second concern was that organisations with access to funds were easily able to purchase tests, with results available within three hours, in comparison to the significant delays experienced in NHS testing regimes. Anecdotal evidence highlighted the logistical difficulties in accessing tests and testing sites and this was reflected nationally.

A move to a more localised testing regime offered the possibility of a more reliable, responsive and robust system however laboratory capacity remained a critical factor. H&F had set up mobile testing units at key sites such as Westfield Shopping Centre and last weekend had tested 650 people. It was felt that a local testing system could be established with government funding. Dr Lang cited the example of the local solution for testing in care homes that H&F had implemented. This illustrated the value and importance of implementing local solutions which the government had now begun to acknowledge.

**ACTION:** Officers to investigate the possibility of initiating a local testing regime and whether there was scope to develop a strong business case to support this.

## **RESOLVED**

That minutes of the meeting held on 22 July 2020 were agreed as an accurate record.

#### **4. NORTH WEST LONDON CLINICAL COMMISSIONING GROUPS PLANS FOR MERGER - UPDATE AND NEXT STEPS**

Dr James Cavanagh provided a verbal update on the NWL Collaborative CCG plans to merge into a single CCG. The members of the governing bodies had voted in two parts. In the first part, they were asked to consider whether the CCGs should merge into a single entity. Seven of the eight CCGs had voted in favour of the merger, West London CCG had dissented. In the second part, the CCGs were asked if they were happy with the trajectory of the constitution. Five CCGs (Brent, Ealing, H&F, Hounslow and West London) voted against, and the remaining three (Central, Harrow and Hillingdon) voted in favour.

A meeting was planned with West London CCG to understand the reasons for their dissension, with the intention to try and move eventually to a second vote. The final constitution had not been agreed and following development a further iteration would go to a formal vote by the membership in December 2020. Broader engagement with the membership was also planned to identify common areas of concern and disagreement, with the intention to explore what guidance could be provided to change the constitution. The main threats to the constitution not being agreed were outlined by Dr Cavanagh:

1. GP members sought the appointment of the Local Medical Committee (LMC) as a non-voting member of the single CCG. The LMC was formally constituted by the NHS and voted for by GPs and represented GPs in formal contractual negotiations.
2. Representation and localism. It was important to listen to members and take this into consideration when constitution was redrafted.
3. West London CCG they felt that they had managed their funding well and were in a strong financial position. They were concerned that the significant advances they had made in supporting vulnerable groups would be undermined, and that they would be deprived of local influence.

Dr Cavanagh highlighted some of the benefits that could be achieved through the merger. The ability to commission more services collectively would help to address health inequalities across the north west London area. Councillor Coleman responded that there had been little assurance that a levelling up to reduce inequalities would not result in poorer services.

Additional issues around governance and not having proper representation at local authority level were also worrying concerns. Local authorities had



sought an increase of up to four representatives on the single CCG. Dr Cavanagh confirmed that no final decision had been made but concurred that one representative was not enough. However, a balanced approach was required to establish fair and proportionate representation.

There was consensus that a genuine partnership would require collaboration between health and local authorities, on a level similar to that established in response to Covid but not having fair and democratic representation was a significant concern.

## **RESOLVED**

That the verbal update be noted.

### **5. COMPASSIONATE COMMUNITIES**

Linda Jackson presented a report to the Board which set out the activity undertaken across health, social care and the community. There had been dialogue with GPs, Imperial College Healthcare NHS Trust and community providers. The pandemic had prompted a more strategic approach and recognised that the demand for support was now different reflecting a shift in need. The aim was to also understand what community engagement meant and what infrastructure would be needed to help build resilient, sustainable communities.

Councillor Coleman commented that this had been an opportunity to identify resident led groups, to understand and capacity build greater resilience within communities. Giles Piercy commented that volunteers from a range of community groups (H&F CAN, MAGs and the NHS) had worked collectively to provide local support during the pandemic. The response to Covid had stimulated an incredible opportunity to connect locally. It was confirmed that the planned roll out outlined in the report would be borough wide. The CCG and HAFSON welcomed the report and offered the support of in progressing the outlined approach and to help channel communications to groups that the council might not be able to reach.

## **RESOLVED**

1. That an update on the work detailed in the action plan to develop and sustain Compassionate Communities is provided to the 8 February 2021 meeting of Board. Further updates to be determined at each meeting; and
2. That the CCG liaise with the Director of Covid-19 Response and Recovery to help progress work on refining and implementing the action plan for Compassionate Communities.

### **6. IMPACT OF COVID-19 ON BLACK AND ASIAN MINORITY ETHNIC (BAME) COMMUNITIES**

Dr Lang's report outlined an approach to implement all of the BAME Public Health recommendations in full, making them action orientated rather than focusing on the data. Within this framework, the aim was to work with what was known such as the links between housing and health, to break down

barriers, with a joint council and NHS plan to tackle BAME health inequalities. Dr Lang thanked colleagues in Housing Services and the NHS for their contribution and support in understanding the full impact of Covid-19 on BAME groups. Dr Lang explained that the working group had begun to work together and that new members had been added from Healthwatch, H&F CCG, CWEE Collaboration of CCGs, Imperial and H&F. The initial approach was to focus on the following recommendations:

Recommendation 2:

To work with the community, GPs and NHS. Dr Mandek Hussain was conducting a large piece of work on Somali perceptions of immunisation with the GP Federation.

Recommendation 5:

Where English was not a first language. This was a major workstream being progressed with the support of adult learning to help improve access to health systems.

Recommendation 6:

Culturally competent communication. The intention was to work and talk with communities in ways that make sense to them utilising for example social media such as Instagram, WhatsApp and YouTube. Work being was also being done on producing videos in Arabic and Somali.

Recommendation 7:

Wider determinants of health (income, the quality of the housing, education and work). Dr Lang reported that they had met with colleagues in Children's Services and The Economy Department to explore this. Glendine Shepherd confirmed that housing colleagues were keen to be involved and look at the Housing Allocation Scheme to explore how the allocation process could be more inclusive. The Scheme was not static and evolved continuously with small, refined changes. Although recommendations from the working group could be included, any large or significant changes would be subject to a governance process.

**ACTION:** Update on action plan to implement PHE recommendations to be provided to the 8 February 2021 meeting of the Board. Further updates to be determined at each meeting.

**ACTION:** Assistant Director of Housing Management to share a briefing being prepared for the Cabinet Member for Housing, which addresses the housing needs of BAME groups, with the Cabinet Member for Health and Social Care.

**RESOLVED**

That the report and actions be noted.

**7. COVID-19'S IMPACT ON YOUNG PEOPLE'S MENTAL HEALTH**

Mandy Lawson provided the Board with details of the work undertaken to support H&F children and schools throughout the pandemic and currently. Work was progressing on the production of a Joint Strategic Needs

Assessment (JSNA), with further data to follow. CAMHs (Children and Adolescent Mental Health services) provision had continued throughout the pandemic predominantly based at Glenthorne Road with the exception of some face to face services. CAMHs was a Tier 3 service providing services for children and young people with more severe, complex and persistent disorders delivered across the community.

The full impact on children's mental health was yet to materialise and all services would be delivered in response to local need, with some adjustment. A key priority was to continue with suitable provision that offered comprehensive support teachers and pupils according to local need, reviewed and refined as needed. Officers would continue to develop a wider response to Covid-19 and to understand and identify any possible gaps working with the CCG.

Councillor Quigley highlighted the possible impact and exposure to mainstream news and social media about Covid-19 on children and young people. Mandy Lawson explained that CAMHs Tier 3 continued and that support was in place to ensure that pathways were open and accessible. Officers were also working with colleagues in The Economy Department to improve their perception and understanding of the impact of Covid-19 on the local economy to ensure that opportunities for young people transitioning to adulthood remained viable. Officers were also exploring options for extending CAMHs provision to the age of 25 to allow for a more planned transition.

**ACTION:** An update report to be provided to the Board meeting planned for 21 April 2021.

**ACTION:** That the Board receives a draft of the Joint Strategic Needs Assessment on the mental health and emotional health and wellbeing of children and young people in H&F (21 April).

**ACTION:** That Children's Services explore and develop a thematic meeting (April) on mental health, children and young people, with the aim of including contributions from young people (H&F Youth Council).

## **RESOLVED**

That the report and actions be noted.

### **8. GP ACCESS IN THE POST COVID WORLD**

Councillor Coleman welcomed Maisie McKenzie to the meeting. The report provided an update on Healthwatch Your Voice H&F work about understanding the patient experience of using digital channels to access GP services and the impact of Covid-19. The work had been conducted using Survey Monkey and the community app Next Door developed in partnership with HAFSON, and with members of the Healthwatch Your Voice H&F Executive Committee to ensure that questions were appropriately framed and reflected areas of interest locally. The survey opened on 21 September 2020 and was available until 12 October 2020. Follow up work would include a series of virtual focus groups.

Following a discussion around the ways in which multiple communication (easy read, and in braille, large print) and media channels could be utilised, such as texts and emailed links, Board members offered support to promote the survey within their respective organisations. Healthwatch confirmed that they were working with the CCG to look at communications, for example, text messages and how these were worded.

Toby Hyde said that this was an excellent piece of work and welcomed the opportunity to review the findings of the survey and link this to the work Imperial had undertaken. There were currently multiple platforms being used for video consultations, with differences between primary and secondary care systems. It would be helpful to understand resident experiences of using different platforms and the possible challenges that this entailed.

**ACTION:** Board members to support Healthwatch H&F work on the survey by cascading information through their respective organisations, and, utilise their existing databases to maximise engagement and response to the survey where this has been offered and appropriate (CCG, Housing department and HAFSON).

## **RESOLVED**

That the actions and the report be noted.

## **9. WORK PROGRAMME**

The following agenda items were discussed and agreed for inclusion in the Board's work programme:

- Update on Compassionate Communities at every meeting;
- Dementia and older people, and as part of this discussion, digital access to services and the effect of this on older people;
- Recovery programme work currently being undertaken by H&F CCG and Imperial (joint report); and
- To include the Covid-19 update as a standing item.

## **10. DATE OF NEXT MEETING**

Wednesday, 2 December 2020.

Meeting started: 6.30 pm  
Meeting ended: 9.38pm

Chair .....

Contact officer: Bathsheba Mall  
Committee Co-ordinator  
Governance and Scrutiny  
☎: 020 8753 5758  
E-mail: bathsheba.mall@lbhf.gov.uk

## Health and Wellbeing Board 2020/21 - Actions / recommendations log

Date of Meeting	Minute Ref.	Agenda Item	Notes: actions or recommendations	Lead	Status
22-Jul-20	5	Item 5: H&F Can: Compassionate Communities - Update and Next Steps	<b>ACTION:</b> In co-production with residents and other stakeholders, to develop an action plan to ensure a collaborative, compassionate and resilient community in H&F, building on the close working between the council, residents, health services and community and voluntary organisations during the Covid-19 pandemic.	Council Director of Recovery (HWB sub-group)	Work completed and report submitted to HWB on 30/0920
	6	Item 6: Impact Of Covid On Black, Asian Minority Ethnic (BAME) Communities - Update and Next Steps	<b>ACTION:</b> In co-production with residents, to develop a joint council-NHS action plan to tackle BAME health inequalities by implementing in full the recommendations of the Public Health England report, <i>Beyond the data: Understanding the impact of COVID-19 on BAME groups</i> .	Public Health (HWB sub-group)	Work progressed and report submitted to HWB on 30/0920
	10	Item 10: Work Programme	1. COVID impact on young people's mental health: <b>ACTION:</b> Children's Services to provide a report on the work undertaken with schools on local community resilience and recovery plans. <b>ACTION:</b> Children's Services to provide a report on the work currently being developed with the CCG on the joint commissioning of mental health services for young people transitioning to adult services.	LBHF / Children's Services	Completed. Report submitted to HWB on 30/0920 covering both actions
			2. Digital Inclusion - GPs online: <b>ACTION:</b> In co-production with GPs and residents, to ensure that the new drive towards online consultations does not exclude any residents from accessing a GP, and to consider developing best practice standards and guidance for online consultation.	Healthwatch (HWB sub-group)	Work progressed and a report submitted to HWB on 30/0920
	11	Item 11: Any Other Business	<b>ACTION:</b> A future agenda item for the Board on dementia	LBHF/ ASC / CCG	Work in progress

30-Sep-20	3	Item 3: Minutes and matters arising	<b>ACTION:</b> Officers to investigate the possibility of initiating a local testing regime and whether there was scope to develop a strong business case to support this.	LBHF	Work in progress
	5	Item 5: Compassionate Communities	<b>ACTION:</b> That an update on the work detailed in the action plan to develop and sustain Compassionate Communities is provided to the 8 February 2021 meeting of Board. Further updates to be determined at each meeting*. <b>ACTION:</b> That the CCG liaise with the Director of Covid-19 Response and Recovery to help progress work on refining and implementing the action plan for Compassionate Communities.	LBHF / CCG	Update confirmed for 8 February 2021 meeting. Work in progress
	6	Item 6: Impact Of Covid On Black, Asian Minority Ethnic (BAME) Communities	<b>ACTION:</b> Update on action plan to implement PHE recommendations to be provided to the 8 February 2021 meeting of the Board. Further updates to be determined at each meeting. <b>ACTION:</b> Assistant Director of Housing Management to share a briefing being prepared for the Cabinet Member for Housing, which addresses the housing needs of BAME groups, with the Cabinet Member for Health and Social Care.	PH/Housing	Update confirmed for 8 February 2021 meeting. Work in progress
	7	Item 7: Covid-19 Impact on Young People's Mental Health	<b>ACTION:</b> An update report to be provided to the Board meeting planned for 21 April 2021. <b>ACTION:</b> That the Board receives a draft of the Joint Strategic Needs Assessment on the mental health and emotional health and wellbeing of children and young people in H&F (21 April). <b>ACTION:</b> That Children's Services explore and develop a thematic meeting (April) on mental health, children and young people, with the aim of including contributions from young people (H&F Youth Council).	Children's Services	Update confirmed for 8 February 2021 meeting. Work in progress
	8	Item 8: GP Access in a Post Covid World	<b>ACTION:</b> Board members to support Healthwatch H&F work on the survey by cascading information through their respective organisations, and, utilise their existing databases to maximise engagement and response to the survey where this has been offered and appropriate (CCG, Housing department and HAFSON).	Healthwatch H&F/CCG/Housing	Completed. Report to be submitted HWB on 08/02/21
	9	Item 9: Work Programme	<b>ACTION:</b> Items for inclusion in the work programme - - Update on Compassionate Communities as an item* for every meeting; Dementia and older people, and as part of this discussion, digital access to services and the effect of this on older people (2 December); and - Recovery programme work currently being undertaken by H&F CCG and Imperial (joint report)	LBHF / CCG / Imperial	Work programme updated

## London Borough of Hammersmith & Fulham

**Report to:** Health & Wellbeing Board

**Date:** 02/12/2020

**Subject:** Dementia

**Report of:** Jo Baty (Assistant director mental health, learning disability and provided services, social care, LB Hammersmith and Fulham); Stuart Downey and Peggy Coles (Chair and Coordinator of Hammersmith and Fulham Dementia Action Alliance); Kate Sergeant (Local Services Manager Hammersmith and Fulham Alzheimer's Society) and Wendy Lofthouse (Mental Health Commissioning Programme Manager, Hammersmith and Fulham Clinical Commissioning Group)

**Responsible Director:** Lisa Redfern, Strategic director of social care, LB Hammersmith and Fulham

---

### Summary

This paper aims to provide an overview of the work in progressing Hammersmith and Fulham's Dementia Strategy.

We have established a Dementia Strategy Task and Finish Group with key local stakeholders, including Hammersmith and Fulham Dementia Action Alliance, the Alzheimer's Society and the Clinical Commissioning Group to co-produce our Dementia Strategy with residents, with businesses and with stakeholders.

### Recommendations

1. That the Health and Wellbeing Board supports the development and delivery of an integrated Hammersmith and Fulham Dementia Strategy between the local Council, the local NHS, the voluntary sector, our residents and businesses.
2. That the Health and Wellbeing Board supports its members and constituent groups to become Dementia Friends.

**Wards Affected:** All

---

### Contact Officer(s):

Name: Jo Baty

Position: Assistant director, mental health, learning disability and provided services – Adult Social Care, LB Hammersmith and Fulham

Telephone: 07977 469618

Email: [jo.baty@lbhf.gov.uk](mailto:jo.baty@lbhf.gov.uk)

## DETAILED ANALYSIS

### 1.0 Background on dementia

The word 'dementia' describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language. A person with dementia may also experience changes in their mood or behaviour.

Dementia is caused when the brain is damaged by diseases, such as Alzheimer's disease or a series of strokes. Alzheimer's disease is the most common cause of dementia. Other common types of dementia are vascular dementia, mixed dementia, dementia with Lewy bodies and frontotemporal dementia.

Dementia is a progressive condition. As such, these changes are often small to start with, but they can become severe enough to affect daily life for someone with dementia. This progression will vary from person to person and each will experience dementia in a different way – people may often have some of the same general symptoms, but the degree to which these affect each person will vary.

The specific symptoms that someone with dementia experiences will depend on the parts of the brain that are damaged, the disease that is causing the dementia and how far the disease has progressed. However, common symptoms can include:

- day-to-day memory – e.g. difficulty recalling events that happened recently,
- concentrating, planning or organising – e.g. difficulties making decisions, solving problems or carrying out a sequence of tasks (such as cooking a meal);
- language – e.g. difficulties following a conversation or finding the right word for something;
- visuospatial skills – e.g. problems judging distances and seeing objects in three dimensions;
- orientation – e.g. losing track of the day or date or becoming confused about where they are; and
- changes in mood – e.g. becoming frustrated or irritable, apathetic or withdrawn, anxious, easily upset or unusually sad. With some types of dementia, the person may hallucinate or strongly believe things that are not true (delusions).

The Alzheimer's Society report found that in 2019 the total cost of dementia in the UK was estimated to be £34.7 billion. Of this, approximately £5.1 billion consists of health care and approximately £15.7 billion consists of social care. The remaining £13.9 billion accounts for estimated unpaid care contributions.

There are 850,000 people living with dementia in the UK.

Dementia mainly affects people over the age of 65 (one in 14 people in the UK in this age group have dementia), and the likelihood of developing dementia increases significantly with age. Dementia can also affect younger people too.

There are more than 42,000 people in the UK under 65 with dementia.



## 1.1 Risk factors

Risk factors for dementia include:

- Ageing
- Gender (higher prevalence amongst women)
- Ethnicity (BAME people are more likely than white Europeans to develop dementia)
- Genetics
- Cardiovascular factors (Type 2 Diabetes, high blood pressure/cholesterol levels and obesity)
- Other medical conditions e.g. Parkinson's, Multiple sclerosis, HIV
- People with Down's syndrome and learning disabilities

In addition, the latest research suggests that other factors are also important. These include:

- hearing loss
- untreated depression
- loneliness or social isolation
- a sedentary lifestyle

Currently there is no certain way to prevent all types of dementia, as researchers are still investigating how the disease develops. However, there is good evidence that a healthy lifestyle can help reduce an individual's risk of developing dementia. It can also help prevent cardiovascular diseases, such as stroke and heart attacks, which are themselves risk factors for Alzheimer's disease and vascular dementia.

Research indicates that by modifying the risk factors people are able control, our risk of dementia could be reduced by up to 30%.

## 2.0 Policy context

2.1 In March 2012, the government launched a national challenge to fight dementia. This programme of action was set up to deliver sustained improvements in health and care, create dementia friendly communities, and boost dementia research.

The Prime Ministers' Challenge on Dementia 2020 (launched February 2015) sets out the UK Government's strategy for transforming dementia care within the UK. The Challenge aims to build on the previous programme of action, and, by 2020, see England become:

- the best country in the world for dementia care and support and for people with dementia, their carers and families to live; and
- the best place in the world to undertake research into dementia and other neurodegenerative diseases.

This will be achieved by:

- Improving diagnosis, assessment and care for people living with dementia
- Ensuring that all people living with dementia have equal access to diagnosis
- Providing all NHS staff with training on dementia appropriate to their role
- Ensuring that every person diagnosed with dementia receives meaningful care

The government acknowledged that this cannot be achieved alone, and the vision is also a call to action for all to show understanding and compassion to those with the disease to transform dementia care, support and research.

- 2.2 The Care Act 2014 created a new legislative framework for adult social care, and also gives carers a legal right to assessment and support. The National Institute for Health and Care Excellence (NICE) has produced guidance, quality standards and advice for the health and social care system to drive improvements in quality in dementia care and support.

The Dementia Friendly London ambition sees Alzheimer's Society, the Greater London Authority, London Health Board and other partners working together to achieve the following by 2022:

- 2,000 dementia friendly organisations
- 500,000 Dementia Friends
- Every London borough working to becoming a dementia friendly community
- Meaningful involvement of people affected by dementia

### **3.0 Local context**

- 3.1 889 residents are currently registered as having dementia in Hammersmith and Fulham and it is estimated that this number will rise to 1900 people over 65 living with dementia by 2030, representing over 50% increase over the next ten years. The numbers are likely to understate the real incidence.

- 3.2 Hammersmith and Fulham Dementia Action Alliance have been key in supporting the integrated multi-agency partnership reflected in the Dementia Strategy Task and Finish Group, which was established in May 2020. The Group has representation from a range of local dementia stakeholders and includes:

- Dementia Action Alliance
- Alzheimer's Society
- Public Health
- LB Hammersmith and Fulham
- Clinical Commissioning Group
- Cognitive and Dementia Service
- Carers Network
- Nubian Life
- For Brian CIC

- 3.3 An overview as to our collaboration around Dementia, as coordinated by the Dementia Strategy Task and Finish Group, is included in Appendix 1 and includes:
- reviewing the first draft of data on dementia which will inform the Dementia Strategy;
  - developing our co-production activities with residents, with businesses and with stakeholders; and
  - beginning to map the current support available for our residents with dementia and for their carers and families.
- 3.4 A high-level overview of the services and support currently available for those living with dementia and for their carers and families is included in Appendix 2 – this will be further developed alongside our dementia data, within our draft Dementia Strategy.

## Appendix 1

### Overview of our collaboration on Dementia to date

Area of Work	Key Achievements	Upcoming Milestones
Dementia Strategy Task and Finish Group	<ul style="list-style-type: none"> <li>Established the multi-agency Dementia Strategy Task and Finish Group and associated subgroups focusing on:               <ul style="list-style-type: none"> <li>Co-production (residents, businesses and stakeholders)</li> <li>Baseline data</li> <li>Map and gap of services and support</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>questionnaires (businesses, stakeholders and residents) and associated co-production activities</li> <li>Refresh of Dementia Data to be produced by end of December 2020</li> <li>1<sup>st</sup> draft of Dementia Strategy to be presented to HWB in February 2021</li> <li>Final draft of Dementia Strategy and Action Plan to be presented to HWB in April 2021</li> </ul>
Training & Awareness Raising	Dementia Friends Training: LB Hammersmith & Fulham <ul style="list-style-type: none"> <li>Over 200 staff have now received the Dementia Friends training, including the Chief Executive, Senior Leadership Team and Councillors</li> <li>Clinical Commissioning Group received Dementia Friends training and</li> </ul>	<ul style="list-style-type: none"> <li>Rollout of Dementia Friends Training across the Council workforce (utilising the Dementia Ambassadors) and across strategic stakeholders, including the Health and Wellbeing Board and GP surgeries</li> <li>Training and development opportunities to be delivered to Dementia Ambassadors, including Level 2 Dementia Training and linking in with Skills for Care accredited training</li> </ul>
Dementia Friendly Community Initiatives	<ul style="list-style-type: none"> <li>Dementia Action Alliance leading on mapping services and support for people with lived experience of dementia and their carers/families</li> <li>Dementia Ambassadors secured across Council Service areas to develop new ways of making our services and support inclusive for those with dementia and their carers/families</li> </ul>	<ul style="list-style-type: none"> <li>11 Dementia Ambassadors identified across the Council to further identify practical ways in which we can better support our residents with dementia and their carers, families and friends. Some examples to date;           <p><b>Lorraine Tekin, ASC</b> - supporting Dementia Friend registration by H&amp;F's MAG and CAN volunteers</p> <p><b>Lorraine Mason, ASC</b> - help identify content, review presentation and distribute H&amp;F Carer Pack</p> <p><b>Nia Evans, ASC</b> – supporting Fulham Palace to do outreach for those residents formerly accessing day services to access 'handling objects' project (reminiscence based)</p> <p><b>John Patterson/Karen Udale/Paul Henry, ASC</b> - to maximise opportunities in H&amp;F Care homes to utilise TV screens to access activities on Zoom</p> <p><b>Afshan Ali-Syed, Legal</b> - help with planning and coordination for Dementia Action Week (DAW) May 17-23, 2021.</p> <p><b>Elizabeth Spearman, Children's' Services</b> - will coordinate a pilot project 'twinning' a LBHF school with a local Care home</p> <p><b>Sameena Ali, Libraries</b> - increase offering to people with dementia and also to carers. Will support school project and DAW, even offered to host manicure sessions and a memory cafe</p> <p><b>Valerie Simpson Trading Standards and Jo Baty, ASC</b> – pyramid promotion of Dementia Friends across the Council</p> <p><b>Richard Gill, Parks</b> - coordinate project for people with dementia and the Bowling Clubs in LBHF</p> <p><b>Debbie Peters-Mills, Leisure</b> - agreed to coordinate health walks in all parks (with tea kiosk)</p> </li> </ul>

Appendix 2 – High level overview of current Dementia services and support in Hammersmith and Fulham

Preventing Well	Services and support
<p><b>Raising public awareness and understanding of dementia in the wider community.</b></p>	<ul style="list-style-type: none"> <li>• H&amp;F Dementia Action Alliance (DAA) and Alzheimer’s Society play a key role (as do For Brian CIC)</li> <li>• Dementia Action Week is an annual event in May. The annual event can:               <ul style="list-style-type: none"> <li>- Signal that H&amp;F is an attractive place to live based on a deep sense of community, and its focus on the growing issue of dementia.</li> <li>- Engage people living independently with dementia and their carers to participate in dementia specific activities.</li> <li>- Increase awareness about Dementia Friends, DAA and the work it does and to encourage and support organisations providing infrastructure and services for a Dementia Friendly Community.</li> </ul> </li> <li>• Dementia Friends – awareness raising delivered to Councillors, Chief Executive, Strategic Directors, Assistant Directors, Heads of Service, Managers within the Council will Dementia Friend session delivered to Social care all staff meeting on 24<sup>th</sup> Nov 2011. Dementia Friends session also delivered for the Clinical Commissioning Group in October 2020.</li> <li>• Community Champions (All Community Champions projects work with older people to support physical activity, healthy eating, wellbeing etc. Although not a targeted dementia service, some projects have Dementia Friends-trained Champions)</li> <li>• Communications Channels (e.g. Hammersmith and Fulham website, Next Door)</li> </ul>
<p><b>NHS Health Checks</b></p>	<p>Dementia is included in as part of the NHS Health Check for people aged 65-74 years.</p>
<p><b>Reducing the risk of people developing dementia - ASC Commissioned Prevention Services</b></p>	<p>Public Health commissions a range of healthy lifestyle services that will contribute to lowering the risk of vascular dementia, including smoking cessation service, the cardio-vascular disease prevention programme and the alcohol service – the alcohol service has specific older people treatment workers in the team.</p> <p>The council grant funds a range of preventative services that support in targeting the key modifiable risk factors for dementia in older adults; social isolation, lack of physical activity, depression – including the following organisations:</p> <ul style="list-style-type: none"> <li>• Alzheimer’s Society</li> <li>• Bishop Creighton House</li> <li>• Open Age</li> <li>• Masbro Centre</li> <li>• Age UK</li> <li>• Sands End Project</li> <li>• Fulham Good Neighbours</li> </ul>
Diagnosing Well	
<p><b>Information and Advice</b></p> <ul style="list-style-type: none"> <li>• These generic services are often the first point of contact for stakeholders to receive further info or to be signposted to more specialist services, as necessary</li> </ul>	<p>The Advice Forum is available for people living with dementia, this includes:</p> <ul style="list-style-type: none"> <li>• Action on Disability</li> <li>• Citizen’s Advice</li> <li>• H&amp;F Law Centre</li> </ul> <p>Additionally, the Carers Network offers advice and support to carers of people with dementia</p>
<p><b>Diagnosis</b></p>	<p>The CCG commissions Inpatient beds for people with cognitive impairment at the Hammersmith and Fulham Mental Health Unit</p> <p>The Cognitive and Dementia Service is co-located with the Alzheimer’s Society day centre. It offers an assessment and treatment service. Dementia Link Workers are aligned to Primary Care Networks providing advice, signposting and medication reviews</p> <p>Neurological Service at Charing Cross Hospital</p>
Supporting Well	
<p><b>Targeted Services</b></p>	<p>Imperial College Healthcare Trust:</p> <ul style="list-style-type: none"> <li>• Dementia Care Team on Hospital Wards</li> </ul>

	<ul style="list-style-type: none"> <li>• Imperial College Healthcare Trust – Senior Admiral Nurse for Young Onset Dementia</li> <li>• Collaboration with Council on Assistive Technology in supporting residents to live independent lives</li> </ul> <ul style="list-style-type: none"> <li>• Carers Network and support groups</li> <li>• Alzheimer’s Society peer-support group</li> </ul>
<b>Living Well</b>	
Dementia Friendly Communities	DAA membership and work to develop a dementia friendly borough
Accommodation-Based Services	5 Day Centres – All accessed by referral from Social Services or GPs, Health professionals and Sheltered Housing Schemes.
Residential & Nursing Care Services	<ul style="list-style-type: none"> <li>• Imperial Wharf</li> <li>• Elgin Close</li> <li>• Nubian Life</li> <li>• Shanti Centre – provide support for elderly residents on social care in the borough – not specifically focused on PWD.</li> <li>• St Vincent’s Day Centre – operated by Alzheimer’s Society.</li> </ul> <p>There are 4 main care homes in H&amp;F that support residents with Dementia</p>
<b>Dying Well</b>	
Most residents with a dementia diagnosis (and their families) wish to receive palliative care their own home	End of life care and carers support is available form Carers Network and the Dementia Link Workers.



# Agenda Item 8

## London Borough of Hammersmith & Fulham

**Report to:** Health and Wellbeing Board

**Date:** 02/12/20

**Subject:** GP Access to Digital Services – Draft Charter

**Report of:** Healthwatch Your Voice H&F

**Responsible Director:** Strategic Director of Social Care

---

### Summary

This report presents Healthwatch Your Voice H&F Draft Charter of Standards for GP Access.

### Recommendations

1. That the Board provides comments on the Draft Charter of Standards produced by Healthwatch Your Voice H&F; and
2. That the Board considers next steps in developing the Draft Charter of Standards.

**Wards Affected:** All

---

### H&F Values

Please state how the subject of the report relates to our values – delete those values which are not appropriate

<b>Our Values</b>	<b>Summary of how this report aligns to the H&amp;F Priorities</b>
<ul style="list-style-type: none"><li>• Building shared prosperity</li></ul>	Ensuring that all our residents can access primary and secondary care services and address barriers that arise from the NHS digital offer
<ul style="list-style-type: none"><li>• Creating a compassionate council</li></ul>	Support residents so that they receive health and social care services that meet their medical and social needs
<ul style="list-style-type: none"><li>• Doing things with local residents, not to them</li></ul>	We will work with communities and local organisations to develop a strategy that reflects the diversity of the borough and supports independence and resilience
<ul style="list-style-type: none"><li>• Being ruthlessly financially efficient</li></ul>	Improving access to digital provision for residents is a key commitment and we are working to ensure that residents have a



	clear understanding of what services are accessible online and how these are configured
<ul style="list-style-type: none"> <li>• Taking pride in H&amp;F</li> </ul>	The partnership with local organisations, and engagement with our residents will inform the Draft Charter of Standards

**Contact Officer(s):**

Name: Maisie McKenzie,  
 Position: Operations Manager, Healthwatch Your Voice H&F  
 Telephone:  
 Email: maisie@healthwatchhf.co.uk

**Background Papers Used in Preparing This Report**

None.

**DETAILED ANALYSIS**

1. Healthwatch Your Voice H&F conducted a research project GP Access Over The Course Of The Pandemic which included engagement undertaken through a survey (accessible online and printed) and focus groups. The Draft Charter of Standards for GP Access has been informed by this work and is attached as Appendix 1.
2. A small working group of the Health and Social Care Policy and Accountability Committee has reviewed the Draft Charter and provided comments, attached as Appendix 2.

**List of Appendices:**

- Appendix 1** – Draft Charter of Standards  
**Appendix 2** – Comments provided by the Digital sub-working group, Health and Social Care Policy and Accountability Committee

## Charter/Standards for GP Access

- i. We recognise that digital/IT and other barriers and limitations exist for patients in accessing GP services and we will ensure patients have equal **choice** around GP Access routes. These will include telephone appointments; face-to-face appointments and virtual consultations.
- ii. We will ensure all appointment types will be available each and every day.
- iii. We will ensure that people are supported to access the appointment type that best suits their needs and that guidance, training and support options will be available to help them familiarise with new forms of access, where they wish to access these.
  - a. We will work with strategic partners and community organisations to ensure a comprehensive digital and IT training offer for local people and informed signposting to support this process even further.
- iv. We will ensure dedicated times each day where patients can telephone reception staff to make an appointment and or follow up any enquiries or outstanding progress. These time slots will be advertised on GP websites and in communications and publication materials.
- v. We will improve call stacking software to keep patients better informed about wait times when calling the practice to make an appointment or speak to reception and ensure that systems have capacity to manage call volumes and people do not get cut off.

- vi. We will communicate with patients in a way that meets their needs, be it language disability, impairment or sensory loss.
  - a. We will carry out a self-assessment of our ‘communication offer’ against the NHS Accessible Information Standard introduced in 2017, additionally considering language needs. Where gaps exist, we will develop action plans for addressing these areas and improving our services. We will work across PCN areas to develop and share best practice and monitor progress against NHS Accessible Information Standards and language needs.
- vii. We will review key processes and documentation necessary for the appointment types on offer, such as the e-consult form and the online registration process, with a variety of community groups on an annual basis and ensure they are optimised for efficiency and address patient needs adequately.
- viii. We will ensure that our website is built to meet W3C AA standards for accessibility, that there are clear instructions to users about how to modify the site for varying accessibility needs and that any online forms and downloadable information is available in accessible formats where required.
- ix. A standard translation services offer will be clearly advertised on our website and accessible to those that need it through each step of the pathway, from initial GP registration, through to any online forms/pre appointment communications, consultation appointment and telephone follow up/results.
- x. We will work with our staff and patients, and across our peers and PCN areas, to ensure that the pros and cons of various appointment types are understood, safeguarding concerns are addressed, and risks mitigated.

## Appendix 1

- a. We will develop a clear communications campaign to help patients understand the appointment types open to them and the pros and cons that should help inform their preferred choice or appointment.
  
- xi. We will ensure double appointments are proactively and regularly offered to specific cohorts of patient including: carers, those with long term conditions; those with mental health needs; those utilising translation services. Patients with complex needs to discuss will not have to fight for adequate time to discuss these.
  
- xii. We recognise that telephone and video consultations may take place within shared and unsafe spaces which make disclosure of sensitive information, including mental health and suicidal thoughts, domestic violence, abuse and other safeguarding concerns more difficult to share. Information and guidance on how to safely report/disclose will be contained within the appointment type guidance for patients. We will further ensure all staff are appropriately trained in recognition and that rates of disclosure within telephone and video consultations are monitored.

### Next steps

- Review final survey data and outstanding focus group feedback and analyse data set.
- Produce final report complete with recommendations.
- Review charter based on above.
- Further engage CCG, GP Leads, PCN leads, GP Federation and others in reviewing report recommendations and draft charter/standards.
- Review and ensure alignment of recommendations and draft charter/standards to NWL CCG Digitisation Strategic Plan currently in production.

- Review recommendations and charter against Healthwatch England Digitalisation Exclusion study findings - national report due June 2021.

DRAFT

## **GP Access Standards – Comments by HISPAC Digital Working Group**

**20 November 2020**

We think the Charter is a highly valuable step forward and a really important piece of work as there is significant variation in access to GP practices. People have struggled to get a GP appointment recently (even after 100 redials) and the situation wasn't much better pre-Covid.

Structurally they are overly long and detailed as standards and much of the information could be included in an appendix, which would make the standards themselves much tighter.

We also felt that it could be strengthened by a contextualising introduction.

A GP has commented to us that it was very important that the standards are led by the patient voice and evidenced by patient data. The data, findings and analysis should be available as an appendix so we can validate that the Charter reflects the needs of residents/GPs and to help prioritise the initiatives in the Charter.

The actual getting of an appointment is something that is a priority for most. The use of call queuing software could be a big improvement for relatively low cost. Could we (or Healthwatch) find exemplar GP surgeries that could share best practice in purchasing/configuring these systems? (This could be included in their ways forward at the end).

## London Borough of Hammersmith & Fulham

**Report to:** Health & Wellbeing Board

**Date:** 02/12/2020

**Subject:** Food Action Plan

**Report of** Joanna McCormick, Assistant director of health and social care commissioning and Sarah Bright, Assistant director of children's commissioning

**Responsible Director:** Lisa Redfern, Strategic director of social care

---

### Summary

The Covid-19 pandemic and its associated economic impact have compounded and deepened household food insecurity and hunger, and the effects are expected to have an extended impact.

The wellbeing of our communities relies on there being enough healthy, sustainable food. Food connects everything we do as a society. How we eat affects our health and environment, drives our economy and is a central part of our cultural life.

We are proposing a Food Action Plan as a strategic means of stimulating and coordinating programmes that address the challenges facing the borough's residents in relation to food. We want to work with local communities, the NHS, third sector and local agencies to harness our collective efforts.

### Recommendations

That Health & Wellbeing Board:

1. Approve the development of a Food Action Plan
2. Steer and monitor the Food Action Plan work

**Wards Affected:** All

---

### H&F Values

Our Values	Summary of how this report aligns to the H&F Priorities
<ul style="list-style-type: none"><li>• Building shared prosperity</li></ul>	Food insecurity is one of the biggest factors and symptoms of broader inequality.
<ul style="list-style-type: none"><li>• Creating a compassionate council</li></ul>	Wide ranging support nationally to help people with food is one of the most visible examples of compassion which has been shown during the pandemic - ensuring residents young and old don't go hungry.
<ul style="list-style-type: none"><li>• Doing things with residents,</li></ul>	We will work with communities and local

not to them	organisations to develop a plan that reflects the diversity of the borough and supports independence and resilience
<ul style="list-style-type: none"> <li>• Being ruthlessly financially efficient</li> </ul>	The Food Action plan will focus and coordinate efforts, supporting efficiency as well as focusing on sustainable solutions.
<ul style="list-style-type: none"> <li>• Taking pride in H&amp;F</li> </ul>	Our response to the food insecurity crisis, both before and during the pandemic has been widely praised by organisations and residents.
<ul style="list-style-type: none"> <li>• Rising to the challenge of the climate and ecological emergency</li> </ul>	Food is a major contributor to GHG emissions, a food plan is vital to supporting climate friendly food systems.

**Contact Officer(s):**

Name: Marcus Robinson  
Position: Commissioning Transformation Lead – Children’s Commissioning  
Telephone: 07554 222629  
Email: marcus.robinsonchs@lbhf.gov.uk

Name: Lisa Henry  
Position: Strategic commissioner - Adult Social Care  
Telephone: 07584 522 952  
Email: lisa.henry@lbhf.gov.uk



## 1 DETAILED ANALYSIS

### Context

- 1.2 There has been a significant increase in food insecurity in our borough since the start of the Covid-19 pandemic. H&F's largest foodbank is seeing a 300% increase in demand compared to pre-pandemic levels, while free school meal applications have increased by about 30%. Meals on wheels usage increased by 30% earlier in the year, although it is now returning to regular levels.
- 1.3 Looking more widely, our food system is complex and can present many societal and policy challenges. Communities are experiencing increases in obesity, food poverty and food insecurity. Global greenhouse gas emissions from food production are contributing to London's poor air quality and climate change.

### Draft aims

- 1.4 Appendix 1 sets out examples of the broad range of programmes related to food currently delivered in the borough. They target both physical and mental health. We wish to build on these in a new Food Action Plan.
- 1.5 Pre-Covid-19, our focus was on ensuring that people can eat healthily and eat together if they want to. Collectively during the Covid-19 pandemic, our focus needs to be on ensuring that residents have enough to eat and can eat healthily.
- 1.6 Our principle draft aims are thus as follows:
- ***No-one goes hungry or is malnourished in Hammersmith & Fulham*** (e.g. due to poverty, dementia, diet)
  - ***Everyone in our borough can eat healthily*** (in the way they shop, cook or grow food)
  - ***No-one in our borough has to eat alone*** (given food's role in reducing isolation and loneliness)
- 1.7 We are also considering a fourth aim:
- ***People are able to eat without harming the environment***

### Our approach

- 1.8 We will seek collective efforts to identify and tackle obvious gaps. Our projects will avoid stigmatisation, be culturally sensitive and be fun rather than didactic.
- 1.9 We will focus on delivering projects which:
- Ensure people know how to access food and financial support (this will include referring people to support)
  - Help people understand how food affects their health for good or bad
  - Look at ways to eat together (post Covid-19 or under the "new normal" arrangements)

- Support environmentally healthy food production and distribution

A Venn diagram in the style of that set out in Appendix 2 could offer a coordinated overview of programmes that meet our aims across all age groups.

### **Role of the Health & Wellbeing Board**

- 1.10 It is proposed that the Health & Wellbeing Board coordinate a Food Action Plan across our community (council, NHS, third sector and resident groups).
- 1.11 The role of the board will be to:
- Inform the aims of the Food Action Plan
  - Promote these aims
  - Monitor progress
  - Publicise excellent food projects whoever in the borough undertakes them
  - Ensure collective responsibility for delivery of projects invested in or delivered directly by the council, the NHS, third sector or local agencies.

### **List of Appendices:**

**Appendix 1** – Food Programmes in Hammersmith and Fulham

**Appendix 2** – A tool to map collective efforts

**Appendix 1 – Food Programmes in Hammersmith and Fulham**

In the borough there is already a broad range of programmes related to food – this list is not exhaustive.

<b>Initiative/project</b>	<b>Target Group</b>	<b>What does the project do?</b>	<b>Sources of funding</b>	<b>Contract value / Funding from LBHF</b>	<b>Lead</b>
Emergency H&F Covid-19 food response	Any residents in need / Shielding residents	This project provides food parcels for people who call the CAN and Shield number and ask for food help	LBHF Community donations	Up to £195,000	Council and community
H&F food bank	Residents in emergency food crisis	Provides emergency food packages for people in crisis – additional funding has been made available and use of resources to meet the increase in demand due to Covid-19.	LBHF – 3SIF	£50,000 p.a.	Voluntary and community sector
School meals	School-age children	Commissioning of school meal providers on behalf of schools.	Schools and Pupil Premium (DfE)	£3,000,000	Council (Children's)
UFSM Pilot	Students at two pilot schools	Launched Jan 2020. Provision of a Health Meal	LBHF	£195,000	Council (Children's)

		Allowance for all students at two secondary schools, Fulham Cross Academy & Woodlane High School allowing all students to receive a free lunch as part of a four- year pilot.			
Primary School Breakfasts	Primary school and nursery children	Offer of free breakfast provision to H&F Primary schools and nurseries, including expert advice and support, food deliveries, monitoring and a grant to cover other direct costs.	LBHF (s106)	up to £250,000 p.a.	Council (Children's)
Meals on Wheels	Residents with health problems preventing them from shopping or cooking	This provides a two-course hot cooked lunch for older isolated people who have this need identified by a Care Act Assessment. Approximately 140 meals are delivered each day.	LBHF (ASC)	£349,800 p.a.	Council (Social Care)

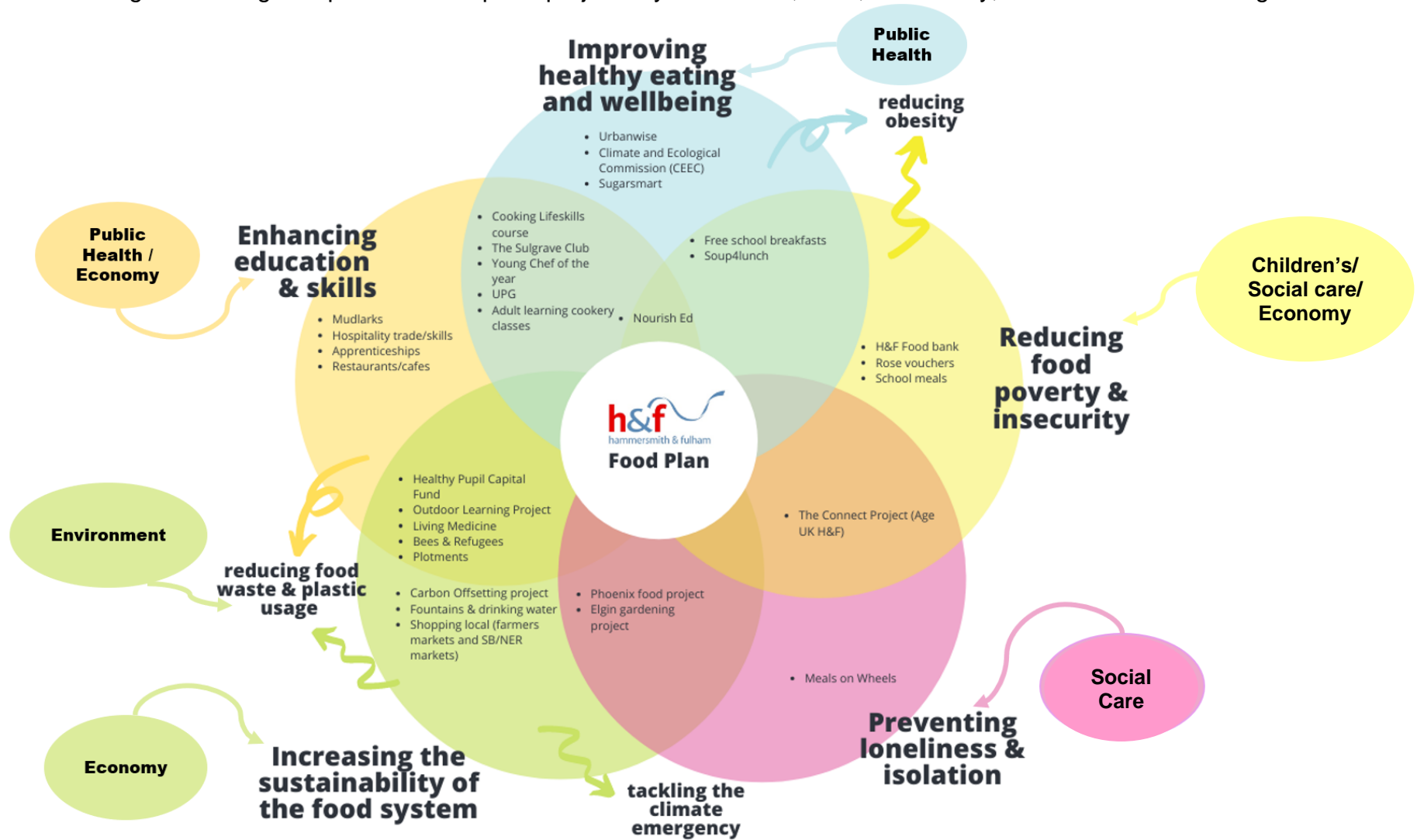
Nourish Hub	Residents near the White City and Edward Wood's Estate	The Nourish project includes the Nourish Hub (launching end of 2020) The hub will be run by food charity, UK Harvest, and will provide opportunities for local people to come together to cook, eat and learn about how to eat more healthily. Healthy food will be cooked and served daily on a 'pay as you feel' basis. The hub will also offer learning and training opportunities to local people.	GLA Good Growth & LBHF	£1.154m	Council (Economy)
St Mungo's	Homeless people in hostels	Food for homeless persons is centralised and run by St Mungo's so that everyone can cook in the self-contained accommodation	St Mungo's run the contract and work with all voluntary and community providers		Council (Economy)

		e.g. hostels			
Healthy Schools & Healthy Early Years	School aged Children	Training and support for schools to achieve accreditation for supporting healthy eating, physical and mental health	LBHF	In house from November 2020	Public Health
GP Health Check and healthy hearts programme		Targeted programme of GP health checks for over 40s to identify risk factors associated with lifestyle, including diet.	LBHF	£130k health check programme	Public Health
Rose vouchers	Pregnant mothers, families with children under four and families in receipt of benefits.	Helps families on low incomes buy fruit and veg from local market traders. Vouchers are worth £3 per week (or £6 for children under 1 year) and are distributed by our children's centres.	Alexander Rose LBHF Public Health & LBHF Economy	£46,750 - £35,000 - £11,750	Council (Children's)
Young Chef of the Year	Secondary school students	Annual inter-school competition cooking competition judged by local chefs	Organised by LBHF and West London College	Minimal	Council (Children's)

Healthy Pupil Capital Fund	Schools	One-year programme of capital funding to support health related activities, food growing etc.	LBHF (DfE)	£88,000	Council (Children's)
North End Road Market Regeneration	Residents near North End Road	Supporting redevelopment of North end road market. Including idea of Zero Coomer Place, including community kitchen facilities, supported workspace for food businesses, food recycling, greenhouse and beehive.			Council (Economy)
Household food waste recycling	Trial households	Trial of food waste recycling started on 9 November 2020			Council (Environment)
Imperial College NHS Trust Compassionate Communities		Co-designing programme with communities to include a food poverty focus.	Imperial College NHS Trust Charity	TBC	NHS (Imperial)

## Appendix 2 – A tool to map collective efforts

This is an example of how projects and associated objectives can be mapped to inform the Food Action Plan. A similar approach would be used against the agreed priorities to capture projects by the council, NHS, community, third sector and local agencies.





## Health & Wellbeing Board Work Programme 2020/21

Item	Detail for discussion	Report author
<b>2 December 2020</b>		
1.	Covid-19 Update and discussion about: <ul style="list-style-type: none"> <li>• Test, trace and isolate – findings, next steps</li> <li>• Vaccination – prioritisation and distribution</li> <li>• Covid-19 and winter planning – NHS readiness, resident well-being</li> </ul>	PH / Social Care / NHS
2.	Integration NHS NW London and H&F activity: <ul style="list-style-type: none"> <li>• CCG merger – state of play</li> <li>• NHS North West London – current priorities, local authority involvement, report of first ICS Chairs meeting</li> <li>• H&amp;F ICP – Update</li> </ul>	NHS / Social Care
3.	Dementia strategy Progress towards H&F becoming a dementia-friendly borough.	Social Care / NHS
4.	Digital access to NHS Draft inclusive standards for digital access to NHS services.	Healthwatch / NHS
5.	Food plan How can the council, NHS and partners work together to ensure that everyone in the borough has enough to eat and can eat healthily?	PH / Social Care / NHS / Third Sector
<b>8 February 2021</b>		
1.	Covid-19 Update Update from the Director of Public Health, Director of Covid-19 and NHS.	PH / Social Care / NHS
2.	Compassionate Communities Update on action plan	Social Care / NHS
3.	Implementation of PHE BAME recommendations Update on action plan	PH / NHS

21 April 2021

1.	Covid-19 Update	Update from the Director of Public Health, Director of Covid-19 and NHS.	PH / Social Care / NHS
2.	Children and Young Peoples Mental Health and Autism JSNA	Development of the JSNA by the Council and H&F CCG. Potential for a thematic meeting with Children's services and involving members of the Youth Council.	Children's Services / CCG / NHS
3.	Health outcomes for BAME children and young people within the criminal justice system	What is the health impact of disproportionality among children / young people in the criminal justice system?	Children's Services / CCG / NHS

Page 42

Long list of items	Lead dept / org
Pharmaceutical Needs Assessment (statutory)	PH
Social Isolation and Loneliness	PH / Social Care
Food strategy*	PH
Covid-19*	PH / Social Care

\*provisionally timetabled or recurring item