

Health and Adult Social Care Policy and Accountability Committee Agenda

Wednesday 25 January 2023 at 7.00 pm
Main Hall (1st Floor) - 3 Shortlands, Hammersmith, W6 8DA

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MEMBERSHIP

Administration	Opposition
Councillor Natalia Perez (Chair) Councillor Genevieve Nwaogbe Councillor Patricia Quigley Councillor Ann Rosenberg	Councillor Amanda Lloyd-Harris
Co-optees	
Lucia Boddington Victoria Brignell - Action on Disability Jim Grealy - H&F Save Our NHS Roy Margolis Keith Mallinson	

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Shortlands

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Date Issued: 17 January 2023

Health and Adult Social Care Policy and Accountability Committee Agenda

25 January 2023

If you would like to ask a question about any of the items on the agenda please email bathsheba.mall@lbhf.gov.uk by 12pm, 24 January 2023

<u>Item</u>	<u>Pages</u>
1. APOLOGIES FOR ABSENCE	
2. DECLARATION OF INTEREST	
<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 Standards Committee.</p>	
3. MINUTES OF THE PREVIOUS MEETING	4 - 16
<p>(a) To approve as an accurate record and the Chair to sign the minutes of the meeting held on Wednesday, 16 November 2022; and</p> <p>(b) To note the outstanding actions.</p>	

- 4. PUBLIC HEALTH UPDATE** Verbal
- The committee to receive a verbal report from the Director of Public Health
- 5. PUBLIC HEALTH UPDATE:
EMERGENCY PLANNING - RESPONSE TO 2022 HEATWAVE** 17 - 49
- In response to an action requested by the Committee this report outlines a robust suite of emergency plans and procedures in place to respond to different types of emergencies. These are delivered in accordance with the Civil Contingencies Act based on a comprehensive workplan shaped by both national and regional frameworks.
- 6. PALLIATIVE CARE - MODEL OF CARE WORKING GROUP UPDATE** To follow
- In response to an action requested by the Committee this report provides an update from the North West London Model of Care Working Group on the robust data it has gathered on population need and workforce data, intended to support resource planning for high quality care and service provision.
- 7. 2023 MEDIUM TERM FINANCIAL STRATEGY** 50 - 75
- This report sets out the budget proposals for the services covered by the Health and Adult Social Care Policy and Accountability Committee (PAC). An update is also provided on any proposed changes in fees and charges in the budget.
- 8. WORK PROGRAMME**
- The Committee is asked to consider future items for inclusion in its work programme.
- 9. DATES OF FUTURE MEETINGS**
- Wednesday, 22 March 2023.

Health and Adult Social Care Policy and Accountability Committee Draft Minutes

Wednesday 16 November 2022

PRESENT

Committee members: Councillors Natalia Perez (Chair), Genevieve Nwaogbe, Amanda Lloyd-Harris and Ann Rosenberg*

Co-opted members: Lucia Boddington, Victoria Brignell - (Action On Disability)* and Jim Grealy - H&F Save Our NHS; and Keith Mallinson

Other Councillors: Ben Coleman

Officers/Guests: Jo Baty, Assistant Director Specialist Support and Independent Living, Social Care, H&F; Mick Fisher, Head of Strategic Communications & Stakeholder Relationships, Imperial College Healthcare NHS Trust, Merril Hammer, HaFSON; Dr Christopher Hilton, Chief Operating Officer (Local and Specialist Services), West London NHS Trust; Andrew Hodgson, President, National Federation for the Blind UK; Linda Jackson, Director Independent Living (Social Care) & Corporate Transformation; Dr Nicola Lang, Director of Public Health, H&F*; Helen Mangan, Deputy Director Of Local & Specialist Services, West London NHS Trust; Bryan Naylor, H&F resident; Prof. Tim Orchard, Chief Executive, Imperial College Healthcare NHS Trust; Lisa Redfern, Strategic Director of Social Care, H&F*; Stephen Scowcroft, Director, The Macular Society

*Attended virtually

1. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting held on 20 July were agreed.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Patricia Quigley and Roy Margolis.

3. DECLARATION OF INTEREST

None.

4. WESTERN EYE HOSPITAL AND OPHTHALMOLOGY SERVICES

Councillor Natalia Perez introduced this item by way of reference to the Council's focus on co-production and the importance of listening to residents voice whose contributions were welcomed and evidenced an inclusive approach.

Prof. Tim Orchard provided a short presentation identifying key highlights from the report. Historically, the Western Eye hospital had been situated on Marylebone Road in its current building since 1930. The building was not ideal for delivering 21st century healthcare and a redevelopment of the facility had been considered for many years. Imperial as an acute hospital trust was included within the "40 hospitals" development programme but it was recognised that this could not form the entirety of a viable and holistic solution for service delivery at Western Eye, going forward.

Western Eye had coped extremely well in delivering general ophthalmic and tertiary services given the condition of the estate. Reflecting on the national register of outcomes for, for example, cataract surgeries, the output of the two eye centres based at Central Middlesex and Western Eye, placed them generally first and second, respectively, with the results at Western Eye being particularly impressive having cleared the backlog of cases that had accumulated during the pandemic. Independent experts had evaluated the site and highlighted concerns about fire safety, precipitating a decision to close it. Some services had been relocated to other floors and Charing Cross hospital. Currently, there were no patients who were waiting longer than two years for treatment, and about a 100 people waiting for a year. In general, the waiting time for a cataracts operation was about two to three weeks but the need to expand outpatient capacity was recognised.

Prof. Orchard confirmed that £9 million in funding had been secured as part of the national Targeted Investment Fund (TIF) as capital spend for a particular project. Site work had commenced and would eventually include an additional operating theatre increasing capacity to three theatres. Pre-assessment areas would be refurbished as would pre and post operative areas to offer improvements in the patient experience by Spring 2023.

Prof. Orchard acknowledged that the current provision of ophthalmology services in NWL was fragmented and that the variation in rates of avoidable blindness in the different NWL Boroughs was concerning. A key focus in transitioning from the pandemic was to ensure that health inequalities affecting groups with protected characteristics were eliminated. It was acknowledged that patient transport in this context was also a concern, and a potential response would be predicated on building a more responsive, sector wide ophthalmology strategy with a tailored hub and spoke model. Including optometrists and high street opticians in a digitised network could offer

enhanced diagnostic capabilities in secondary and tertiary provision. Informing this with the patient voice was an important aspect of ensuring that service would be co-designed and help to achieve consistent standards across the system.

Bryan Naylor, a resident, commented that national and local caseloads were likely to increase the need for ophthalmology services, underpinned by improved future techniques. As the Integrated Care Board (ICB) sought greater integration within primary care, there were opportunities to improve links to tertiary and secondary care. The pressure on A&E stemmed from treating people that did not require emergency treatment. Professor Orchard's integrated approach was welcomed as it advocated for a whole systems approach that also included social care, pharmacists, optometrists and the third sector.

Stephen Scowcroft from The Macular Society outlined the organisations perspective on future developments and treatment that might become available. This added pressure highlighted the need for more advocacy and to raise awareness about the challenges of having ICBs. He welcomed the innovative, local NHS developments at Imperial, and the transformation and recovery work from covid currently being undertaken locally and nationally. While he recognised that there were workforce challenges, there was a need to better utilise the services available through high street opticians and other allied health professionals. He outlined his support of the national Eyes Have it campaign and the formation of a national plan supporting local delivery and national accountability.

Andrew Hodgson, a H&F resident and President of the National Federation of the Blind UK, a campaigning charity that provided support for those experiencing impairment or sight loss, focusing on rehabilitation. The pathway from diagnosis to treatment and how services could be improved were key areas of interest. Recognising the existing pressures and barriers, he also indicated his support for the Eyes Have It campaign and welcomed news of the work currently being undertaken at Imperial.

Co-optee Victoria Brignell referenced her personal experiences as a patient at Western Eye and enquired if its A&E service could be reinstated as 24 hours as there was a need for a night time service. Recounting the Charing Cross A&E experience of a friend whose treatment been compromised due to ineffective signposting to Western Eye reflected a need to address the issue.

Councillor Amanda Lloyd-Harris welcomed the report and enquired why referrals historically were not accepted from the hubs. Co-optee Keith Mallinson observed that there was an impact on A&E as a consequence of the difficulties people had experienced in accessing primary care services. He enquired how the NHS trusts could liaise with primary care to ease the pressures, and how hubs could be better signposted. Addressing an earlier comment regarding presentation at A&E, these could be eased by ensuring clearer signposting of patient pathways. As an ex-teacher, he also observed that he had identified eyesight issues in children but the tools to spot these

issues were limited and it was important to support schools in undertaking early intervention work.

Professor Orchard reiterated that eyecare service provision was fragmented, and although most people understood basic primary care provision they were not always aware of treatment pathways and interconnectivity between providers. There was an opportunity to model a service specification with the Integrated Care System (ICS) to consolidate current provision into one service specification. Referrals from different sectors varied and there were specific pathways for wet macular conditions. There were 270 optometrist practices in the NWL area and Professor Orchard ambitiously envisaged these as the front door for accessing services. There was potentially greater equity in unifying sector provision through establishing diagnostic hubs networked through the same digital platform, which could help tackle high volume low complexity surgeries. Imperial as a trust included the patient “voice” into all improvement and strategic, capacity building development work. Prof. Orchard offered Bryan Naylor an opportunity to be further involved in the development of the North West London sector strategy work to shape future ophthalmology services.

Co-optee Jim Grealy endorsed the point made about early intervention work in primary schools, having had a similar experience as a former teacher. He asked about the integration of the ICS and the ICB, whether each of the trusts operated autonomously, and how widely this approach was replicated across other trusts. He observed that it was important to address the diversity and health inequalities issues strategically. Professor Orchard concurred regarding the value of early intervention work in primary schools. He explained that a sector wide approach was being developed and led by a clinical director at Western Eye and clinical reference group. Innovations such as this could be undertaken autonomously of NHS England, but a co-ordinated sector wide approach was required.

ACTION

Victoria Brignell to share information about signposting services with Professor Tim Orchard.

RESOLVED

That the report and actions were noted.

5. IMPROVING PLANNED ORTHOPAEDIC INPATIENT SURGERY IN NORTH WEST LONDON

Professor Tim Orchard outlined the need for an elective orthopaedic hub that could efficiently handle a large volume of cases with clinically low complexity. A prioritised waiting list in terms of increasing deterioration of a patient’s condition was in place. There would be capacity for treating life limiting conditions which could lead to other secondary issues. A public consultation was ongoing, details of which had been shared with the committee and wider NWL communities. It was important to recognise that the consultation would

inform the process, to both understand and work to alleviate the integral concerns and views of the public. Operationally, procedures would be undertaken at Central Middlesex Hospital, with follow-up treatment pathways identified locally. Ensuring transport was a primary factor and an imaginative and sensible approach would be required. Patients would have a choice as to where their procedures would be carried out, and not choosing the elective hub option would not result in a delay to receiving treatment.

Keith Mallinson, co-optee emphasised the importance of face to face consultations in Musculoskeletal (MSK) pathway (virtual fracture clinic for patients with acute bone injuries), with reference to two clients who had not found this approach helpful during recovery. Professor Orchard confirmed that the MSK pathway was not one that Imperial delivered across the eight boroughs but concurred that effective triaging of patients through a video consultation was an issue. It was acknowledged that there was variability in delivering the MSK pathway across NWL. An opportunity to address this would ensure a fully integrated pathway and would be welcomed by providers and also the council. Patient transport was fundamental to ensuring that patients were effectively triaged. It was noted that Linda Jackson was planning a letter to MSK on behalf of the council to seek clarification about this issue and how it could be resolved.

Councillor Genevieve Nwaogbe referenced page 20 of the agenda pack enquired about the use of the phrase “completely separated from Emergency Care” and used throughout the report. The Central Middlesex hub would be used for elective orthopaedic care; however, clarification was sought about an example where a person experienced a non-life threatening accident and how they received their treatment. Councillor Nwaogbe also sought funding information about the Trusts intention to make the most of digital and other advanced technologies, which although welcome, required significant investment. A final comment was with regards to the travel cost and transport issues which could negatively impact some individuals and Councillor Nwaogbe asked how the Trust would overcome these.

Councillor Lloyd-Harris sought clarification about the 4000 cases in NWL that would be treated at the hub facility and what the outcome would be for any additional capacity, once these had been resolved given the potential downtime in terms of capacity, and if these would be offered to other trusts. Councillor Lloyd-Harris also asked if travel modelling realistically reflected accurate travel times which could vary significantly depending on traffic in a given locality. Cross borough public transport links were not ideal, and it took far longer to navigate than realised.

Professor Orchard acknowledged that patient pathways were fragmented and although Imperial was not responsible for the MSK path way there was a question as to how effectively patients were being triaged. He agreed that he could not envisage a cost disadvantage to putting in place the best digital solutions, as this could help generate greater inefficiencies. It was unlikely that the hub would be a major cost programme supported by the Targeted Investment Fund (TIF). Professor Orchard did not have a solution to the transportation issue but felt strongly that any solution offered must not

disadvantage individuals by moving the service. Addressing the issue of any spare capacity being offered to other trusts, Professor Orchard felt that there were several potential solutions to configuring services efficiently. The hub was likely to operate 6 days per week and any additional capacity would be repurposed to other types of high volume elective care.

Addressing the difficulties of MSK virtual consultations, Councillor Ben Coleman agreed with Keith Mallinson and felt that post-pandemic consultations should return to in person contact. He confirmed that the council would be writing to MSK advocating support for this. Transport and travel were a concern for many patients and their families which needed to be resolved. Lisa Redfern queried that if clinical expertise was centralised at Middlesex how would this affect local diagnostic services? Also, transport solutions need to be considered.

Professor Orchard responded that an imaginative solution to transport would be required, for example appointing a private transport provider or similar. He confirmed that orthopaedic services would continue to be delivered at other sites, recognising that while the new hub would efficiently tackle the backlog of cases, there would be vulnerable patients who would struggle. Jim Grealy suggested that the Trust explored the potential of developing a dedicated transport service. This was a solution that the trust had considered but there was a distinction between pre and post operative transport needs. There were efficiencies that could be achieved in developing a sector wide solution, but this was balanced against other competing priorities.

Professor Orchard clarified that pathways to the EOC would need to be properly integrated, which was separate to the issue of how services were commissioned. The EOC would operate to a stringent criterion, identifying which patients could be included and that this would be widened as the service progressed. It was noted that not all patients would be suitable for the EOC and that there would be a need to ensure that the provision was fully supported by trained and experienced staff.

Merril Hammer (Hammersmith and Fulham Save Our NHS) confirmed that a submission about the proposal had been made. Querying financial implications for the service she asked whether it would be financed by PFI (private finance initiative), and in addition, how the Trust intended to address the difficulties that some groups experienced in accessing digital information and services. It was confirmed that the proposal would not be PFI funded. In response to digital inclusion, Professor Orchard explained that an in person offer would be in place to aim to not disadvantage people. Councillor Natalia Perez highlighted the importance of reaching out to underrepresented communities. Professor Orchard confirmed that significant work had been undertaken with black and Asian minority ethnic groups.

Councillor Perez thanked Professor Orchard and colleagues for the presentation. While the EOC proposals were welcomed, the committee noted that the Trust recognised the need to resolve patient transport and travel issues, ensure access to information and clearly signposted pathways including initial, localised diagnostics and post-operative recovery.

ACTION

For the committee to pass along details of any groups that they were aware that could be contacted and supported.

RESOLVED

That the committee noted the report.

6. WEST LONDON NHS TRUST UPDATE

6.1 Service update following CQC report

Dr Chris Hilton outlined the Trusts current activities in response to the recent Care Quality Commission (CQC) report which had highlighted several areas of concern. The safety domain had moved from “requires improvement” to “inadequate”, and that the Trust “required improvement” overall. Positive feedback had been received regarding the Mental Health Integrated Network Team (MINT), details of which were summarised in paragraph 2.6 of the report. He acknowledged the challenges faced by the Trust which had arisen from a difficult and disruptive period during the pandemic. Dr Hilton indicated that the CQC had not highlighted any concerns that the Trust was not unaware of through its own internal governance procedures. The Trust had previously agreed to keep the committee informed of progress in addressing vacancy rates and waiting times. Commenting on the negative impact of vacancy rates, Dr Hilton acknowledged that this had hindered the Trust’s delivery of a consistent and high quality service. The CQC report had recorded staff concerns to mitigate risks identified in clinical assessments and the committee had previously also noted the difficulties in achieving waiting time targets resulting in significant delays for patients accessing treatment.

At the time of the CQC report, Dr Hilton reported that the Trust had decided to migrate from using two patient record systems and consolidate this into a single system which had resulted in added complexities. In addition, there had been other issues highlighted including lone working practices, and inadequate clinical premises in Ealing and Hounslow, not H&F. Dr Hilton referred to additional information in a slide deck that had been circulated to members of the committee and officers, but these were not received in time for inclusion in the agenda papers (appendix 1). Key elements of this were the implementation of clinical controls with regards to the Trusts risk register system, better integration of business intelligence data, the successful implementation of links between operating systems, a review of standard operating procedures, the establishment of a clinical action group to undertake follow up work with patients who missed appointments to ensure co-ordinated care and simplification of the Trusts patient record system.

It was confirmed that there were several actions that the Trust was in the process of implementing to address the areas of concern identified in the CQC report, categorised as either suggested or required, and to be in place by March 2023. The Trust intended to work with the Health and Care

Borough Partnership to help address the demand on services. Dr Hilton thanked the council's specialist support and independent living social care team and Sobus for their support.

Councillor Genevieve Nwaogbe referred to paragraph 2.6 of the report and enquired what immediate actions were being undertaken taken by the Trust to improve staff safety in relation to lone working, poor supervision breaks and staff feeling unsupported. Councillor Nwaogbe asked if there were any legal consequences resulting from health and safety breaches. Co-optee Keith Mallinson commented that he welcomed the report, and he outlined the positive feedback received for MINT and the support that Dr Hilton and Jo Baty had provided. Co-optee Jim Grealy asked how likely it was that the Trust would be able to recruit staff given the scale of the vacancy rates and what the impact of this would be on patient safety and the implications for continuity of care. The waiting period of 64 days exceeded the waiting time target, the figure for which was not included in the report. The combined effects of austerity, cost of living and post-pandemic recovery would significantly impact on mental health and wellbeing and this was likely to lead to delays in treatment. Jim Grealy also requested a breakdown of the waiting list figures by ethnicity and income. Co-optee Lucia Boddington expanded on these points and reflected that the current economic climate would be a key factor in waiting time delays impacted by increased demand, for example, face to face family therapy, for which there were long delays that she was aware of locally.

Dr Hilton explained that the current actions around measures to mitigate workforce issues to appoint permanent staff rather than temporary or agency staff. The headline figure excluded additional clinical staff. The Trust also had also identified workforce recruits at source (university graduates specialising in mental health) and many dozens of staff had been recruited in this way. Workforce was a challenging issue influenced by difficult market factors, and some disciplines were harder to fill than others. The Trust recognised that there were barriers to recruitment and were exploring other options such as recruiting from abroad or identifying refugees or asylum seekers with clinical skills. The Trust was engaged in business transformation activities which would address the issue of safeguarding staff highlighted in the CQC report. There were a number of actions focused on improved risk assessments to address inadequacies and to mitigate risks. The mean wait time was 64 days and currently there were no patients awaiting triage at the Claybrook facility.

Lisa Redfern welcomed the report and asked who was leading on the performance improvement plan and the extent to which staff had been involved in developing this. Dr Hilton described the leadership and oversight structure which include multiple levels of governance. A quality committee was chaired by a non-executive director, Professor Stephen Barber, and a monthly MINT specific board had oversight of a more granular action plan, which he chaired himself. There were also individual working groups chaired by Dr Julia Benton, a clinical director. It was anticipated that remedial work would be needed to support the transformation process which would take a number of years, but satisfactory progress was being made to mitigate

against staffing pressures. Dr Hilton shared a personal frustration about the two electronic patient record systems which he was keen to see resolved to reduce risk and to implement a definitive solution. In terms of staff involvement, information was being cascaded through the organisation, with staff working in subgroups to contribute to the process involving clinical directors, operational managers and clinical leads.

Lisa Redfern expressed concern about the staff supervision rate which was closely linked to monitoring staff performance. Dr Hilton acknowledged the concern and stated that supervision was being undertaken regularly at a team level and during routine performance meetings. There was variation between services, for example, mental health teams had consistent and high rates of supervision and by comparison, community adult health services had poorer rates of supervision. Two factors influenced this: first culture of “doing” supervision, and second, the process of recording this, both of which the Trust was working to improve.

Lisa Redfern outlined additional concerns about the reduction of 13 mental health beds in Ealing and clarification was sought about the correlation between this and the strength of community health services, which needed to be sufficiently robust to cope with local demand. All health and social care providers were routinely inspected but there was always scope for improvement despite the lack of investment in community mental health services. Dr Hilton responded that he shared the concerns and Helen Mangan described the front end diagnostic work being undertaken with RW Health (business intelligence consultancy) on patient flows to understand the interdependencies between community and hospital services. This together with some focused engagement work and a task and finish group had produced a useful MINT (liaison Psychiatry) dashboard highlighting a continuity of care need for those who were seen infrequently and who might be at high risk.

Merril Hammer commented that the additional paper lacked clarity because it contained a lot of jargon and need to be more accessible. Referring to page 37 of the agenda pack and related graphs, an explanation of the decrease in new referrals was sought and additionally, the variations in the number of referrals between the different primary care networks. Dr Hilton apologised for the use of acronyms recognising that this was unhelpful. He clarified the context of the graphs which offered more assurance about the data which indicated that a post-pandemic increase was now stabilising. With reference to the primary care network referral data, information from the MINT team used weighted population data which anticipated demand to calculate the deployment and distribution of resources rather than reflecting the historical patterns of access. It was recognised that further work was required to address this to address and inherent health inequalities.

Councillor Lloyd-Harris sought further context about the high number of suicide figures and what preventative actions could be taken. Lisa Redfern responded highlighting an initiative by the leader of the council, Councillor Steve Cowan that had led to the establishment of multiagency suicide preventative working group. Commonly, many who did take their own lives

were found to have had a dual diagnosis of mental health and substance misuse issues. Dr Lang explained that there were other factors locally such as higher rates of unemployment which could correlate to higher rates of suicide. Fingertips public health data indicated that the borough had the fifth highest rate of suicide in London. A segment of 58 suicides in the borough was examined, of which two thirds were linked to substance misuse or an underlying mental health condition. The council's work on this would be published shortly and available for further scrutiny. This included recommendations working across the mental health trust with children's services and working with Emergency Services as well. Dr Lang commended instrumental contributions to this work by Helen Mangan, together with the Hammersmith and Fulham Care Partnership and the mental health campaign group, reflecting the value of adopting a multiagency and universal approach. Another significant piece of work was a peer review with the Local Government Association which had undertaken an audit of individuals who self-harmed, presenting at A&E, and contained 23 recommendations.

Councillor Ben Coleman emphasised that the council had recognised the significant concern about the rates of suicide in the borough and commended the initiative. The adoption of a multi-agency approach incorporating insights from a range of expert health partners and organisations reflected the importance of this work. Full data and information about the work would be published on the councils Joint Strategic Needs Assessment website page and a link circulated to the committee. Dr Hilton offered to share information about suicide preventative work supporting bereaved families and activities undertaken by the Trust with third sector organisations.

Councillor Coleman congratulated Dr Hilton on his new appointment as Chief Operating Officer (Local and Specialist Services) and commended the partnership work undertaken. Helen Mangan directed the committee to an embedded document within the additional information which offered details of all the organisations that were involved reflecting the synergies arising with work undertaken with the most complex families.

Linda Jackson welcomed the additional information about the required improvement action plan covering areas where regulations had been breached and provided shortly before the meeting. In the interests of transparency, a request was made for the Trust to share the 16 "should do" recommendations.

ACTIONS:

1. Dr Hilton to provide a figure for the number of staff recruited at source from colleges and universities;
2. WLT to share waiting list on the number of those exceeding a 28 day waiting period;
3. WLT to share data about waiting list numbers broken down by ethnicity and income;
4. WLT to share and discuss the issue of referral data further with the committee;

5. The Director of Public Health to circulate a report from the Local Government Association on self-harm, and a link to the council's suicide multi agency prevention work to be circulated, when available; and
6. Dr Hilton to share information about suicide preventative work supporting bereaved families and activities undertaken by the Trust with third sector organisations.

RESOLVED

The committee agreed a guillotine to extend the meeting by 15 minutes.

6.2 Reduction of Mental Health Beds Capacity, Ealing

Dr Hilton explained that an enhanced engagement period was currently underway regarding a proposal to remove inpatient mental health beds in Ealing, a decision that was also likely to impact the boroughs of H&F and Hounslow. He apologised for any possible perception that there was a lack of engagement. A three borough provision had been in place for many years and so a perception by residents that the beds were "out of borough" was not applicable. The model of care provision had evolved, and Crisis intervention teams were now in place, aligned with a recovery house based in Ealing and available to the residents of all three boroughs as an alternative provision. The Trust had struggled to maintain two wards built in 1831, which did not offer safe infection prevention and control and were not fit to deliver modern health care services, a criticism of the CQC.

The proposal to permanently close the wards was based on clinical risk and the financial savings arising from this would be ring fenced to ensure reinvestment into the crises mental health system. A total of 31 beds had been closed and 18 re-provided at Lakeside Mental Health Unit, West Middlesex Hospital, with an overall reduction of 13 beds. Staffing was also being provided to section 136 suites and other crises related care.

Councillor Perez expressed her concern and disappointment that news of the proposal had not been directly shared with the committee and that this information had been shared by the director of social care, Ealing.

Councillor Nwaogbe expressed her specific interest in how the proposal affected borough residents and the number of residents admitted as mental health inpatients. An additional question was whether the Trust had a secondary plan, should this proposal not be implemented. It was explained that 25 H&F residents had been admitted to either the Ealing facility or Lakeside Mental Health Unit. However, the Ealing facility was not fit for purpose. Since the start of the pandemic, a model of care had been operating without the Ealing beds as these wards had been temporarily closed. The Charing Cross mental health unit had been utilised as another source of provision for the benefit of residents from all three boroughs. Dr Hilton assured the committee that since early 2020, the Trust had continued to retain patients with the system. It was acknowledged that should the results of the enhanced engagement indicate that the wards reopen, this would present a significant and difficult challenge, given the condition of the hospital

estate. Dr Hilton indicated that the Trust would prefer to commit to investing in new, purpose built inpatient mental health facilities in all three boroughs, however, this was unlikely to materialise in the short term.

Councillor Coleman reported that the information provided to H&F had lacked some of the information provided in the Ealing consultation document, together with a letter, and in addition a modified slide deck presented initially to Ealing had also not been provided. This had been unhelpful as Councillor Coleman explained that he had been working to understand the situation based on information given to Ealing, rather than what had been provided to the committee. Addressing the Trust's intention to reinvest ring fenced funding into community mental health services, Councillor Coleman expressed his concern that the CQC had evaluated existing provision as "requires improvement", and "inadequate" in its lack of staffing safeguards. He invited Dr Hilton to indicate how the Trust intended to improve community services to replace the 13 inpatient beds. Dr Hilton responded that within his portfolio of work there were two sets of community services, one was planned care, (the subject of this discussion), and in addition, a range of non-elective, community-based crisis services which included Crisis teams, home treatment, Health based places of safety and the recovery house, Richmond Fellowship. Dr Hilton clarified that the funding that was being reinvested from the 31 beds had already been spent in part to address the estates issue, but the remainder would be ring-fenced. The latter would also be applied to step down provision in supported living accommodation.

Councillor Coleman reiterated the concerns outlined briefly by Councillor Perez about not informing the committee of the proposal. He enquired if the Trust intended to properly consult. Dr Hilton stated that there was no holiday period in January, a period which would mean meaningful engagement with stakeholders less likely. Dr Hilton welcomed the suggestion and indicated that it would be possible to extend the engagement period.

Lisa Redfern reiterated that had she not been informed of the closure by a colleague the council would not have been aware of the proposal. She expressed concern that the closure of 13 beds was significant and warranted formal notification and consultation. While the substandard nature of the facility was not to be dismissed, her concern was that loss of the beds being redeemed by the provision of additional beds in Hounslow was an incomplete resolution. Commenting on the provision of step down beds, these were not the same as acute, inpatient provision that usually supported seriously ill patients and required a higher level of care and intervention. The travel and transport needs of H&F residents visiting loved ones with long term conditions placed at the Hounslow facility had also not been fully considered which was why a full consultation was needed.

Councillor Perez thanked members of the committee for their patience in discussing this important issue. Dr Hilton also thanked the committee for their feedback to the report and reiterated a commitment to have further conversations about the proposals acknowledging the concerns of the committee. He added that the temporary closure of the beds over the previous two and half years had allowed the Trust to build a portfolio of

evidence based on service performance and that the issue was about making a temporary closure permanent.

RESOLVED

That the report was noted.

7. WORK PROGRAMME

The committee noted that the next meeting would focus on the following items (TBC):

- Public Health Update (as per actions raised at the 20 July 2022 meeting)
- Model of Care Working Group (feedback on data analysis)
- Budget – Medium Term Financial Strategy

8. DATES OF FUTURE MEETINGS

Wednesday, 25 January 2023.

Meeting started: 7pm
Meeting ended: 10.15pm

Chair

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Report to: HSC Policy and Accountability Committee

Date: 12 January 2023

Subject: Emergency Planning – Response to 2022 Heatwaves

Report authors: Neil Thurlow, Assistant Director Community Safety, Resilience
Denise Prieto, Emergency Planning Manager

Responsible Director: Bram Kainth, Strategic Director of Environment

1. SUMMARY

2. This report provides Members with the opportunity to understand and review our Emergency Planning processes and responsibilities following the summer heatwave and as an action requested at the previous HSC PAC. The report focuses on the response to the following action:
3. **Action:** *That the Emergency Planning Team be invited to provide a report to help the PAC understand what resilience measures are in place to respond to heatwaves.*
4. The report seeks to advise PAC members regarding the processes which are in place, how our resources are deployed, and provide detail on the work undertaken within the command-and-control structures which were operational when the heatwave response was triggered.
5. There are no decisions required from this report.

RECOMMENDATION

For the Committee to note and comment on the report

Wards Affected: All

Our Values	Summary of how this report aligns to the H&F Values
Creating a compassionate council	<i>The care and welfare of our residents especially in emergencies is at the top of our agenda.</i>
Rising to the challenge of the climate	<i>Heatwave preparedness activities span</i>

and ecological emergency	<i>across the year. Adult Social Care, Children’s Services, Housing and Planning departments are committed to guarding, where possible against the increasing impacts of climate change, and preparing for the summer heatwave season.</i>
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Background Papers Used in Preparing This Report

None.

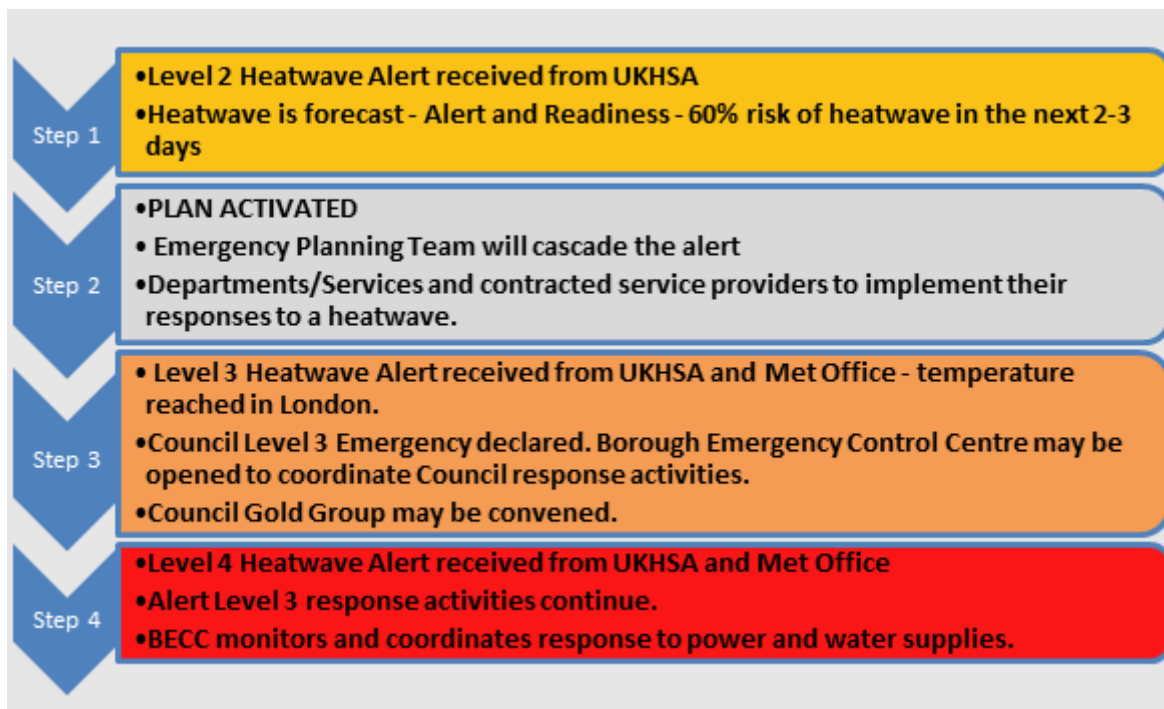
DETAILED ANALYSIS

6. The London Borough of Hammersmith and Fulham have a robust suite of emergency plans and procedures in place which are shaped and tested to respond to different types of emergencies. The council works under the Civil Contingencies Act to deliver this work and plans are shaped by both national and regional frameworks which provide the governance on how local plans are produced.
7. H&F have a Heatwave plan in place (**Appendix 1**) which details the arrangements required for responding to Heat-Health Alerts.
8. It is the Met Office and UKHSA that issue these alerts at increasing levels of severity between 2-4 (level 2 and upward are activated when weather conditions become abnormal – these are explained on page 3 of this report).
9. The alerts issued outline the appropriate response and actions that need to be taken at each level and contains links to supporting information provided by other agencies, for example, the UKSHSA Heatwave Plan for England.
10. All Council departments and services are required to consider the actions contained within the plan identifying which are most appropriate to their operation(s). Where there are actions identified the relevant service managers are responsible for the implementation of these actions to ensure we can protect residents, businesses, borough visitors, and/or council staff against the impact of a heatwave.

Activation of the Plan:

11. The activation notice is received by the Emergency Planning Team. It is this team who are responsible in ensuring that all Council departments are notified of the relevant Heat-Health alerts being received and it is this team who trigger the response from services. It is the responsibility of each department to cascade the warning and mitigation measures to all relevant staff, contracted service providers and other key partners as relevant to protect their staff, clients etc.

Activation Levels & Triggers



Heatwaves - July & August 2022 – Command & Control Arrangements

12. Heatwave alerts were received from the Met Office and UKHSA by the H&F Emergency Planning Team in both July and August 2022 due to unprecedented heat levels.
13. The Heatwave Plan, once received, required us to activate our response plans and, via the Emergency Planning team, activation requests were cascaded to leads from across the council.
14. These alerts were also cascaded to the Council's Senior Leadership Team, and on-call Duty Silver (tactical response) and on-call Duty Gold (strategic response)
15. The virtual Borough Emergency Control Centre (BECC) was opened to coordinate and disseminate information and updates to services. The BECC was monitored by the Emergency Planning Team and acted as a conduit for information with information, service updates and status provision received, cascaded and tracked both internally and externally.
16. Service leads were asked to report back to Emergency Planning via the BECC detailing the proactive measures being taken to mitigate the effect on residents and staff before and during a heatwave with services asked to report any issues on service delivery to the Borough Emergency Control Centre (BECC) during a defined period of time.
17. The Heatwave alerts required the council to activate its response, assess the risk and take appropriate actions to minimise impact on our most vulnerable communities.

18. As part of the emergency response, we held command and control meetings, chaired by the on-call Gold officers to provide council wide oversight and response.
19. These Gold meetings lead to several actions being initiated and tracked. Whilst these actions varied by department, the broader, council wide ones, included the following:

Communications response

20. Educational help and advice/ guidance was published on the H&F website and social media channels to maximise reach quickly and efficiently.
21. The communications advice provided included information regarding the location of cool spaces where residents could seek respite from high temperatures, there was also signposting to H&F Community Connect Team – this is a team of volunteers who residents could call if worried about a friend, relative or neighbour
22. Appendix 2 contains examples of key information, posted on the website and social media channels by the Councils Communications Team.

Sheltered Housing/Housing

23. In person and telephone welfare checks were completed by Officers to all residents residing in H&F sheltered housing schemes where residents were provided with help and advice relating to personal health and welfare matters due to the high temperatures. Officers worked to ensure that our residents understood the risk of the heat and were understanding of the need(s) to take extra self-care and also how to seek additional assistance when needed.
24. There were also localised communications approaches put into place to re-iterate the education and awareness raising:
25. 'Beat the Heat Posters' were put on all estate notice boards prior to heatwave with practical advice
26. Useful Information uploaded to lift screens in lobbies
27. Housing colleagues also had additional lift/electrical engineers on standby as the heat presented higher risk of lifts overheating. Pallets of water bottles, were readied for delivery and 200+ vulnerable residents were contacted by the call centre to undertake welfare checks and make an offer of free fans being delivered.
28. Housing Officers were advised to be extra vigilant and check on their most vulnerable residents.
29. Due to increased risks of issues due to the heat our Call Centre and Out Of Hours call centre were briefed and emergency mechanisms put in place for raising higher risk calls (e.g., lift entrapments)

Adult Social Care

30. Adult Social Care Reablement staff contacted vulnerable residents and when visiting checked on hydration, their environment etc.
31. All care providers were regularly contacted by Adult Social Care staff and advice given to these providers to ensure they undertook welfare checks on residents – both for those in independent accommodation and for those living in supported accommodation. Care agencies were told to check that residents were hydrated and well. All providers working on behalf of H&F are required to have a Business Continuity Plan to ensure they can continue to deliver their vital services in adverse circumstances.
32. In addition, over 2,000 proactive welfare texts were sent out to residents by H&F Community Connect Team to raise awareness. Residents were advised of the following:
33. *“If you, or somebody you know, find your home to be uncomfortably hot and you have concerns about it affecting yours or someone else's health, please contact H&F community connect team on 0800 145 6095 Monday to Friday 8am to 6pm. If you live in a council block, please make sure you have water and your mobile phone with you if you are using a lift. If the lift does break down, please follow the instructions in the lift car.”*

Careline

34. Additional staffing was put in place, with staff prepared to assist in the event of an increase in Careline emergency call outs between 09:00 – 16:00.
35. With the plans from Careline managers ensured staff had access to the latest health guidance and briefings were cascaded to all staff. One site management cover was activated and careline staff made proactive calls to all residents in receipt of the careline service. In addition, Careline officers carried out checks on known residents without care packages, to see that they were keeping hydrated and cool.
36. During these engagements residents were reminded to use their alert devices if they have any support issues/queries.
37. The service did not see any increase in calls from residents, however.

Highways - Hammersmith Bridge:

38. Hammersmith Bridge saw significant work undertaken as the highways team worked around the clock to ensure that the bridge was kept at a stable temperature, so it remained open and available for residents' use (bicycles and on foot).
39. This work saw media interest as cooling technology was used to prevent overheating.

Children's Services

40. Children's Services ensured that families had access to public health advice to keep cool and hydrated
41. Information and advice were shared with providers running Summer in the City events and others providing services to children and families

Travel Care:

42. Travel Care Assistance includes home to school transport, adult day centre transport and ad hoc journeys for children's and adult social care arrangements. Transport is generally provided by minibus or taxi. The type of transport is determined based on the needs of the individual service user and location of the destination.
43. Guidance was issued to all contracted providers to ensure the continued high quality, safe delivery of services. Guidance included:
 - All drivers are to maintain a cool vehicle ensuring good ventilation.
 - All crews are to have a fully charged phone in case of any difficulties.
 - Bottled water is available in the vehicles in the event of breakdowns or significant traffic delays giving due consideration to the individual health and care needs of children and young people, for example safe swallowing.
 - Crews maintain good communication with families and carers in the event of traffic delays to ensure residents are not having to wait for the arrival of the vehicle outside during extreme temperatures.
 - All vehicle crew are first aid trained in the event a passenger or colleague experienced symptoms of heat exhaustion.
44. The Travel Care Service operate a single 'golden number' for families and providers in the event of queries or concerns which is available from 07.30-17.00 Monday-Friday whilst services are operating.

Rough Sleeping (Homelessness)

45. Severe Weather Emergency Protocol (SWEP) was activated for rough sleepers on both occasions (July & August) during the extreme heat. SWEP was activated based on the Met Office weather forecast and remained in place until the heatwaves had expired.
46. The Street Outreach Team carried out welfare checks on people sleeping rough, giving out sun cream and water and advised where people can seek respite from the heat during the day.
47. Emergency beds were opened, and arrangements were made for the provision of temporary accommodation for rough sleepers. During the second

SWEP activation (11-16th August 2022), four rough sleepers were supported away from the streets.

LET (Law Enforcement Team)

48. During patrols, LET officers signposted rough sleepers to accommodation opened for their specific use and triaging them to the right team if they indicated that they would like support. They conducted extensive work with the Outreach Team, especially the Outreach Night Team

49. Any reports of street parties or similar disturbances were responded to in the usual way and LET service provision remained 24hrs a day.

LOOKING FORWARD – ENSURING WE LEARN AND DEVELOP

50. The council is concentrating on preparation and mitigation measures that should be considered for future years where we may expect to see longer periods of extreme heat due to climate change.

51. Our preparedness is being undertaken with our climate change team as it is essential that we learn and seek to “future proof” the borough, initially for roads, schools and care homes and then, in the longer term, expanding this preparedness to other areas of business.

52. The Council currently holds monthly Climate Change Strategy Group meetings, it also holds regular Flood and Extreme Heat Mitigation Group meetings chaired by the Strategic Director of Environment

53. Following every incident where emergency planning protocols are triggered, an evaluation is undertaken. This evaluation, led by the Emergency Planning team, seeks to identify what worked, what could have been better and what the key learning points were from all involved.

54. Where there are multi-agency responses to an incident, these are discussed with the Borough Resilience Forum (BRF). The Civil Contingencies Act 2004 places a statutory requirement (since 01 April 2012) on each of the 33 London Boroughs to have a Borough Resilience Forum. The Hammersmith & Fulham Borough Resilience Forum (BRF) brings together Category 1 Responders and Category 2 Responders, for example, Fire brigade, MPS, NHS and others as and when required. It seeks to ensure that multi-agency emergency planning, emergency response and consequence management are undertaken in a coordinated manner, based upon locally agreed priorities.

55. At the BRF meeting held on the 6th of December 2022, it was agreed by the forum to hold a Heatwave multi-agency exercise to further test our plans and identify where more work may be required on a partnership level.

56. This exercise will take place at the end of March 23 to prepare for any heatwaves and identify any learning and best practice going forward.

57. The council is also working to identify and secure “Cool Spaces” for residents to access so that they may find respite from the high temperatures. At this

time there are five cool spaces: Westfield (x2 areas), Livat (Hammersmith), Fulham Library and Shepherds Bush Library.

58. The GLA are also working with us, and other Emergency Planning teams to provide maps of cool spaces, free water fountains and larger, air-conditioned sites that are readily available to all. The GLA list five water fountains in Hammersmith and Fulham - Hammersmith Park, on/near Shepherds Bush Green, Lyric Square, opposite Fulham Broadway centre and in Hurlingham Park alongside cooler spaces of the West 12 shopping centre (near Shepherds Bush Green) and Fulham Broadway Centre.

59. The designated cool spaces above are on the London GLA map, please find the link here: [London's Cool Spaces](#)

60. LIST OF APPENDICES

Appendix 1 - H&F Severe Weather - Heatwave Plan

Appendix 2 - Examples of Key Information Posted on the Website & Social Media Channels by the Council's Communications Team

Emergency Management Plan

For Major Emergencies and
Business Continuity Disruptions

Severe Weather - Heatwave Plan

Issue Number: 8
Date of Issue: May 2022



Publishing Information

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Security Classification	This document is unclassified.

Glossary

BECC	Borough Emergency Control Centre
COBR	Cabinet Office Briefing Room
DH	Department of Health
LFB	London Fire Brigade
LLACC	London Local Authorities Coordination Centre
LLAG	London Local Authority Gold
UKHSA	UK Health Security Agency
SLT	Senior Leadership Team

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1. BACKGROUND

1.1 Why this plan is needed and context

In Northern France in August 2003, unprecedentedly high day and night-time temperatures for a period of three weeks resulted in 15,000 excess deaths. The vast majority of these were among older people. In England that year, there were over 2,000 excess deaths over the 10-day heatwave period which lasted from 4-13 August 2003, compared to the previous five years over the same period.¹

In a significant heatwave in 2006 it was estimated that there were about 680 excess deaths in England compared to similar periods in previous years. In 2009 there were approximately 300 excess summer deaths in England during a heatwave compared to similar periods in previous years. Excess deaths are not just deaths of those who would have died anyway in the next few weeks or months due to illness or old age. There is strong evidence that these summer deaths are indeed 'extra' and are the result of heat-related conditions.²

The latest [UK State of the Climate](#) report shows we are experiencing higher maximum temperatures and longer warm spells. The hottest day of the year for the most recent decade (2008-2017) has increased by 0.8°C above the 1961-1990 average*. Warm spells have also more than doubled in length – increasing from 5.3 days in 1961-90 to over 13 days in the most recent decade (2008-2017). South East England has seen some of the most significant changes, with warm spells increasing from around 6 days in length (during 1961-1990) to over 18 days per year on average during the most recent decade: <https://www.metoffice.gov.uk/research/climate/understanding-climate/uk-extreme-events-heatwaves>

The year-to-date mortality rate for deaths registered from 1 January to 30 September 2018 was 974 deaths per 100,000 population, which was statistically significantly higher than the mortality rate in the same period of 2017. The exceptionally hot weather experienced on 26 & 27 July 2018 coincided with a sharp increase in the daily death count, which substantially exceeded the five-year average on those days

The rise in mortality as a result of very warm weather follows very sharply – within one or two days of the temperature rising. This means that by the time a heatwave starts, the window of opportunity of effective action is very short indeed. Advanced planning is therefore essential.

UK Health Security Agency (UKHSA) annually publishes a Heatwave Plan for England which aims to protect health and reduce harm from severe heat and heatwaves. The Plan is supported by advice and guidance about supporting vulnerable people before and during a heatwave, and guidance for managers and staff in older people and children's settings.

¹ Heatwave Plan for England, UKHSA

² *ibid.*

A copy of the plan and its associated supporting documents can be found via this link:
<https://www.gov.uk/government/publications/heatwave-plan-for-england>

This plan is relevant to the Council's Emergency Response & Recovery Plan and compliments the UKHSA Plan. It focuses on the Council's response to a receipt of Heat-Health Alerts from UKHSA and the Met Office, and the actions to be taken at that time.

Council departments and services, and contracted service providers are responsible for identifying their routine actions in respect of the risk of heatwave as set out in the UKHSA Heatwave Plan for England.

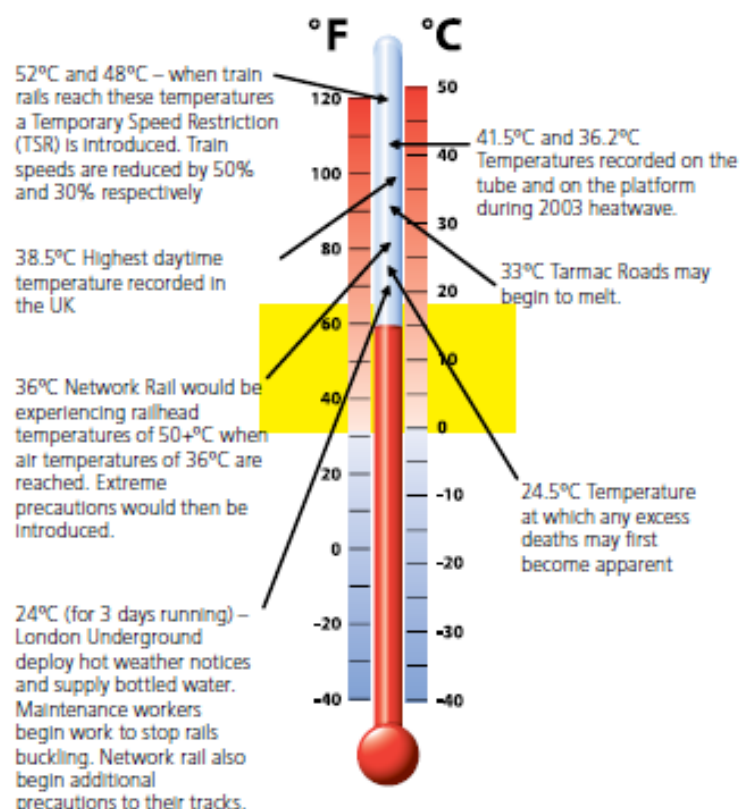
1.2 Definition of a Heatwave in London

Although excess seasonal deaths start to occur at approximately 25°C, for practical purposes the Heatwave Plan for England bases its Heat-Health Alert system upon temperature thresholds where the odds ratio is above 1.15 - 1.2 (a 15 to 20% increased risk).

A heatwave in London is reached when the threshold average temperatures defined by the Met Office National Severe Weather Warning Service is forecast to reach **32°C** during the day and **18°C** overnight. However, a significant proportion of excess summer deaths occur before the Health-Heatwave Alert is triggered.

This illustration summarises the key trigger temperatures during a heatwave.³

³ Heatwave Plan for England, UKSHA



1.3 Aim of this Plan

To detail the arrangements required for responding to a Heat-Health Alert (Levels 2, 3 and 4) received from the Met Office and from UKHSA

1.4 Objectives of this Plan

- To translate national and regional planning assumptions to the borough/local level.
- To clarify organisational roles and responsibilities.
- To steer departments and contracted service providers to the national guidance on heatwave mitigation measures that should be put in place to protect at-risk groups that include older people, the very young and people with pre-existing medical conditions as well as those whose health, housing or economic circumstances put them at greater risk of harm from very hot weather.
- To set-out the coordination arrangements that will be used following receipt of a Level 2, 3 or 4 alert.

1.5 Planning Assumptions

This Plan is predicated around responding to and mitigating the impact of a heatwave in London.

- The rise in mortality as a result of very warm weather follows very sharply – within one or two days of the temperature rising.⁴
- Mitigation measures described in the Heatwave Plan for England will, if swiftly implemented, reduce the rise in mortality.
- The Council's business continuity plans will be required to support Council services in Level 3 or 4 alerts.

1.6 Responsibilities for this Plan

It is the responsibility of the Council's Emergency Planning Team to write and maintain this plan and to ensure that the contents are drawn to the attention of those senior officers who might need to implement and use it in the event of a major emergency.

It is the responsibility of all departments to be aware of their roles for mitigating the risk of heatwave, and to ensure staff are adequately prepared and protected if working in a heatwave.

It is the responsibility of the Director of Public Health to seek assurance that plans are in place to protect all residents in the borough. This assurance role will include liaising with the local NHS.

1.7 Training and Exercising

Executive Directors, and Duty Silvers will be briefed about this Plan by the Emergency Planning Team.

The Council's Emergency Response & Recovery Plan is regularly exercised, and from time to time the exercise scenarios will include heatwave.

1.8 Plan Maintenance Schedule

This Plan shall be reviewed annually, following and taking into account the results of any exercise, following any update of the UKHSA Heatwave Plan for England or following an activation of this Plan.

1.9 Related Procedures and Other Documents

1.9.1 London Borough of Hammersmith & Fulham

- Emergency Response & Recovery Plan Part 1
- Tactics & Contacts (OFFICIAL-SENSITIVE) – Part 2
- Borough Risk Register
- Excess Deaths Plan

⁴ Heatwave Plan for England, UKHSA

- Designated Disaster Mortuary Plan (Fulham Mortuary is the designated disaster mortuary for the West London Coronial area)

1.9.2 London Resilience Partnership

The London Resilience Partnership has various plans and protocols showing how London would deal with the impacts of different incidents. Confidential plans are accessible by the Emergency Planning Team. The latest versions of the publicly available plans are available for download and include the following which are of particular relevance to a mass fatality incident in London:

- [Severe Weather and Natural Hazards Framework](#)
- [Strategic Coordination Protocol](#)
- [LESPL procedure manual](#)
- [London Excess Deaths Plan](#)

1.9.3 National

- UKHSA Heatwave Plan for England
<https://www.gov.uk/government/publications/heatwave-plan-for-england>
- Advice for health and social care professionals: supporting vulnerable people before and during a heatwave:
[Supporting vulnerable people before and during a heatwave: for health and social care professionals - GOV.UK \(www.gov.uk\)](#)
- Advice for care home managers and staff: supporting vulnerable people before and during a heatwave
[Supporting vulnerable people before and during a heatwave: for care home managers and staff - GOV.UK \(www.gov.uk\)](#)
- Looking after children and those in early years settings during heatwaves: guidance for teachers and professionals
[Looking after children and those in early years settings during heatwaves: for teachers and professionals - GOV.UK \(www.gov.uk\)](#)
- Looking after yourself and others during hot weather
<http://www.nhs.uk/livewell/summerhealth/documents/looking%20after%20yourself%20and%20others%20during%20hot%20weather2010.pdf>

2. THE HEAT-HEALTH ALERT SERVICE

2.1 Heat-Health Alerts

Heatwave preparedness activities span across the year. Adult Social Care, Children’s Services, Housing and Planning departments particularly should be engaging in a range of activities to guard against the increasing impacts of climate change, and to be prepared for the summer heatwave season.

Summary of Alert Levels and Actions	
Level 0 Long-term planning All year	Year-round joint working to reduce the impact of climate change and ensure maximum adaptation to reduce harm from heatwaves. This involves influencing urban planning to keep housing, workplaces, transport systems and the built environment cool and energy efficient.
Level 1 Heatwave and Summer Preparedness programme 1 June – 15 September	Summer preparedness runs from 1 June to 15 September each year when a Level 1 alert will be issued. During the summer months, social and healthcare services need to ensure that awareness and background preparedness are maintained by implementing the measures set out in the UKHSA Heatwave Plan for England.
Level 2 Heatwave is forecast	This is triggered as soon as the Met Office forecasts that there is a 60 per cent chance of temperatures being high enough on at least two consecutive days to have significant effects on health.
Level 3 Heatwave Action	This is triggered as soon as the Met Office confirms that threshold temperatures have been reached in any one region or more. This stage requires specific actions targeted at high-risk groups.
Level 4 Major Incident – Emergency Response	National Emergency. This is reached when a heatwave is so severe and/pr prolonged that its effects extend outside health and social care, such as power or water shortages, and/or where the integrity of health and social care systems is threatened. At this level, illness and death may occur among the fit and healthy, and not just in high-risk group and will require a multi-sector response at national and regional levels.

2.2 Action Tables

The UKHSA Heatwave Plan for England contains the following action tables⁵:

- Commissioners of health and social care (all settings) and local authority Directors of Public Health.
- Providers – health and social care staff in all settings (community, hospitals and care homes).
- Community and voluntary sector individuals.
- National Level: NHS England, UKHSA, DH, Met Office, Other Government Departments.

These tables summarise the actions to be taken by different organisations and groups in order to respond to the alert levels (including Level 0: Long-term planning, all year), be it preparing for, or responding to, and actual episode of severe hot weather.

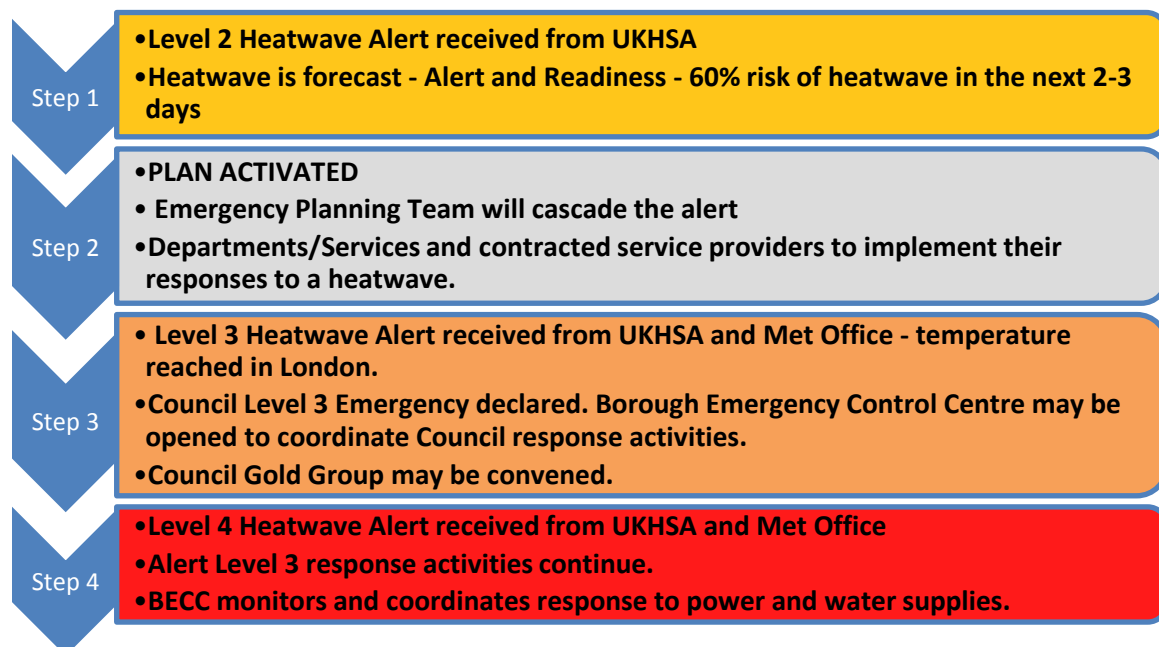
All Council departments/services, including contracted service providers, are required to consider the action tables appropriate to their operations and implement the necessary measures to protect residents, visitors and staff against the impact of a heatwave.

Refer to Section 1.9.3 of this plan for details of UKHSA guidance documents specific to particular sectors.

⁵ Heatwave Plan for England, Chapter 3

3. ACTIVATION OF THIS PLAN

3.1 Steps to Decision to Activate this Plan



1. The Heat-Health Alert system operates between 1 June and 15 September, based on Met Office forecasts and data. There may be little time between a Level 2 warning being issued and the arrival of heatwave temperatures.
2. The Emergency Planning Team will ensure that all Council departments are aware of a Level 2 alert being received. It will be necessary for departments to cascade the warning and mitigation measures to all relevant staff and to contracted service providers.
3. As temperatures in London will now be at the Heatwave level, the BECC may be opened to coordinate the Council's response. Departments and service providers may need to alter usual working patterns to allow staff to work at cooler parts of the day.
4. A Level 4 heatwave is likely to impact on power and water supplies, and on transport (roads, rail, tube and bus). Business continuity plans may be needed to address staff shortages, delays in deliveries, etc. The opening of 'cooling centres' may be considered.

4. RESPONSE ROLES AND RESPONSIBILITIES

4.1 All Council Departments and Service Providers

Heat-Health Alerts	Actions
<p>Level 0 All year</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Departments to inform managers of the Heatwave Plan for England and of sector-specific guidance (see 1.9.3 above). <input type="checkbox"/> Managers to be responsible for identifying routine actions and mitigation measures that should be put in place (see the tables in Chapter 3 of the Heatwave Plan for England). <input type="checkbox"/> Departments to provide assurance statements to the Emergency Planning Team.
<p>Level 1 Heatwave and Summer Preparedness Programme 1 June – 15 September</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Be aware of weather forecasts and periods when temperatures are forecast to rise towards heatwave levels. <input type="checkbox"/> Monitor the Met Office National Weather Warning Service forecasts. <input type="checkbox"/> All to review Service Business Continuity Plans to ensure that core/critical services may continue to be provided in the event of a heatwave.
<p>Level 2 Heatwave is forecast</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Cascade alerts (received from Met Office and cascaded to departments by the Emergency Planning Team) to all services and teams within the departments. <input type="checkbox"/> The council's website will provide relevant information and useful web links.
<p>Level 3 Heatwave Action</p>	<ul style="list-style-type: none"> <input type="checkbox"/> All departments to ensure that mitigation measures for their services are fully in place. <input type="checkbox"/> The H&F Health Partners Group will be convened who will arrange to contact vulnerable residents in the borough making sure they are not at risk. Should they identify individuals or groups at risk they will deal with the co-ordinated response. <input type="checkbox"/> The council's intranet and internet will display information relating to the current situation. Links to documentation produced by UKHSA giving advice and guidance will also be added to the website by the council's communications team. (Contact details are held in the H&F Tactics & Contacts document in the Incident Management Resources shared folder). The council's contact centre and out of hours team will also be provided with this information and regular heatwave up-dates. <input type="checkbox"/> Service business continuity plans to be implemented if there are staffing shortfalls or delivery failures. <input type="checkbox"/> Consider altering the working arrangements or hours of

	<p>staff working outside or in non-air conditioned buildings. This could include working in the early morning or late evening, thus avoiding the main heat of the day, more home working to avoid travel, reducing meetings and thus reducing travel, limiting the hours worked outside, provision of sun-protection for outside workers.</p>
<p>Level 4 Major Incident – Emergency Response</p>	<ul style="list-style-type: none"><input type="checkbox"/> Actions as per Level 3. Level 3 actions will be stopped when temperature cools to Level 1<input type="checkbox"/> Corporate and Service business continuity plans to be invoked in the face of anticipated severe dislocation of service provision in the face of power and water shortages, disruptions to road, rail, tube and bus services, and staff shortages.

4.2 Additional Roles for Adult Social Care and Children’s Services

Adult Social Care and Children’s Services have additional roles specifically relating to mitigation measures for elderly people, young children and people with health vulnerabilities. See the Heatwave Plan for England – Chapter 3 – Action Tables for details of actions that should be considered and, if appropriate to local services, implemented.

Heat-Health Alerts	Actions
<p>Level 0 All year</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Managers of social care and children’s settings, and housing generally, to be aware of the specific heatwave mitigation measures suggested in the Heatwave Plan for England and associated guidance, and to implement mitigation wherever possible. <input type="checkbox"/> Senior managers to seek and obtain assurance of compliance within the department.
<p>Level 1 Heatwave and Summer Preparedness Programme 1 June – 15 September</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Managers of services to at-risk groups that include older people, the very young and people with pre-existing medical conditions as well as those whose health, housing or economic circumstances put them at greater risk of harm from very hot weather, to routinely monitor weather forecasts, and be aware of rising temperatures. <input type="checkbox"/> Senior managers to collate distribution lists of managers for receipt of the twice-weekly (Mon and Fri) Heatwave Warning’s issued by the Met Office 1 June – 15 September. <input type="checkbox"/> Monitor the Met Office National Severe Weather Warning Service forecasts.
<p>Level 2 Heatwave is forecast</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Implement the mitigation measures set out in the Heatwave Plan for England Action Tables – particularly important for at-risk groups in older people’s and children’s settings.
<p>Level 3 Heatwave Action</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Implement the mitigation measures set out in the Heatwave Plan for England Action Tables – particularly important for at-risk groups in older people’s and children’s settings.
<p>Level 4 Major Incident – Emergency Response</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Disruption to power and/or water supplies may lead to closure of care centres and schools. <input type="checkbox"/> Some schools may need to close classrooms where conditions are too hot.

4.3 Emergency Planning Team and Borough Emergency Control Centre (BECC)

Heat-Health Alerts	Actions
Level 0 All year	<ul style="list-style-type: none"> <input type="checkbox"/> Emergency Planning team promote the Heatwave Plan for England to departments and key services.
Level 1 Heatwave and Summer Preparedness Programme	<ul style="list-style-type: none"> <input type="checkbox"/> Monitor the twice-weekly (Mon and Fri) Heatwave Warning's issued by the Met Office 1 June – 15 September. <input type="checkbox"/> Monitor the Met Office National Weather Warning Service forecasts.
Level 2 Heatwave is forecast	<ul style="list-style-type: none"> <input type="checkbox"/> Activate the Heatwave Plan at Level 2 (BECC in 'warm state', staffed by the Emergency Planning Team, ready for full activation if heatwave escalates to Level 3). <input type="checkbox"/> Cascade alerts to all departments.
Level 3 Heatwave Action	<ul style="list-style-type: none"> <input type="checkbox"/> Declare a Level 3 emergency and fully activate the BECC <input type="checkbox"/> Cascade alerts to all departments. <input type="checkbox"/> Convene the H&F Health Partners Group <input type="checkbox"/> Commission an Impact Assessment for both Council services and residents, businesses and visitors. <input type="checkbox"/> Inform the Chief Executive, and provide a briefing for the Strategic (Gold) Group. <input type="checkbox"/> Provide a link between the Council and London Local Authority Gold (via the London Local Authorities Coordination Centre). <input type="checkbox"/> Consider activation of the council's Excess Deaths Plan if numbers of excess deaths in the borough are forecast to reach the threshold.
Level 4 Major Incident – Emergency Response	<ul style="list-style-type: none"> <input type="checkbox"/> National (COBR) and regional (LLAG/LLACC) coordination arrangements will be in play – BECC will provide the Council's link to these tiers. <input type="checkbox"/> Council Gold Group will be convened to consider the strategic implications of this level of disruption. <input type="checkbox"/> Business Continuity/Service Resilience Management Group will be convened to support the BECC.

4.4 Communications – external and internal

Heat-Health Alerts	Actions
<p>Level 0 All year</p>	<p>Generic heatwave advice is available from the Council's website.</p> <ul style="list-style-type: none"> <input type="checkbox"/> No further action required at Level 0.
<p>Level 1 Heatwave and Summer Preparedness Programme</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Departments should draw attention of their staff to any heatwave mitigation roles they may have. <input type="checkbox"/> Staff with heatwave mitigation and/or response roles should be informed of the updated UKHSA Heatwave Plan for England and associated guidance documents.
<p>Level 2 Heatwave is forecast</p>	<p>UKHSA will broadcast official UKHSA warnings alongside national and regional weather forecasts. Examples of public health core messages are in Annex 2 of the Heatwave Plan for England.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consideration should be given to signposting Council website viewers to the UKHSA and NHS England heatwave websites. <input type="checkbox"/> Consideration should be given to generic information messages to staff via the intranet.
<p>Level 3 Heatwave Action</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Adult Social Care and Children's Services departments should consider communications to receivers of services about potential interruptions to those services because of the heatwave. <input type="checkbox"/> Messages to staff about precautions when travelling and, particularly, when working outside should be given. This may be via the Intranet, via departmental comms routes, and by direct communication with individuals, as appropriate. <input type="checkbox"/> The council's intranet and internet will display information relating to the current situation. Links to documentation produced by UKHSA giving advice and guidance will also be added. <input type="checkbox"/> There may be requests to share messages from other members of the Hammersmith & Fulham Borough Resilience Forum.
<p>Level 4 Major Incident – Emergency Response</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Borough Emergency Control Centre will be in operation. Comms messages (both external and internal) will be determined by existing protocols within their emergency plan. There may be requests to share messages from other members of the Hammersmith & Fulham Borough Resilience Forum.

4.5 Mass Gatherings

The Heatwave Plan for England contains a quick heat-health checklist (Annex 3) that can be used when planning large-scale public events (mass gatherings) – repeated here. This will be of particular relevance to the Council’s Special Events Team, and to any team that is holding or working with an organisation that is holding an outdoors event.

Heat-Health Risk	Actions to consider
Increased exposure to heat	<ul style="list-style-type: none"> <input type="checkbox"/> Provide temporary shaded areas at event locations (umbrellas, tents) <input type="checkbox"/> Reduce the need to queue (efficient check-in, additional staffing, or staggered ticket entry) <input type="checkbox"/> Provide a water spray/mist area/spraying (showers, garden hose) <input type="checkbox"/> Make available a map of local public air-conditioned spaces where people can have respite from the heat (consider extending opening hours of these venues) <input type="checkbox"/> Divert strenuous activities for cooler days or cooler periods of the day and provide an alternative, less strenuous program for hot days
Communication barriers	<ul style="list-style-type: none"> <input type="checkbox"/> Prepare advice for tourists and distribute around hotels, money exchanges and transport hubs <input type="checkbox"/> Produce and distribute heat-health advice printed onto free fans or caps (can be used to fan/protect against sun while containing information on protecting against and recognising heat-related illnesses, and provide emergency phone number in case of identified heat-related illness) <input type="checkbox"/> Inform your audience and/or your members about the health risks and possible preventive measures through digital screens/speakers/announcements
Reduced access to water	<ul style="list-style-type: none"> <input type="checkbox"/> Distribute water bottles or temporary water dispensers <input type="checkbox"/> Ensure an adequate supply of drinking water – on hot days it is advisable to provide free drinking water
Severe heat emergency	<ul style="list-style-type: none"> <input type="checkbox"/> Consider moving date, location or cancel event in extreme heat alert (especially at a Level 4 alert) <input type="checkbox"/> Ensure adequate immediate relief for people in emergency and ensure their transport to first aid/health unit
Medical needs	<ul style="list-style-type: none"> <input type="checkbox"/> Remember that people with asthma, heart disease and /or other additional chronic conditions are additionally health sensitive to ozone and/or heat <input type="checkbox"/> Keep in mind that alcohol and some (prescription) drugs can worsen effect of heat <input type="checkbox"/> Ensure adequately trained personnel who notify authorities as soon as there are incidences of heat illness observed
Food needs	<ul style="list-style-type: none"> <input type="checkbox"/> Provide water-rich foods such as salads, yogurt and ensure that food is kept cool to prevent contamination

4.6 Advice for Staff (including contracted staff; also see distributed UKHSA comms)

General Advice

The following tips may seem obvious but they are easily overlooked in a busy working day:

- Stay tuned to the weather forecast on the TV or radio, and look at the Met Office London Weather Forecast.
- Drink lots of cool drinks.
- Stay in the shade wherever possible, and try to keep out of the sun between 11am and 3 pm.
- Apply sunscreen of a least SPF15 with UVA protection.
- Wear UV sunglasses, preferably wraparound, to reduce UV exposure to the eyes.
- Wear light, loose-fitting cotton clothes, a hat and light scarf.
- Carry water with you if travelling on public transport (it is best to drink 15 minutes before travelling).
- Look out for others, especially vulnerable groups such as older people, young children or animals.
- Never leave anyone in a closed, parked vehicle, especially infants, young children or animals.

Fasting and Ramadan

- Many members of the Muslim community may be fasting during the period of Ramadan. If a heatwave occurs during Ramadan it is important to balance food and fluid intake between fasts and specially to drink enough water.
- The Muslim Council of Britain and the NHS publish lots of useful information for those likely to be affected during this period.

Check on vulnerable family members or neighbours

People who are elderly or who have serious medical conditions, particularly heart or breathing conditions, are more vulnerable to serious ill effects in a heatwave. You can help by visiting, perhaps more frequently, and encouraging them to:

- Drink water or fruit juice regularly.
- Wear loose cotton clothing.
- Identify the coolest room in the house, so they can go there to keep cool.
- Keep rooms cool by closing curtains.
- Close windows and curtains while the room is cooler than outside and, if it is safe, open windows at night when the air is cooler.
- Avoid going outside in the hottest part of the day (11am to 3pm).
- If they do need to travel, to carry water with them. It is best to drink 15 minutes before travelling.
- Spend time in the shade and avoid strenuous activity.
- Splash their faces and backs of necks with cool water.

- People with heart problems, breathing difficulties or serious illnesses may find their symptoms become worse in hot weather, so make sure they have enough medicines in stock and take extra care to keep cool.
- Take sensible precautions to prevent sunburn, particularly in children.

Examples of Key Information Posted on the Website & Social Media Channels by the Council's Communications Team

H&F Website Posts:

[Keeping yourself safe, and protecting people, in this hot weather | LBHF](#)

KEEPING YOURSELF SAFE, AND PROTECTING PEOPLE, IN THIS HOT WEATHER

The [Met Office issued its first ever Red Extreme Heat warning](#), with temperatures expected to reach 40 degrees on Monday 18 July. A red weather warning is the most serious and means adverse health effects that are not limited to those most vulnerable to extreme heat and which may cause serious illness or a danger to life.

With temperatures soaring, we wanted to share some tips on how to stay safe, and how you can look out for those who may need help.

Extremely high temperatures bring a real risk to health. This is particularly the case with children, older people, those with an underlying medical condition, and the homeless.



What seems like a cooling dip can be a risk to life

There are also other risks associated with hot weather.

Rivers and lakes may seem like a great place to cool off. But underlying currents, and unseen obstacles beneath the surface, can make them a danger to life for even the strongest swimmer.

For rough sleepers, extreme hot weather can be just as dangerous as extreme cold

We're determined to end rough sleeping in H&F, but the reality is that this extreme weather can cause health problems for those forced to stay out in it 24/7.

If you are concerned about someone who you think is sleeping rough, you can log their location using the app from StreetLink – available on [Google Play](#) and the [Apple App Store](#).

The information is passed to an H&F Council-funded outreach team – run by charity St Mungo's – who will then know how to find them.

A small amount of effort can make a massive difference.

Stay safe in this extreme hot weather

Everybody needs to take sensible precautions to ensure the summer is one to be remembered for the right reasons.

Stay out of the heat:

- keep out of the sun between 11am and 3pm
- if you have to go out in the heat, walk in the shade, apply sunscreen and wear a hat and light scarf
- avoid extreme physical exertion
- wear light, loose-fitting cotton clothes

Cool yourself down:

- have plenty of cold drinks (you can find your nearest water fountain at the [Refill London website](#), and avoid excess alcohol, caffeine and hot drinks)
- eat cold foods, particularly salads and fruit with a high water content
- take a cool shower, bath or body wash
- sprinkle water over the skin or clothing, or keep a damp cloth on the back of your neck

Keep your environment cool:

- keeping your living space cool is especially important for infants, the elderly or those with chronic health conditions or who can't look after themselves
- place a thermometer in your main living room and bedroom to keep a check on the temperature
- keep windows that are exposed to the sun closed during the day, and open windows at night when the temperature has dropped
- close curtains that receive morning or afternoon sun, however, care should be taken with metal blinds and dark curtains, as these can absorb heat – consider replacing or putting reflective material in-between them and the window space
- turn off non-essential lights and electrical equipment – they generate heat
- keep indoor plants and bowls of water in the house as evaporation helps cool the air
- if possible, move into a cooler room, especially for sleeping
- electric fans may provide some relief, if temperatures are below 35c

Look out for others:

- keep an eye on isolated, elderly, ill or very young people and make sure they are able to keep cool
- ensure that babies, children or elderly people are not left alone in stationary cars
- check on elderly or sick neighbours, family or friends every day during a heatwave
- be alert and call a doctor or social services if someone is unwell or further help is needed If you have a health problem:
- keep medicines below 25c or in the refrigerator (read the storage instructions on the packaging)
- seek medical advice if you are suffering from a chronic medical condition or taking multiple medications

If you or others feel unwell:

- try to get help if you feel dizzy, weak, anxious or have intense thirst and headache; move to a cool place as soon as possible and measure your body temperature
- drink some water or fruit juice to rehydrate
- rest immediately in a cool place if you have painful muscular spasms (particularly in the legs, arms or abdomen, in many cases after sustained exercise during very hot weather), and drink oral rehydration solutions containing electrolytes
- medical attention is needed if heat cramps last more than one hour
- consult your doctor if you feel unusual symptoms or if symptoms persist

You can also visit the NHS website for more advice

[Heatwave: how to cope in hot weather - NHS advice](#)



KEEPING HAMMERSMITH BRIDGE COOL – AND OPEN – IN THE HEATWAVE

Parts of Hammersmith Bridge have been wrapped in reflective material to help protect it from the extreme heat

Engineers are working round the clock to keep 135-year-old Hammersmith Bridge open during the extreme hot spell.

The historic Grade II* listed bridge had to be fully closed in August 2020 when micro-fractures in its cast-iron pedestals widened during a heatwave.

Since then Hammersmith & Fulham Council's world leading engineers have installed a pioneering £420,000 temperature control system to keep the bridge at a safe temperature and alleviate any stresses on the pedestals.

The successful operation of the system was a key factor in the decision by safety experts to allow the bridge to reopen to pedestrians, cyclists and river traffic last July. It effectively acts as a giant air conditioning unit on each of the four pedestal chains.

The chains, which are anchored to the river bed, are regulated to be kept under 13°C in the summer. If any of them reach 18°C, safety engineers will shut the bridge.

With the Met Office having issued an Amber Alert and temperatures predicted to hit 34°C in the borough next Tuesday, engineers have been working on an extra package of measures to keep the bridge chains cool.

This includes running the cooling system throughout the night and wrapping the parts of the chains that are above the water level in silver insulation foil which reflects the sun.

“The safety of the public is our first priority,” said Sebastian Springer, Arcadis Project Manager on the bridge works. “The temperature control system allows us to track weather spikes and maintain a constant temperature. As we deal with the current extreme heat, we are also coming up with innovative solutions to keep the temperature within the threshold.”

If temperatures exceed expectations and the temperature threshold is breached, engineers state that the bridge would have to close on public safety grounds. However any closure would likely be only temporary until the heat subsides.

The first phase £8.9m works currently taking place on the bridge involves stabilising the micro-fractures in the pedestals to prevent the threat of future closures in extreme high and low temperatures.

Hammersmith Bridge, built-in 1887, is one of the world's oldest suspension bridges which is why it is also one of Britain's most expensive to repair. It is a Grade II* listed structure made out of wood and wrought iron with the suspension held in place by cast iron pedestals. It is part of Britain's engineering heritage and a national landmark.

H&F has been told by the government to pay an unprecedented 33 per cent of the original estimated £141m to £163m repair bill which would normally have been paid in large part by Transport for London (TfL) and the Department for Transport (DfT). We have made it clear we can only raise that amount of money via a road user charge or toll.

[Hammersmith Bridge – all you need to know and latest updates.](#)

Examples of Social Media Posts:

Emergency Alert. H&F & TfL warnings on heatwave + 5am bin collections - STAY SAFE
The Met Office has issued its first-ever Red warning for extreme heat for London, with temperatures forecast to reach 40C.
Please stay safe and remember that a heatwave can pose health risks for some people.

BINS + RECYCLING: If your recycling or waste collections are on Monday 18 or Tuesday 19 July, please put your bins or bags out by 5am. Crews are starting early to beat the heat.

BUS + TUBES: Transport for London is advising customers to only travel if essential on Monday 18 and Tuesday 19 July, due to the high temperatures forecast. **WORRIED ABOUT A FRIEND, NEIGHBOUR OR RELATIVE?** Call our Community Connect volunteer team on Freephone 0800 145 6095, 8am to 6pm, Monday to Friday or email: communityconnect@lbhf.gov.uk

Protect yourself from the sun during the hottest hours of the day, usually between 11am and 3pm. We urge everyone to keep an eye on those you know who may be at risk. Please ask if your friends, family or neighbours if they need any support. If your home is too hot, there are cool spaces in Hammersmith & Fulham that can help – such as libraries, parks with trees and shopping malls. To find your closest H&F library, visit: www.lbhf.gov.uk/libraries

Top tips to stay safe in the heat:

- Look out for those who may struggle to keep themselves cool and hydrated.
- Older people, those with underlying conditions and those who live alone are particularly at risk.
- Close curtains on rooms that face the sun to keep indoor spaces cooler and remember it may be cooler outdoors than indoors.
- Drink plenty of fluids and avoid excess alcohol.
- Never leave anyone in a closed, parked vehicle, especially infants, young children, vulnerable adults, or animals.
- Try to keep out of the sun between 11am to 3pm, when the UV rays are strongest.
- If you have to go outside in the heat, walk in the shade, apply sunscreen and wear a wide-brimmed hat.
- Avoid physical exertion during the hottest parts of the day.
- Make sure you take water with you if you are travelling.

Agenda Item 7

London Borough of Hammersmith & Fulham

Report to: Health and Adult Social Care Policy & Accountability Committee

Date: 25 January 2023

Subject: 2023 Medium Term Financial Strategy (MTFS)

Report author: Andre Mark, Head of finance (Strategic planning and investment)
Prakash Daryanani, Head of finance (Social Care and Public Health)

Responsible Director: Sukvinder Kalsi, Director of Finance
Lisa Redfern, Strategic Director of Social Care

SUMMARY

Cabinet will present their revenue budget and Council Tax proposals to Budget Council on 23 February 2023. In the face of worsening economic conditions and tightening financial constraints, the budget protects council services, particularly those that support the poorest and most vulnerable in society.

The London Borough of Hammersmith & Fulham (LBHF) is unique in providing free breakfasts to school children, abolishing home care charges, establishing a local Law Enforcement Team to keep our streets safe and clean, maintaining weekly bin collections across the borough, and stopping the use of bailiffs to collect Council Tax debt. Despite unprecedented levels of inflation eroding council spending power, the budget protects these key services.

The cost-of-living crisis is affecting residents across the borough. With rising inflation, energy bills, and food costs many residents will be struggling to get by, and in need of additional support. This is why the budget includes new provisions of nearly a million pounds to help tackle the increasing cost of living.

The Local Government Finance Act 1992 obliges the council to set a balanced budget, and this is what is proposed. Government resource assumptions that are used to calculate Government grant for LBHF, model the council increasing Council Tax by 2.99% in 2023/24. Over the last eight years, the council has cut or frozen Council Tax five times, with the Band D charge has reducing by 10% in real terms. As a result, Council Tax in LBHF is 35% lower than the London average. The council proposes to apply the 2.99% increase for 2023/24.

The government has modelled an Adult Social Care precept since 2016/17. Government funding modelling assumes that this has been applied every year since its inception despite LBHF choosing to apply it for only two of the past eight years. Due to the continued high levels of demand and inflationary pressures in the Social Care market and the government's continued failure to propose a long-term funding solution to Social Care funding, the council proposes to apply the 2% Adult Social Care levy for 2023/24.

This report sets out the budget proposals for the services covered by this Policy and Accountability Committee (PAC). An update is also provided on any proposed changes in fees and charges in the budget.

RECOMMENDATIONS

1. That the Policy and Accountability Committee (PAC) considers the budget proposals and makes recommendations to Cabinet as appropriate.
2. That the PAC considers the proposed changes to fees and charges and makes recommendations as appropriate.

Wards Affected: All

Our Values	Summary of how this report aligns to the H&F Values
Building shared prosperity	We need to always confirm that spend fits our council's priorities; challenge how much needs to be spent; and achieve results within agreed budgets. Finance is everyone's business and every penny counts.
Creating a compassionate council	As the council's resources have been reduced we have protected the services on which the most vulnerable residents rely. This budget continues all our previous policies to support residents and also proposes new spending on care packages for disabled children and additional resources to help residents through the cost of living crisis.
Doing things with local residents, not to them	A significant proportion of services are delivered in partnership with local and national companies, and this will continue to promote all business sectors to the benefit of residents. In addition, there will be increased investment in the Industrial Strategy delivery and the development and promotion of the STEAM sector strategy.
Being ruthlessly financially efficient	The use of co-production across the council is embedded and all service matters are developed with the engagement of residents. The council is

	continuing the REAP Programme to improve residents' access to the services.
Taking pride in H&F	The budget proposals include significant investment in public realm services especially waste collection, street cleaning and open/park spaces. Our new waste contract includes provisions to tackle fly-tipping and collection of food waste.
Rising to the challenge of the climate and ecological emergency	The council has established a Climate Change team and the team has developed a Climate and Ecology strategy (and is making a significant contribution to the international and national policy debates). It is also securing grants from national programmes to help with improvements of the thermal efficiency of council properties and homes).

Background Papers Used in Preparing This Report

None

DETAILED ANALYSIS

The Budget Requirement and Gap

- The gross General Fund budget¹ rolled forward from 2022/23 to 2023/24 is £539.6m of which a **net budget requirement of £166.6m** is funded from council resources (such as Council Tax and business rates) and general government grant.

Table 1 – Budget rolled forward from 2022/23

2022/23 Budgeted Expenditure	£m
Housing benefit payments	91.2
Social Care and Public Health	118.1
Children's services	123.6
Economy	49.4

¹ Figures exclude capital charges and internal service level agreements. These have a net nil impact on the budget.

Environment (includes parking)	108.1
Corporate (Finance, Resources and council wide)	49.2
Gross budgeted expenditure	539.6
Less:	
Specific government grants (including housing benefits and dedicated schools grant)	(239.8)
Fees and charges	(68.0)
Contributions (e.g. health)	(47.0)
Other income (e.g. investment interest, rentals, and recharges)	(18.2)
Budget requirement rolled forward from 2022/23	166.6

2. The budget proposals for 2023/24, and forecast to 2026/27, are summarised in Table 2. A balanced budget is projected for 2023/24 based on several key assumptions regarding resources and expenditure.

Table 2 – Budget summary

	2023/24	2024/25	2025/26	2026/27
	£m	£m	£m	£m
Base budget	166.6	164.9	163.2	161.5
Pay and price inflation	13.6	21.6	27.6	33.6
Additional pay inflation (on-going effect of award in 2022/23)	3.8	3.8	3.8	3.8
Additional investment in key services and priorities	10.7	16.7	22.7	28.7
Contribution to cost-of-living support (one-off) / Council Tax support scheme	0.9	0	0	0
Increase in the net cost of borrowing	0.6	1.0	1.0	1.0
Concessionary fares demand	(2.2)	1.1	3.1	3.1
Recognition of current income projection	(2.0)	(2.0)	(2.0)	(2.0)
Income from investment of cash balances (one off in 23/24)	(5.0)	0	0	0
Employee budget management	(2.5)	(2.5)	(2.5)	(2.5)
Reversal of employers National Insurance Contributions (1.25%)	(1.3)	(1.3)	(1.3)	(1.3)
Efficiencies and Savings Proposals	(2.9)	(4.0)	(4.8)	(5.5)
Contribution to contingencies	5.3	5.3	5.3	5.3
Gross budget requirement	185.6	204.7	216.2	225.8
General grants	(53.0)	(54.1)	(54.7)	(55.2)
Locally retained business rates	(59.4)	(59.5)	(60.7)	(61.9)

Council Tax (4.99% increase in Year 1 assumed then freeze)	(73.3)	(73.9)	(74.6)	(75.2)
Gross budget gap – cumulative	0.0	17.1	26.1	33.2

Budget assumptions

Inflation

3. The Consumer Price Index (CPI) for October 2022 is 11.1%, its highest level for 40 years, in part due to the recovery from the pandemic, the impact of Brexit and recent global events such as the invasion of Ukraine. The Office of Budget Responsibility is forecasting inflation of 7.4% during 2023 which will impact both Hammersmith and Fulham staff costs and suppliers. The 2023/24 budget includes **a £13.6m provision for inflation**. This allows for:
 - Contract and external services inflation of £7.6m.
 - £6.0m provision for a 2023/24 pay award (this equates to a 5.0% pay award)
 - Beyond 2023/24, headroom of £8m per annum is modelled for future inflation in 2024/25 and a further £6m in 2025/26 and 2026/27.
4. The on-going impact of the pay award from April 2022 will cost £3.8m (this was funded from the one-off use of policy contingencies in 2022/23).
5. In September 2022, a previously agreed 1.25% increase in employers' National Insurance Contributions was withdrawn by the Chancellor of the Exchequer, with effect from the 6th of November. The impact of this for the council is a reversal of the £1.3m set aside in the MTFS from 2023/24.
6. A reduction of £2.5m is proposed on our employee spend (this is 2% of total estimated spend and represents about 40 posts). It is expected that this will be managed through natural turnover, management of recruitment and review of the use of agency staff. It is not expected that this will require any voluntary or compulsory redundancies.

Fees and Charges

7. For **fees and charges** levied by the council, the inflation assumption is:
 - They are frozen for Adult Social Care, Children's Services and Housing in line with administration policy.
 - Commercial services that are charged on a for-profit basis, will be reviewed on an ongoing basis in response to market conditions and changed as appropriate, with due authorisations according to the Council constitution.

- Parking charges and fines are to be set in line with transport policy objectives and not considered as part of the budget process.
- A standard uplift of 10% is applied for other non-commercial and non-parking fees. The RPI indication for October 2022 was 14.2%.
- The exceptions to these assumptions for this committee are attached in Appendix 4.

Other Measures

8. In addition, further short-term contributions of £2.2m are expected to arise from lower than budgeted contributions to the concessionary fares (freedom pass) scheme. This is due to the impact of passenger usage on public transport in response to the pandemic and changes to ways of working. This is not expected to continue beyond 2023/24 as demand is forecast to return to pre pandemic levels and fares increase.
9. A further one-off saving £5.0m relating to income from investing cash balances as favourable interest rates is assumed (cash balances are expected to be a minimum of £250m during 2023/24 and lower than current levels of more than £300m). This income will be used to balance the budget in 2023/24 and is not expected to continue beyond 2023/24.

Government Grant Funding

10. **General government grant funding** of £53.0m is forecast for 2023/24. This is an increase of £7.8m from 2022/23, however historically, government funding has reduced by £48m from 2010/11 to 2023/24, which represents in real terms a cut of 56%. £5.1m of the increase is not new money but compensation for the government decision not to increase business rates. The level of compensation is linked to the standard CPI rate of inflation. The Revenue Support Grant has increased by £2.2m.
11. No grant allocations are confirmed beyond 2023/24 following the government decision to announce a single year local government finance settlement (LGFS). The lack of future certainty continues to undermine effective medium-term financial planning and the risk of future funding reform and levelling up remains.
12. Ringfenced grants, which can only be used for a specific purpose, are currently forecast to have increased by £3.245m from 2022/23 to 2023/24. This forecast will be updated as further announcements are confirmed. It is assumed that such grants will have a neutral impact on the budget requirement as they will be matched against spend commitments, particularly given the current inflation risks.
13. The 'services grant' which was first allocated in 2022/23 has reduced by over 44% in 2023/24. For modelling purposes the future grant forecast assumes that the services grant will be reduced for future years also. The future of the new homes bonus grant scheme is also uncertain, and the council's allocation has reduced by 43% in 2023/24 compared to 2022/23 and by 77% compared to 2021/22.

14. As part of the LGFS, the government calculated that Hammersmith & Fulham spending power will increase by 9.5% in 2023/24. The government spending power calculation also assumes that authorities will increase Council Tax (including the Adult Social Care precept) by 4.99% and that business rates collection is not adversely impacted by rating appeals or lower collection rates experienced during the Covid-19 pandemic. Taking these into account the Hammersmith & Fulham calculation is that spending power has increased by 2.5%

Council Tax

15. The Council is proud to have the third lowest Council Tax in the country, and to have cut or frozen Council Tax in five of the last eight years. LBHF also has one of the most progressive Council Tax support schemes in the country, with almost half of residents not paying the full amount, and those least able to pay facing no charge at all.
16. The current major national fiscal conditions of high inflation and interest rates have made a Council Tax increase in 2023/24 unavoidable and a 2.99% increase in the LBHF element of Council Tax is proposed. This level of Council Tax increase reflects the assumption that has been made by the government in the Autumn Statement on the 17 November by the Chancellor and assumed in the funding settlement for local authorities. The additional income will fund increasing costs and support investment in, and protect, key services for residents and strengthen future financial resilience. The increase is equivalent to £25 for 2023/24 (at Band D). The Council Tax charge for LBHF is the third lowest in the country and 35% below the London average charge.
17. The council is also proposing to levy a 2% Adult Social Care precept (again in line with government funding assumptions). The increase is equivalent to £16 per annum for 2023/24 (at Band D) and will be used to support Adult Social Care services. The continued delay in the national review of the funding of Adult Social Care is a major concern and the government is continuing with its strategy of using an Adult Social Care precept (since 2016/17). In the first years of the levy, the council were determined not to apply the levy despite the fact the council's funding from the government was modelled on the assumption that it would. Due to the continued high levels of inflation and instability in the Social Care market, the impact of the Covid-19 pandemic and the government's continued failure to propose a long-term funding solution to Social Care funding, the council accepted the need for a 3% Adult Social Care levy for 2021/22 but it was not applied in 2022/23.
18. As set out in table 4 below, it is estimated that 47% of residents will not be required to pay the full increase (as they will be supported through the single person household discounts, Council Tax support and exemptions).
19. Due to the anticipated impact of Covid-19 the budgeted Council Tax collection rate reduced from 97.5% in 2020/21 to 97% in 2021/22 and 2022/23. A 97% collection rate is modelled for 2023/24. For years beyond 2023/24 a tax freeze is modelled

with the tax base increasing in line with trend data for increases in dwelling numbers.

Table 4: Liability for Council Tax at October 2022

Total dwellings in the borough	93,165
Reductions:	
Exemptions (mainly students, includes care leavers and vacant properties)	(3,871)
Council Tax support claimants (elderly & working age on low income)	(10,143)
Single person discount (25% discount)	(29,505)
Dwellings liable for 100% of Council Tax	49,646
	53%

Business Rates

20. The current estimate for business rates assumes that the business rates income will be the minimum guaranteed within the business rates retention system (the safety net threshold). The government have confirmed that they will compensate local authorities for all changes they make to the business rates system.
21. The forecast assumes that LBHF will receive the minimum amount guaranteed, the safety net threshold, by government. This is £59.4m for 2023/24. For years beyond 2023/24 a 2% inflationary increase to the safety net is modelled.
22. As part of the Autumn Statement the Chancellor of the Exchequer announced that a new temporary 50% business rates relief will apply for eligible retail, hospitality and leisure properties. In addition, a new 100% improvement relief will be available where eligible improvements increase rateable value. There will also be a business rates freeze in 2023/24 (no increase in line with the multiplier). Local authorities will be compensated by the government for the resultant loss of income from these measures.

Investment, savings and risks

23. Investment in services (increasing the available budget) and savings proposals (reducing the available budget) for the services covered by this PAC are set out in Appendix 1 with budget risks set out in Appendix 2.

Investment

24. Additional investment of £10.7m is being provided following budget setting and review process. The investment proposals for this PAC are set out in Appendix 1 to this report and summarised in Tables 5 and 6.

Table 5: 2023/24 Investment Proposals

Proposal	£'m
Social Care (including hospital discharge and demographic growth)	4.1

Waste collection (fly tipping and food waste)	1.7
Free breakfasts (and extension for secondary schools)/Out of term support	1.7
Homelessness services (temporary accommodation)	0.9
Disabled children care packages/Care leavers and family hubs	0.5
Other policy priorities	1.3
Other unavoidable pressures (loss of advertising income, audit fees)	0.5
	10.7

Table 6: Categorisation of investment proposals

Analysis of Investment	£m
Increase in demand / demographic growth	6.9
Resident priority	2.4
Budget pressure	1.0
Government related/Other Public Bodies	0.4
Total	10.7

25. A provision of £0.9m has been set aside to support residents on the cost-of-living pressures and to consider further developing the Council Tax support scheme for those least able to afford Council Tax.

Savings and Income Generation

26. After ten years of austerity, it is increasingly difficult to identify and deliver substantive savings. However, further savings are necessary if the financial challenge of real terms government funding cuts, unfunded burdens, inflation, and demand and growth pressures is to be met and the council has been able to find these. In the future, the council must consider all available options to operate within the funding available to it.
27. The proposed savings (including additional income) for 2023/24 are set out in Table 7. The savings proposals for this PAC are set out in Appendix 1 to this report.

Table 7: 2023/24 firm savings and additional income

Proposal	£m
Improving commissioning of children's services	(0.7)
Greater use of digital technologies to improve support and services in Social Care (e.g. timely return of equipment)	(0.5)
Working with NHS to improve hospital discharge and independent living)	(0.4)
Resident Engagement and Access Programme	(0.2)
Lower waste tonnages (impact of awareness programmes)	(0.2)
Joint commissioning of extra care services	(0.2)

Other (mainly Social Care procurement, Direct Payments)	(0.7)
Total savings	(2.9)

28. The saving proposals are categorised by type in Table 8.

Table 8: Categorisation of 2023/24 savings

Savings categories	£m
Commercialisation / income	(0.1)
Procurement / commissioning	(0.9)
Service reconfiguration	(1.5)
Service rationalisation/budget reduced in line with spend	(0.2)
Prevention	(0.2)
Total savings	(2.9)

Risk and financial resilience

29. An updated reserves strategy and action plan will be included within the suite of finance reports presented to Budget Council.

30. The current reserves forecast is set out in Table 9 and models a fall in overall general fund reserves and balances to £76.1m by 2027/28. This assumes a balanced budget is set each year with no further call on reserves.

31. **Table 9 – Reserves and general balances - cash flow forecast to 2027/28**

	April 2023 £m	April 2024 £m	April 2025 £m	April 2026 £m	April 2027 £m
Opening Balances					
General balance (recommended range £19m - £25m)	23.3	23.3	23.3	23.3	23.3
Earmarked reserves – unrestricted	41.7	40.7	43.2	43.2	43.2
Earmarked reserves – restricted	7.5	7.5	7.5	7.5	7.5
Sub-total	72.5	71.5	74.0	74.0	74.0
Covid related	2.3	2.1	2.1	2.1	2.1
Total	74.8	73.6	76.1	76.1	76.1
<i>Developer contributions</i>	46.0				

32. The Covid-19 pandemic has emphasised that councils need an adequate safety net to manage increased levels of financial risk. The experience of several councils over recent years, including Thurrock, Croydon and Bexley in London,

has shown the difficulties that can arise when reserves are not maintained at a sufficient level. The Council's reserve forecast includes a general balance of £23.3m at the start of 2023/24 which represents 4.3% (equivalent to 16 days spend) of the Council's gross spend of £539.6m. The Director of Finance has recommended that the optimal range for the general balance is between £19m and £25m.

Key Risks

33. The key financial risks that face the Council have been identified and are set out below. Other substantive risks include:
- The Covid-19 recovery and addressing pent-up demand
 - An upturn in inflation post Brexit and Covid-19
 - Higher pay inflation particularly given current labour shortages
 - The stabilisation and restoration of Hammersmith Bridge, with the Council incurring revenue and capital costs at risk until government funding is confirmed
 - The future impact on London of the government's 'levelling-up' agenda and wider local government finance reform (such as business rates)
 - The impact of the wider economy on major council development projects and future contributions from developers
 - The impact of, and costs of, tackling climate change
 - The challenge of identifying further significant future savings that balance the budget over the longer-term.

Departmental risks for the services covered by this PAC are set out in Appendix 2.

34. Reserves are also a key enabler for future service transformation. The financial challenge facing the council will require investment to deliver future efficiencies to enable the council to balance the budget in future years.

Comments of the Service Director on the budget proposals

35. H&F continues to provide care at home for disabled people and older residents at no cost. H&F is the only council in the country to do so. I am proud that we have been able to prepare a budget that continues to provide free services to residents who need support. This means that we do not charge for home care, day support, short-stay services and transport. The council is proposing investment of £4.1m to Adult Social Care for demographic and demand pressures to support residents.

We are also one of few councils to subsidise charges for the daily 'Meals and a Chat' (previously called Meals on Wheels) and careline services. Please note that the meals service charge has not been increased for 8 years and the Careline service charge has stayed the same for 7 years.

36. The department funds social care support for 2,783 older and disabled residents most of whom have very high support needs. 2,251 live in the community and 532 people live in a care home. This is a 12.7% increase in residents supported by the department since end of March 2021. Since 2016/17 the department has contributed savings of £19.3m.

37. The Covid-19 pandemic has exposed the fragility of Adult Social Care and the urgent need for reform. The White Paper 'People at the Heart of Care' sets out some improvement to Social Care policy over a 10-year period. As announced by the Chancellor in the autumn statement some of the reforms set out in the white paper have been delayed until October 2025.
38. Covid-19 has made an already volatile care market even more susceptible to market failure. The focus on even more rapid discharges from hospital has placed further pressure on the social care system.
39. Until a long-term funding solution is found, more short-term support is needed to help manage the Adult Social Care response to the pandemic. There are increasing demographic pressures with a focus on support for working age adults. Social care's future ability to make further savings is even more challenged due to the additional pressures placed on it by the pandemic.
40. The NHS delays in elective surgery, severe workforce issues in the NHS and bed closures have led to a 'ward' at home environment for those receiving support in their own homes. A consistent approach is needed for funding social care and the NHS as two parts of an interlinked system, with any future NHS budget increases replicated for social care to put it on a more sustainable level to meet growth and demand for an ageing population and to strengthen social care ability to support hospitals to discharge patients.
41. Looking at the impact of cost-of-living pressures on care market providers, the Government's 'Fair Cost of Care' exercise will result in a market sustainability report which is expected to lead to significantly higher costs. This would introduce a further budget pressure in coming years.

Key achievements and policy outcomes delivered in Social Care

- The administration continues its commitment to making life more affordable for older and disabled residents by providing free home care, day, short stay support and transport. For the 8th year in a row, residents only pay £2 a time for 'Meals and a Chat' from local providers. We are also not increasing Careline charges for a 7th year in a row.
- As we have since 2015, the council continues to pay our contractors and sub-contractors the London Living Wage. This makes life more affordable for our 1,500 care staff. Also, by offering a fair wage, this assists in the overall quality of care delivered to H&F's residents as we're able to keep care staff for longer and so ensure an improved consistency of carer.
- H&F's Reablement Service has again been awarded the Care Quality Commission's rating of **Outstanding** for the third time in a row. High quality and responsive Reablement is an essential element to avoiding hospital re-admissions.

- Excellent collaboration with our local hospitals means that H&F is among the leading boroughs in London for timely discharges. We are pleased by the greater prominence being given by timely discharge in relieving the intense pressures facing the NHS.
- We have received 197 compliments since April 2022 from residents (this is continuing from the high number of compliments from the last 2 years). We have received 74 complaints since April 2022.

Public Health

42. Public Health is fully funded by a ring-fenced grant from the Department of Health and Social Care and will remain a nil cost budget to the Council. The level of grant for 2023/24 is expected to rise by inflation. The Council's base budget for Public Health investment in Council services has increased to £6.95m, an increase of £0.150m in 2023/24. This results from the service working with other Council departments to achieve more compassionate, effective and ruthlessly financial efficient ways of delivering Public Health outcomes, in the challenging financial environment in light of the pandemic.

Key outcomes delivered by Public Health in 2022-23

43.

- Public Health has played a central role in ensuring the safety of residents by addressing numerous pressing health protection challenges in 2022 including Monkey Pox (MPOX), polio, diphtheria, scabies and Group A Streptococcus A infections, as well as Covid and flu. Public Health has worked effectively with environmental health, the newly formed UK Health Security Agency, commissioned sexual health services, Paediatric and children's services and a number of other external partners, to make sure that residents are informed about new communicable diseases, aware of what to do if they are unwell or need to be vaccinated, and that outbreaks are managed correctly and robustly.
- The Council is rare in having its own infection prevention and control nurse. She has led on innovative work in our care homes, conducting detailed environmental audits, designing new safety systems which mirror Care Quality Commission (CQC) processes. Providing monthly education for care staff around infection control and immunisations.
- The Director of Public Health (DPH), working together with housing and economy colleagues, has developed a practical 'easy read' guide to housing and employment services for the NHS (across GPs, hospitals and the mental health trust). This includes how to get help with damp and mould, Council housing repairs and medical queries around allocations. The guide has been shared with London Directors of Public Health and adapted by neighbouring boroughs.
- The DPH and housing colleagues identified a number of issues in homeless hostel residents gaining access to mental health services, as they often have

dual diagnosis (concomitant mental health and substance misuse needs). Working with our mental health trusts and substance misuse services, we are building an innovative model of bespoke specialist mental health and dual diagnosis expertise for the hostels in LBHF, to reduce crisis / emergency use of services.

- Given the boroughs relatively high suicide rate PH has created a new Suicide Prevention Needs Assessment. This prompted urgent work by Public Health using detailed coroner's data and a suicide prevention action plan, working with a number of statutory and non-statutory partners.
- Instead of a standard JSNA (Joint Strategic Needs Assessment), the DPH is providing individual, rolling analysis in different areas which are more user friendly, and a more effective tool to support strategic planning and commissioning.

Market management and inflationary pressures

44. Both the supply of carers to deliver homecare and the supply of beds in care homes available at an affordable price have become very limited across London. We will continue to implement business continuity plans locally so that we can continue to meet our statutory requirements under the Care Act to provide appropriate care and support following Social Care assessment. A joint London approach is under development via the London Association of Directors of Adult Social Services for action if the situation continues to worsen.
45. Care homes are asking for higher rates. Some homes are seeking to move away from making a distinction between health, Social Care and self-funder rates. The national body representing care homes is arguing for full cost of recovery for all placements rather than a business model which is balanced between a mix of private and public funded placements. We are looking to continue to secure competitive rates as a west London region in this changing context.
46. Our newly renamed 'Support at Home' (home care) service is out to the market for the procurement of new contracts and to improve the quality of services. The evaluation of the new hourly rates and additional funding required will be dealt with as part of the contract award with services anticipated to commence from October 2023. Some indicative risks in this area have been highlighted in appendix 2.
47. In 2023 early hospital discharge has significantly driven up demand for home care. This means that the level of acuity has grown. For example, at the time of writing, there are 211 residents requiring two carers, four to five times per day. In addition, some residents require live-in and night- time care. Earlier hospital discharge is driving up this demand.
48. As an example, since the start of the year there have been 30 people with Learning Disabilities receiving support with costs averaging over £2,000 per week. In Adult Supporting Living, the unit costs have increased by 12% in the last four months due to lack of market supply.

49. As part of the Council inflation strategy (see section 3) Social Care is proposed a budget increase of **£3.422m** for initial inflationary pressures which represents a 5% uplift for 2023/24.

Adult Social Care additional ringfenced grants

50. As detailed in the provisional local government finance settlement there are two new ringfenced grants in 2023/24.

Market sustainability and improvement funding £1.58m (£2.2m less £0.620m received in 2022/23).

As part of moving towards the Fair Cost of Care in the Social Care market, the proposal is to maintain the current levels of Fair Cost of Care funding for local authorities for 2023/24. This is to continue to support the progress local authorities and providers have already made this year on fees and cost of care exercises.

An additional £1.58m for H&F Adult Social Care has been allocated for 2023/24. This extra funding will support inflationary settlements above the 5% proposed budget and for the increase in the London Living Wages.

This new grant is also intended to make tangible improvements to Adult Social Care and, in particular, to address social care waiting times, workforce pressures, and to promote technological innovation in the sector. The aim of the new funding is to reflect the shared goal of improving market sustainability.

Discharge funding - £1.4m

This is a new ring-fenced grant which must be pooled with the NHS as part of the Better Care Fund. The government will set out further details on the conditions of this funding in due course, with the funding intended to support improvements to Adult Social Care and in particular to address new discharges from April 2023.

Investment and Savings strategy- Please see Appendix 1

51. Given the significant pressures in Social Care there are a number of investments proposed for 2023/24 totalling £4.152m which accounts for 39% of proposed investment in all services. These include:

Demographic investment of £1.397m: The social care budget is under severe pressure with an ageing population and increasingly complex acuity of needs resulting from specialist services. The demographic pressures relating to the

increased numbers of older and disabled people requiring social care is forecast to be an average increase of 2.07% pa over the period 2022 to 2027.

Hospital Discharge assess ongoing commitments £2.549m: there are greater number of residents discharged and increasing acuity of need, putting existing baseline budget pressures on social care.

Learning Disability (LD) transitions of £0.156m: Additional funding is required for the increasing number of disabled young people transitioning into adult services. We have estimated that there are likely to be 65 more young people by 2026/27 creating a cost pressure on an already overspending budget.

Long-Acting Reversible Contraception (LARC) of £0.05m: The current tariff is making it unsustainable for GPs to carry out this essential work. A need for a higher tariff and investment in ongoing training and accreditation will improve the service.

The department proposes 12 efficiency proposals with themes on continuous improvement of services, commissioning market opportunities and redesign of services which total (**£1.670m**) in 2023/24. This represents 58% of all the efficiencies proposed by the council.

Further details of these are in appendix 1.

Fees and charges (Please see Appendix 4)

Equality Implications

52.A draft Equality Impact Analysis (EIA), which assesses the impacts on equality of the main items in the budget proposals relevant to this PAC, is attached as Appendix 3. A final EIA will be reported to Budget Council in February 2023.

LIST OF APPENDICES:

Appendix 1 – Savings and investment proposals

Appendix 2 – Risks

Appendix 3 – Draft Equality Impact Assessment

Appendix 4 – Fees & charges not increasing at the standard rate

Social Care

Change and Savings Proposals				Budget Change			
Ref Nos	Service	Title & Theme	Summary	2023-24 Budget Change Cumulative (£000's)	2024-25 Budget Change Cumulative (£000's)	2025-26 Budget Change Cumulative (£000's)	2026-27 Budget Change Cumulative (£000's)
1	Independent living, Quality, Performance and Safeguarding	Commissioning Market Opportunities	Review care costs with NHS as people with very high needs are discharged from hospital.	(150)	(200)	(250)	(350)
2	Independent living, Quality, Performance and Safeguarding	Continuous improvement of services	Model to further support independent living	(250)	(400)	(600)	(600)
3	Independent living, Quality, Performance and Safeguarding	Continuous improvement of services	Further Increased take-up of Direct Payments for choice and control for residents and increasing wellbeing	(200)	(400)	(600)	(800)
4	Specialist Support and Independent Living	Continuous improvement of services	Joint commissioning steering group with The Economy department on implementing the disabled people's housing strategy and reducing voids. This will be done through reviewing the extra care available for residents, ensuring new builds are co-produced with disabled residents and make good housing voids	(200)	(400)	(400)	(600)
5	Independent living, Quality, Performance and Safeguarding	Continuous improvement of Services	Maximising adaptations in people's homes through use of Disabled Facilities Grant. This increases a person's independence and reduces the need for longer-term care, as appropriate.	(50)	(100)	(200)	(250)
6	Independent living, Quality, Performance and Safeguarding	Continuous improvement of services	Reviews of care support for people with a sensory disability encouraging the use of equipment, as appropriate, to increase a person's independence.	(50)	(150)	(200)	(250)
7	All Divisions	Improve access to and support provided from our front door	Improved support and information for residents and make better use of digital technologies (such as care cubed, use of resident portal, timely return of equipment) and review of Joint equipment low item ordering	(500)	(750)	(950)	(1,050)
8	Commissioning	Commissioning Market Opportunities	Smarter procurement for better outcomes for carers and review of supporting people services	(70)	(70)	(70)	(70)
9	Commissioning	Commissioning Market Opportunities	Renegotiate Nursing care home contract- subject to more work with Department of Health and Social Care	0	(100)	(100)	(100)
Total Change and Savings Proposals				(1,470)	(2,570)	(3,370)	(4,070)
Investment and Covid Recovery				Budget Change			
Ref Nos	Service	Title & Theme	Summary	2023-24 Budget Change Cumulative (£000's)	2024-25 Budget Change Cumulative (£000's)	2025-26 Budget Change Cumulative (£000's)	2026-27 Budget Change Cumulative (£000's)
1	Quality, Safety & performance and Learning Disabilities, Mental Health and In-House	Demographic growth	The social care budget is under severe pressure due to demand from hospital discharges with a 40% increase in support at home, greater acuity of need, an ageing population and increasingly complex needs resulting from specialist services. For H&F demographic pressures relating to the increased numbers of older and disabled people requiring social care is forecast to be an average of 2.07% over the period 2022 to 2027 and equates in monetary terms to a cumulative total of £5.967m	1,397	2,831	4,368	5,967
2	Specialist Support and Independent Living	Hospital discharge & Learning Disability (LD) Transitions	As part of the Hospital Discharge to Access policy, there are greater number of residents discharged and increasing acuity of need, putting pressure on the social care budget. Additional funding is required for the LD budgets to fund the increasing number of disabled young people transitioning into adult services. We have estimated that there are likely to be 65 more young people by 2026/27 creating a cost pressure on an already overspending budget	2,705	2,878	3,007	3,115
Total Investment and Covid Recovery				4,102	5,709	7,375	9,082

Public Health

Change and Savings Proposals				Budget Change			
Ref Nos	Service	Title & Theme	Summary	2023-24 Budget Change Cumulative (£000's)	2024-25 Budget Change Cumulative (£000's)	2025-26 Budget Change Cumulative (£000's)	2026-27 Budget Change Cumulative (£000's)
1	Public Health	Reframe and redesign services	Delivery of agreed savings on 0-19 Public Health Nursing. Savings from year 2 through procurement of new health visiting and school nursing contract. Service quality has remained the same with savings achieved through improved service through procurement and contract monitoring.	(60)	(60)	(60)	(60)
2	Public Health	Reframe and redesign services	Re-tendering of Substance Misuse and Drugs contracts with efficiencies in commissioning and contracting with a plan to reduce overheads and to modernise in line with clinical standards.	(50)	(50)	(50)	(50)
3	Public Health	Reframe and redesign services	Review of community champion contracts and redesign into an outreach model	(50)	(50)	(50)	(50)
4	Public Health	Reframe and redesign services	Adult Weight Management - Targeted Operating Model working to improve the leisure offer for residents and linking with the Council's food strategy	(40)	(40)	(40)	(40)
Total Change and Savings Proposals				(200)	(200)	(200)	(200)
Investment and Covid Recovery				Budget Change			
Ref Nos	Service	Title & Theme	Summary	2023-24 Budget Change Cumulative (£000's)	2024-25 Budget Change Cumulative (£000's)	2025-26 Budget Change Cumulative (£000's)	2026-27 Budget Change Cumulative (£000's)
1	Public Health	Re-Investment	Reinvestment into Long Acting Reversible Contraception (LARC). Current tariff is making it unsustainable for GPs to carry out this essential work, creating a postcode lottery for women in the borough. Need for higher tariff and investment in ongoing training and accreditation.	50	50	50	50
Total Investment and Covid Recovery				50	50	50	50

Appendix 2: Social Care Department Risks

Department & Division	Short Description of Risk	Risk				Mitigation
		2023/24 Value (£000's)	2024/25 Value (£000's)	2025/26 Value (£000's)	2026/27 Value (£000's)	
All divisions	Cost of Living - Current retail price index (RPI) are 14% and consumer price index (CPI) is 9.3% (Both November 2022) and the Office of Budget Responsibility is anticipating RPI to be 9.1% and CPI to be 7.4% in 2023. Inflation has been assumed for 23/24 at 5% and if Social Care providers are settled at 10% (including London Living Wage increases) there will be a cost pressure of £3.4m.	3,422	3,422	3,422	3,422	Commissioning and Finance will assess each individual provider request for additional uplift and present any variation after assessment. The department has submitted the workings through the Fair Cost of Care exercise as part of the remaining Social Care Reforms. Any inflationary increases will be as part of moving towards this rate (subject to budget availability) and a new ringfenced market sustainability grant will assist support funding of the settlement.
All divisions	Support at home (Homecare) procurement of new service contract model.	2,241	4,670	4,670	4,670	Outcome to be known as part of procurement exercise. As part of the social care reforms, there is a fair cost of care exercise has been undertaken and initial indications suggest the hourly home care rate is likely to be higher than the current assumed modelling for the home care procurement exercise (subject to budget availability).
All divisions	The local policy is for the direct payment rate to be consistent with the Home Care hourly rate (spot market.) As the Home Care rate is to be re-procured there is a likelihood that the direct payment hourly rate will also increase.	1,402	1,402	1,402	1,402	Outcome to be known as part of procurement exercise.
Learning Disability	Additional funding is required for the LD budgets to fund the increasing number of disabled young people transitioning into adult services. We have estimated that there are likely to be 65 more young people by 2026/27 creating a cost pressure on an already overspending budget.	364	561	561	561	Regular and robust review of residents' care is needed to ensure that care plans accurately reflect current assessed care needs.
All divisions	Social Care Reform - Impact of income tariff changes by raising the upper capital limit from £23,350 to £100,000 and the lower capital limit from £14,250 to £20,000. Means capping will be a proposed introduction of an £86,000 cap on personal care costs from October '25. (In LBHF this will be for residents who receive residential and nursing care services in care homes)	0	0	341	681	LA's to lobby for additional funding for the Social Care income related reforms.
All divisions	Covid-19 impact on mental health services, isolation, increasing drugs and alcohol and obesity will place further pressure on adult social care budget. Further modelling will be undertaken to estimate the financial risks involved.	?	?	?	?	Tight monitoring of the budget on a monthly basis, reprioritising and changing support as appropriate and as required.
Total		7,429	10,055	10,396	10,736	

Equalities Impact Assessment 2023/24

Social Care Savings Proposals

Review care costs with NHS as people with very high needs are discharged from hospital – savings proposal of £0.150m

This proposal should have a **positive** impact on groups that share protected characteristics as ensuring that the discharge of patients to the community, where appropriate, is assisting with a person's independent living. Adult Social Care will negotiate and enter disputes within existing escalation governance Adult Social Care is not bearing NHS costs and operating 'ultra vires'.

Model to further support independent living - savings proposal of £0.250m

It is believed that this proposal has a **positive** impact on groups that share protected characteristics as the service re-design to promote independent living through implementing therapeutic and strength-based intervention when assessing, care planning and promoting direct payments. This will primarily operate at the 'front door' of Adult Social Care and will be championed by the outstanding Reablement Team

Further increased take-up of Direct Payments for choice and control for residents and increasing wellbeing – savings proposal of £0.200m

It is believed that this proposal has a **positive** impact on groups that share protected characteristics as Direct Payments (DP's) are key enablers for Independent Living giving people choice and control over how they meet their assessed needs. The approach to DPs in H&F has been co-produced with residents in line with recommendations of the Disabled People's Commission (2017) and an independent review of DPs in H&F (2018).

Joint commissioning steering group with Economy department on implementing the Disabled People's Housing Strategy and reducing voids. This will be done through reviewing the Extra Care available for residents, ensuring new builds are co-produced with disabled residents and make good Housing Voids – savings proposal of £0.200m

This proposal should have a **positive** impact on groups that share protected characteristics as a commissioning group has been established to focus on residents with Learning Disabilities, Mental Health issues, those transitioning from Children's Services to Adult Services and those with Autism. This group is aligned to the H&F Health and Care Partnership Campaign on Mental Health and associated Council governance (Children's Board and SEND Delivery Group) to avoid duplication and maximise pace.

The work of the Housing and Independent Living Workstream is not only focused on expanding our local offer of supported housing but also exploring how we can utilise

voids, bring existing buildings back into use, maximise section 106 arrangements, explore Shared Lives and ensure that commissioning and procurement negotiations support all residents into independence within our borough.

Maximising adaptations in people's homes through use of Disabled Facilities Grant. This increases a person's independence and reduces the need for longer-term care, as appropriate – savings proposal of £0.050m.

It is believed that this proposal has a **positive** impact on groups that share protected characteristics as it will enable residents to be independent through the provision of adaptations in the home and manages safety in carry out activities of daily living.

Reviews of care support for people with a Sensory Disability encouraging the use of equipment, as appropriate, to increase a person's independence – savings proposal of £0.050m

This proposal should have a **positive** impact on groups that share protected characteristics by engaging community stakeholders to better support residents with sensory needs as part of integrated working. This will be through community equipment or accessing services and support which mitigate against an over-reliance on traditional models of 'care', promote independence and give residents choice and control over their lives.

Improved support and information for residents and make better use of digital technologies (such as care cubed, use of resident portal, timely return of equipment) and review of Joint Equipment low item ordering – savings proposal of £0.500m

It is believed that this proposal has a **positive** impact on groups that share protected characteristics by adopting the processes and introducing new digital capabilities to deliver a new, modern digitally capable adult social care system. This will further promote independence and give people greater control over their lives. This will enable service enhancements, cost reduction and improved demand management by:

- Establishing cross-cutting digital solutions for staff, residents and partners aligning to innovation across Health and Social Care
 - Implement technical solutions identified and co-designed with services and residents which support the realisation of benefits for whole-system change
 - Build on and maximise innovation of local, regional and national partners and trailblaze innovation at a local level
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- Exploiting opportunities to join-up data, scale solutions and improve sustainability of services. This will be enabled by developing a number of the capabilities and dimensions of a digital Council; online/web,

automation/Artificial Intelligence/Robotics including Care-bots, information and insights from data and analytics, tech/app enabled new business, tech-enabled services for residents, social media platforms and content

- Workforce development framework to support new ways of working and training for competent and confident social care workforce
- Digital access and training programmes available for residents including digital hubs supporting community access and innovation.

Smarter procurement for better outcomes for carers and review of supporting people services – savings proposal of £0.070m

It is believed that this proposal has a **neutral** impact on groups that share protected characteristics for the following reasons:

Working with corporate procurement colleagues and incorporating core values around climate change.

Co-producing the design of all new services, including the Carers Strategy, informed by the Survey of Adult Carers in England (SACE).

Social Care Investment Proposals

Throughout the 2023/24 MTFs process, the department has presented evidence-based Adults Social Care demand and demographic pressures of £4.1m. This proposed funding will have a **positive** impact for residents requiring assessed needs with physical support, learning disability and mental health needs and their carers as there is additional funding to meet the new care needs.

Demographic growth – investment proposal of £1.397m

The Social Care budget is under severe pressure due to greater demand with a 40% increase in support at home, greater acuity of need, an ageing population and increasingly complex needs resulting from specialist services.

As residents age their needs become more complex or their informal care arrangements often break down, as unpaid carers can no longer support their relatives and friends.

These demographic pressures need to be factored into Adult Social Care service plans, as they represent a clear cost pressure that will impact on services. Whilst the numbers receiving support from Council may not increase significantly, the cost of care packages will increase reflecting more complex needs, including supporting individual in their own homes. For Hammersmith & Fulham demographic pressures relating to the increased numbers of older and Disabled residents requiring social care is forecast to be an average increase of 2.07% over the period 2023 to 2027 and equates in monetary terms to a cumulative total of £5.9m.

Hospital discharge & Learning Disability Transitions – investment proposal of £2.705m

Following Covid, the Government decided that any patients discharged from hospital whose discharge support package has been paid for by the NHS will need to be assessed and moved to core NHS, Adult Social Care (ASC) or self-funding arrangements. Therefore, Social Care has seen and will continue to see a high number of residents that are discharges made from hospital into health settings and be reassessed into the Social Care market. Currently, there are 73 of these new placements. Numbers are likely to continue to increase, which will add to the budget pressures in ASC.

The financial consequences are likely to be more significant in 2023/24 estimated at £2.549m as we will have the full year cost of residents that are assessed and transferred to LBHF. Growth received for 2022/23 to cover the hospital discharge additional costs was one off only, but this was not enough to cover cost pressures, as Covid lasted much longer than anyone first thought it would.

Additional funding is required for the Learning Disabilities budgets to fund the increasing number of children with special educational needs and disabilities (SEND) transitioning into Adult Social Care and particularly those with more complex needs. Children with SEND transfer to ASC without any budget provision, so they create a cost pressure on an already overspending budget.

There are several factors causing cost pressures in LD, which include:

- Increasing volume of children with SEND transitioning into adult services, reflecting the fact that more children with complex disabilities live to become adults
- Increasing acuity of need
- People with LD now have a life expectancy which is not particularly shorter than the general population
- As people with LD age, so does the age of their parents, who may no longer be able to provide the care and support they used to, which results in increased demand for support from ASC
- Increasing numbers of care packages/direct payments against LD budget for those not meeting eligibility for LD, but who have assessed needs under the Care Act 2014, we have a growth in the number of young people with a diagnosis of autism.

For 2023/24 the estimated pressure is £0.156m for new LD residents to be assessed for social care.

Public Health Savings Proposals

Savings from year 2 through procurement of new 0-19 Public Health visiting and school nursing contract. Service quality has remained the same with savings achieved through improved service through procurement and contract monitoring – saving proposal of £0.060m

It is believed that this proposal has a **positive** on groups that share protected characteristics for the following reasons:

The reduction in contract value has not resulted in a reduction in the service offer and all services offered previously have been continued in the new contract.

The new contract offers areas of enhanced delivery such as the Maternal Early Childhood Sustained Home- visiting (MECSH) programme. MECSH operates under a license agreement and provides prevention and early intervention for vulnerable families and their children. MECSH offers a structured program of sustained nurse home visiting for families at risk of poorer maternal and child health and development outcomes of families with children aged 0-2. It is offered as part of the integrated 0-5 health visiting offer.

Re-tendering of Substance Misuse and Drugs contracts with efficiencies in commissioning and contracting with a plan to reduce overheads and to modernise in line with clinical standards – savings proposal of £0.050m

It is believed that this proposal has a **neutral** impact on groups that share protected characteristics for the following reasons:

- Savings are being made through efficiencies in the number of contracts rather than reductions in front line services.
- A service specification has been produced that maintains and enhances the current levels of outcomes and KPIs and those with protected characteristics will not be affected.

Review of community champion contracts and redesign into an outreach model – savings proposal of £0.050m

It is believed that this proposal has a **positive** impact on groups that share protected characteristics for the following reasons:

The savings will not create a reduction in service delivery. The community champions seven services will end in March 23. However, the services are also being reviewed and subsequent redesign of the programme will ensure that there is an up-to-date model that is fit for purpose. No protective characteristics will be affected, and the model of delivery will continue to focus on the improved health and wellbeing of all residents.

Adult Weight Management- Targeted Operating Model working to improve the leisure offer for residents and linking with the Council's food strategy – savings proposal of £0.040m

It is believed that this proposal has a **positive** impact on groups that share protected characteristics for the following reasons:

The new targeting operating model will improve the current offer available to residents (a tier 2 adult weight management programme) through joint work with sports and leisure ensuring that pathways and existing partnerships that support adult weight management such as physical activity and healthy eating are rolled into

one programme of activity. The new offer will be more inclusive for residents who do not want to take up the offer of a structured 12-week tier 2 weight management programme whilst still offering tier 2 for those who choose to engage in structured support.

Public Health reinvestment - proposals

Reinvestment into Long-Acting Reversible Contraception (LARC). Current tariff is making it unsustainable for GPs to carry out this essential work, creating a postcode lottery for women in the borough. Need for higher tariff and investment in ongoing training and accreditation - £0.050m

It is believed that this proposal has a **positive** impact on groups that share protected characteristics for the following reasons:

Increasing the tariff on LARC in line with the increases in delivery across the borough will have a positive impact on women's' health and access to contraception. This supports public health outcomes around reducing unwanted pregnancies and abortions.

Fees and Charges

Appendix 4

Fee Description	2022/23 Charge (£)	2023/24 Charge (£)	Proposed Variation (%)	Total Estimated Income Stream for 2022/23	Total Estimated Income Stream for 2023/24	Reason For Variation Not At Standard Rate
1. Meals and a Chat service	£2.00	£2.00	→ 0%	£54,100	£54,100	There is no change proposed in the flat rate contribution residents will pay towards the meal service for 2023/24. The meals charge has remained unchanged for eight years.
2a. Careline Alarm Service (Pendant)						
Private Clients (Home owners & Private Sector Tenants)	£23.14	£23.14	→ 0%	£45,900	£45,900	There is no change proposed in the Careline charge in 2023/24. There has been no increase for seven years.
Council Non-Sheltered or Housing Association (RSL) Tenants	£17.21	£17.21	→ 0%	£15,600	£15,600	
2b. Careline Alarm Service (Pendant) - Monitoring Service only						
Private Clients (Home owners & Private Sector Tenants)	£16.12	£16.12	→ 0%	£22,800	£22,800	
Council Non-Sheltered or Housing Association (RSL) Tenants	£10.30	£10.30	→ 0%	£5,700	£5,700	
2c. Careline Alarm Service (Pull cord) - Emergency Response & Monitoring Service						
Provided to Registered Social Landlord Sheltered Accommodations (RSL Financed)	£6.76	£6.76	→ 0%	£17,600	£17,600	