

# **Health and Adult Social Care Policy and Accountability Committee**

## **Children and Education Policy and Accountability Committee**

### **Joint Budget Meeting Agenda**

**Tuesday 27 January 2026 at 7.00 pm**

**145 King Street (Ground Floor), Hammersmith, W6 9XY**

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#### **MEMBERSHIP**

<b>Health and Adult Social Care Policy and Accountability Committee</b>	<b>Children and Education Policy and Accountability Committee</b>
<b>Administration</b>	<b>Administration</b>
Councillor Natalia Perez (Chair) Councillor Genevieve Nwaogbe Councillor Lydia Paynter Councillor Ann Rosenberg	Councillor Helen Rowbottom (Chair) Councillor Daryl Brown Councillor Mercy Umeh
<b>Opposition</b>	<b>Opposition</b>
Councillor Jackie Borland (Conservative)	Councillor Aliya Afzal-Khan (Conservative) Councillor Liz Collins (Green)
<b>Co-optees</b>	<b>Co-Optees</b>
Victoria Brignell, Action On Disability Lucia Boddington Jim Grealy, H&F Save Our NHS	Nandini Ganesh Nadia Taylor

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**Members of the public are welcome to attend but spaces are limited, please email [liam.oliff@lbhf.gov.uk](mailto:liam.oliff@lbhf.gov.uk) if you plan to attend. The building has disabled access.**

Date Issued: 19 January 2026

# Health and Adult Social Care Policy and Accountability Committee

## Children and Education Policy and Accountability Committee

### Joint Budget Meeting Agenda

*If you would like to ask a question about any of the items on the agenda, please email [Liam.Oliff@lbhf.gov.uk](mailto:Liam.Oliff@lbhf.gov.uk) by 12pm, 26 January 2026*

<u>Item</u>	<u>Pages</u>
1. APOLOGIES FOR ABSENCE	
2. DECLARATIONS OF INTEREST	
3. MINUTES OF THE PREVIOUS MEETING To approve the minutes of the previous meetings of both Health and Adult Social Care Policy and Accountability Committee, and Children and Education Policy and Accountability Committee as an accurate record and to note any outstanding actions.	4 - 19
4. 2026/27 REVENUE BUDGET AND MEDIUM-TERM FINANCIAL STRATEGY (MTFS) This report provides an update on the overall preparation and proposals for the 2026/27 revenue budget, risks, financial resilience, and the impact of those proposals.	20 - 46
5. DATES OF FUTURE MEETINGS To note the following dates of future meetings: Health and Adult Social Care PAC: <ul style="list-style-type: none"><li>• 22 April 2026</li></ul> Children and Education PAC: <ul style="list-style-type: none"><li>• 15 April 2026</li></ul>	



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

Monday 17 November 2025

### **PRESENT**

#### **Committee members:**

Councillor Natalia Perez (Chair)  
Councillor Genevieve Nwaogbe  
Councillor Lydia Paynter  
Councillor Jackie Borland

#### **Co-opted members:**

Victoria Brignell  
Jim Grealy

#### **Other Councillors:**

Councillor Alex Sanderson (Deputy Leader and Cabinet Member for Children and Education)  
Councillor Kwon (Cabinet Member for Adult Social Care and Health)

#### **Officers:**

Jacqui McShannon (Executive Director – People)  
Katharine Willmette (Director - Adult Social Care)  
Caroline Farrar (Managing Director – Hammersmith and Fulham Place Partnership)  
Donna Barry (Assistant Director – Neighbourhoods)  
Ian Jones (Head of Clinical Services - Hammersmith and Fulham Planned Care)  
Fiona Bateman (Independent Chair of Safeguarding Adults Board)  
Matt Ayres (Hospital Director – Charing Cross Hospital)  
Jenny Parker (Action on Disability Co-Producer)  
Jack Hill (Action on Disability Trustee & Co-Producer)  
Elizabeth Eagle (Substance Misuse Lead)  
Dr Mayada Abu Affan (Director – Public Health)  
Liam Oliff (Committee Coordinator)

**1. APOLOGIES FOR ABSENCE**

Apologies for Absence were submitted by Lucia Boddington.

**2. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**3. MINUTES OF THE PREVIOUS MEETING**

**RESOLVED**

That the minutes of the meeting held on 8 July 2025 were agreed as an accurate record.

**4. HAMMERSMITH AND FULHAM HEALTH AND CARE PARTNERSHIP UPDATE**

Caroline Farrar (Managing Director – Hammersmith and Fulham Place Partnership), Donna Barry (Assistant Director – Neighbourhoods) and Ian Jones (Head of Clinical Services - Hammersmith and Fulham Planned Care) introduced the item which outlined the most recent update from the Hammersmith and Fulham Health and Care Partnership. The report included the refreshed approach to working collaboratively to improve health and wellbeing across the borough with a particular focus on integrated care efforts and the development of the Integrated Community Access Point (ICAP). ICAP was an alliance of clinicians and professionals across organisations working with people with the most complex needs, it had been developed in response to the fragmentation of services across multiple providers. The Integrated Community Access Point was a core team of professionals working together across organisations and disciplines, to support people with complex needs. Any adult with a combination of physical health, mental health and social needs could be referred.

Councillor Jackie Borland asked whether there were restrictions on who could refer people to the ICAP scheme, as if anyone was able to refer someone, then the ICAP team would have far too many referrals than there would be capacity for. Ian Jones explained that it was only Health Professionals that could refer people to the ICAP scheme and that so far, it had mainly been GPs. He added that you needed two or more disciplines of Health Professional to refer someone. He mentioned that they had positive data from their testing in the South of the Borough regarding capacity, but that it was being reviewed constantly.

Jim Grealy (Co-Optee) noted that this report had been primarily professional-focused, with other items on the agenda centred on co-production. He mentioned that a Patient Participation Group (PPG) in the south of the borough was meeting that evening, and there was uncertainty as to whether they were aware of this matter, beyond professionals, most people would not know about the scheme, and it remained at a distance from patients. Jim Grealy commented that they could not see an entry point as a patient. Caroline Farrar referred to both local and national evidence, highlighting that

patients often had to repeat their stories too many times, which the plan sought to address. For this cohort, co-production had been incorporated into the development of the plan, she explained that the situations were complex and that a prototyping approach was being used, working with patients to identify what was effective and what was not.

The Chair asked for examples where patients had given feedback directly to shape the plan. Ian Jones confirmed that there had been opportunities for feedback from patients and that responses had been positive, the team continued to seek honest feedback. Jim Grealy expressed concern that feedback was being gathered now but had not been sought at the outset. He was surprised to have only become aware of the matter upon reading the agenda and suggested that the issue should be taken to PPGs soon to gather their input. The Chair asked whether PPGs could be incorporated for when introducing ICAP in other areas. Katharine Wilmette (Director – Adult Social Care) advised that GPs were aware as they were making referrals and emphasised the need for a starting point based on evidence. She added that the team had undertaken significant work to share the information as widely as possible.

Councillor Lydia Paynter referred to the National Government's ten-year health plan, which aimed to move towards neighbourhood health centres. She noted that this approach relied on GPs knowing patients well and warned of the risk that a good scheme might not be fully utilised. Caroline Farrar noted this point but said it was hard to say what the effect would be for future contracts. Ian Jones added that proactive case finding took the reliance away from GPs.

Victoria Brignell shared her recent experience with Health Professionals, she said that one professional she dealt with had been great and the other was not good. She noted that there was a variation in the quality of care. She added that hospitals now had Martha's Law, which allowed patients to request a change of professional and commented that this should be a possibility in the community.

Fiona Bateman (Independent Chair – Safeguarding Adults Board) mentioned that she was happy to share her findings from their work on the Safeguarding Adults Board regarding proactive case finding.

**RESOLVED** That:

The Health and Adult Social Care Policy and Accountability Committee noted the report.

## **5. H&F SAFEGUARDING ADULTS BOARD REPORT 2024/25**

Fiona Bateman introduced the report which outlined the H&F Safeguarding Adults Board (SAB) Annual Report 2024/25. This included that the SAB had delivered its statutory duties including summary of Safeguarding Adults Review under Section 44 of the Care Act and exploration of how the partnership had sought to progress its objectives under the three key priority

areas: Effective systems and processes, creating a culture of learning and communication and partnership. This report highlighted the proactive efforts of partners to continue to improve professional responses to support adults with care and support needs who are at risk of abuse and neglect. The SAB was now moving into the final year of its three-year strategy, with the focus in the next year being on reviewing its impact and strengthening assurance mechanisms.

Jim Grealy commended the report, noting that staff had been hard-working and resilient. Attention was drawn to page 33 regarding the response to staff abuse, with an increase in racial abuse referenced. It was reported that GP practices were experiencing abuse that they had not encountered before, particularly concerning staff members' country of origin. Jim Grealy stressed the need for a strategy to support staff and called for a strong statement on this matter. Fiona Bateman observed a rise in hate crime linked to international issues and mentioned work undertaken by the charity Hope Not Hate. The Brian case in the report was cited as an example of practitioners providing support in cases of abuse. Jim Grealy requested that next year's report include reference to this issue and provide an update on work undertaken to address abuse towards staff. Councillor Alex Sanderson (Deputy Leader and Cabinet Member for Children and Education) noted that this would put pressure on the SAB to produce evidence. Fiona Bateman suggested reaching out to staff who were experiencing difficult situations. Victoria Brignell expressed support for Jim Grealy's comments and proposed that next year's Unity Day place particular emphasis on celebrating staff from all backgrounds and their contributions to the Health and Social Care sector.

The Chair raised a question regarding information sharing and how this was being addressed. Fiona Bateman explained that the Safeguarding Adults Review looked into specific cases to ensure that the type of abuse was correctly identified and to consider what proactive measures could have been implemented. She acknowledged the complexity of the systems involved but confirmed that efforts were being made to establish effective information sharing as standard practice across all services. Fiona Bateman added that an increase in referrals might not indicate reduced safety but could reflect greater awareness of where to report concerns.

Councillor Alex Sanderson described the paper as positive, noting that rising numbers were likely due to increased confidence in the system. She queried how the impact of these measures would be tested this year. Fiona Bateman responded that the focus was not solely on identifying failures but also on recognising improvements. She stated that people were becoming more confident in discussing safeguarding and abuse.

It was confirmed that from January onwards, work would commence on the next strategic plan. Fiona Bateman noted that there had been significant changes among partners and personnel and emphasised that continuity of care would be crucial throughout this period of transition.

**RESOLVED That:**

The Health and Adult Social Care Policy and Accountability Committee noted the report.

**6. CHARING CROSS HOSPITAL CO-PRODUCTION**

Matt Ayres (Hospital Director – Charing Cross Hospital), Jenny Parker (Action on Disability Co-Producer) and Jack Hill (Action on Disability Trustee & Co-Producer) introduced the report which outlined work undertaken at Charing Cross Hospital alongside Action on Disability (AoD). A report went to Health and Adult Social Care Policy and Accountability Committee in 2024 from AoD that outlined their experience of using the NHS. Representatives from Action on Disability visited the Hospital to provide input on ways it could be made more accessible. Key findings from these visits included poor signage and inconsistent wayfinding, long waiting times and lack of quiet areas, Physical barriers (corridors, toilets) and limited wheelchair access, staff were generally open to feedback, the radiotherapy team were praised for person-centred care. Suggestions made included clear signage and improved navigation, sensory-friendly waiting areas, refresher disability awareness training for staff and ongoing involvement of Disabled residents in redesign.

Victoria Brignell expressed thanks to all those involved in the process.

Councillor Genevieve Nwaogbe mentioned that some staff that made mistakes were doing it from a good place, for example cleaners thought they had been addressing trip hazards by tidying away pull for help cords. Matt Ayres stressed the importance that involvement of people had and stressed that those delivering training needed to engage directly with patients. Jenny Parker emphasised the importance of starting with patients at the beginning of the process and commencing training as soon as staff began working.

Councillor Genevieve Nwaogbe noted positive feedback and referred to a case involving a radiotherapist. Jenny Parker explained that when staff had spoken to them, they acknowledged that the changing room was small and had offered an alternative area that was larger. Jenny Parker added that some staff were unfamiliar with the sunflower lanyard and its meaning, which indicated the need for awareness of what to look out for.

Fiona Bateman referred to the fact that AoD had a meeting upcoming with architects, she felt they would have gained significant learning from this experience and mentioned that they should submit their new designs for architectural awards. Matt Ayres cited this as a good example of giving people permission to act, such as architects engaging directly with patients. Jack Hill observed that the legally required minimum was often insufficient for most disabled people.

Jim Grealy mentioned the Acute Board in Common meetings that take place every 3 months, and that there is always a patient story. He felt that what had been done at Charing Cross would make decision makers think differently about the way to run health services. He added that AoD should contact the



acute board and provide information on their learnings as AoD are in the best position to share learnings and needs regarding disabled residents.

Councillor Alex Sanderson thanked all involved and queried whether co-production would be governed and whether there were links between this and other Imperial sites. Matt Ayres responded that the team had decided to proceed without delay but acknowledged that sustaining progress required more than enthusiasm. A volunteer programme was being developed to spread the initiative throughout the trust.

Councillor Lydia Paynter suggested stepping back to consider what could have improved the process undertaken. Jenny Parker stated that identifying where to start was crucial and noted that without an AoD user, support would not have been possible. Jenny Parker questioned how many panels included a wide range of disabilities from the outset and referred to the role of the patient liaison service. Jack Hill concluded by stressing the importance of having someone like Matt Ayres, who had listened to challenging feedback.

**RESOLVED** That:

The Health and Adult Social Care Policy and Accountability Committee noted the report.

## **7. DRUG STRATEGY**

Elizabeth Eagle (Substance Misuse Lead) and Dr Mayada Abu Affan (Director – Public Health) introduced the report which highlighted the upcoming Hammersmith and Fulham Drug Strategy. The report included 3 main themes which were breaking drug supply chains (enforcement), making it harder for organised crime networks to operate in our borough, disrupting all parts of the supply chain and reducing associated violence and exploitation. World class treatment services, treating addiction as a health problem, recognising the role played by adverse personal circumstances such as trauma, poverty and mental health conditions, breaking down stigma and saving lives. Achieving a generational shift in the demand for drugs, trying to reduce demand, giving residents the best possible start in life, and working with young people in the borough to change attitudes to drug-taking.

Jim Grealy commented that the report had been distressing to read but heartening to see the progress made. He suggested considering how the strategy could be introduced into schools and colleges, including through the Youth Parliament. Elizabeth Eagle confirmed that, as part of the strategy, engagement had taken place with the Youth Council.

Councillor Bora Kwon asked whether the report was intended to go to the POB. Councillor Alex Sanderson clarified that it would be presented at Health and Adult Social Care Policy and Accountability Committee first and then across other committees. Councillor Bora Kwon noted that it should be distributed to other Chairs.

Councillor Jackie Borland raised a question regarding the approach to cuckooing. Elizabeth Eagle explained that work was being enhanced through the existing cuckooing risk panel and that a trial had been undertaken to include a substance misuse worker within the cuckooing team, building support and specialism from the inside out.

The Chair asked how success would be measured across treatment and prevention. Elizabeth Eagle responded that success would be assessed through measurable statistics, including an increase in the number of people in treatment and improved access to detox and rehabilitation services.

A resident highlighted a generational shift in drug use and referred to school exclusion lists and asked where people go to access support when they're excluded. Elizabeth Eagle confirmed that the Young People's Drug Service, Resilience, was available for young people experiencing substance misuse issues. When asked whether Resilience was linked to schools or the London Borough of Hammersmith & Fulham, Elizabeth Eagle clarified that it had been commissioned by Public Health but they did have workers who provided support to schools.

Councillor Alex Sanderson summarised that the current rate of drug-related offences remained too high but stated that this was the best Drug strategy developed to date. Jenny Parker stressed the need to consider residents with addictions who were wheelchair users or had mental health conditions, noting that the strategy should be broader in addressing complex needs. Councillor Alex Sanderson agreed, stating that this feedback would be taken on board and that the strategy needed to be explicit in recognising that disabled people faced unique risks and had diverse needs.

It was agreed that the strategy would be distributed to other PAC Chairs and it would be confirmed as to whether the strategy was due to be on a future Policy and Oversight Board Agenda.

**Action: Liam Oliff**

**RESOLVED** That:

The Health and Adult Social Care Policy and Accountability Committee noted the report.

## **8. DATES OF FUTURE MEETINGS**

The Chair mentioned the upcoming Healthy Minds Workshop and encouraged attendance.

Councillor Alex Sanderson welcomed Dr Mayada Abu Affan as the new Director for Public Health. She also thanked Katharine Wilmette for her work on the Committee as it was to be her last meeting.

The following dates of future meetings were noted:

- 27 January 2026
- 22 April 2026

Meeting started: 7:02pm  
Meeting ended: 9:38pm

Chair .....

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# Children and Education Policy and Accountability Committee Minutes

Monday 3 November 2025

## **PRESENT**

**Committee members:** Councillors Helen Rowbottom (Chair), Mercy Umeh, Aliya Afzal-Khan and Liz Collins

**Co-opted members:** Nandini Ganesh (Parentsactive Representative)

**Guest:** Derek Benson (LSCP Scrutineer and Chair of the LSCP Forum)

### **Officers:**

Jacqui McShannon (Executive Director of People)

Sarah Sanderson (Operational Director, Children and Young People Services)

Peter Haylock (Operational Director for Education and SEND, Children's Services)

Anna Carpenter (Head of Safeguarding, CYPS)

Phil Tomsett (Head of Family Hubs)

Cat Miller (Business Development Manager, LSCP)

Debbie Yau (Committee Coordinator)

## **1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Alex Sanderson, Daryl Brown and Nadia Talyor (Co-optee).

The Chair took the opportunity to inform the Committee that following a change in proportionality, the Council had approved to allocate a seat to the Green Group which was taken up by Councillor Liz Collins to substitute Councillor Genevieve Nwaogbe.

## **2. DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **3. MINUTES**

#### **RESOLVED**

The minutes of the meeting held on 30 June 2025 were agreed as an accurate record.

### **4. H&F LOCAL SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2024-25**

Derek Benson (LSCP Scrutineer and Chair of the LSCP Forum), who had started in his role in December 2024, introduced the Hammersmith and Fulham (H&F) Local Safeguarding Children Partnership (LSCP) Annual Report 2024-25, including report areas, new developments, progress of the LSCP priorities, key activities and outcomes from LSCP subgroups, training delivery and impact, partner contributions and strategic direction for 2025-26.

Councillor Mercy Umeh appreciated the great report. She asked about the LSCP's coordination of work among families and children/young people of different cultures.

Derek Benson referred to the publication of a work earlier this year by the National Panel for Safeguarding related to "silent racism" and safeguarding children. He emphasised the importance of local delivery and contributions from partner agencies in undertaking safeguarding work, and considered this should be embedded in everything delivered by a multi-cultural and diverse borough like H&F.

Anna Carpenter (Head of Safeguarding, CYPS) added that voice of young people and children had been central to the Partnership Group and the LSCP Forum. In maintaining a strong relationship through the youth voice service, there was representation from young H&F Foundation, and they had worked hard to ensure the "you said, we did" feedback loop linked with children/young people and Children in Care Council. This had helped the Partnership to understand the challenges of current issues faced by them. They were consulted on key issues for the Partnership and were actively involved in setting the new priorities for the LSCP.

Councillor Aliya Afazi-Khan thanked Mr Benson and officers for the thorough report and their hard work behind the data. She sought information about anti-racist practice and asked if disparities and outcomes were being tracked and reported transparently.

In response, Anna Carpenter noted that the LSCP priorities for 2025-2028 would be underpinned by a cross-cutting focus on anti-racist practice. The metrics would be reported in the next Annual Report.

Nandini Ganesh (Co-optee) expressed appreciation to the brilliant report. She was concerned why education was not a mandatory partner as schools were best placed to judge whether there had been any safeguarding issue.

Councillor Afzal-Khan noted that H&F had already embedded education as a partner and was concerned about their influence on safeguarding priorities and the anticipated measurable impacts.

Derek Benson said it might be a challenge to the Department for Education (DfE) to include education as a statutory partner due to diverse structure of the education sector and provide statutory guidance. Notwithstanding this, it was LSCP's commitment to involving the education sector in its work, for example, the strong voice of education represented by independent schools when setting this year's priorities. He noted H&F colleagues had recognised the importance of this and hence leading the way along with other partnerships.

Anna Carpenter added that education had a strong representation in both LSCP Forum at strategic level and operational Partnership Group. She said she was the Chair of the Partnership Group with representations from schools of early years and voluntary sector delivering a whole range of educational support mechanisms. Anna added that the LSCP had developed an Education subgroup to help ensure H&F understand the core issues faced by different types of education providers and devise support measures to safeguard children on a day-to-day basis. An example of the impact of having education as a key partner was when an education representative raised a serious concern at the Partnership Group about children vaping. This was escalated to the LSCP Forum where members reviewed it from a public health perspective. Subsequently a vaping strategy was put in place to address vaping locally.

Jacqui McShannon (Executive Director of People) referred to the review of Ofsted which had looked at the relationship between education and social care to ensure safeguarding was a priority for all types of education providers. She was confident that there was good communication among partners such that the concerns raised by a school would be discussed and explored by other education partners who shall provide advice as appropriate. Jacqui stressed that the education sector was always seen as a key partner and the communication with all education providers had been very dynamic and on-going.

Sarah Sanderson (Operational Director, Children and Young People Services) referred to the tangible outcomes featured in the LSCP Annual Report. For example, a key safeguarding strategy on attendance had been worked out by engaging education partners who agreed to adopt an early intervention approach. Jacqui McShannon added that on safeguarding concerns like attendance or children missing education, they were tackled by a joint approach through the collaboration of the Children Services and the partnership in order to better protect the children and safeguard their welfare.

In addressing the Chair's concern about attendance, Peter Haylock (Operational Director for Education and SEND, Children's Services) clarified that the attendance rate for the 2024-25 academic year was 93%. Among the remaining 7% of students, 17% of them were persistently absent, i.e. attending less than 90% of classes.

Councillor Afzal-Khan expressed concerns about digital gap and online harm and exploitation and asked how LSCP addressed safeguarding issues arising from them.

Anna Carpenter acknowledged the challenge of online safety, noting it was a country-wide concern requiring on-going efforts. She said strategies were being developed to address online gambling and gaming which could lead to mental and financial issues for children and young people. In addition to focusing on training on online safety, a working group was looking into support mechanisms for young people and their families in relation to online gambling. She noted the need for strategic management of unique online safety themes and the importance of sharing information with partners both locally and nationally. Anna also mentioned the involvement of partners like Catch 22 which provided support around online safety and other safeguarding issues.

On the Chair's question about any valuable dataset that were not accessible to LSCP, Derek Benson noted from different partners in health, economy and policing that they had abundant data that were relevant to the work of the LSCP. He looked forward to generating these data into a meaningful and viable framework for setting safeguarding priorities. Derek was confident this might be put in place at next reporting.

Anna Carpenter added that obtaining local data for some partners had been challenging as it was often regional or national rather than borough specific. However, efforts were being made to localise data. The Chair said that with sophisticated technology in place, both system integration and data segregation could happen with an ask. She was interested to note the list of challenges faced.

The Chair said she understood that the police's tactic of "Stop and Search" was an important part of the youth justice protocol. She noted that unlike the Law Enforcement Team (LET) officers who were more stationary in H&F, the Met Police officers were relatively transient and hence not familiar about the locals.

Jacqui McShannon referred to an on-going pilot work carried out by another borough in partnership with the Met Police, focusing on safeguarding issues rather than just criminal aspects. While there were safeguarding issues arising from young people being stopped and searched at a particular time of nights, considerations were given to addressing this carefully and sensitively with the Met Police to avoid impacting some members of the community disproportionately again. As mentioned earlier, the result of the pan-London Stop and Search Audit done last year might help feed into a London practice in due course.

Sarah Sanderson added that findings and recommendations of a London-wide workshop held the previous week would also provide relevant updates. Cat Miller (Business Development Manager, LSCP) referred to the attendance of the Head of Early Help and Youth Justice and hers at the focus group for the stop and search audit. The stop and search audit findings, involving all 32 London boroughs would provide recommendations in next April. Nevertheless, H&F had already implemented its local action plan based on its own audit findings.

Jacqui McShannon took the opportunity to express her appreciation to Lucy O'Connor who worked on a pilot arrangement by chairing LSCP Forum on top of her day job as the Superintendent Detective at Met Police. As mentioned in the report, Lucy had created a very strong collaborative approach which included all partners

equally. Jacqui also thanked Derek Benson for taking over the arrangement by playing dual roles as the independent scrutineer as well as the Chair of LSCP Forum. Furthermore, she acknowledged the contributions from various partners.

Derek Benson clarified that while he would chair the wider partnership meeting, the actual designated safeguarding partners would chair the core meetings, ensuring compliance and effective use of resources.

## **RESOLVED**

The Committee noted the report.

## **5. UPDATE ON THE NATIONAL CHILDREN'S SOCIAL CARE REFORMS AND TRANSFORMATION AGENDA**

Sarah Sanderson (Operational Director, Children and Young People Services) provided a brief update, including the context, H&F transformation programme, governance and co-production.

Councillor Aliya Azal-Khan enquired about the difference between the Adolescent Family Help (AFH) Team and existing Children and Adolescent Mental Health Service (CAMHS), and the representation of parents, adolescents and residents on the new multi-agency steering group.

Sarah Sanderson explained that the local Families First programme emphasised on the integration of targeted early intervention with statutory social work interventions along a streamlined pathway. The focus was on retaining system strengths and evolving practices, for example via the AFH team incrementally to ensure evidence-based, better outcomes. This was being tested initially with adolescents who had already had experience of the system to assess the effectiveness of having a consistent practitioner in one service area linked to various organisations and teams would lead to better outcomes or not. Sarah noted that H&F's reform programme was centred around four workstreams underpinned by family, workforce and multi-agency voice, including programme lead, voluntary sector colleagues, parents and carers. The family voice was represented on the reforms board and plans were evolving to ensure effective engagement.

Nandini Ganesh (Co-optee) said she sat on the reforms board. She raised concerns about the impact of the reforms on social care practice, noting the worries of parents currently receiving support. While urging for more education to reassure parents about the reforms, Nandini also considered it necessary to improve advocacy in the borough, especially among vulnerable residents.

Sarah Sanderson acknowledged families' anxiety in particular about statutory intervention. The narratives under the Family Help system focused on supporting families and children and making family group decisions through an inclusive family network, while also taking protective action for the children when necessary. Sarah acknowledged the need for further parental advocacy in child protection processes and the planning to develop this capacity.



On the Chair's enquiry about the kinship strategy, Sarah Sanderson noted H&F's current kinship strategy was being reviewed against the national strategy and recommendations on strengthening the already strong kinship offer were expected to be ready by the end of year.

Councillor Afzal-Khan asked about oversight of home education and the challenges of monitoring the education and safeguarding of home-schooled children. She also expressed concern about plans to sustain reforms once the one-off funding was exhausted.

Peter Haylock (Operational Director for Education and SEND, Children's Services) clarified that if a child was home educated the curriculum was the parents' responsibilities. While the council monitored safeguarding and conducted checks, positive changes required central government's action.

On funding, Sarah Sanderson said that the council was committed to building sustainable and deliverable services, with the new Children's Services Prevention Grant expected to continue but the amount allocated moving forward not yet announced and the need to align changes with available resources.

## **RESOLVED**

The Committee noted the report.

## **6. LOCAL OFFER ANNUAL REPORT 2024-25**

Phil Tomsett (Head of Family Hubs) briefed members on the annual report, including the vision of Local Offer (LO), types of LO co-produced, key developments during 2025 and next steps.

The Chair appreciated the holistic and thorough nature of the LO service but she was keen to draw a clear distinction between the LO and the LO award-winning website accessing which did not mean accessing the service. Noting that LO awareness and usage had increased to 47% and 33% in 2025, she sought information on the ways of measurement.

Phil Tomsett responded that LO awareness was one of the questions on the annual survey sent to the SEND families. The usage reflected the number of views from each of the pages measured by website analytics. Noting the self-reported nature of survey data, the Chair expressed concerns about their potential variance.

Councillor Aliya Afzal-Khan asked about actions planned to be taken to increase LO awareness to 60% by March 2026 and expected tangible improvements in terms of Education Health Care Plan (EHCP).

Peter Haylock (Operational Director for Education and SEND, Children's Services) explained that the LO aimed to provide information to prevent the need for an EHCP in some cases. He also outlined various marketing efforts including physical marketing, community outreach etc to increase awareness. While SENCOS in schools and early year providers might serve as a direct route for information dissemination for LO as pointed out by Phil Tomsett, Peter said families might not

visit the LO website via the Family Hub page if they were already receiving the services they needed. Nevertheless, the Chair suggested refining the wording to avoid undermining the holistic nature of the LO, for example, adopting the term “digital front door” used by NHS.

Nandini Ganesh (Co-optee) enquired about the Family Information Service (FIS) and its integration with the Family Hub website. She found it difficult in navigating to the FIS page and suggested improvements.

Phil Tomsett explained that the FIS was accessible under the childcare tab on the Family Hub website. Petre Haylock added that there was also a co-produced page there providing information about mental health services.

On Councillor Mercy Umeh’s question about challenges faced, Phil Tomsett said the key one was the heavy resources required to review and update the pages/ services based on the information provided by the organisations from time to time.

## **RESOLVED**

The Committee noted the report.

## **7. SUMMER IN THE CITY 2025**

Peter Haylock (Operational Director for Education and SEND, Children's Services) noted the Summer in the City 2025 was very successful, with 32 local providers and over 2,400 children participating, including a significant number with SEND and/or on free school meals. He said that the programme featured varied sports and performing arts, with 55% of providers involving children in food preparation. And Family Hubs could be utilised as venues to help reduce the cost of rentals. All families reported reduced financial pressure, and 80% of them noted improvements in their children’s confidence and social development. The programme also addressed accessibility and inclusion for young people with special needs. He also said it was regret that the Annual Community Day had to be cancelled due to bad weather. Peter sent credits to the Commissioning Team and LNP Action for their untiring efforts.

Jacqui McShannon (Executive Director of People) highlighted the positive experience of the programme for young people and children, in particular those with SEND. Based on the previous feedback, activities were distributed across the borough, and this had helped improve accessibility and inclusion.

The Chair expressed appreciation on the amazing engagements and provision over five weeks did bring significant impacts, including childcare costs. Echoing her view, Councillor Aliya Afzal-Khan commended the hard work of the team in managing the partnership and providing a sustainable service. Councillor Mercy Umeh expressed gratitude for the programme, calling it the best thing that had ever happened to education.

## **RESOLVED**

The Committee noted the report.

## 8. **DATES OF FUTURE MEETINGS**

The Committee noted the dates of future meetings:

- 27 Jan 2026
- 15 April 2026

Meeting started: 7.03 pm  
Meeting ended: 8.34 pm

**Chair** .....

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# Agenda Item 4

## London Borough of Hammersmith & Fulham

**Report to:** Joint Children's and Education and Health and Adult Social Care Policy & Accountability Committee

**Date:** 27/01/2026

**Subject:** 2026/27 Revenue Budget and Medium-Term Financial Strategy (MTFS)

**Report author:** James Newman, Assistant Director – Finance (Deputy s151)  
Tony Burton – Head of Finance (People)  
Prakash Daryani – Head of Finance (Social Care and Public Health)

**Responsible Director:** Sukvinder Kalsi, Executive Director of Finance and Corporate Services  
Jacqui McShannon, Executive Director of People's Services

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### SUMMARY

Cabinet will present their revenue budget and Council Tax proposals to Budget Council on 25 February 2026. This report provides an update on the overall preparation and proposals for the 2026/27 revenue budget, risks, financial resilience, and the impact of those proposals.

This report also sets out the budget proposals for the services covered by this Policy and Accountability Committee, and the committee is invited to comment on the budget proposals set out in detail in the appendices. Risk schedules and Equalities Impact Assessments of any budget changes are provided in the appendices alongside an update on any proposed changes in fees and charges in the budget where applicable.

This report sets out the Council's Revenue Budget for 2026/27 (including the key assumptions, details of new additional investment proposals and the efficiencies that are expected to be delivered by services). The report also provides an update on the Council's Medium Term Financial Strategy (MTFS) including the adequacy of the balances and reserves to ensure that the Council can maintain long term sustainability and maintain the strong financial governance of the resources.

The strategic operating environment for public services (including local government) remains challenging. While inflationary pressures have eased and interest rates are reducing, there are demand-led pressures in Adult Social Care, Children's Services and Homelessness. Combined with the impact of Fair Funding Review 2.0 and the reset of the Business Rates Retention System from April 2026, this Council will continue to face financial challenges in the years to come.

For the first time in many years, the government has confirmed a multi-year settlement from 2026/27 to 2028/29 alongside the funding formula reform. Hammersmith and Fulham is eligible for transitional funding relief over the three years to 2028/29.

The overall objectives of the revenue budget proposals for 2026/27 are intended to:

- continue to protect the delivery of core services valued by residents, businesses and visitors
- ensure the safety of our borough
- support prosperity across Hammersmith and Fulham
- promote an exceptional, innovative and efficient Council
- maintain strong financial governance and resilience across the Council

A balanced budget for 2026/27 is proposed (whilst protecting our reserves) including £9.5m of efficiencies. The budget will allow the continued delivery of the best services to our residents, businesses and visitors. This builds on the administration's record of prudential financial management, and delivering a modest budget surplus in the last three full financial years (from 2022/23 to 2024/25) and increasing reserves at a time when many other councils are utilising them to balance the annual budgets

The proposed increase of Council Tax by 2.99% and the additional social care precept (which equates to an increase of 92p per week for Band D properties) will generate an additional £4.4m (or 2% of the council's net budget) per annum to fund Council services. This is essential funding for the Council to ensure continuing financial resilience, protect its funding position over the medium term, meet the challenges posed by increasing demand and inflation, whilst balancing the impact on local council taxpayers. The Adult Social Care precept element is ringfenced to fund Adult Social Care services.

## RECOMMENDATIONS

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

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**Wards Affected:** All

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<b>Our values</b>	<b>Summary of how this report aligns to the H&amp;F values</b>
Being ruthlessly financially efficient	The council has a proud record of maintaining low Council Tax to its residents. The revenue budget for 2026/27 proposes savings and efficiencies across services and corporate functions that rationalise its estate and reduce its operating costs, whilst also delivering value for money from external contractors.
Creating a compassionate council	The proposals in the revenue budget for 2026/27 supports the ongoing investment in services that directly support residents in living, healthy and independent lives. This includes

	continuing to provide free homecare for older residents, continuing to provide comprehensive Council Tax support to those eligible and increasing investment to tackle homelessness and rough sleeping.
Building shared prosperity	The budget proposals support the launch of the next phase of the industrial strategy (Upstream London) which sets a clear strategy to grow a localised economic ecosystem, with a focus on the sectors that are set to grow and that are deemed right for the local area.
Doing things with residents, not to them	The budget for 26/27 will continue investment in our Family Hubs, ensuring that every child, young person, and family is able to access the right support at the right time. The Hubs will also be developed by collaborating with children and young people and their families, family groups, the local third sector, the NHS and the council's children's services in genuine partnership.
Taking pride in H&F	The council's revenue budget will invest over £50m in public realm services. These services will provide access to safe clean, green spaces for all to enjoy, visit and live in. It will deliver improvements to highways, whilst continuing to invest in the Law Enforcement Team and regulatory services to crack down on anti-social behaviour and rogue traders.
Rising to the challenge of the climate and ecological emergency	The council has an ambitious target to become a net zero borough. To help achieve this, the budget will support work to increase engagement and investment in green energy and technologies, increase investment in its waste services, continue to keep our streets and parks clean, and take a tough stance against anyone dropping litter, creating graffiti, or dumping rubbish.

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## Background Papers Used in Preparing This Report

Not Applicable

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## THE REVENUE BUDGET 2026/27

- The proposals for balancing the budget for 2026/27 are included in table 3 below.

**Table 3: 2026/27 Budget Summary**

	(£m)
<b>Base Budget 2025/26 (Balanced Budget)</b>	-
Provision for Price Inflation (3.2%)	6.9
Provision for Pay Inflation (2.5%)	4.0

Essential pressures	3.2
Other Changes (concessionary fares/interest on balances/ other)	(4.9)
Reduction in LGPS employers pension contribution	(2.1)
Savings and Efficiencies	(9.5)
<b>Resources</b>	
<b>Government</b>	
Increase Central Govt Grants	(13.2)
Decrease in Business rates	30.7
Increase in Council Tax resources	(7.7)
<b>Local</b>	
Collection Fund – year on year reduction in surplus	3.3
Collection fund	(4.0)
CIL	(0.7)
Fair Funding - Transitional Relief	(6.0)
<b>Budget Gap 26/27</b>	<b>-</b>

## Savings

- The total proposed savings for 2026/27 are set out in Table 4.

**Table 4: 2026/27 savings proposals**

Department	£m
People	(4.2)
Place	(2.8)
Housing Solutions	(1.2)
Finance and Corporate Services	(0.6)
Centrally Managed Budgets	(0.7)
<b>Subtotal Service Savings</b>	<b>(9.5)</b>
Collection Fund Savings	(8.4)
<b>Total</b>	<b>(17.9)</b>

- The savings relevant to this committee are set out in Appendix 1 to this report and as part of the Director's strategic comments section below.

## Fees and Charges

- Charges governed by statute are set in accordance with those requirements and not varied in accordance with inflation. For non-statutory fees and charges, evied by Hammersmith & Fulham, it is recommended that:
  - they are frozen for Adult Social Care and Children's Services in line with administration policy.
  - commercial services that are charged will be reviewed on an ongoing basis in response to market conditions and varied up and down as appropriate, with appropriate authorisations according to the council Constitution.

- parking charges and fines are set in line with transport policy objectives and not considered as part of the budget process.
  - a standard uplift of 3.8% (in line with September CPI) is applied for other non-commercial and non-parking fees.
- 5. Exceptions to these assumptions are set out in Appendix 4. Each budget proposal has been subject to an Equalities Impact Assessment (EQIA) review

### **Equalities Implications**

- 6. Each budget proposal has been subject to an Equalities Impact Assessment (EQIA). There are attached in Appendix 3. A consolidated EQIA report will be presented to Budget Council in February 2026.

### **Comments of the Executive Director of People's Services on the 2026/27 Budget Proposals**

- 7. The embedding of the People's Directorate across 2025, has provided opportunities for innovation, collaboration and extensive partnership working as we develop services for the future. This is in the context of significant national reform agendas, including the Families First Reforms Programme, the NHS 10-Year Plan and the Fair Funding Review. These programmes have significant cross cutting themes manifested through prevention and early intervention, integrated multi-agency working, and a coproduced, person centred approach to delivering services.
- 8. At Hammersmith & Fulham, we're proud of our partnerships and strong joint governance arrangements including with schools, the community and third sector, police and health. Our powerful partnerships have continued to strengthen - rooted in ambition, collaboration, and a shared commitment to improving lives. We've invested time, energy, and leadership to make this happen, restructuring our People's Department to create the capacity for meaningful joint working. Key roles in our Commissioning, Transformation and Partnerships Team are central to driving this forward. Our commitment is also reflected at the highest levels, with the Deputy Leader continuing to represent H&F on the Integrated Care Board, helping shape the strategic direction of health and care across the borough.
- 9. With a renewed focus, energy and opportunity, the People's Directorate continues to evolve, building on departmental strengths and areas of good practice. This has included taking learning from our Performance and Improvement Service across Children's Services as we develop a robust performance framework across Adult Social Care. We have similarly prioritised establishing robust joint governance, including joint Cabinet Member Briefings, and ensuring strong external partner representation across our Policy and Accountability Committees and Health and Wellbeing Board.

### **Children's Services**



10. In Children's Services these reform agendas, are being progressed on the strongest foundations. Children's Services was rated Outstanding by Ofsted in 2024, and the Council's Youth Justice Service was rated Outstanding by HMIP in 2022. This is alongside 100% of our schools and early years providers rated Good or Outstanding by Ofsted for the Quality of Education, with our primary schools rated top in the country date at the end of key stage 2 with 76% of children reaching and surpassing the standards they need in reading, writing and maths to set them up for life. Similarly, children and young people with SEND achieve better in all key stages in H&F compared to their peers both regionally and nationally.
11. The reforms provide the opportunity for greater integration with a strengthened emphasis and focus on preventative work with children, young people and their families; recognising our strength is in the power of our partnerships and multi-agency working.
12. When children are supported early, they are set up to flourish later in life. To this end our vibrant and active Youth Council continue to collaborate with leaders from across the Council to influence change. The Youth Voice Priorities are driven by young people, which have informed the criteria for our third sector investment grants, so that funding can be provided to address the priorities our young people have specified. Our inspiring Care Leavers Hub - which stands for Hope, Unity, Belonging - held a series of events and activities during Care Leavers month which recognised the journeys of our care experienced young people and amplified their voices including art workshops, wellbeing and independent living skills sessions.
13. Innovation continues to be central to our ethos in H&F, leading and influencing practice initiatives locally, sub regionally, pan London and nationally. Our Parents and Carers Together (PACT) service is now live, providing intensive support for families and young people to reduce conflict or avoid family breakdown, enabling families to build resilience. Our Mockingbird project which provides consistent, practical support to foster families including respite, childcare support and advice and guidance, is improving placement stability and continues to go from strength to strength. H&F has also continued to lead regionally, for example H&F were part of leading the update and launch of the Pan London Reducing Criminalisation for Cared for and Care Experienced Protocol, setting out a clear agenda, shared principles, and commitments across partner agencies to reduce the unnecessary criminalisation of children looked after and care leavers.
14. Our Special Education Needs and Disabilities (SEND) early intervention programmes continue to be improving outcomes for children and young people. Our Joint Communication Team for example are working collaboratively with school partners to identify and meet speech, language and communication needs in the classroom. Screening of children, pre and post intervention show significant improvements across all key speech, language and communication domains. Our SEND Support Pathway brings multi-disciplinary professionals together in a 'Team around the child' approach to supporting needs in H&F. This

includes Specialist Teachers, Educational Psychologist and Occupational Therapists, improving access to services and streamlining pathways.

15. These achievements and our future ambitions continue to be delivered in the context of rising need for services, market fragility, the cost-of-living crisis and the national economic position which have posed as significant risks to the service in meeting need within the financial constraints. We have continued to respond dynamically to these risks and have well developed systems to monitor and manage them.
16. The 2026/27 financial year represents a year of significant change as local authorities implement the governments extensive reform agendas including Best Start, Families First, and the emerging SEND Reforms. Whilst these reflect positive system change and opportunity, they equally pose associated challenges in terms of capacity, ensuring alignment and sustainable resourcing.
17. The savings proposals remain consistent with our vision and high aspirations for our children, young people, and their families as we review services against need to ensure they are as responsive and efficient as they can be and offer the right outcomes for children and young people.
18. Children's Services proposed net budget for 2026/27 is £67.96m Within this sum are areas over which the service has little direct control, these are defined as non-controllable and include contributions to Corporate Services and capital charges. In total these add up to £11.27m. This means that the net direct expenditure that the directorate is in control of is £56.69m. Table 5 below sets out how controllable expenditure is budget across the various departments within the directorate, showing that the greatest share of net general fund expenditure is on Children's and Young People's Services, £31.88m (56%) of net controllable expenditure.

**Table 5 CHS Full Net Budget 2026/27**

Directorate	Gross Expenditure Budget	Gross Income Budget	Net Expenditure Budget	% of Net Expenditure
	£'m	£'m	£'m	
Children and Young People's Services	42.58	(10.70)	31.88	56%
Children's Commissioning	6.32	(1.39)	4.93	9%
Children's Performance & Improvement	2.49	(0.22)	2.28	4%
CHS Departmental Budgets	0.63	(0.20)	0.43	1%
Education	117.30	(100.13)	17.17	30%
School Funding	9.99	(9.99)	0.00	0%
<b>Grand Total</b>	<b>179.31</b>	<b>(122.62)</b>	<b>56.69</b>	<b>100%</b>

## Adult Social Care and Public Health

19. Adult Social Care is transforming in H&F. We are implementing an ambitious local change programme across our practice, commissioning, and performance and quality assurance systems. Our strengths-based practice model is vital to our transformation, and we know that when residents are supported early to live independently with choice and control, they have improved experiences and better outcomes.
20. Independent living in Hammersmith and Fulham is not only about services; it is about building communities and systems that support independence at every stage of life. This is central to our ambitious transformation programme across Adult Social Care and builds on the Council's Independent Living Vision, recognising people are experts in their own lives, and our role as a council is to remove barriers, enable independence, and champion inclusion.
21. To inform our strategic approach we have been engaging extensively with residents, partners and stakeholders to understand their lived experiences and to inform future priorities. The engagement, which has included over 60 sessions, has been designed to inform how the local system, inclusive of our health partners, community and third sector organisations and providers, will work effectively together. This includes identifying current gaps, pressures, and opportunities to improve the availability, flexibility, and quality of provision across our borough. The findings from this engagement and consultation have informed the new Living Well, Ageing Well Strategy which will be published early in 2026.
22. The Post 19 Coproduction Coordinator, funded by H&F and hosted by the H&F parent/carer forum Parentsactive, reflects one aspect of the department's commitment to openly engaging, and co-designing with residents, improvements to existing services and services for the future.
23. Our partnerships will be key to leveraging the system change required. Our Integrated Community Access Point demonstrates the strength of multi-agency integrated services, bringing together an alliance of clinicians and professionals across organisations working with people with the most complex needs, to reduce fragmentation of services and break down organisational boundaries. The service provides a strong foundation for our "Better Together" approach, that keeps people living independently for longer, and out of hospital where possible. Residents experience faster responses, streamlined pathways, better communication and more personalised support.
24. The Local Authority invested in the creation of a Transitions Team in 2023 to support young people, and their families in navigating the pathways from children's services into adult services. This service is now well embedded providing support to young people and their families as they reach adulthood. A Preparation for Adulthood Toolkit and Pathways Guide have been coproduced for the Local Offer, setting out the roles and responsibilities of all agencies and the actions at each stage of the transition showing what services are available and what steps to take to get the help young people and their families may need

locally. Our strong multi-agency planning forums support early planning and tracking so young people get the right support at the right time.

25. We recognise that our workforce will be our biggest asset to leverage the change and innovation required across the system, designing and creating services that are embedded in our communities, closest to those that need them. To this end, we have proactively driven key recruitment campaigns both across senior management and practice, setting the ambition of H&F being an employer of choice; recruiting and retaining the best.
26. Our Public Health service is key to our prevention agenda, building deeper connections with the wider determinants of health, including education, housing, transport, spatial planning, and economic prosperity. 2025/26 has seen the launch of our Public Health zero-suicide borough campaign, working with local partners to make support visible, available and approachable in every corner of our community. H&F were also recognised as leaders in tackling food poverty and life beyond the Foodbank at the Sustain Awards 2025. The department is committed to making health everyone's business through prevention, empowerment, and integrated systems.
27. At a time of significant financial pressures, because of the national economic picture and increasing acuity of need and demand for services, there are significant financial pressure, which include:
  - Demographic demand growth and complexity of need resulting in significant cost pressures including ever increasing hospital discharge pressures into social care market.
  - Pressures within the care market and the impact of cost-of-living.
  - Price pressures both existing and following new competitive tender activity.
28. Given the sustained financial pressures, we must be innovative and transformative within the available resources. The savings proposals are consistent with our vision and these aspirations. We recognise that we cannot deliver this in isolation however, and our dynamic partnerships with residents through coproduction, across Health and the community and third sector will be pivotal to leveraging system capacity.

#### Adult Social Care and Public Health Budget 2026/27

29. Adult Social Care proposed net budget for 2026/27 is £82.028m. Within this sum are areas over which the service has little direct control, these are defined as non-controllable and include contributions to Corporate Services and capital charges. In total these add up to £7.615m. This means that the net direct expenditure that the directorate is in control of is £74.413m. The provisional Public Health grant is £28.139m which ringfenced funding to meet Public Health outcomes. Two other grants previously allocated separately, the Drug & Alcohol Treatment and Recovery & Improvement Grant (DATRIG) and Local Stop Smoking Services Grant (LSSSAG) have been consolidated into the overall Public Health grant from 2026/27.

**Table 6. Adult Social Care & Public Health proposed Budget 2026/27**

<b>Divisions</b>	<b>Gross Expenditure Budget</b>	<b>2026 Gross Income Budget</b>	<b>2026 Net Expenditure Budget</b>
	<b>£m</b>	<b>£M</b>	<b>£M</b>
Independent Living, Quality, Performance & Safeguarding	67.234	(33.139)	34.095
Specialist Support and Independent Living	40.401	(5.331)	35.071
Commissioning	6.400	(2.377)	4.023
Resources	0.758	(0.037)	0.721
Social Care Directorate	0.503		0.503
Public Health	28.139	(28.139)	0.000
<b>Total Controllable Budget</b>	<b>143.436</b>	<b>(69.023)</b>	<b>74.413</b>
Non-Controllable Expenditure	7.615		7.615
<b>Grand Total</b>	<b>151.051</b>	<b>(69.023)</b>	<b>82.028</b>

**Table 7 - Summary of the Budget Movement from 2025/26 to 2026/27**

<b>People</b>	<b>2025-26 Budget</b>	<b>Inflation</b>	<b>Growth</b>	<b>Savings</b>	<b>Market sustainability and improvement fund consolidated into RSG grant</b>	<b>Others</b>	<b>2026-27 Budget</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
<b>Adult Social Care &amp; Public Health</b>	<b>78.471</b>	<b>2.995</b>	<b>0</b>	<b>(3.432)</b>	<b>4.019</b>	<b>(0.025)</b>	<b>82.028</b>

**LOCAL GOVERNMENT ACT 2000**

**LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

<b>No.</b>	<b>Description of Background Papers</b>	<b>Name/Ext. of holder of file/copy</b>	<b>Department/ Location</b>
1.	None		

**List of Appendices:**

Appendix 1 – Savings proposals

Appendix 2 – Service Risks

Appendix 3 – Equality Impact Assessments

Appendix 4 – Fees and Charges

		Budget Change			
Service	Summary	2026-27 Budget Change Cumulative (£000's)	2027-28 Budget Change Cumulative (£000's)	2028-29 Budget Change Cumulative (£000's)	2029-30 Budget Change Cumulative (£000's)
Children and Young Peoples Services	Service efficiencies in context of greater integration and joint working.	(380)	(380)	(380)	(380)
Education and Special Educational Needs	Service efficiencies in Education and SEND	(150)	(150)	(150)	(150)
People's Commissioning	Service efficiencies across People's Commissioning	(55)	(55)	(55)	(55)
Specialist Support and Independent Living	Review care costs with NHS Continuing Health Criteria (CHC) as people with very high needs are discharged from hospital.	(234)	(234)	(234)	(234)
Independent Living, Quality, Performance and Safeguarding	Optimise use of Direct Payments to meet eligible needs and improve choice and control for residents	(200)	(200)	(200)	(200)
Adult Social Care	Redesigning provision and transforming practice which enables greater choice and control for residents.	(1,000)	(1,000)	(1,000)	(1,000)
Specialist Support and Independent Living	Mental Health services reprovision reflective of demand and to reduce duplication.	(193)	(193)	(193)	(193)
People's Commissioning	Commissioning and transformation service efficiencies	(55)	(55)	(55)	(55)
Specialist Support and Independent Living	Estates efficiencies improving co-location of services	0	(103)	(103)	(103)
Specialist Support and Independent Living	Estates efficiencies improving co-location of services	0	(81)	(81)	(81)
Public Health	Public Health service efficiencies	(230)	(230)	(230)	(230)
Adult Social Care	Stretch target - improving the range of local services available to residents, targeting one off opportunities, and innovating preventative services to better meet need.	(1,750)	0	0	0
		<b>(4,247)</b>	<b>(2,681)</b>	<b>(2,681)</b>	<b>(2,681)</b>

People Department - Risks

Department & Division	Short Description of Risk	Mitigation
Childrens and Education		
Education and SEND	Ringfenced Schools Budget - High Needs Dedicated Schools Grant (DSG)  Despite the success of the Council’s early intervention transformation programme, cost growth continues to outstrip funding allocation growth. There is subsequently a baseline DSG pressure. This reflects a National challenge, and the Department for Education has set out its intention to provide plans for reforming the SEND system early 2026, including how they will support local authorities to deal with their historic and accruing deficits.	Robust programme management oversight of transformation programme and mitigations. Continue to engage proactively with the Department for Education, London Councils and LiiA in relation to the SEND Reforms agenda.
Education and SEND	Sustained travel care growth across all client groups (Special Educational Needs and Disabilities and Children Looked After) in excess of current growth.	Robust assurance processes, route optimisations and transport sharing opportunities.
Education and SEND	London falling rolls pressures and schools funding under the National Funding Formula not keeping track of cost growth and inflation	Support and challenge to maintained schools with respect to financial planning, deficit recovery and medium to longer term sustainability.
Children and Young Peoples Services	Increased presentation of need / cost, and subsequent growth in referrals and staff capacity to meet need and respond to legislative or system reform.	Current additional fourth Contact and Assessment Team to support managing throughput of need, undertaking risk assessments, close monitoring of need.
Children and Young Peoples Services	Demand for high cost statutory or court led placements or non-placement support and expenditure	2025/26 investment in Family Support and Child Protection social work to support managing throughput of need, undertaking risk assessments, close monitoring of need.
People's Commissioning Service	In the medium to longer term, Impact of loss of grants and contributions from partners including Health.	Review of grants versus commitments over the medium term
Adult Social Care		
All SC Divisions	Increased numbers of older residents, and disabled residents including those with complex learning disabilities, supporting them to live independently in the community in line with local policy commitments.	Ensuring residents receive timely, comprehensive assessments and reviews to ensure support and packages of care and provided in line with our care act responsibilities. Through a strength based approach enabling residents to live as independently as they can and with choice and control over their care. Ensuring sufficient, local, high quality, cost effective provision to meet our statutory duties.
All SC Divisions	Care Provider inflation - We may see further cost pressures in the ASC care market to cover increases in London Living wages and the unquantified Employment Rights Bill will mean greater pressures than the 3.2% inflationary increase proposed in the budget in the context of a significant recommissioning programme.	Ensuring sufficient, local, high quality, cost effective provision to meet our statutory duties. Actively managing the market and commissioned provision to meet our local sufficiency requirements.
All SC Divisions	Resource requirements to support the implementation of the Adult Social Care Transformation programme to deliver the new operational service model.	2026/27 anticipated to be funded from Policy Contingencies and for future years to be discussed further.
People's Total		



## Children's Services Savings Proposals

1. Service efficiencies in context of greater integration and joint working - £380,000

It is expected that this proposal will have a neutral impact on residents with protected characteristics. Whilst the proposal seeks to review the operating model and skills mix, it is not expected that any changes will negatively impact the provision and services available for children and young people.

2. Education Service Efficiencies - £150,000

It is expected that this proposal will have a neutral impact on residents with protected characteristics. Whilst the proposal seeks to review the operating model and skills mix, it is not expected that any changes will negatively impact the provision and services available for children and young people.

3. Commissioning and Transformation Service Efficiencies - £55,000

This saving relates to the deletion of a vacant post within the Commissioning structure. The structure is required to deliver the strategic commissioning, service development, and provision of services. The structure reflects the new business requirements of the People's Directorate and ensures there is the skills, and expertise across the breadth of the portfolio.

## Social Care Savings Proposals

4. Review care costs with NHS Continuing Health Criteria (CHC) as people with very high needs are discharged from hospital – £234,000

This proposal will have a **neutral** impact on our residents with protected characteristics, as CHC can apply to any resident across health and social care. CHC enables eligible residents to receive the care and support they require from the NHS without the charges that apply to social care as their needs increase. It ensures equal access to both social care and medical support, regardless of background or identity.

This proposal seeks to address challenges with timely joint assessments by recommending a dedicated resource focused exclusively on CHC assessments across all local authority teams and the Integrated Care Board (ICB). This resource will review and assess all individuals in receipt of section 117 aftercare to confirm legal compliance and eligibility under the CHC framework. Reviewing CHC care costs is essential to ensure that funding arrangements are appropriate and proportionate and to address historical cases that may require adjustment.

5. Optimise use of Direct Payments to meet eligible needs and improve choice and control for residents – savings proposal of £200,000

This proposal will have a **neutral** impact on residents with protected characteristics, particularly Disabled people. Direct Payments (DPs) enable autonomy and Independent Living by giving eligible residents choice and control over how they meet their assessed needs, reducing reliance on traditional care and promoting community participation. The approach to DPs in Hammersmith and Fulham has been co-produced with residents, in line with recommendations from the Disabled People's Commission (2017) and an independent review (2018).

This proposal aims to strengthen the knowledge and skills of social care teams to promote DPs as the preferred option for achieving agreed outcomes in resident support plans. It also ensures care packages are monitored and rightsized to provide tailored support to residents at every stage of their care. To mitigate potential indirect challenges that may arise with this proposal, officers will provide tailored assistance to residents who face barriers relating to digital access, financial illiteracy, and compounded accessibility needs. Additionally, we have a voluntary organisation running the DP Support Team for residents who require specific support with hiring carers.

6. Redesigning provision and transforming practice which enables greater choice and control for residents – £1,000,000

This proposal will have a **neutral** impact on residents with protected characteristics. Care plans are integral to promoting Independent Living and enabling residents to take control of their lives. This proposal seeks to implement regular reviews of care plans to ensure that the support residents receive is proportionate to their Care Act eligible needs. Through a strengths-based approach, care plans will be tailored by identifying what matters to each individual and building upon their own strengths and resources to achieve better outcomes.

To mitigate potential indirect challenges that may arise from this savings proposal, reviews will be conducted by suitably qualified, experienced and culturally competent staff in accessible formats (e.g. Easy Read documents, use of interpreters). All residents will have access the support of an independent advocate to ensure they understand the care and support process and that the review is person-centred and considerate of their needs and protected characteristics.

7. Mental Health Outreach Service reprovision reflective of demand and to reduce duplication – £193,000

This proposal will have a **neutral** impact on individuals with protected characteristics. The reprovision of the Mental Health Outreach Service forms part of a strategic review aimed at aligning resources with current needs, priorities and in the context of other existing services available. The service

supported a small number of residents, who have all been supported via accessible reviews to access alternative provision. A full EIA will be undertaken in advance of formal consultation with staff to ascertain the potential impact including any indirect impact on staff and will be kept under review throughout, ensuring those most likely to be impacted by any changes are fully consulted and outcomes are monitored by protected characteristics.

8. Commissioning and transformation service efficiencies – £55,000

This proposal had a **neutral** impact and there were no identified adverse impacts for any protected characteristics. This saving relates to the deletion of a vacant post within the Commissioning structure. The structure is required to deliver the strategic commissioning, service development, and provision of services for adults, across preventative and statutory complex care provision. The structure reflects the new business requirements of the People's Directorate and ensures there is the skills, and expertise across the breadth of the portfolio.

9. Public Health Service Efficiencies – £230,000

It is expected that this proposal will have a **neutral** impact on residents with protected characteristics. Whilst the proposal seeks to review the functions and associated skills mix, it is not expected that any changes will negatively impact the provision and services available to residents. The proposed changes are not likely to result in adverse impact for any protected characteristic. A full EIA will be undertaken in advance of formal consultation to ascertain the potential impact including any indirect impact and will be kept under review throughout ensuring those most likely to be impacted by any changes are fully consulted and outcomes are monitored by protected characteristics.

10. Stretch target - improving the range of local services – £1,750,000

This proposal will have a **neutral** impact on residents with protected characteristics. This proposal seeks to improve the range of local services available to residents, targeting one off opportunities, and innovating preventative services to better meet need.

# **PEOPLE Department Fees & Charges**

Exceptions to the standard uplift

**2026/27**

**Adult Social Care Fees & Charges Proposals 2026/27**

Fee Description	2025/26 Charge (£)	2026/27 Charge (£)	Proposed Variation (£)	Proposed Variation (%)	Basis For Change
Meals and a Chat service (£2 per meal)	£2.00	£2.00	£0.00	0.00%	There is no change proposed in the flat rate contribution residents will pay towards the meal service for 2026/27. There has been a reduction in projected income both this year and assumed next year due to lower resident uptake as a result of accessing alternative options. The estimated total volumes of meals is 11,700 delivered annually to 41 residents. The £2 charge has remained unchanged for eleven years.
1. Careline Alarm Gold Service (Pendant) charges are per month).					
Private Clients ( Home owners & Private Sector Tenants)	£23.14	£23.14	£0.00	0.00%	There is no change proposed in the Careline charge in 2026/27. There has been no increase for ten years.
Council Non-Sheltered or Housing Association (RSL) Tenants	£17.21	£17.21	£0.00	0.00%	
2. Careline Alarm Silver Service (Pendant) - Monitoring Service only					
Private Clients ( Home owners & Private Sector Tenants)	£16.12	£16.12	£0.00	0.00%	
Council Non-Sheltered or Housing Association (RSL) Tenants	£10.30	£10.30	£0.00	0.00%	
3. Careline Alarm Gold Service (Pull cord) - Emergency Response & Monitoring Service					
(A) Provided to Registered Social Landlord Sheltered Accommodations (RSL Financed)	£6.76	£6.76	£0.00	0.00%	

# Budget 2026/27

# Overview

- Strategic Context (including Chancellor's Budget Statement)
- Policy Statement (Fair Funding Reforms 2.0)
- Budget 2026/27
  - Strategy and Objectives
  - Budget Plans
- Timelines and Plans

# Strategic Context

- Chancellor's Budget
- Local Demographic/Resident/Legislative Expectations
- Greater Regulation (Housing Inspection/SEND)
- Local Regeneration Schemes (Civic Campus, Housing, Bridge)
- Data Security and IT Issues



# Policy Statement - Fair Funding Review

- Policy Statement Released 20 November (PLGFS on 17 December)
- Changes Made – IMD, Housing, Children Service Costs
- 3 Year Settlement and Consolidation of Grant Regimes
- Significant Pressures in 2027/28+
- Lobbying ongoing

# Revenue Budget Strategy 2026/27

- Ensure Sustainable, Legal and Balanced Budget
- Protect Key Policy and Resident Priorities
- Continued Long Term Financial Resilience
- Essential Pressures Only in 2026/27
- Service Demand Pressures Will Need To Be Mitigated
- Review of Capital Strategy To Minimise Revenue Pressures
- Focused Strategic Savings Proposals (Not A Long List)

# Budget 2026/27

	£m
Pay Inflation (2.5%)	4.0
Price Inflation (3.2%)	6.9
Essential Pressures (see later)	3.0
Impact of FFR	8.9
Collection Fund (Prior Years)	3.3
LGPS Employers % Reduction	(2.1)
Savings Proposed (see later)	(17.9)
Corporate Changes (contributions to programmes)	(1.7)
Damping Payment for FFR	(1.7)
Policy Contingency Reductions	(2.7)
<b>Net Position (after Council Tax)</b>	<b>-</b>

# Essential Pressures 2026/27

	Dec £m
Reduction in Interest Receivable due to interest rate cuts	2.4
Concessionary Fares	0.8
Collection Fund Resources	0.5
Council Tax Discretionary Reliefs (Carers/War Pensions)	0.2
Governance changes	0.3
Contribution to Reserves & One-Off Items	(0.9)
Prior Year Growth (Upstream London)	(0.3)
<b>Total</b>	<b>3.0</b>

# Savings Proposals 2026/27

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		£'m
Housing	Homeless Reduction Strategy	(1.2)
People	Adult Social Care Transformation (Care Packages/New Residential Care – 4%)	(3.2)
FCS	Improving collection of Housing Benefits/Recovery of Summons Costs	(0.4)
FCS	Funding of Local Support Payments by Crisis & Resilience Fund	(0.5)
FCS	Credit Card Transactions Fees	(0.5)
Place	Commercial Income	(1.3)
All	Redesign Service Staff Teams (Agency/Vacancy Management – 1.5%)	(2.2)
Place	Waste Disposal (Increasing Recycling – 50% in street properties)	(0.2)
	<b>Total Service Savings</b>	<b>(9.5)</b>
Resources	Council Tax (Collection Rates/Reducing Arrears/Second Homes Premium - £0.9m / CTB1 Tax Base)	(4.6)
Resources	Business Rates (Collection Rates/Arrears)	(3.8)
	<b>Total</b>	<b>(17.9)</b>

# Next Steps

- PACS - End of January/Early February
- Cabinet – 9<sup>th</sup> February
- Budget Council - 25<sup>th</sup> February