Freedom of Information Request: Our Reference CTMUHB_272_26

You asked:

I am conducting research into food poverty, health inequalities, and the social determinants of health in Wales. Grateful for the following information:

1. Referrals to food banks or emergency food provision
Any data held by the Health Board on referrals made by NHS staff to food banks or emergency food provision services, for each calendar year from 2018 to the most recent available recorded information (preferably up to December 2024).
Where this information is not held in a directly extractable or coded form, please confirm whether such referrals are recorded in any system and, if so, how.

We can confirm that the Health Board does not centrally record this information.

This information is not 'coded' for this to allow an extractable dataset to be provided. To obtain this information would involve a manual trawl and search of records which we have estimated would significantly exceed the 18 hours limit set down by the FOI Act as the reasonable limit. Section 12 of the FOI Act and The Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulation 2004 provides that we are not obliged to spend in excess of 18 hours in any sixty day period locating, retrieving and identifying information in order to deal with a request for information.

The Health Board has therefore relied upon the Section 12 exemption of the Freedom of Information Act 2000 and is refusing this element of your request

2. Referral pathways and systems
Whether the Health Board has any formal or informal:

- **referral pathways,**
- **policies,**
- **social prescribing mechanisms, or**
- **partnership arrangements**

that enable NHS staff to refer patients to food banks or emergency food provision services.
Please provide copies of any relevant documents where available.

The Health Board does not hold specific standalone policies or formally documented referral pathways exclusively relating to referrals to food banks or emergency food provision services. Referrals are made through professional judgement on a case-by-case basis.

Support from food banks, food pantries and support with the cost of living can be found on the CTMUHB webpage here; Food Pantries, Food Banks and Help with Cost of Living - Cwm Taf Morgannwg University Health Board. Clinical teams can

signpost to individual services as needed and based on clinical assessment or judgment, with a record of this being reflected in the patient notes.

CTM Food pantries attend PIPYN (Pwysau Iach Plant Yhg Nghyrmu – Healthy Children Healthy Weight in Wales) clinic sessions and directly promote their services to families in attendance.

The Health Board does not directly provide Social Prescribing services. It does however work in close partnership with organisations across a range of sectors that deliver local Social Prescribing provision. These services are predominantly funded through the Regional Integration Fund.

Social Prescribing offers vary across the region and are primarily delivered by third sector organisations, typically in partnership with Local Authorities. These services generally accept both self-referrals and referrals from professionals.

The Health Board currently chairs a regional Social Prescribing stakeholder group. This group supports effective partnership working, facilitates the sharing of best practice, and contributes to the local implementation of the Welsh Government's National Framework for Social Prescribing (NFfSP). In addition, the Chair of the Health Board acts as a regional champion for Social Prescribing.

Data relating to the type and volume of referrals to Social Prescribing services are held by the individual service providers. The Health Board does not routinely collect or hold this information.

All GP practices within the Cwm Taf Morgannwg (CTM) region have established referral pathways into local Social Prescribing services

3. Workforce involvement (if recorded)
Where data is held, please indicate whether referrals can be identified by staff group or service area (e.g. primary care, community services, hospital services), and provide any available breakdown.

Please see response to Q1 (Section 12 applied).

4. Screening for food insecurity
Whether the Health Board undertakes any routine or structured screening for food insecurity in clinical settings, including:

- **use of validated tools (e.g. Hunger Vital Sign or equivalent),**
- **the clinical settings in which screening is used, and**
- **the year such screening was introduced (if applicable).**

CTMUHB does not currently undertake universal or routine screening for food insecurity across all clinical settings.

The Health Board does not have a single, standardised or validated screening tool (such as the Hunger Vital Sign or equivalent) in routine use.

Consideration of food insecurity may take place on a case-by-case basis within clinical consultations, where relevant, as part of wider holistic assessment or through professional judgement. This is not supported by a mandated or consistent screening approach.