Public Document Pack

Shadow Health and Wellbeing Board

Date: **WEDNESDAY, 23 JANUARY 2013**

Time: **1.45pm**

Venue: **COMMITTEE ROOM, WEST WING, GUILDHALL**

Members:
Vicky Hobart (Chairman)
The Director of Community and Children's Services
Revd Dr Martin Dudley
Jon Averns
Superintendent Norma Collicott
Dr Gary Marlowe
Jakki Mellor-Ellis
Simon Murrells

Three vacancies (to be appointed by the Court of Common Council on Thursday 17 January 2013)

Chairman of Policy and Resources Committee (or their representative)
Chairman of Port Health and Environmental Services Committee (or their representative)

Enquiries: **Caroline Webb**
tel. no 020 7332 1416
caroline.webb@cityoflondon.gov.uk

Lunch will be served in the Guildhall Club at 1pm

John Barradell
Town Clerk and Chief Executive

AGENDA

1. **WELCOME AND INTRODUCTIONS**

2. **MINUTES AND ACTIONS FROM LAST MEETING**
   To agree the minutes of the previous meeting held on 7 November 2012.

   For Decision
   (Pages 1 - 6)

3. **LOCAL PHARMACY COMMITTEE PRESENTATION**
   Presentation by Martin Crisp, Local Pharmacy Committee.

   For Information

4. **NHS OUTCOMES FRAMEWORK AND CCG PRIORITIES**
   Report by Paul Haigh, Clinical Commissioning Group.

   For Decision
   (Pages 7 - 30)

5. **PUBLIC HEALTH GRANT ALLOCATIONS AND COMMISSIONING INTENTIONS**
   Report of the Director of Community and Children's Services (to follow).

   For Information

6. **CITY AND HACKNEY HEALTH PROTECTION COMMITTEE AND THE NEW HEALTH EMERGENCY PLANNING AND RESPONSE ARRANGEMENTS**
   Joint report of the Town Clerk and the Director of Community and Children's Services (to follow).

   For Information

7. **CITY OF LONDON LINK'S MID-YEAR REPORT (APRIL - OCTOBER 2012)**
   Report of the City of London LINk.

   For Information
   (Pages 31 - 58)

8. **UPDATE REPORT**
   Report of the Director of Community and Children's Services.

   For Information
   (Pages 59 - 64)

9. **THE LONDON HEALTHY WORKPLACE CHARTER**
   Report of the Director of Community and Children's Services.

   For Information
   (Pages 65 - 70)

10. **JOINT HEALTH AND WELLBEING STRATEGY AND HEALTH DAY**
    Report of the Director of Community and Children's Services.

    For Information
    (Pages 71 - 84)

11. **CONSULTATION ON THE DRAFT LOCAL PLAN**
Derek Read, Department of the Built Environment, to be heard.

For Information

12. **ANY OTHER BUSINESS**

13. **EXCLUSION OF THE PUBLIC**
MOTION - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.

Non-Public Agenda

14. **NON-PUBLIC MINUTES**
To agree the non-public minutes of the previous meeting held on 7 November 2012.

For Decision
(Pages 85 - 86)

15. **ANY OTHER NON-PUBLIC BUSINESS**

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SHADOW HEALTH AND WELLBEING BOARD

Wednesday, 7 November 2012

Minutes of the meeting of the SHADOW HEALTH AND WELLBEING BOARD held at Guildhall, EC2 on WEDNESDAY, 7 NOVEMBER 2012 at 2.00pm

Present

Members:
Vicky Hobart (Chairman)
Joy Hollister (Chairman)
Revd Dr Martin Dudley
Jon Averns
Dr Gary Marlowe
Jakki Mellor-Ellis
Simon Murrells

Officers:

Ignacio Falcon	-	Town Clerk's Department
Caroline Webb	-	Town Clerk's Department
Paul Haigh	-	City & Hackney Pathfinder CCG
Farrah Hart	-	Community and Children's Services Department
Neal Hounsell	-	Community and Children's Services Department
Chris Pelham	-	Community and Children's Services
Sarah Greenwood	-	Community and Children's Services
Dr Chor Chuan	-	GP at the Neaman Practice

In Attendance

Rorie Jeffries	-	NHS North East London and the City
Durka Dougall	-	NHS North East London and the City
Tim Sims	-	Fiona Reed Associates
Fiona Grant	-	Fiona Reed Associates

1. **WELCOME AND INTRODUCTIONS**
   All Members of the Shadow Health and Wellbeing Board introduced themselves. Vicky Hobart chaired the meeting.

   Apologies were received from Superintendent Norma Collicott.

2. **MINUTES AND ACTIONS FROM LAST MEETING**
   The minutes of the meeting held on 5 September 2012 were agreed as a correct record.

   Matters Arising

Transition Risk Register
The Board was informed that the transition risk register would be circulated to members of the Board as it's developed.

3. **HEALTH AND WELLBEING BOARD - GOVERNANCE ARRANGEMENTS**
The Board considered a report of the Town Clerk informing Members of the proposed steps to meet the requirement for the City to have its own Health and Wellbeing Board (H&WB) set up by April 2013 and sought endorsement of key considerations around that process.

The Secretary of State released draft regulations to enable the H&WB to have different governance processes in order to address the difficulties faced in relation to voting and more generally the application of local authority standing orders.

It was confirmed that a report would be considered at December Court for Members to agree the governance arrangements. Member elections would take place at January 2013 Court to appoint Members to the H&WB.

The Director of Community and Children's Services and Assistant Town Clerk had met with the Chairman of the Policy and Resources Committee to consider if a representative of the Policy and Resources Committee may be better placed as a Member on the H&WB rather than a representative from the Energy and Sustainability Sub Committee.

The Terms of Reference of certain Committees, such as the Port Health and Environmental Services Committee, may need to be clarified as the remit of the H&WB becomes clearer.

RESOLVED: That:

i. The steps to be taken to set up a Health and Wellbeing Board in the form of a standalone Committee of the Common Council, including the timetable for consultation outlined in paragraph 23 be noted; and
ii. The following be considered and endorsed:
    I. Terms of Reference of the H&WB
    II. The Membership of the H&WB as at April 2013
    III. The convention that the Chairman of the H&WB should be a Member of the Court of Common Council, to ensure a suitable representation at the Court of Common Council.

4. **HEALTH AND WELLBEING BOARD DEVELOPMENT HALF DAY - TIMELINE AND KEY DATES FOR GOING LIVE**
The Board received the Health and Wellbeing Board Development Day document outlining the timeline and key dates for going live.

The Board was informed that the Health Fair would take place on 14 February 2013.

RECEIVED

5. **MAPPING OF HEALTH SERVICES IN THE CITY OF LONDON**

The Board considered a report of the City and Hackney Pathfinder Clinical Commissioning Group (CCG) in partnership with the City of London Corporation on the mapping of health services in the City of London.

Paul Haigh introduced the report and informed the Board that the information pulled together from the Neaman and Spitalfields practices, alongside hard contractual information, confirmed the muddle of services and equitable access issues. Three recommendations were agreed when the CCG discussed the report at its Clinical Executive meeting on 10 October.

The Board was informed of a generic email address for the CCG that would be available in all practices, including Spitalfields, in order to provide clarity on the services offered.

The Assistant Director Strategy & Performance highlighted the need to keep informed of Tower Hamlet's CCG intentions for the future of the City Wellbeing Practice outreach sessions. It was noted that the City CCG email address could also be made available at that practice.

Members noted that the Corporation worked closely with the independent schools within the City in regards to safeguarding arrangements. Discussion took place regarding funding arrangements and the moral pressure that would be placed on schools in regards to good practice.

RESOLVED: That the updated recommendations be circulated to Health and Wellbeing Board Members by Paul Haigh.

6. **ABDOMINAL AORTIC ANEURISM SCREENING PROGRAMME**

The Board received a report on the progress of the NEL Abdominal Aortic Aneurism (AAA) Screening Programme as part of the phase 4 implementation in 2012/13.

The Board was informed that approximately 55-60 men in the City would be turning 65 in 2013 and would be part of the North East London AAA screening programme being rolled out in early January 2013, based on GP registrations. It was noted that any male over this age could request a scan if they wished to. Uptake in the City was expected to be high.

Members were informed that there would be national coverage of the programme with information being filtered down through GPs. It was not yet decided where the ultrasound screening would take place in the City.

The risk to women was substantially lower but they could be referred for assessment via their GP if they showed relevant symptoms.

RECEIVED

7. **HEALTH INTELLIGENCE**

The Board received a report of the Director of Community and Children's Services setting out the work needed to obtain, use and share health intelligence information required by the City of London to support its new Public Health functions from April 2013.

RECEIVED

8. **FUSION LIFESTYLE EXERCISE ON REFERRAL SCHEME**

The Board received a report of the Director of Community and Children's Services which provided an overview of the City of London's Exercise on Referral Scheme delivered by Fusion Lifestyle. The pilot project would run from January – March 2013 with the intention to extend the scheme past the pilot scheme.

The Board was informed that the target of 35 referrals was decided upon by looking at the number of patients currently in the scheme and the residents who have become members of the leisure centre that could be referred.

Members agreed that it was positive to see preventative measures being taken. Once the patient had completed the 12 week activity plan, they would be followed up after six and 12 months to find out if they had carried on the exercise plan. Fusion was looking at providing tailored membership to assist in continued engagement.

RECEIVED

9. **PUBLIC HEALTH CONTRACTS TRANSITION UPDATE**

The Board received a report of the Director of Community and Children's Services which provided an update on the progress made by the City of London Corporation and the London Borough of Hackney to transition the existing public health contracts currently managed by NHS North East London and the City.

RECEIVED

10. **LICENSING MATTERS**

The Board received reports of the Director of Markets and Consumer Protection in relation to the Code of Good Practice for licensed premises, the Code of Good Practice traffic light system and the Licensing Policy 2012.

RECEIVED

11. **CLEAN AIR IN LONDON**

The Board received a letter from Simon Burkett, Found and Director of Clean Air in London.

RECEIVED

12. **ANY OTHER BUSINESS**
There were no items of urgent business.

13. **EXCLUSION OF THE PUBLIC**
RESOLVED - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act as follows:-

Item No.	Exempt Paragraph(s) in Schedule 12A
16	2
17	-

14. **SUICIDES IN THE CITY**
The Board received a report of the Director of Community and Children's Services in relation to suicides in the City.

15. **ANY OTHER NON-PUBLIC BUSINESS**
There was one item of non-public urgent business.

The meeting ended at 3.40pm

Chairman

Contact Officer: Caroline Webb
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caroline.webb@cityoflondon.gov.uk

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Improving outcomes and supporting transparency: Public Health Outcomes Framework 2012

The following tables show the public health outcomes indicators as set out by the Public Health Observatories in 2012.

Key points to note:

- Many of the City's indicators are missing; those that are featured are often based upon very small numerators or survey samples, meaning that the statistical confidence intervals are likely to be very wide
- Some of the indicators use different populations as the numerator and denominator. For example, for the road traffic accident indicator, the numerator used is *everyone who has an accident in the City* (including workers, students, visitors, etc.); but the denominator is *total City residents*. This means that the accident rate looks very high indeed.
- Very few indicators relate to the JSNA and draft JHWS priorities – this means that we may need to rely heavily on local indicators to measure progress.

Cells are shaded grey where data are missing.

Overarching outcomes

Indicator number	Indicator	City Baseline	Compared to England average	Sample size or numerator	Links to priorities
0.1	Healthy life expectancy				
0.2	Differences in life expectancy and healthy life expectancy between communities				

Domain 1: Improving the wider determinants of health

Indicator number	Indicator	City Baseline	Compared to England average	Sample size or numerator	Links to priorities
1.1	Children in poverty	18.7	Similar (21.1)	125	**More people in the City have jobs: more children grow up with economic resources**
1.2	*School readiness (Placeholder)*				
1.3	Pupil absence	4.8	Similar (5.79)	2689 NB: relates to school in the City, not necessarily City of London children.	
1.4	First time entrants to the youth justice system				
1.5	16-18 year olds not in education, employment or training	0.9	Lower (6.10)	10	
1.61	People with learning disabilities who live in settled accommodation	85.7	(59.0)	12	
	People with mental illness who live in settled accommodation	54.6	(66.8)		More people with mental health issues can find effective, joined up help
1.7	*People in prison who have a mental illness or a significant mental illness (Placeholder)*				

1.8	Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness				More people in the City have jobs: more children grow up with economic resources
1.9	Sickness absence rate				
1.10	Killed and seriously injured casualties on England's road	388.2	Higher (42.2)	Numerator and denominator relate to different populations	
1.11	*Domestic abuse (Placeholder)*				
1.12	Violent crime (including sexual violence) – violence offences	60.3	Higher (14.6)	Numerator and denominator relate to different populations? (definition not given)	
1.13	Re-offending: percentage of offenders who re-offend	26	Similar (26.8)	13	
	Average number of re-offences per offender	0.6	Similar (0.8)	31	
1.14	Percentage of population affected by noise: number of complaints about noise	67.3	Higher (7.8)	Numerator and denominator relate to different populations	**The City is a less noisy place**
1.15	Statutory homelessness – homelessness acceptance	2.57	Similar (2.03)	18	

	Households in temporary accommodation	0.4	Lower (2.2)	11	
1.16	Utilisation of green space for exercise/health reasons				More people in the City are physically active
1.17	Fuel poverty				**More people in the City are warm in the winter months**
1.18	*Social connectedness (Placeholder)*				**More people in the City are socially connected and know where to go for help**
1.19	*Older people's perception of community safety (Placeholder)*				

Domain 2: Health improvement

Indicator number	Indicator	City Baseline	Compared to England average	Sample size or numerator	Links to priorities
2.1	Low birth weight of term babies				
2.2	Breastfeeding				
2.3	Smoking status at time of delivery				
2.4	Under 18 conceptions				
2.5	*Child development at 2-*				

	2.5 years (Placeholder)				
2.6	Excess weight in 4-5 and 10-11 year olds				
2.7	Hospital admissions caused by unintentional injury and deliberate injuries in under 18s				
2.8	Emotional wellbeing of looked after children	13.4	13.9	4	
2.9	*Smoking prevalence – 15 year olds (Placeholder)*				
2.10	Hospital admissions as a result of self-harm				More people with mental health issues can find effective, joined up help
2.11	*Diet (Placeholder)*				
2.12	Excess weight in adults				
2.13	Proportion of physically active and inactive adults				**More people in the City are physically active**
2.14	Smoking prevalence – adults (over 18s)	5.5	Lower (20.7)	17	
2.15	Successful completion of drug treatment	21.4	Similar (12.3)	6	
2.16	People entering prison with substance dependence issues who are previously not				

	known to community treatment				
2.17	Recorded diabetes				Older people in the City receive regular health checks
2.18	Alcohol-related admissions to hospital				
2.19	*Cancer diagnosed at stage 1 and 2 (Placeholder)*				People in the City are screened for cancer at the national minimum rate
2.20	Cancer screening coverage – breast cancer	66.7	Lower (76.9)	421	**People in the City are screened for cancer at the national minimum rate**
	Cervical cancer	58	Lower (75.5)	1304	**People in the City are screened for cancer at the national minimum rate**
2.21	Access to non-cancer screening programmes				
2.22	Take up of the NHS Health Check Programme				**Older people in the City receive regular health checks**
2.23	Self-reported wellbeing – low satisfaction	27.6	Higher (24.3)	Unclear what sample was used	More people in the City are socially connected and know where to go for help
	Low worthwhile	24.2	Higher (20.1)	Unclear what sample was used	
	Low happiness	31.3	Higher (29.0)	Unclear what sample was used	

	High anxiety	46.0	Higher (40.1)	Unclear what sample was used	
2.24	Falls and fall injuries in the over 65s	900	Lower (1,642)	12	

Domain 3: Health protection

Indicator number	Indicator	City Baseline	Compared to England average	Sample size or numerator	Links to priorities
3.1	Fraction of mortality attributable to air pollution	9.0	(5.6)	Modelled on air quality	**City air is healthier to breathe**
3.2	Chlamydia diagnosis	464	Lower (2,200)	6	
3.3	Population vaccination coverage				**Children in the City are fully vaccinated**
3.4	People presenting with HIV at a late stage of infection				
3.5	Treatment completion for tuberculosis				More rough sleepers can get health care, including primary care, when they need it
	TB Incidence	20	Similar (15.4)		More rough sleepers can get health care, including primary care, when they need it
3.6	Public sector organisations with board-approved	33.3	(74.3)		

	sustainable development management plan				
3.7	*Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)*				

Domain 4: Healthcare public health and preventing premature mortality

Indicator number	Indicator	City Baseline	Compared to England average		Links to priorities
4.1	Infant mortality				
4.2	Tooth decay in children aged five				
4.3	Mortality from causes considered preventable	104.3	Similar (146.1)		Older people in the City receive regular health checks
4.4	Mortality from all cardiovascular diseases (including heart disease and stroke)				Older people in the City receive regular health checks
4.5	Mortality from cancer				People in the City are screened for cancer at the national minimum rate
4.6	Mortality from liver disease				
4.7	Mortality from				

	respiratory disease				
4.8	*Mortality from communicable diseases (Placeholder)*				
4.9	*Excess mortality in adults with serious mental illness (Placeholder)*				More people with mental health issues can find effective, joined up help
4.10	Suicide				More people with mental health issues can find effective, joined up help
4.11	Emergency readmissions within 30 days of discharge from hospital – persons	11	Similar (11.8)	21	
	Males	11.9	Similar (12.1)	-	
	Females	10.1	Similar (11.4)	-	
4.12	Preventable sight-loss - AMD	0	Similar (109.4)	0	
	Glaucoma	0	Similar (11.8)	0	
	Diabetic eye disease	0	Similar (3.6)	0	
	Sight loss certifications	0	Lower (43.1)	0	
4.13	Health-related quality of life for older people (Placeholder)				More people in the City are socially connected and know where to go for help
4.14	Hip fractures in over 65s				
4.15	Excess winter deaths				More people in the City are warm in the winter

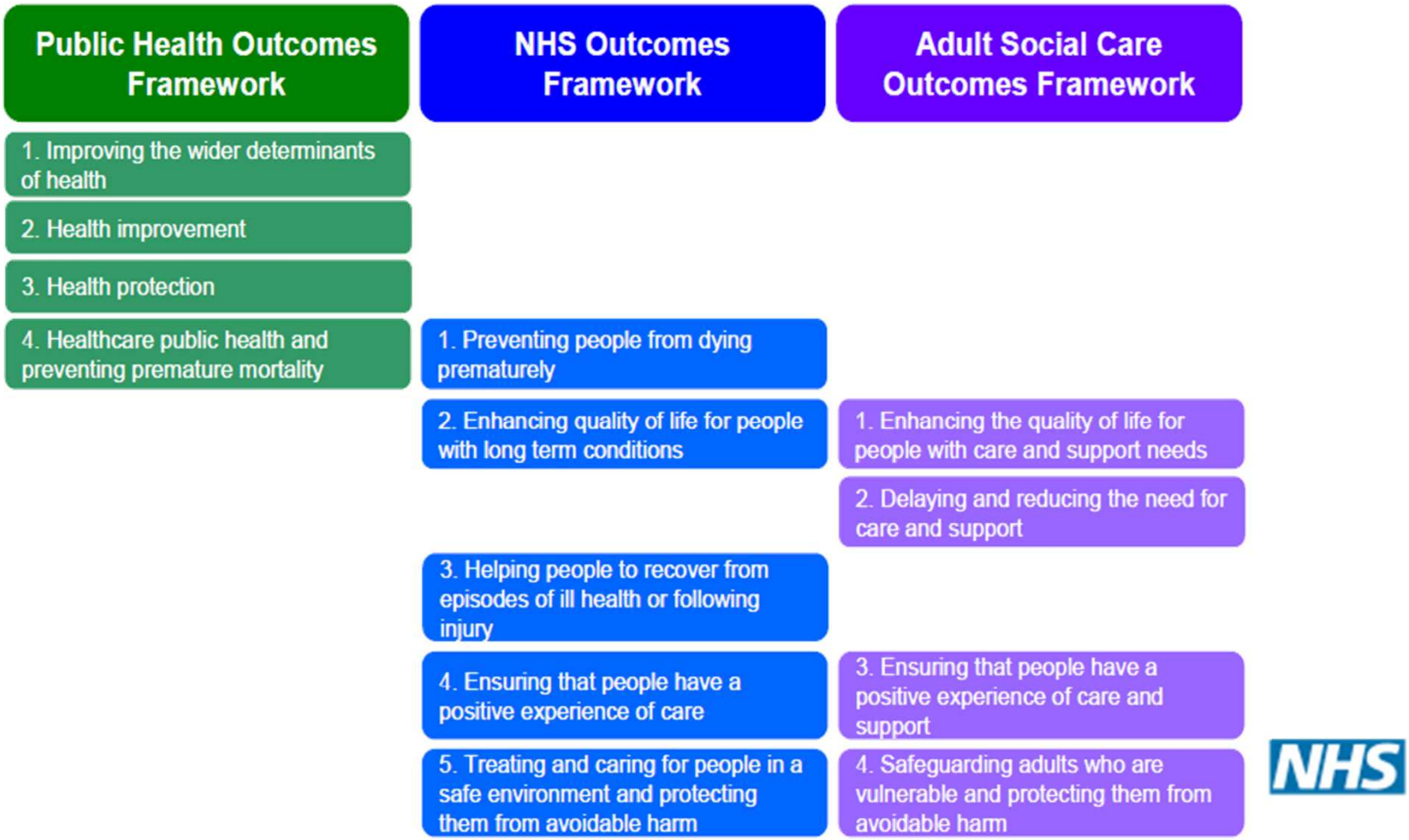
					months
4.16	*Dementia and its impacts (Placeholder)*				More people with mental health issues can find effective, joined up help

OUTCOMES

JANUARY 2013

NHS
City and Hackney
Clinical Commissioning Group

CONTEXT



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- Work is ongoing to identify current areas of poor performance in
  - Adult Social Care outcomes
  - Public Health outcomes
  - CCG outcomes
  - Shared outcomes
- We expect to complete this by the end of January
  - We are currently awaiting from CSU some more detailed analysis of the CCG outcomes performance (the definitions for each outcome are mandated) and for some outcomes there is not yet any data
  - In many cases it is not possible to split the outcomes between Hackney and the City
  - The different outcomes framework use different benchmark groups which impact on how good/weak relative performance is
- It is unclear whether the anticipated childrens and young peoples outcome framework will have the same status as the 3 already published

- We expect the HWBBs will increasingly want to focus on outcomes for their populations given the links to the JSNA and Joint Health and Wellbeing strategies
  - Most of the outcomes require action plans across the new commissioning landscape
    - For example improving life expectancy is about what the Local Authority Public health function commissions for health and wellbeing and prevention and what the NCB commissions from primary care providers and under specialist commissioning as much as what the CCG commissions
  - One of our first tasks is to ensure that there are joined up plans across the commissioners to improve these
  - The CCG is appointing an Outcomes Manager to support the development of these project plans – interviews in January
- The HWBBs are also likely to take a role in monitoring progress on the action plans given their link to Joint HWB strategies
- We expect the HWBBs to discuss their priorities by the end of March

NHS PLANNING GUIDANCE

- The NHS planning guidance for 2013/14 requires CCGs to focus on outcome improvement
- There are proposals for a “quality premium” – an additional reward which each CCG can earn if it makes progress in improving outcomes
- The reward will be based on a £per patient but no further details are available. A sum of £5 per patient would be worth £1.4m
- The premium is linked to 7 outcomes
  - 4 nationally mandated
  - 3 defined locally

Mandated outcomes

Homerton

Reduce potential years of life lost by 3.2

- Deaths between 28 days and 74 years of age inclusive

Reduction or 0% change in emergency admissions for certain conditions – adults and children

- Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)
- Unplanned hospitalisation for asthma, diabetes and epilepsy in children
- Emergency admissions for acute conditions that should not usually require hospital admission (adults)
- Emergency admissions for children with lower respiratory tract infection

Improvement in Friends & Family Test scores of acute in patients and A&E

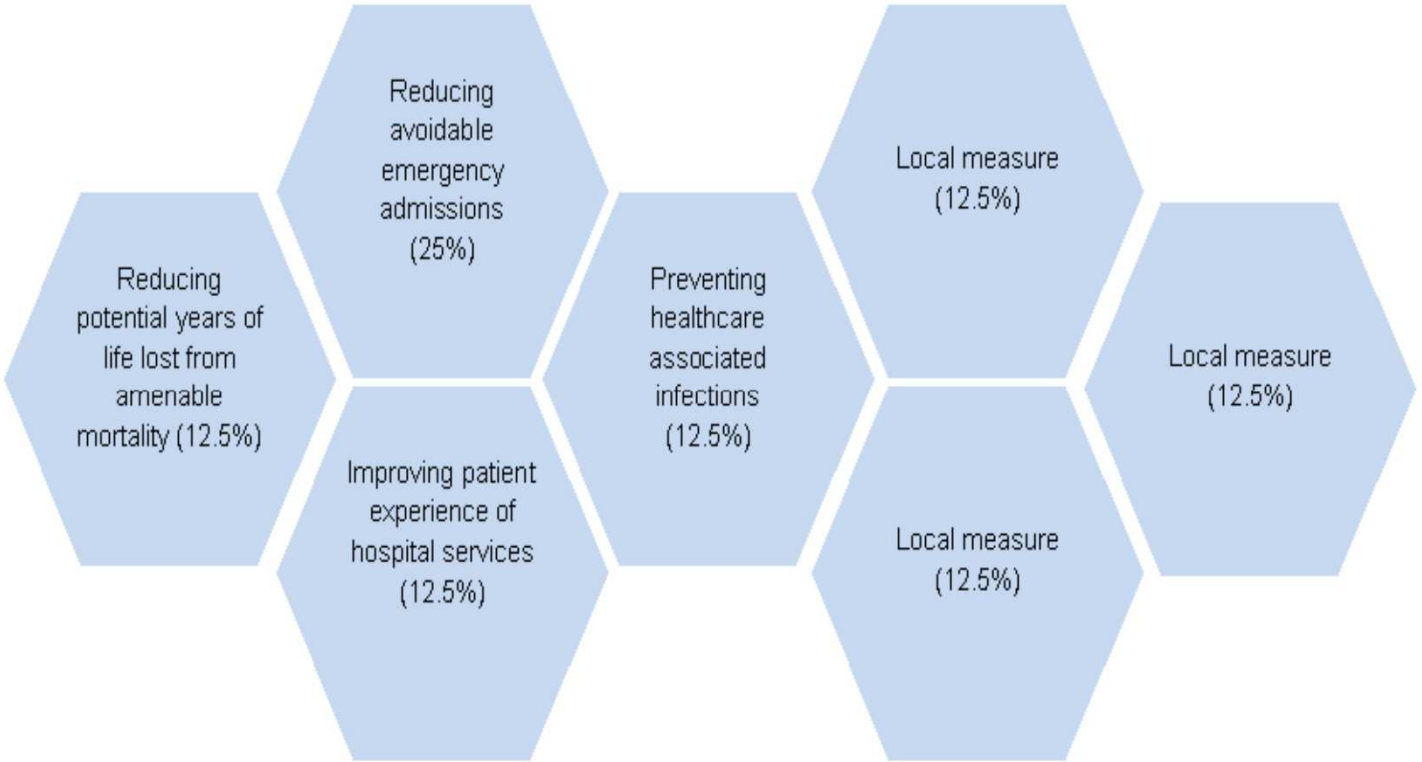
- Between Q1 13/14 and Q1 14/15

No cases of MRSA for the CCG's population AND C. difficile cases are at or below defined thresholds for CCGs.

- Reduce C Diff by 2

City and Hackney Clinical Commissioning Group

CCG QUALITY PREMIUM



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REDUCTIONS & PENALTIES

SERIOUS QUALITY FAILURE

- Quality premium withheld if
  - CQC judges a provider in breach of its registration
  - CCG has failed to manage within its financial resource

Premium can also be reduced by 25% if each of following not met:-

- 92% of patients should wait no more than 18 weeks for treatment from referral
  - Currently 95%
- 95% of patients should be admitted, transferred or discharged within four hours of their arrival at an A&E department
  - Currently 96%
- 85% of patients to have a maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer
  - Currently 87%
- 75% of Category A Red 1 ambulance calls resulting in an emergency response should arrive within 8 minutes
  - Currently 75%

NHS

City and Hackney Clinical Commissioning Group

SO WHERE ARE WE LOCALLY

- We will need ensure that we focus on those areas where we currently perform well
  - We will be allocating responsibility for oversight of outcomes to Programme Boards during January
- We will need to review and develop joined up action plans with fellow commissioners by end of March
- Performance at Homerton is currently good but their performance directly impacts on CCG outcomes
- We now need to decide on our 3 local priorities
  - Where outcomes are poor compared to others
  - Where improvement will reduce health inequalities
  - Improvement target and measurement to be agreed with NCB

NHS

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Clinical Commissioning Group

CURRENT AREAS OF POOR PERFORMANCE

- Potential years of life lost from causes considered amenable to health care
  - Under 75 mortality from CVD and from respiratory disease
- Proportion of people feeling supported to manage their condition
- Patient reported outcomes for elective knee replacements
- Patient experience of GP services
- Patient experience of dental services

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Outcome Indicator	CCG and cluster distribution
1a Potential years of life lost (PYLL) from causes considered amenable to healthcare	
1.1 Under 75 mortality rate from cardiovascular disease	
1.2 Under 75 mortality rate from respiratory disease	
1.3 (proxy indicator) Emergency admissions for alcohol related liver disease	
1.4 Under 75 mortality rate from cancer	
2 Health related quality of life for people with long term conditions	
2.1 Proportion of people feeling supported to manage their condition	
2.3i Unplanned hospitalisation for chronic ambulatory sensitive conditions (adults)	
2.3ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	
3a Emergency admissions for acute conditions that should not usually require hospital admission	

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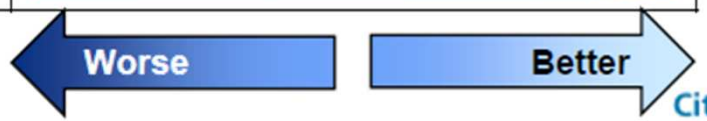
Outcome Indicator	CCG and cluster distribution
3b Emergency readmissions within 30 days of discharge from hospital	
3.1i Patient reported outcome measures for elective procedures – hip replacement	
3.1ii Patient reported outcome measures for elective procedures – knee replacement	
3.1iii Patient reported outcome measures for elective procedures – groin hernia	
3.2 Emergency admissions for children with lower respiratory tract infections	
4ai Patient experience of GP services	
4aii Patient experience of GP out of hours services	
4aiii Patient experience of NHS dental services	
5.2i Incidence of Healthcare associated infection (HCAI): MRSA	
5.2il Incidence of Healthcare associated infection (HCAI): C Difficile	



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LOCAL PRIORITIES

- The CCG Clinical Executive discussed the areas on January 9 and agreed the following 3 local priorities:
  - Proportion of people feeling supported to manage their condition
  - Patient reported outcomes for elective knee replacements
  - Improving dementia diagnosis rate
- Work will now commence on setting targets and agreeing action plans

NHS
City and Hackney
Clinical Commissioning Group

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Mid-Year Report

April 2012 – October 2012

Supported by
CITY.COMM
Voluntary Action Westminster

Host details:
CITY.COMM
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0207 535 0496
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Executive Summary

Providing a snapshot of the LINk's ongoing activities, this report highlights the many areas in which the network continues to engage the community and influence health and social care for all.

A great deal has been achieved in reaching people who previously had little say – with 200 individuals, groups and organisations forming a diverse membership base, representing a significant increase in participation from: City workers, students and residents in the East of the City.

Key relationships have been cemented, with officers from the Care Quality Commission attending LINk meetings in September and December and LINk representatives recently holding dedicated meetings with key officers at East London Foundation NHS Trust, Barts Health and City of London Corporation.

Two research projects were presented at Health and Social Care Scrutiny Sub-Committee in May, with recommendations currently being taken forward by ELFNHST and Barts Health / City of London Corporation to improve patient experiences. A LINk leaflet "Leaving Hospital" has been produced and distributed through statutory partners and community organisations, providing vital information for City people on discharge from hospital.

The LINk has championed community involvement and consultation on many issues, from re-design of the Dementia Assessment Unit at Mile End, to proposed service developments at Barts Health and St Leonard's Hospital. The involvement of LINk representatives in these processes has led to the refinement of a number of aspects of these proposals, particularly with regards to physical access and cultural requirement at Mile End, and the special needs of mental health patients in the 111 pilot scheme. The LINk has also worked closely with EL NHS FT and NHS City and Hackney JSNA project group to improve the quality and range of City specific data to underpin commissioning.

LINk representation on committees and boards provides an invaluable community voice in service monitoring and development, requiring commitment and expertise from representatives. Together with many long-standing seats, the LINk has recently taken up positions on the Children's Executive Board, City and Hackney Clinical Commissioning Group and the shadow Health and Wellbeing Board.

A significant achievement has been getting the City seen as a separate entity with particular needs and championing these needs at a strategic and influential level. The LINk has promoted the City being seen as an independent and important authority by the NHS. Furthermore the LINk has lobbied for the recognition of City workers' needs when consideration is given to services for the City as a whole.

A key area of work has been preparation for HealthWatch. It will be vital to protect the progress made in community engagement and involvement with statutory partners, to ensure HealthWatch can take over as a credible voice. By building a strong, well-equipped membership base and leaving a legacy of successful work projects, the LINk hopes to give HealthWatch a strong and robust foundation.

1. Introduction

By Jakki Mellor-Ellis, Chairman of City of London LINk

I took over from our very successful and long serving Chairman Nick Kennedy in October 2012, on his departure to foreign climes. This is a very exciting period for the LINks with the formation of Healthwatch on the horizon and the creation of an Executive Board for the new Healthwatch in April 2013.

I am grateful for the full support which, I have received from both the Steering Group and the Host, Voluntary Action Westminster, in the form of their two representatives Jill Mulelly and Jenny Purcell who have helped to increase the LINks membership and have given invaluable support to the members of the Steering Group in our specific work areas, i.e. the Mental Health in the City study and Leaving Hospital project as well as working on a signposting project for dementia specifically geared towards Bangladeshi diaspora in the City.

I am hopeful that the Steering Group will look back on this period of change and upheaval as a positive and stimulating time.

In conclusion, I must thank everybody associated with the LINks for their sustained support throughout my short period as the Chair of the City of London LINk.

2. Key facts about the LINk

2.1 City of London context

As a community network open to all, the City LINk encourages participation from everyone – positively reaching out to all individuals and communities with a connection to the Square Mile.

Many people will be aware of the City of London's unique make-up: the urbanised centre of business and commerce, providing workspace, services and leisure to thousands of commuting employees; the cultural hub, hosting high profile, international arts and conferencing; the night time entertainment industry; ever-expanding shopping ventures; heritage churches, buildings and open spaces; a home to students and academic institutions and the long present, active but sometimes less visible, resident population.

This complex and fluctuating mix, provides an interesting challenge from many angles – how can commissioners' best establish the needs of people in the City? How can quality services be provided to: a large commuting group, a relatively small residential population with diverse needs and those who live in the City on a transient basis, including oversees employees, students and second home owners? For the City LINk, the first challenge is to engage with all sections of the City community and discover how to champion their needs, views and ideas.

Tracing the population

A further complication lies in the difficulties tracing the City's population. Since the LINk came to being, statistics for the current residential population, commuter numbers and growth projections have varied widely. As a guardian of the views of those less often heard, the LINk naturally looks to question statistics which may overlook certain sections of the population or cannot accurately record these. For example, the 2011 Census acknowledges several reasons for low figures, such as results reliant on good response rates and the prevalence of small households (lowest average household size of all authorities in England and Wales), suggesting a high number of second home owners in the City, which are not counted in the resident population. It is likely several other groups will not be captured in these exercises, for example: overseas workers accommodated through their employers; students living term-time in the City; rough sleepers and undocumented migrants. These issues are highlighted when comparisons are made with other datasets, for example the Patient Register stands at 8,100 for the City, higher than the Census population count of 7,400[1].

Equally, problems exist establishing the number of workers, tourists and other populations travelling into the City on a daily basis. Rather than making educated estimates at the likely numbers, many official documents will rely on data from the census and other counts. From a LINk standpoint, this can become problematic, for example, if services are structured, funded and commissioned to provide for a population size which is significantly lower than actually present on the ground.

[1] ONS: Census 2011, City of London Resident Population, Introduction

For the purposes of consistency however, this document will detail statistics provided by the 2011 Census and previous ONS Statistics covered in the City and Hackney Health and Wellbeing Profile. This latter document provides a wealth of information on the make-up and needs of the City of London's population.

City people

According to the Census, the City's resident population currently stands at 7, 400, with 1,370 people owning a second home within the Square Mile. In addition, approximately 320,000 people travel to the City on a daily basis, for work, leisure, study or tourism. These commuters are all potential users of services, presenting an additional set of needs and challenges to organisations that are responsible for planning care.

The population of the City is concentrated in the 30-44 year age bracket, recorded as 2,000 individuals of the 7,400 presented in the Census. Only 600 are under 14years, with 1, 500 aged over 60years.

Further discussion of the City population make-up can be found in the City and Hackney Health Wellbeing Profile, which can be accessed online at:
http://www.hackney.gov.uk/jsna.htm

2.2 What role does the LINk play?

As a champion of service-users and of community involvement, the LINk strives to ensure all sections of the City's resident population are represented as decisions around care provision are made. The LINk also has a role being exploring the needs of the commuter population and monitoring whether services meet these needs. The LINk will monitor the effectiveness of services to respond to these changes and, by continuing to gather community views, will be well placed to raise issues of concern with service commissioners and providers.

The City is in a unique position in that many services are either commissioned or provided across area boundaries. This brings with it a wealth of expertise and access to specialist services. However, it remains crucial that the City's specific needs do not get submerged under the influences and priorities of neighbouring areas. The LINk has a vital role to play in ensuring the needs of local people are sought and the voice of the City's community is heard.

Specific health and social care needs will be explored in LINk work and further information can be found in the 2009 Health and Wellbeing Profile for Hackney and the City http://www.Cityandhackney.nhs.uk/about-us/publications/consultations/health-and-wellbeing-profile.aspx

2.3 How Does the LINk Work?

LINks bring together people, groups and organisations representing a whole range of interests – residents, service-users, care givers, community representatives and many others. The network is independent, led by the community and hosted by the local umbrella organisation for voluntary and community action, City.Comm. It works closely with statutory partners and is very grateful for the support of common councilmen, neighbouring networks and services and organisations working in the City.

LINk Participants

The LINk strives to reflect the City as a whole. People volunteer to join the network as individuals, as a representative of a group or as part of an organisation. There are no restrictions on membership and the LINk aims to break down any barriers to involvement that people might experience.

Members choose to be involved in a number of ways, depending on their interests and the time they are able to commit. For example, some people are happy simply to receive information and updates from the LINk, whereas others opt to share their views online, participate in events or join regular meetings or Task Groups.

The City's communities are broadly reflected in groups choosing to join the LINk, such as Bangladeshi Women's Groups and Older People's Groups. Organisations represent users of certain services, such as charities supporting homeless people and people with cognitive impairment. Many residents have opted to join as individuals and are also engaged through membership of residents associations and groups across the City.

On 31st October 2012, the City LINk membership stood at 200

Steering Group

The Steering Group is the governing body of the LINk and is responsible for: setting the LINk work priorities, authorising the use of LINk powers, allocating resources and ensuring the LINk complies with its statutory duties.

The LINk membership elects representatives to the Steering Group on an annual basis and any LINk member may choose to stand. Once established, the group meets in public, on a monthly basis. These and other governance arrangements for the City LINk were established by a Development Group of local volunteers, which agreed on structures it felt would best serve the City community.

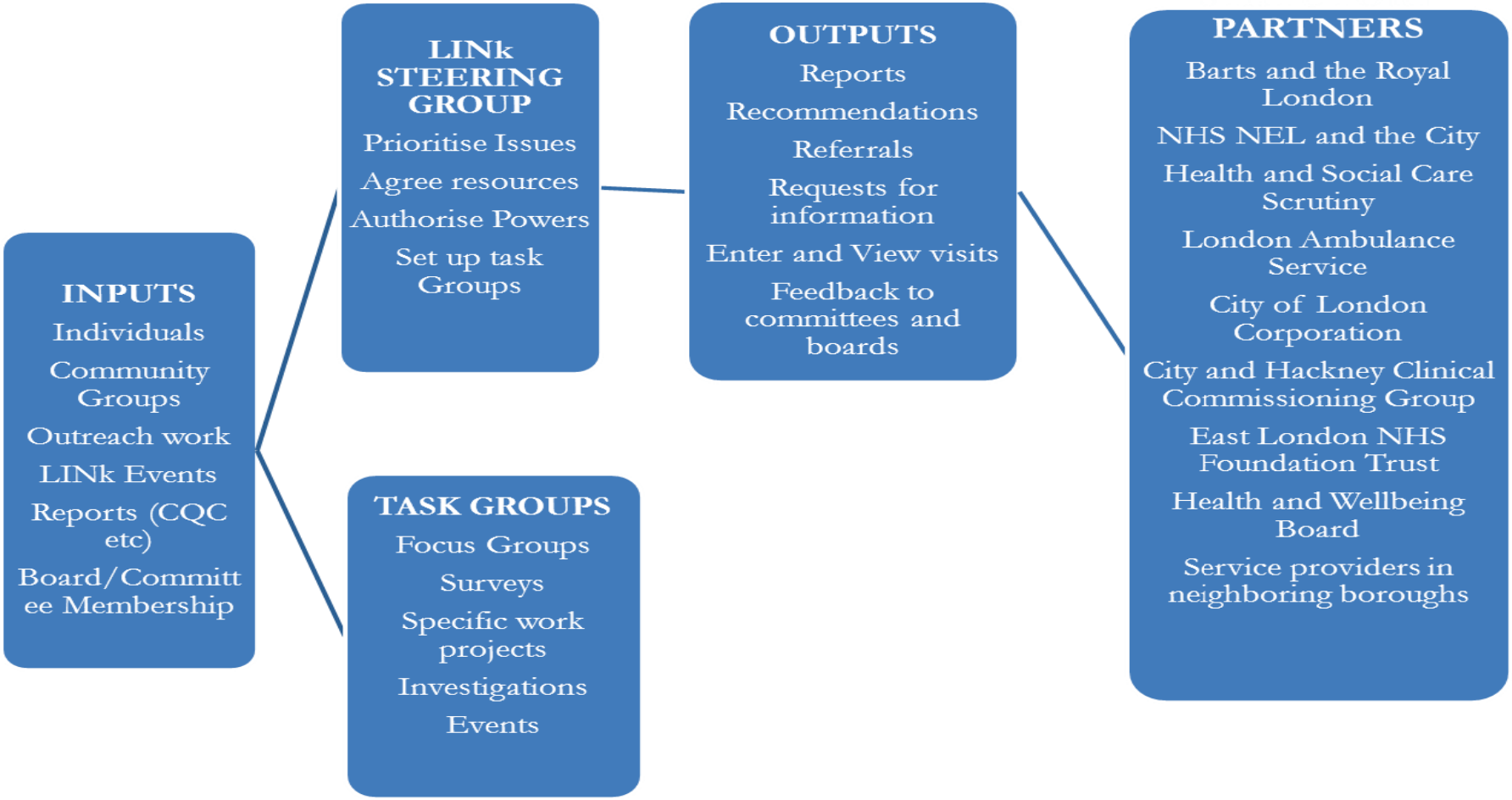
In consultation with the LINk, and to provide consistency and stability for the transition to HealthWatch, there were no elections for the Steering Group this year. All members were invited to be co-opted if they wanted to participate.

Task Groups and Work Priority Meetings

In order to take priority issues forward and involve the greater membership in LINk work, the Steering Group can decide to form Task Groups or initiate Work Priority Meetings. All LINk members are encouraged to take part in these activities, which investigate a specific concern to the community and how it can be addressed, for example mental health.

The Steering Group agrees the activities of these groups and meetings, authorising any reports and recommendations, referrals to Health and Social Care Scrutiny and "enter and view" visits made.

2.4 Diagram – how the LINk works



2.5 Membership Information

2.5. 1 LINk Steering Group 2012

In October 2012, the City LINk Steering Group comprised:

Chair (s):
Jakki Mellor-Ellis (October 2012)
Nick Kennedy (April – September 2012)

Elected Members (from 2011/12): Cynthia White, Geoff Dignum, Steve Stevenson, Tony Field, David Birchmore, Damien Vaugh

Co-opted Members: Chris Hudson, Christine Clifford, Jean Richards

2.5.2 Authorised Representatives 2012

Recognising the specialist role of Authorised Representatives, the City LINk has put in place a comprehensive recruitment process, including selection via applications, training and a Criminal Record's Bureau check. As of October 2012, the LINk has:

Nick Kennedy
Jakki Mellor-Ellis
Maria Glodek-Sollecito
Jean Richards
Dave Birchmore (training pending)

The guiding principles of the City LINk include the desire to be inclusive and representative of the City community as a whole. To monitor the LINk's performance in this area, an Equal Opportunities form has been sent to all LINk members. As few responses have been received, the LINk is looking at new ways of collecting this information and will continue to reach out to different groups through outreach work and a broad communications strategy.

3. Demonstrating impact through action

The City of London LINk has demonstrated impact in the following ways:

3.1 Promoting and encouraging involvement of a wide range of people

A major success for the City LINk has been the creation of a broad, diverse and active membership base. With population estimates ranging from 7,400 (2011 Census) to 11,700 (ONS 2010), the 200 individuals, groups and organisations signed up to the LINk, represent an excellent reach into the local community. Looking towards HealthWatch, a priority has been to build on these strengths, in particular to widen the range of people involved.

3.1.1 Widening the membership

Workers

The LINk has long championed the needs of the City's vast commuter population, thought to number around 320,000 daily visitors (ONS Business Register and Employment Survey 2010). Although much has been done in recent years to improve access to health and care services outside of working hour (for example, increased opening hours at GP surgeries), workers face many barriers using services in their area of residence. Further consideration needs to be given to issues such as: ongoing care/treatment provided at a distance, requiring time-off work; the importance of accessing care at time of need, which may fall within the working day. It has been suggested that improving the health and wellbeing, and provision of services to commuters, can only impact positively on the City's residential population. As demonstrated by the closure of the Liverpool Street Walk-in Centre, cutting services aimed at workers is also very unpopular with local residents.

As the City of London Corporation prepares to take responsibility for Public Health, now is an important time to ensure the City workforce has an independent voice in service planning and delivery.

Targeting the working population necessarily differs from ongoing LINk engagement activities. Innovative strategies have been employed to raise awareness amongst workers and ensure they can participate during their working day. For example:

- carrying out a "street survey": approaching workers during their lunch hour / breaks, including incentives to take part (for example, shopping voucher prize draw)
- using online survey tools, for people to access from their desks
- visiting local businesses and shops: sharing leaflets and offering to join staff meetings
- holding stalls in busy shopping centres – this has been arranged at One New Change during December, to capture the biggest footfall

To date, the results have been incredibly promising, with 17 individuals and businesses joining the LINk and 40 responding to the health and wellbeing questionnaire, in person and online.

Students
The City hosts a vibrant further and higher education scene, which the LINk has been keen to tap into. By creating volunteering roles to fit particular courses of study and by talking to students on-site, the network has attracted 7 new members. Having established good links with City University, the LINk hopes these positive strides will continue into HealthWatch.

Partnership
Partnership working sits at the core of LINk work, from finding out what local groups think, to putting on joint events and projects. The LINk also draws on links with local organisations to engage further potential members, recently meeting with CSV (City Volunteering Service) to secure referral routes.

3.1.2 Community Champions
Recognising the need to take the LINk to the people, a Community Champions project has been set up to proactively engage with groups in their own environment. The aim is to target hard to reach people who might not normally attend LINk events, by providing funding for "Community Champions" to deliver their own community events, which LINk representatives attend to raise awareness of the LINk and health and social care issues relevant to the range of hard to reach communities. The LINk is working hard to publicise the project and target local people and groups who have strong ties in the community.

3.1.3 Targeting communities
Recent outreach work has again highlighted the need for greater engagement with residents in the East of the City, from all services across the City. A particular issue which has been raised on several occasions (including coffee mornings, healthy living events) is difficulty in recognising or acknowledging dementia and accessing support, particularly within the Bangladeshi community. The LINk is working in partnership with Age UK and local organisations to raise awareness and in planning a drop-in event to engage with this community.

3.1.4 Outreach work
Outreach continues to reap rewards in bringing new members. Following previous successes, the LINk again ran a "roadshow", taking stalls to popular venues, to engage with people during their daily activities and pastimes. The LINk is very grateful to have been hosted at the Barbican Library and also, St Luke's Community Centre – which provides many popular services, particularly for older people resident in the City and Islington.

Attending existing meetings and groups provides an excellent platform to raise awareness of the LINk, listen to issues and concerns and encourage involvement. A good example would be a recent coffee morning attended by LINk staff at Mansell Street, as part of Toynbee Hall's over 50s service. Local residents were able to share their views about services and provided much food for thought on possible projects for the LINk – watch this space!

Larger events also offer the opportunity to raise the profile of the LINk and engage with a large number of potential members and partnership organisations. Recent examples include: the City and Hackney Older People's Reference Group Annual Event, Central Residents Meeting and City Volunteering Fair.

3.1.5 Multimedia

The LINk continuously looks for new ways to communicate with existing members and to reach larger audiences. Recently, research has taken place around new media, with Steering Group members and LINk staff exploring potential for promotion via blogs and social networking sites. The LINk's members have close ties with the local community and play an important role in raising awareness of the LINk through contacts, local networks and word-of-mouth. Different communication methods are essential in reaching a diverse range of people and ensuring they feel able to engage with network. These include:

Website

www.cityoflondonlink.org.uk enables people to keep up to date with LINk developments, provides contact details and allows people to feed into the work of the LINk. Visitors can also view work plans, meeting notes, and reports for the LINk steering and work groups. Visitors can also log an issue with the LINk via the website (anonymously if they wish).

Newsletter

In order to keep LINk members and other interested parties up to date with how the LINk is developing and key health and social care issues in the City of London the host produces a bi-monthly newsletter. This is circulated to over 200 people and organisations including all LINk members and is displayed at key outlets across the borough. It also includes information on training, events, and local consultations.

Leaflets and Comment Cards

In an effort to increase the number of ways the LINk collects feedback about local services, it has agreed to print Have Your Say Cards. These cards are handed out at events and left at key locations such as hospital wards and waiting rooms. Service users can fill in their comments about the services they receive and free post it back to the LINk. The LINk keeps a log of all feedback it receives and uses it to look for trends and to inform its work.

3.2 Gathering views

The LINk endeavours to be the voice of the whole community in health and social care. It is vital the network hears people's ideas, experiences and suggestions and much effort is put into: targeting groups who are not always heard; making the LINk accessible for all to engage with and keeping a record of all views expressed to the network. Great care is taken to protect the identity of anyone who shares information with the LINk and people often choose not include names or identifiable details, particularly when reporting issues with personal care or treatment. Building trust with service-users is essential, to enable all to feed into the LINk, without concerns over compromising their care.
Using the methods detailed above, the LINk has been successful in gathering views from across the City's communities, covering a diverse range of subjects. To ensure issues are not missed, the LINk also regularly meets with members of the PALS teams and reviews reports, updates on complaints, for each local service provider. In June, the LINk met

with Cambridge House, which provides Advocacy Services for the City of London, to discuss concerns frequently raised by service users and to share information and ideas for partnership working. LINk members are also encouraged to feedback issues they have become aware of during their activities in the community, or whilst representing the LINk at meetings such as at the City's Adult Advisory Group or attending local Patient Participation Groups.

Issues and concerns are recorded in a log which is regularly reviewed by the Steering Group. Some will be identified for "quick resolution", for example, the Group may authorise an information request to a Statutory Provider, to provide assurance that necessary action is being taken to address the particular issue. More substantial concerns may require further examination, be taken up as a Work Priority or be addressed through a Task Group. For example, recently several concerns have been raised regarding support for vulnerable people who are being re-housed. The LINk has collected several case studies and produced a briefing for members on Housing with Support. The manager of Adult Social Services has been made aware of the concerns and will be attending a Steering Group meeting in December to discuss these in detail.

3.3 Developing local stakeholder relationships (e.g. the Care Quality Commission)

Despite its comparatively small size, the City LINk has succeeded in maintaining a high profile by creating strong relationships with local stakeholders, facilitating interaction with decision makers at the highest level and ensuring the LINk remains informed and involved. During its tenure, the LINk has also enjoyed prominence in wider for a, for example the national HealthWatch Advisory Board. Considering the many changes afoot at the CQC, the LINk recently invited representatives to speak at a Steering Group meeting (September) which proved incredibly useful for all parties involved. Where a Steering Group meeting may not be the most appropriate forum, dedicated meetings are set with local stakeholders, for example recent visits to PALS and Barts Health.

3.3.1 Participation on statutory committees

During the last year the LINk Steering Group has members participating on a number of statutory committees to aid communication between the LINk and the Trust. These committees are:

NHS North East London and the City

1) LINk Chairs meetings

Barts Health

1) Patient Forum and CAGs
2) LINks meetings
3) Board meetings

City and Hackney Clinical Commissioning Group

1) Board Meetings
2) Patient and Public Engagement Meetings

East London NHS Foundation Trust
1) North East London meeting with ELNHSFT
2) Deputy CEO, John Wilkins, – regular meetings

NHS City and Hackney
1) JSNA Project Group
2) Stakeholder Involvement Advisory Group
3) Public Health Implementation Group

City of London Corporation
1) Shadow Health and Wellbeing Board
2) Children's Executive Board
3) Adult Advisory Group
4) Health and Social Care Overview and Scrutiny Sub-Committee
5) Advice, Information and Advocacy Forum

3.3.2 Developing relationships with new Stakeholders

Clinical Commissioning Groups (CCGs)
The LINk has recognised the importance of developing excellent relationships with the CCGs, as they take responsibility for commissioning a huge swathe of services for the local population. Building on well established links with City and Hackney CCG, the LINk is delighted to assume a seat on the Board and has also made a significant contribution to the Patient and Public Involvement Group. Recently, Cynthia White, who represents the LINk on the CCG Board, has attended a day-long site-visit from the National Commissioning Board, as part of the commissioning group's authorisation process.

It is not only the City and Hackney CCG that is of relevance to the City population however. Tower Hamlets CCG holds responsibility for many services frequented by City people, including Royal London Hospital (the nearest A&E and one of the closest Walk-in Centre to the City); Spittalfields and City Wellbeing GP surgeries (the latter holding a clinic within the City) and many other community and specialist services. This CCG also has a close relationship with Barts Health NHS Trust, a key partner to the City LINk.

Over the past few months, the LINk has explored several avenues of involvement with Tower Hamlets CCG and is grateful for the time given by senior officers, to meet and discuss concerns with the Group. Unfortunately the Board was unable to accommodate the LINk's request for a seat, however, with Jean Richards acting as LINk Lead for this area, close relationships have been built and a meeting will take place in January with the Head of Engagement and Lay Representative on the Board. The LINk also benefits from excellent links with THINk (Tower Hamlets LINk) and frequently shares information and support for projects.

Health and Wellbeing Board
The Chair of the LINk has a seat on the Health and Wellbeing Board – a key strategic committee which leads on the planning and commissioning of local health and care services. Through this the LINk has the opportunity to feed in the views of service users at an influential level.

Children's Executive Board
Preparing for HealthWatch's new remit in monitoring Children's Services, the LINk has made excellent progress building links with relevant partners and is delighted to have recently taken a seat on the City of London's Children's Executive Board.

3.4 Monitoring and scrutinising services

With the many changes underway with health and social care provision, monitoring and scrutinising services remains a key element of the LINk's work. This is undertaken in several ways:

3.4.1 Information requests and invitations to present at Steering Group meetings:

Dental service: access to NHS dentistry is a key concern for local people and the LINk has been involved in promoting and responding to several consultations over a new practice for the City. Although this service has now opened, the LINk continues to monitor this process as little information has been made accessible to members.

Barts Cancer Services: the LINk has formally written to Trust regarding several issues, including: poor patient experience survey results; problems hitting 62 day referral targets; lack of consultation around potential cancer service reconfiguration. These have been addressed at a high level meeting organised by the Trust with the LINk Chair, Cancer Lead and Host Organisation. The LINk will continue to work with the Trust to monitor these areas and ensure appropriate public involvement in all areas of its work.

Moorfields: following an individual concern raised regarding Moorfields Eye Hospital, the LINk has sought further patient experiences and discovered several issues, including: problems with urgent referrals not being followed up, resulting in loss of health; appointments cancelled, causing difficulties for those requiring the support of carers; delays at clinics, requiring patients to under-go pre-medication several times during one visit. The LINk has requested further information from the Trust and raised these issues with the elected governor on the Trust board.

London Ambulance Service: with several concerns raised, the LINk has invited members of LAS to attend a Steering Group meeting and has also formally requested information on the following: an update on the dedicated falls service; targets for improving referral and liaison between LAS and social care and other support services; improving staff working hours, to include lunch breaks. LAS have acknowledged the LINk's requests and are happy to embrace an ongoing dialogue.

3.4.2 Enter and View Visits

Keen to increase the LINk's capacity to undertake Enter and View visits, two new Authorised Representatives have been recruited and attended dedicated induction sessions. The network benefits from Authorised Representatives with a variety of experience, backgrounds and interests. With visits hopefully taking place in early 2013, the City LINk is also happy to support local LINks, such as THINk and Hackney LINk in joint visits.

3.4.3 Monitoring local change/services

Presentations to scrutiny:
In order to maximise impact and share intelligence, the LINk reports significant areas of work to the Health and Social Care Scrutiny Committee. In May, the LINk presented to reports to the committee "Profiling Mental Health Service Use in the Square Mile" and "Leaving Hospital".

Profiling Mental Health Service Use in the Square Mile
As the first piece of research into mental health service provision and uptake in the area, this important report demonstrates the LINk's ability to undertake innovative work, which is not being picked up by other bodies. Commissioning expert researchers from Canterbury Christ Church University, this project was overseen by a LINk Mental Health Advisory Group, providing invaluable local knowledge, contacts and feedback. The LINk is very grateful for the support of many statutory partners, community organisations, businesses and churches, who contributed information and expert knowledge to this report. The Mental Health Advisory Group continues to work very closely with the East London NHS Foundation Trust to support the implementation of recommendations from the report, which have been met with a very positive and proactive response. The LINk is also indebted to Dr Kevin Corbett, for his tireless efforts updating the research and continuing to support the project.

Leaving Hospital
The Patient Handover and Co-ordinated Care Work Group was formed at the request of the Steering Group, tasked with looking into difficulties as people move between different health and social care services. Focusing on discharge from the Royal London Hospital, a project was launched to: gather feedback from patients, carers and families; discuss practical issues with staff on the ground; access live information, through on-site Enter and View visits and real-time feedback reports. The research brought to light several broad issues, such as: patient dignity in care; practical problems with transport and vulnerable people returning home; communication between different services; appropriate information on support and services available for patients and families. The City of London Corporation has offered to bring together a Steering Group to look into the report's recommendations, which the LINk and Scrutiny Committee will be happy to support and monitor.

The LINk uses many channels to continuously monitor services and react to proposed or delivered changes: the Steering Group requests information and presentations from services planning changes; representatives sit on relevant scrutiny committees and boards; regular contact is maintained with the Care Quality Commission, neighbouring and regional LINks and where necessary, the LINk may use its statutory powers or arrange dedicated meetings or projects to look into developments.

Columbia Road Dementia Assessment Unit
The LINk has been heavily involved in the re-design of a "dementia assessment unit" at Mile End. Promoting good consultation, the LINk requested an event to be held within the Square Mile, which led to further research undertaken on issues raised, such as transport and accessibility. Cynthia White, as Mental Health Lead for the LINk, attended two very useful design meetings / visits and raised several concerns which were subsequently addressed, such as the lack of facilities for visitors and the need for culturally appropriate toilet units.

111 Pilot
Sarah Mcilwaine, Senior Programme Manager, Urgent Care, attended May Steering Group meeting to present the programme and invite LINk feedback. Members have since attended "break the system" and stakeholder engagement events, reporting several excellent features, although also raising concerns around the service's accessibility for people with communication or mental health difficulties. This area of work is constantly monitored by members sitting on various committees and groups, such as Out of Hours and CCG meetings.

Out of Hours Adult Social Care
The LINk has taken a keen interest in this area, following earlier concerns regarding out of hours services. The Steering Group was grateful for time dedicated to engaging with the LINk and was happy to review the new services specification in June. This was also discussed by LINk representatives through the Adult Advisory Group (AAG).

Carers Service Specification
Support for carers has been on the LINk agenda from the outset and the Steering Group has appointed Steve Stevenson as a Lead for this area. As with above, the new service specification was circulated and members were keen to feed in ideas through LINk representatives at the AAG.

Public Health
As the City of London Corporation prepares to take on responsibility for Public Health, the LINk has listened to community concerns and discussed issues of data protection at recent meetings. Reassurance has been provided by senior officers at the City of London, that the Corporation will not be able to pass any personal or patient identifiable information to third parties, who have been contracted to provide services. Should the Corporation wish to do so, consent will have to be received from each individual concerned.

Out of Hours GP service: Harmoni Contract
The LINk has continued to monitor this area, with Jakki Mellor-Ellis assuming Lead and attending regular Urgent Care and Harmoni meetings. As this contract remains in flux, the LINk has liaised with CCGs and neighbouring LINks and is deciding an appropriate course of action – to ensure the safety of patients remains paramount.

Relaxation of GP Boundaries: City pilot
Following the closure of walk-in centres and with only one GP practice and a satellite clinic operating within the City, access to GPs is a priority issue for many local residents. The LINk is therefore keen to keep abreast of any developments regarding the potential pilot project in the City, which may mean that workers can register with local GPs. Concerns have been raised over whether local GPs will have the capacity to take on City workers and whether if they do, this will have an impact on the availability of services to City residents. The LINk will be taking regular updates from CCG Board and taking forward discussions around polyclinics or hubs.

St Leonard's re-development: change of proposals
The LINk has been closely involved with plans regarding the St Leonard's site, participating in Board level discussions and lobbying for further community provision at the site. As the commissioning landscape has changed dramatically, the LINk is keen that

this remains high on local agendas and will be pursuing regular updates to ensure progress is maintained. LINk representation on CCG and Health and Wellbeing Boards is a useful tool for monitoring this area.

3.4.4 Championing the needs of City residents and workers

Over the past year, the LINk has continued to lobby with increasing fervour, for the acknowledgment of two fundamental issues:

- the City population's distinct needs (separate from those of neighbouring boroughs), to be addressed locally
- the needs of City workers and how these are provided for, impacting on both workers and residents

The LINk is delighted that statutory partners have recognised these issues and are taking steps to respond. In future, for example, a City specific Health and Wellbeing Profile will be published, as distinct from Hackney. The City of London Corporation has also completed a significant piece of research into the health needs of City workers. The LINk has supported these developments in several ways – by sending representatives to advisory group meetings on both the JSNA and City workers research; and also by feeding in findings from its own research, the Profile of mental health service-use in the City. This LINk report has been ground-breaking, in targeting City specific needs and also approaching City businesses, to explore the needs of workers. The LINk's findings have also been used to prioritise Mental Health issues and combatting social isolation in the City's own set of priorities within the JSNA.

3.4.5. Working with neighbouring groups

The City's unique position demands City people will necessarily access some services outside of the Square Mile. The LINk has therefore fostered close relationships with neighbouring LINks, patient groups and wider forums to ensure concerns can be raised, where services are not provided by local statutory partners. For example, the LINk has received patient experience concerns regarding Moorfields Eye Hospital. Alongside signposting to the individuals involved, the LINk has responded by writing to the Trust and working with Islington LINk, to look into further reports of concerns raised. Another example relates to Cancer services provided by Barts Health. Whilst the LINk has been very grateful for the Trust's response to issues raised, the LINk is keen to ensure these concerns are taken up at a wider level and will use its new position with London Cancer to lobby for transparency and user involvement.

Other groups, such as GP Patient Participation Groups, Tower Hamlets and Hackney LINks, relate to the same statutory partners as City LINk. Working together can prove efficient and informative, for example the LINk recently attended a Hackney LINk meeting to hear from the joint CCG and regularly attends Tower Hamlet's LINk Mental Health sub group meetings. The City and Tower Hamlet's LINks have worked together on feeding into East London NHS Foundation Trust Quality Accounts.

3.5 Making views known

The LINk champions the views of the community in many different ways, making full use of the excellent working relationships established with statutory partners. For example, the City LINk holds regular meetings with East London Foundation Trust,

providing direct access to senior staff, such as the acting Chief Executive, where concerns and recommendations can be raised.
Feeding back to the community, the LINk produces regular updates on its dedicated website and newsletter, which also provides an important platform to encourage people to get involved in other opportunities, for example: promoting NHS Foundation Membership.

3.6 Involvement in national or local consultations

Drawing on the wide range of experiences, skills and expertise of the LINk membership base, the network engages with consultations in number of ways:

- submitting responses agreed by the Steering Group or sub-groups (e.g. Older People, Modern Services)
- feeding in through representatives (e.g. via the Chair, as a LINk representative on the National Advisory Board for HealthWatch)
- publicising consultation activities on behalf of partners (e.g. the City's Carers Strategy or Community Dental Services consultation)
- supporting partners to arrange consultation events in the City (e.g. Assisted Conception)

3.7 Involvement in the development of LINks-related policies

With excellent connections with neighbouring LINks, the North East London networks, London LINks and the National Association of LINk Members (NALM), the City of London LINk is well placed to influence LINk related policies. LINk members also influence policy by responding to national consultations and attending policy related conferences and workshops.

4. Preparing for HealthWatch

In partnership with the City of London Corporation, the LINk was successful in applying to become a HealthWatch pathfinder.

Their action plan and progress is noted below:

HealthWatch Governance
From April – September 2012, the LINk worked towards becoming incorporated with the intention of transition into Healthwatch through grant in aid funding.

The LINk undertook the following preparation to become a charitable company limited by guarantee:

- Drafted articles of associated and memorandum of association
- Liaised with Companies House and the Charity Commission re registration
- Explored training requirements with the organisational development team at Voluntary Action Westminster and devised a training outline for members to transition into trustees.

However, in September, City of London Corporation submitted a paper to the Grand Committee for decision regarding commissioning options, with a recommendation from Corporation officers for an open tendering process.

Following this, the steering group discussed the advantages and disadvantages of becoming an incorporated body. At their September 2012 Steering Group meeting the LINk decided not to become incorporated but to focus on being fully involved in the tendering process and to focus their efforts on the remaining elements of their pathfinder action plan:

New Activities – extended role of Healthwatch
The LINk has been keen to get to grips with the extended remit of HealthWatch – complaints advocacy and signposting. Although these elements may not sit with HealthWatch, they will be integral to their work and form an important part of their evidence base.

<u>Information and Advice – signposting</u>
The LINk has joined the information and advice services forum. LINk members also met with Dolly Galvis from Toynbee Hall to discuss their information and advice services and identify any joint work. It was noted that any intelligence re health and social care services gleaned through Toynbee could be passed on to the LINk, provided necessary permission has been granted from CoLC. Toynbee Hall is also mapping information and advice services in the City and will share results. Furthermore, in order to understand the signposting element of HealthWatch, the LINk has developed good working relationship with NELC and has attended several meetings with Ian McDowell to discuss the work of PALS. The LINk will continue to work closely with Barts PALS as a new Patient Experience Team is developed.

Complaints Advocacy

The LINk has contacted Pohwer ICAS re advocacy work in the City. They provide their core service (face to face advocacy/self-help signposting and remote advocacy) plus they support a self-advocacy group for people with Learning Disabilities across City and Hackney.

They are looking to disaggregate borough data and hope to be able to provide a borough and trust breakdown in the next couple of months.

The LINk has also met up with Cambridge House to discuss their provision of advocacy in the City.

Building up LINk membership

The LINk agreed that in order for HealthWatch to have a solid foundation, the membership would need to be robust. To this end efforts were focused on 1) building up the membership of the Steering Group and 2) of the wider membership base.

The LINk has been successful in extending the membership of the Steering Group. Since becoming a pathfinder, membership of the Steering Group has increased by 30% (3 people). The new members complement existing membership by providing a strong background in children and young people's services and public health. The wider LINk membership has increased by 18% (30 new members) over the last 6 months, largely down to an active community engagement plan with City workers. The LINk went into the City of London with a health survey for City workers – over 40 people completed it and it resulted in 17 new members.

Community engagement and visibility

The LINk is exploring different ways to raise the profile of the LINk/HealthWatch via blogs and internet forums. They have also promoted HealthWatch through local publications such as City Resident and City and Hackney Health and Social Care Forum e-bulletin.

In terms of developing an engagement tool, the LINk has compiled best practice example questions from across the country. They are in the process of honing these questions in order to form 2 questionnaires. One aimed at members of the public and a second aimed at stakeholders.

A draft HealthWatch leaflet has been produced and is being refined by the Steering Group. Once use of national branding has been agreed, the LINk intends to use pathfinder funding to get the leaflet professionally designed, printed and distributed.

As mentioned previously, to further raise awareness of HealthWatch and the LINk, an event is being planned, to engage people in the East of the City and involve dementia awareness raising amongst Bangladeshi community. Portsoken Centre has been booked on 22nd January, 10am – 1pm . Links have been made with Age UK (Deborah Hayes, leading on Dementia Strategy in East London) and local organisations, such as City and Hackney carers Centre etc.

Develop relationships with new bodies

The success of HealthWatch will also be dependent on forming, or building on, relationships with key bodies – including some of the new structures such as the Health and Wellbeing Boards and Clinical Commissioning Groups.

Health and Wellbeing Board

The LINk Chair attends the Health and Wellbeing Board meetings and provides a LINk update. The LINk has completed a pro forma of how its work contributes to the priorities set out in the Joint Health and Wellbeing Strategy.

Clinical Commissioning Groups (CCG)

Steering Group members attend City and Hackney CCG and Patient and Public Engagement meetings. Following a formal request for a seat on Tower Hamlets CCG, John Wardell has responded, recommending the LINk meets with Ellie Hobart, Head of Engagement at NHS NELC and reiterating the responsibility of the new Lay Member to engage with LINks. Papers from the TH CCG will be circulated to SG members as requested.

Care Quality Commission

The LINk has made contact with the new CQC lead for the City, Michele Golden, who has been invited to a future Steering Group meeting.

Children's services

Given HealthWatch's extended remit into Children's services, the LINk has been proactive in taking forward this new work area. Following a formal request, the LINk has been offered a seat on the Children's Executive Board.

Safeguarding

As the LINk, and soon to be HealthWatch, often work with vulnerable groups, they have worked to ensure safeguarding protocols are integrated into HealthWatch structure and processes. To this end they met with Alistair Bonsey (from C&H Safeguarding adults Board). Resulting actions include the safeguarding number to be integrated into LINk materials and a future potential work item on peer support for user interviews.

5. Case study examples

These case studies reflect the LINk journey in action – from reaching out to hear people's views, to taking action and making recommendations to improve care for all. The first description includes plans and potential projects to be taken forward by HealthWatch or other local networks and bodies. The final case study demonstrates how the LINk uses its own resources to improve patient experience and enable access to services and support.

Connecting with Portsoken

Since its inception, the LINk has encountered concerns from many services, organisations and local people, regarding the engagement of people in the East of the City, particularly on the Mansell Street Estate. The LINk has taken positive action to address this issue over the past four years, dedicating much time to outreach work: visiting groups, workers and community leaders, attending and presenting at local meetings, holding stalls at events and arranging several awareness sessions and drop-in fairs at the local community centre. Recognising the importance of longevity in building meaningful community engagement, the LINk continues to participate in local activities and present at relevant groups and meetings.

Recently, the LINk has presented at an over 50s coffee morning on the Mansell Street estate, through Toynbee's older people's service. As well as raising awareness of the LINk, local services and encouraging involvement, this also provided an excellent opportunity to gather views from local people. Once again, residents expressed concern around: a lack of appropriate information on services and support available; difficulties accessing GPs and walk in centres and inconsistency in care, including what can be provided and where. These issues were recorded on the LINk Issue Log.

On another recent occasion, LINk members attended a Health Fair at the Green Box (community centre), where residents highlighted problems amongst the Bangladeshi community, particularly regarding awareness and acknowledgment of dementia. As the Steering Group reviewed these issues, it was felt the LINk could usefully contribute in two ways: arranging an awareness raising event and looking into producing, or supporting, a leaflet providing information on local services.

Working with Age UK and other local organisations working with older people, carers and the local community, the LINk has planned a drop-in event for 22nd January on the estate. With information and professionals on hand to discuss issues around dementia, supporting people affected and how to access advice and support, it is hoped this will provide a safe, first step for people to begin thinking about these concerns. Plenty of other activities will be provided to entice the whole family to attend and prevent people from identifying the event as a dementia only session, thus reducing barriers caused by stigma.

Events such as these represent an invaluable opportunity for the LINk to gather further information on people's concerns and ideas around health and social care. Several different methods will be used to capture this information, such as an anonymous post-box for concerns, or an ideas wall, for future suggestions. This information will be collated, for further reflection on how to address these concerns. Future work may involve lobbying for: further awareness raising in the area, such as through outreach or

ongoing sessions; additional resources to reach and support hidden carers; increased presence of existing services working in the area, such as advice services, carers support, social groups etc; a group to take forward these issues, such as a HealthWatch task group or forum/steering group of interested parties.

Leaving Hospital Leaflet

Following the in-depth community research into people's experience of discharge from hospital, the LINk uncovered a need for appropriate, targeted information for City individuals approaching this situation. Using local networks and researching information from specialist service providers, the LINk collated useful contacts, to be compiled in a short leaflet for patients, carers and families. This leaflet has been circulated to local GP practices, information and advice services, PALS, Social Services, community and voluntary organisations, libraries, community centres and churches in the City of London. If you would like to receive a free copy of the leaflet, please contact Jenny Purcell on 020 7535 0496 / jpurcell@citycomm.org.uk

6. Next Steps – looking ahead to the next 12 months

The City of London LINk is committed to leaving a strong legacy for Healthwatch City of London. They will continue to develop a robust a relevant work plan that can be handed across to the new organisation. Members of the Steering Group hope to participate in the procurement process for the new organisation and aim to ensure the approaching and underlying principles of having a community led network will be transferred to HealthWatch.

In addition they will continue raising the awareness of HealthWatch and supporting the community to get ready for the change. To this end they have developed a leaflet and will run a public event in January to celebrate their work and lay the foundation for Healthwatch.. The LINk is working closely with the CoLC to ensure that any information disseminated about the new Healthwatch City of London service is accurate and reflects the City's specification and implementation plans.

With regard to our on-going work, the LINk will: continue to build relationships with the area's emerging Clinical Commissioning Groups; participate in the Health and Wellbeing Boards and contribute to the Health and Wellbeing Strategy; be active on relevant strategic committee ensuring that their work is fed into the Adult Services and Health Scrutiny Committee; and continue to take forward their work plans.

7. Our year in figures

7.1 The reach of LINks and the level of people's participation

Level of participation	Total	Of which:		
		People with a social care interest	Individual participants	Interest group participants
Informed participants [2]	200	76	115	85
Occasional participants [3]	113	n/a	n/a	n/a
Active participants[4]	52	n/a	n/a	n/a

7.2. Summary of Activity

Requests for Information in 2012	
How many requests for information were made by your LINk during April – October 2012	32
Of these, how many of the requests for information were answered within 20 working days?	29
How many related to social care?	14
Enter and View visits in 2012	
How many enter and view visits did your LINk make?	0
How many enter and view visits related to health care?	0
How many enter and view visits related to social care?	0
How many enter and view visits were announced?	0
How many enter and view visits were unannounced?	0
Reports and Recommendations in 2012 *	
How many reports and/or recommendations were made by your LINk to commissioners/providers of health and adult social care services?	8
How many of these reports and/or recommendations have been acknowledged in the required timescale?	7
Of the reports and/or recommendations acknowledged, how many have led / or are leading to service review?	8
Of the reports and/or recommendations that led to service review, how	6

[2] **Informed Participants**: are groups or individuals who register their interest in the LINk and receive information, whether general updates and/or thematic interest. This includes those who interact with the website and social networking sites.

[3] **Occasional Participants**: are informed participants (individuals or groups) who also respond to a particular LINk issue, or attend a workshop or meeting on a specific topic.

[4] **Active Participants**: are groups or individuals who have a high level of participation (i.e. someone who takes part in activity at least once a month), for example by attending introduction to LINk workshops, accessing training to build up skills in representation and/or visiting services, becoming involved in the core group/sub group activities, or representing the LINk externally.

many have led to service change?	
How many of these reports/recommendations related to health services?	6
How many of these reports/recommendations related to social care services?	2
Referrals to OSCs in 2012	
How many referrals** were made by your LINk to an Overview & Scrutiny Committee (OSC)?	0
How many of these referrals did the OSC acknowledge?	0
How many of these referrals led to service change?	0

** Note: only include formal referrals to OSCs rather than times you have informally worked with OSCs on issues

7.3 Our Finances

Income in April 2012 – October 2012

Amount allocated to the local authority by the Department of Health	£36, 750
Amount of funding received by the host from the local authority	28, 784
Amount of funding received by the LINk from the host	1, 344
Amount of funding carried over from previous year (s)	0
Other income (if known)	0
Total revised budget for April 2012- October 2012	28, 784

Spending April 2012 – October 2012

Staff costs [5]	23, 536
Office costs [6]	2, 088
Direct costs [7]	1, 762
Premises costs[8]	3, 388
Total spend	**30, 774[9]**

[5] Staff costs include: salary costs; recruitment; training; pensions, payroll expenses and management fee
[6] Office costs include: telephone; audit costs; postage; printing and stationery; photocopying; ICT and database
[7] Direct costs include: Meetings; translation and access; training for LINk members; newsletter; events.
[8] Premises costs include: cleaning; heat and light; alarm; repairs; rent; reception and building maintenance
[9] It is anticipated that the overspend will be balanced by the end of the financial year.

7. Thanks

The LINk would like to thank everyone who has contributed to the LINk – those who have attended meetings; sat on groups; fed in suggestions and read our newsletter. Without your input the LINk would not be able to work.

The LINk would also like to thank our statutory partners who have worked cooperatively with the LINk to help improve health and social care services for the people of the City of London.

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Committee(s):	Date(s):
Health and Wellbeing Board	23 January 2013
Subject: Information Report	**Public**
Report of: Director of Community and Children's Services	**For Information**

Summary

This report is intended to give health and Wellbeing Board Members an overview of key updates to subjects of interest to the Board where a full report is not necessary. . Details on where Members can find further information, or contact details for the relevant officer is detailed within each section as appropriate.

Within this report there are updates on :

- Census information
- Update on staffing i.e. Director of Public Health appointment, Public Health Team and Community and Children's Services structures
- Health and Wellbeing Board Handbook and Governance Structure
- STI Epidemiology in London – HPA Annual Review 2011
- Update on Advice, Information and Advocacy Forum strategy action plan
- HWB conference

Recommendation(s)

Members are asked to:

- Note the update report

Main Report

Background

1. In order to update Members on key developments, information items which do not require a decision have been included within this highlight

report. Details on where Members can find further information, or contact details for the relevant officer is detailed within each section as appropriate.

Census Information

2. Results from the Census of Population 2011 are being released in phases. Initial results provide an overview for the City as a whole. Later releases are providing more detailed analysis based on Output Areas that can be aggregated to approximate to the main residential areas in the City. The key findings for the City are:-

- Usual resident population is 7,400 formed of 4,100 males and 3,300 females.
- Usual residents formed 4,400 households with average household size of just 1.64 persons, the lowest average in England and Wales.
- During 2001-11 the usual resident population increased by 200 from 7,200 to 7,400. This was during a period when housing stock increase by 1,000 dwellings. This suggests that the proportion of City dwellings which are not permanently occupied has increased during the last decade.
- Another 1,370 people have a second home in the City and a main home elsewhere. If these people are included then a total figure for 'City residents' who might be present some of the time would be 8,770 which could be rounded to about 9,000.

3. The characteristics of City residents will be analysed in detail in subsequent reports. Key initial findings include:-

- City has proportionally fewer young people and more people of working age than Greater London as a whole.
- City has a very high proportion of residents in full–time employment (52%) and a high proportion who are classified as being in 'professional' jobs (40%).
- City has a high (79%) but declining proportion of residents who are 'White'. The proportion that is 'Asian' has risen to 13%.
- City has a higher proportion (88%) of residents who consider their health to be 'Good' compared with the 2001 figure of 84%. The 2011 figure for Greater London is 84%.

- The proportion of City residents providing unpaid care for others remains broadly unchanged at 7.8%.

4. The initial City of london report is available on the website http://www.cityoflondon.gov.uk/services/environment-and-planning/planning/development-and-population-information/demography-and-housing/Pages/default.aspx

Update on Public Health and Community and Children's Services Staffing Structures

5. The Public Health team moved to the London Borough of Hackney on the 14th January and are based at the Hackney Service Centre. They are supporting both the LB Hackney and the City of London Corporation and are taking part in induction events at both organisations, including attending the Health and Wellbeing Board today.

6. In preparation for the transfer of the public health function to the City of London and the senior management restructure within Community and Children's Services, the Strategy and Performance team will have a new staffing structure in place for April 2013. Initial consultations have taken place with affected staff on the proposed structure and with the public health team.

7. The City of London, LB Hackney and LB Newham have agreed to seek a single Director of Public Health (DPH) who will take the lead in the statutory DPH requiremetns across all three areas. A job description is being developed and discussed with the Faculty of Public Health. Once the senior management team are appointed, further consultation on the lower grade structure will commence.

8. Contact: Neal Hounsell (020 7332 1638)

Handbook, Governance Structure and Health and Social Care Scrutiny Function

9. The Common Council of the City of London formally agreed to establish the City's Health & Wellbeing Board as one of the City Corporation's committees with effect from April 2013. The proposals had been previously agreed by the Community and Children's Services, Port Health & Environmental Services and Policy & Resources Committees – the

Chairmen of each of these will take a seat on the H&WB or nominate a representative.

10. Work is on-going to produce a Health & Wellbeing Board Handbook. The idea is that the handbook should feature a binder system so Members are able to add on sheets of information as the work of the Board evolves. Initially, the Handbook will contain documents such as a list of Members, Terms of Reference, Statutory Duties and Responsibilities, Meeting Dates, References to the Key Partners, the Health and Wellbeing Strategy and Joint Strategic Needs Assessment (JSNA). Discussions with Members will take place as part of the Board development day on the 6th February.

11. Contact officer is Iggi Falcon (020 7332 1405)

STI epidemiology in London - HPA Annual Review: 2011

12. The report notes that the London has the highest rate of acute STIs in England, and that there have been recent rises in rates of diagnosis. This may be partially attributable to increased test sensitivity; national STI screening programmes, and levels of unsafe sexual behaviour. Men who have sex with men are a group who account for a disproportionate number of STI diagnoses, and this is particularly the case in the City of London.

13. The overall STI diagnosis rate for the City of London, given in Figure 6 of the report, is slightly misleading. It is presented as 1,338 diagnoses per 100,000 population; however, as this is based on 99 diagnoses from a population of 7,400, the confidence interval (range of uncertainty) for this rate is from 1,074 to 1,601. The average for London is 1,245, which is inside this range. This means that the STI diagnosis rate for the City of London is not significantly different from the rate for London overall.

14. Within the City small absolute numbers and a low population baseline can lead to very high or low rates. In particular, the report identifies that 85% of STI diagnoses are in white residents, and 53% are in men who have sex with men. This report also identifies the City of London as having the lowest Chlamydia diagnosis rate in young people aged 15 to 24 years old.

15. Contact officer is Farrah Hart (020 7332 1907)

Update on Advice, Information and Advocacy Forum strategy action plan

16. Working groups of the Advice, Information and Advocacy Forum have taken forward the AIA strategy action plan and a updated copy is available . Welfare reform changes are due to impact from April 2013 with the introduction of the bedroom tax and benefit cap in April and the national roll out of Universal Credit, which replaces many existing benefits, beginning October 2013.

17. The AIA forum has secured a budget of £10,000 to undertake a welfare information and marketing campaign to ensure City residents and workers are aware of the changes, how they may be impacted by them and what help is available in the City to help them prepare for and copy with the changes. The campaign will be planned and delivered jointly with the City of London to ensure maximum impact and that AIA forum members are equipped with the right information and resources to support their clients.

18. The AIA forum agreed the marketing strategy at their meeting on Monday 18th January.

19. Contact Emma Goulding on 0207 332 1601 or Dolly Galvis (Toynbee Hall) – dolly.galvis@toynbeehall.org.uk for further information.

London Health and Wellbeing Conference

20. On the 25th February, London Councils, the Joint Improvement Partnership and NHS London are hosting a London Health and Wellbeing Conference. All Health and Wellbeing Board members are invited between 1200 – 1700in Islington.

- The Conference will provide an opportunity to:
- hear and challenge key London health and healthcare leaders,
- develop new partnerships,
- develop a framework for what a 'good' Board looks like and identify areas for development
- meet some of the HWBs' new partner organisations
- share learning from some of the excellent work conducted throughout this shadow year by London Boards

21. The invitation suggests a team of between 5 – 8 people from each HWB to enable testing and collaborative decision making. It suggests delegates may be taken from key board members, any sub-group key members and board development lead officers to represent the whole local system as much as possible. An e-mail invitation has previously been circulated to Members and Jakki Mellor-Ellis has indicated she would like to attend the conference.

22. Members may wish to consider additional representation from the City of London HWB. Once an agreed delegation from the City has been agreed, an on-line registration form will need to be completed.

23. Contact officer is Sarah Greenwood (020 7332 3594)

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Committee(s):	Date(s):
Health and Wellbeing Board	23 January 2013
Subject: The London Healthy Workplace Charter	**Public**
Report of: Director of Community and Children's Services	**For Information**

Summary

This report provides an update on the London Healthy Workplace Charter, which has been piloted in the City of London. The charter is designed to provide a framework for businesses to improve workplace health for their employees. So far, one large business in the City has successfully achieved a charter accreditation for Excellence

The Environmental Health team has allocated resource to promoting the Charter, and supporting businesses through the process, until April 2014. Uptake and effectiveness of the charter for City businesses will be reviewed at the end of the 2013/14 work year and reported back to the Board.

Recommendation(s)

Members are asked to:

- Note this report and its contents

Main Report

Background

1. Workforce health will be an area of public health responsibility for local authorities from 1st April 2013. For the City, this issue is particularly important, due to the sheer volume of workers in the Square Mile.

2. Nationally, 175 million working days were lost to illness in 2006[1]. Health related productivity losses are estimated to cost the UK's economy about £30 billion per year[1] – with the City of London's contribution to the national income estimated at 2.4% of the total[2], this would translate into losses to employers in the Square Mile of £720 million per year.

[1] Black, C. Working for a Healthier Tomorrow
[2] Office for National Statistics and Oxford Economics

3. Health and Safety Executive (HSE) figures suggest that around a quarter of days lost through absence may be due to work-related ill-health[3]. In the finance sector, up to 70% of work-related ill health may be attributable to mental ill health (including stress, depression and anxiety)[4].

4. For employers, this results in ill health-related productivity losses and associated costs of staff turnover, loss of skills base, downtime, recruitment and re-training.

5. The business case for investing in health and wellbeing includes:
   - corporate social responsibility; improving the quality of life of the workforce and their families as well as of the local community and society at large;
   - competition; in a competitive labour market there is pressure on employers to distinguish themselves in order to attract and keep quality staff; and
   - high costs; for some it has become clear that, unless an initiative is introduced, the costs of sickness absence could threaten the business itself.

6. Work is generally good for both physical and mental health and well-being[5]. Having an employer who encourages a healthy workplace, and discourages unhealthy working practices can impact upon an individual's health.

7. Smoking, drinking and obesity, have a significant impact on health conditions experienced by the working age population. These can impact on high blood pressure, diabetes, coronary heart disease and respiratory diseases such as chronic obstructive pulmonary disease (COPD) [6].

8. Other common conditions affecting the working age population are mental illness and musculoskeletal disorders (MSDs) which, along with cardio-respiratory conditions, account for two-thirds of sickness absence, long-term incapacity and early retirement.

In the City

9. City worker health research showed high rates of smoking and alcohol consumption amongst City workers, as well as high levels of concern about stress, anxiety and depression.

The London Healthy Workplace Charter

(Previously called The Workplace Wellbeing Charter)

10. In September 2011, the City of London was invited to be a pilot area for the Department of Health's Workplace Wellbeing Charter. This scheme was piloted to City businesses by Environmental Health Officers, working alongside the Healthy City Development Manager within the City of London.

[3] *Health and safety statistics 2006/07*, Health and Safety Executive.
[4] Health and Occupation Reporting Network (THOR), a research programme of the Occupational and Environmental Health Research Group of the University of Manchester
[5] Waddell, G. and Burton A.K. (2006), *Is work good for your health and well-being?*, London: TSO (The Stationery Office).
[6] Waddel and Burton (2004); *Concepts of Rehabilitation for the Management of Common Health Problems*. London: TSO.

The team initially tried to engage with a limited number of employers, in order to trial the pilot materials and assessment process.

11. The charter is a framework that supports businesses self-assess health and well-being activities and procedures

12. It provides:
    - Clear guidance on how to make workplaces more productive and supportive
    - An accreditation process that demonstrates the commitment of employers
    - Opportunity to learn from other businesses taking part in the scheme

13. The scheme is free to participate in, and firms who are successful in completing the charter will receive accreditation.

14. The charter has three levels:
    1. **Commitment** level shows a commitment to and promotion of health in the workplace;
    2. **Achievement** level highlights the organisation has moved beyond basic promotion to active involvement in the health and wellbeing of its staff; and
    3. **Excellence** level indicates the organisation is fully-engaged; employees have a range of intervention programmes and support mechanisms for the promotion and delivery of health and wellbeing in the workplace.

15. The areas it covers are:
    - Leadership
    - Attendance
    - Health and Safety
    - Healthy Eating
    - Physical Activity
    - Mental Health and Wellbeing
    - Alcohol and Substance Misuse
    - Smoking and Tobacco-related ill health

16. Businesses are assessed against their current achievement, are helped to identify gaps, and then supported to tackle these appropriately.

17. For example, at the Commitment level, employers are asked to demonstrate that:
    "Employees are provided with information about the effects of alcohol and substance misuse. Sources of further information and support are readily available."

18. This can be achieved through providing leaflets or notices about the effects of alcohol and substance misuse. Photographs or copies of posters / leaflets /

information promoting safe drinking, etc., can be used as evidence that the business has enacted this measure.

Current Position

19. Our team piloted the charter with Deloitte in the City. Deloitte is a large international business with many offices and staff located both around the City and around the UK. Deloitte is already considered a market leader with regards to workplace wellbeing, and so was eager to participate in the latest opportunity to receive an accreditation for good practice.

20. As part of the charter process, Deloitte attended an assessment day in October 2012. It subsequently received a charter award for Excellence (the highest level of award).

21. Responsibility for the charter has now passed from the Department of Health to the GLA. The pilot project phase has now been evaluated, with positive results suggesting that the charter is seen as a useful, practical and relevant tool for London businesses. The GLA has used Deloitte as a case study for other large businesses who wish to undertake the charter process.

22. The City of London team also undertook their own informal evaluation of the charter pilot within the City, and what we thought had been the positive and negative aspects of the scheme.

23. We encountered a number of issues and practicalities in undertaking the charter process; in particular the team was concerned that one of the pilot criteria required to earn an award was actually lower than the legal minimum requirement. Additionally, companies with a number of offices in a locality may be forced to apply for the charter in each workplace, using a separate application and assessment process for each.

24. Despite these issues, we believe the charter is a useful tool for engaging with businesses around work and health issues, and gives the Environmental Health team an offer for City businesses (which includes the possibility of receiving accreditation as a London Healthy Workplace).

25. The charter is also a useful tool for smaller and medium sized enterprises, which are likely to be the organisations which need most help and guidance. It was felt by Environmental Health Officers that targeting the charter at SMEs, as an information resource and “something to strive towards”, would most probably do more in improving workplace health than focussing on large employers like Deloitte, who are already fully engaged with this agenda.

Next steps

26. The GLA hopes that the Healthy Workplace Charter will continue to be used across London to engage businesses and help them to improve their workplace health practice.

27. The Environmental Health team has allocated resource to promoting the Charter, and supporting businesses through the process, until April 2014. Uptake and effectiveness of the charter for City businesses will be reviewed at the end of the 2013/14 work year and reported back to the Board.

28. Locally, the Environmental Health team will be organising an event so City businesses can find out about the charter and how they can use it to tackle some of the key health issues for workers in the City, with an emphasis on stress, anxiety and depression. The team is adopting NHS Westminster's approach, by sending out an email to organisations put forward by other Environmental Health and Trading Standards Teams. The charter may also be promoted through PRO; using Deloitte as a case study for an article in City AM or similar.

Conclusion

29. The Healthy Workplace Charter has had a promising start, and could be used as one of the tools used to encourage City of London Workplaces to look after the health of their employees.

Appendices
None

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Committee(s):	Date(s):
Health and Wellbeing Board	23 January 2013
Subject: Joint Health and Wellbeing Strategy and Health Day	**Public**
Report of: Director of Community and Children's Services	**For information**

Summary

This report provides an update on the progress of the Joint Health and Wellbeing Strategy (JHWS) consultation, as well as the Health Day.

The JHWS consultation is underway, and will continue to progress until April.

The City Health Day is currently being planned for February 14th 20-13, and aims to engage with City workers, residents, employers and members.

Recommendation(s)

Members are asked to:

- Note this report and its contents

Main Report

Background

1. This report provides an update on the progress of the Joint Health and Wellbeing Strategy consultation, as well as the Health Day, planned for February 14th 2013.

Current Position

Joint Health and Wellbeing Strategy

2. The Joint Health and Wellbeing Strategy has been presented to the following committees:

Community and Children's Services	8th November 2012
Port Health and Environmental Services	13th November 2012
Health and Social Care Scrutiny Sub-Committee	20th November 2012
Energy and Sustainability Sub Committee	3rd December 2012

3. Additionally it has appeared at, or is scheduled to appear at, the following meetings and events:

Transport and Sustainability Forum	6th December 2012
Rough Sleepers Strategy Group	17th December 2012
Health and Wellbeing Libraries meeting	10th January 2013

4. Comments received back so far include the need for a clear action plan and various small corrections and clarifications to the text.

5. The details of the strategy consultation have been uploaded onto the City's public consultation database, and paper copies of the strategy draft and consultation questionnaire are being held in the Guildhall Library, as is the usual procedure for public consultations.

6. PRO has produced a communications strategy for engaging with a wider audience. This will be actioned by PRO from 14th January. See appendix 1. The consultation will conclude in April 2013.

7. The strategy draft and questionnaire link will be uploaded to the City's internet and intranet pages. See appendix 2 for the questionnaire. The strategy draft has only had very minor changes since the last time it was presented to the Health and Wellbeing Board, so is not included. If you would like a copy, please contact Farrah Hart (details below).

Health Day – 14th February

8. The health day, titled "Love Health" will run on the 14th February in the Livery Hall. It is aimed at City workers (including City of London staff), employers, residents and members. The day will be open to all workers, employers and residents between 10am and 2pm with extended opening hours available to Members following the Court of Common Council meeting that day.

9. Invitations for the event were issued to attendees of the Community and Children's Services Committee Dinner on 10th January 20th 2013, and sent out to other members shortly thereafter

10. Posters advertising the event will be put up around the City, including the City estates, libraries, health facilities, and City of London Corporation buildings, to encourage residents and workers to attend the event.

11. Selected businesses will be invited to attend and allow their employees to attend. The event will also be promoted internally within the City of London Corporation.

12. The purpose of the event will be to launch the Health and Wellbeing Board; to raise awareness of the City's new responsibilities around public health; and to undertake statutory public engagement on the Joint Health and Wellbeing Strategy and the CCG's commissioning priorities.

13. Health providers and services have been invited to take part, by providing interactive stands and displays, including advice and freebies for participants. There has been good interest from both health providers services that the City commissions (for example, Toynbee Hall, Fusion, etc.) as well as from health-related businesses that operate within the City (for example, Boots, Planet Organic, Runners' Need).

14. As well as display stands, there will also be three consultation presentations during the day on the JHWS that will include interactive voting technology.

Conclusion

15. Both the JHWS consultation and the Health Day will allow us to gather the views of local residents, workers and businesses, to ensure that we are meeting our statutory obligations, as well as ensuring that the strategic priorities we have identified are in line with local expectations.

Appendices

- Appendix 1 – Communications plan
- Appendix 2 – Consultation questionnaire

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Health and Wellbeing Board

DRAFT Communications Plan

Background

The Health and Social Care Act 2012 transfers the NHS' public health functions to local authorities, and gives them the duty to advance the health and wellbeing of people who live and work in that area. Local authorities are also required to set-up Health and Wellbeing Boards, responsible for producing an annual Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS).

Whilst the City will maintain its focus on the residential population, it is also keen to also have a positive impact on the health of workers in the Square Mile.

The JSNA has already identified priorities for both residents and workers, and the Strategy for 2012/13 to 2015/16 is in alignment with those priorities. We want City audiences to have their say about the priorities, particularly the importance they place on each of them, and to explain how they can provide feedback.

Strategy

The Health and Wellbeing communications strategy has the following aims:

- To encourage key audiences to have their say on the priorities (the importance they place on each of them) and how they can do so;
- To encourage key audiences to complete the JHWS questionnaire;
- To raise awareness amongst key audiences of the new public health responsibilities of the City of London Corporation;
- To raise awareness, amongst appropriate audiences, of the Health and Wellbeing Board and its work;
- To inform residents and workers of the public health needs that have been identified and what actions will be taken.

It is important to note that the communications will need to be targeted to different audiences, as not all messages are relevant to everyone.

Key Messages

Our key messages have three purposes: to inform relevant audiences of the changes in public health responsibilities; to inform the same audiences of the priorities that have been identified; and to invite people to have their say – the importance they place on each of the priorities.

The messages should be clear, concise and jargon-free to encourage as much engagement as possible.

The key messages can be characterised as follows:

- The City of London Corporation now has responsibility for public health provision in the Square Mile;
- We are responsible for public health provision for residents and want to have a positive impact on those who work in the Square Mile;
- We have identified the following health issues as priorities for our residents:
    - More support for people with mental health issues;
    - More people in the City know where to go for support;
    - Rough sleepers can get health care;
    - People in the City are regularly screened for cancer, children are vaccinated, and older people have health checks;
    - More people are warm in winter months;
    - Children grow up with economic resources;
    - City air is better;
    - More people in the City are physically active;
    - The City is more peaceful.

- If we receive additional funding for workers, we will prioritise the following health issues:
    - Fewer City workers live with stress, anxiety or depression;
    - More City workers have healthy attitudes to alcohol and City drinking;
    - More City workers quit or cut down smoking;
- You can have your say by attending an event, emailing your comments, or answering the questionnaire.

Audiences

Our messages will need to be targeted to a number of different audiences:

- Residents
- City workers
- City Businesses
- Members
- City Corporation employees
- Civic City (Livery Companies, Churches, etc)
- Public bodies, e.g. health services

Communications Channels

We can use a number of communications channels to deliver our messages:

- Internet (including online questionnaire)
- eShot
- Twitter
- City View
- City ResidentCity AM adverts
- Residents' events
- Livery contacts
- Intranet
- The Leader / eLeader
- Members' Briefing

Timeframe

Formally, the Health and Wellbeing Board commences its work in April 2013, but work will begin in advance to raise awareness of the changes and to encourage participation in the online questionnaire in the New Year.

	January 2013	February	March	April
Press release				X
City AM adverts	X			X
Website	X	X	X	X
eShot	X			
Twitter	X	X	X	X
City Resident		X		
Residents' events		X		
Intranet	X	X	X	X
The Leader	X		X	
Members' Briefing	X			X

Questionnaire/survey – electronic version

The City of London has a residential population of around 7,400 and a daytime working population of over 360,000. This brings unique challenges and priorities.

The City of London Corporation is responsible for delivering local authority services in the Square Mile. From April 2013, local authorities will take over a new responsibility from the NHS for public health.

A new body, called the City of London Health and Wellbeing Board, will have to produce an annual strategy to identify the priorities for public health in the Square Mile.

We need your help to understand what your priorities are as someone who lives or works in the City of London. Please take five minutes to complete the questionnaire, so we can work together to improve public health in the Square Mile.

If you would like to read the full strategy consultation document, find out about consultation events in the City, please email **healthycity@cityoflondon.gov.uk**

Please note - this strategy and survey relates to the City of London, also known as the Square Mile.

Are you:

- ☐ ***A resident in the City of London***
- ☐ ***A worker in the City of London***
- ☐ ***A business in the City of London***
- ☐ ***An NHS worker or representative***
- ☐ ***A London borough worker or representative***
- ☐ ***Other***

1. For each of these health and wellbeing challenges, do you agree that they should be a local priority?

Please allocate **100 points** on how you would spend the public health budget:

		Points awarded
1. More people with mental health issues can find effective, joined up help		
2. More people in the City are socially connected and know where to go for help		
3. More rough sleepers can get health care, including primary care, when they need it		
4. More people in the City take advantage of Public Health preventative interventions, with a particular focus on at-risk groups (includes the 3 following areas of focus)	• People in the City are screened for cancer at the national minimum rate	
	• Children in the City are fully vaccinated	
	• Older people in the City receive regular health checks	
5. More people in the City are warm in the winter months		
6. More people in the City have jobs: more children grow up with economic resources		
7. City air is healthier to breathe		
8. More people in the City are physically active		
9. The City is a less noisy place		
Total		100

- *We have also included a space for children and young people's priorities, which will be further developed when we have more guidance from the Department of Health*

Are any health and wellbeing challenges missing, and if so, please state below and say why you think they are an issue for the City in particular?

If we have sufficient resources available, we would like to set some priorities specific for City workers.

For each of these health and wellbeing challenges, do you agree that they should be a local priority?

Please allocate **50 points** on how you would spend a separate public health budget for workers:

	Points awarded
Fewer City workers live with stress, anxiety or depression	
More City workers have healthy attitudes to alcohol and City drinking	
More City workers quit or cut down smoking	

Are any health and wellbeing challenges missing, and if so, why do you think they are an issue for the City in particular?

Do you have any ideas for how we can tackle these issues, particularly if we don't get much funding to do so?

Additional information

We are particularly keen to hear from young people, carers, older people, disabled people and people who are black or minority ethnic.

Do you consider yourself as belonging to one of these groups?

- ☐ Yes, I am under 25
- ☐ Yes, I am a carer
- ☐ Yes, I am disabled
- ☐ Yes, I am of pension age
- ☐ Yes, I am black or minority ethnic

Questionnaire/survey – paper version

The City of London has a residential population of around 7,400 and a daytime working population of over 360,000. This brings unique challenges and priorities.

The City of London Corporation is responsible for delivering local authority services in the Square Mile. From April 2013, local authorities will take over a new responsibility from the NHS for public health.

A new body, called the City of London Health and Wellbeing Board, will have to produce an annual strategy to identify the priorities for public health in the Square Mile.

We need your help to understand what your priorities are as someone who lives or works in the City of London. Please take five minutes to complete the questionnaire, so we can work together to improve public health in the Square Mile.

If you would like to read the full strategy consultation document, find out about consultation events in the City, please email **healthycity@cityoflondon.gov.uk**

Please note - this strategy and survey relates to the City of London, also known as the Square Mile.

Are you:

- ☐ ***A resident in the City of London***
- ☐ ***A worker in the City of London***
- ☐ ***A business in the City of London***
- ☐ ***An NHS worker or representative***
- ☐ ***A London borough worker or representative***
- ☐ ***Other***

1. For each of these health and wellbeing challenges, do you agree that they should be a local priority?

Please rank **your top five issues** (1-5) in order of priority:

		Ranking
1. More people with mental health issues can find effective, joined up help		
2. More people in the City are socially connected and know where to go for help		
3. More rough sleepers can get health care, including primary care, when they need it		
4. More people in the City take advantage of Public Health preventative interventions, with a particular focus on at-risk groups (includes the 3 following areas of focus)	• People in the City are screened for cancer at the national minimum rate	
	• Children in the City are fully vaccinated	
	• Older people in the City receive regular health checks	
5. More people in the City are warm in the winter months		
6. More people in the City have jobs: more children grow up with economic resources		
7. City air is healthier to breathe		
8. More people in the City are physically active		
9. The City is a less noisy place		

- *We have also included a space for children and young people's priorities, which will be further developed when we have more guidance from the Department of Health*

Are any health and wellbeing challenges missing, and if so, please state below and say why you think they are an issue for the City in particular?

If we have sufficient resources available, we would like to set some priorities specific for City workers.

For each of these health and wellbeing challenges, do you agree that they should be a local priority?

Please rank (1-3) the following in order of priority:

	Ranking
Fewer City workers live with stress, anxiety or depression	
More City workers have healthy attitudes to alcohol and City drinking	
More City workers quit or cut down smoking	

Are any health and wellbeing challenges missing, and if so, why do you think they are an issue for the City in particular?

Do you have any ideas for how we can tackle these issues, particularly if we don't get much funding to do so?

Additional information

We are particularly keen to hear from young people, carers, older people, disabled people and people who are black or minority ethnic.

Do you consider yourself as belonging to one of these groups?

- ☐ Yes, I am under 25
- ☐ Yes, I am a carer
- ☐ Yes, I am disabled
- ☐ Yes, I am of pension age
- ☐ Yes, I am black or minority ethnic

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