



Health and Wellbeing Board

Date: FRIDAY, 18 SEPTEMBER 2020
Time: 12.00 pm
Venue: VIRTUAL MEETING (ACCESSIBLE REMOTELY)

Members: Randall Anderson, Chairman of Community & Children's Services Committee
Jon Averbs, Markets & Consumer Protection Department
Gail Beer, Healthwatch
Matthew Bell, Policy and Resources Committee
Natasha Brady, City of London Police
Andrew Carter, Director of Community and Children's Services
Mary Durcan, Court of Common Council
Marianne Fredericks, Court of Common Council
Sandra Husbands, Director of Public Health
David Maher, NHS City and Hackney CCG
Dr Gary Marlowe, Clinical Commissioning Group (CCG)
Deputy Joyce Nash, Court of Common Council
Jeremy Simons, Chairman of Port Health and Environmental Services Committee

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Accessing the virtual public meeting

Members of the public can observe this virtual public meeting at the below link:

https://youtu.be/a_UUni-Sbc

This meeting will be a virtual meeting and therefore will not take place in a physical location following regulations made under Section 78 of the Coronavirus Act 2020. A recording of the public meeting will be available via the above link following the end of the public meeting for up to one municipal year. Please note: Online meeting recordings do not constitute the formal minutes of the meeting; minutes are written and are available on the City of London Corporation's website. Recordings may be edited, at the discretion of the proper officer, to remove any inappropriate material.

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES**
2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **ORDER OF THE COURT OF COMMON COUNCIL**
To receive the Order of the Court of Common Council dated 16 July 2020 appointing the Board and setting its Terms of Reference.
For Information
(Pages 1 - 2)
4. **ELECTION OF CHAIRMAN**
To elect a Chairman in accordance with Standing Order No.29.
For Decision
5. **ELECTION OF DEPUTY CHAIRMAN**
To elect a Deputy Chairman in accordance with Standing Order No. 30.
For Decision
6. **MINUTES**
To agree the public minutes and summary of the meeting held on 12 June 2020.
For Decision
(Pages 3 - 8)
7. **FUTURE OF HEALTH AND CARE FOR THE PEOPLE OF NORTH EAST LONDON**
A presentation from the NHS City and Hackney Clinical Commissioning Group.
For Information
(Pages 9 - 24)
8. **SQUARE MILE FOOD BANK**
A presentation from the Square Mile Food Bank.
For Information
9. **POPULATION HEALTH FRAMEWORK AND JOINT HEALTH AND WELLBEING STRATEGY**
Report of the Director of Community and Children's Services.
For Decision
(Pages 25 - 30)
10. **COVID-19 UPDATE**
Oral update on the latest position.
For Information

11. **CITY OF LONDON HEALTH PROFILE 2019**
Joint report of the Director of Community & Children's Services and Director of Public Health.
For Information
(Pages 31 - 38)
12. **HEALTHWATCH CITY OF LONDON PROGRESS REPORT AND ANNUAL REPORT 2019/20**
Report of the Chair of Healthwatch City of London.
For Information
(Pages 39 - 90)
13. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
14. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
15. **EXCLUSION OF 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.
For Decision

Part 2 - Non-Public Reports

16. **NON-PUBLIC MINUTES**
To agree the non-public minutes of the meeting held on 12 June 2020.
For Decision
(Pages 91 - 92)
17. **NON-PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
18. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

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RUSSELL, Mayor	RESOLVED: That the Court of Common Council holden in the Guildhall of the City of London on Thursday 16 th July 2020, doth hereby appoint the following Committee until the first meeting of the Court in April, 2021.
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HEALTH & WELLBEING BOARD

1. **Constitution**

A Non-Ward Committee consisting of,

- three Members elected by the Court of Common Council (who shall not be members of the Health and Social Care Scrutiny Sub-Committee)
- the Chairman of the Policy and Resources Committee (or his/her representative)
- the Chairman of Community and Children's Services Committee (or his/her representative)
- the Chairman of the Port Health & Environmental Services Committee (or his/her representative)
- the Director of Public Health or his/her representative
- the Director of the Community and Children's Services Department
- a representative of Healthwatch appointed by that agency
- a representative of the Clinical Commissioning Group (CCG) appointed by that agency
- a representative of the SaferCity Partnership
- the Port Health and Public Protection Director
- a representative of the City of London Police appointed by the Commissioner

2. **Quorum**

The quorum consists of five Members, at least three of whom must be Members of the Common Council or officers representing the City of London Corporation.

3. **Membership 2020/21**

- 2 (2) Mary Durcan *for two years*
- 7 (3) Joyce Carruthers Nash, O.B.E., Deputy
- 4 (1) Marianne Bernadette Fredericks

Together with the Members referred to in paragraph 1 above.

Co-opted Members

The Board may appoint up to two co-opted non-City Corporation representatives with experience relevant to the work of the Health and Wellbeing Board.

4. **Terms of Reference**

To be responsible for:-

- a) carrying out all duties conferred by the Health and Social Care Act 2012 ("the HSCA 2012") on a Health and Wellbeing Board for the City of London area, among which:-
 - i) to provide collective leadership for the general advancement of the health and wellbeing of the people within the City of London by promoting the integration of health and social care services; and
 - ii) to identify key priorities for health and local government commissioning, including the preparation of the Joint Strategic Needs Assessment and the production of a Joint Health and Wellbeing Strategy.

All of these duties should be carried out in accordance with the provisions of the HSCA 2012 concerning the requirement to consult the public and to have regard to guidance issued by the Secretary of State;

- b) mobilising, co-ordinating and sharing resources needed for the discharge of its statutory functions, from its membership and from others which may be bound by its decisions; and
- c) appointing such sub-committees as are considered necessary for the better performance of its duties.

5. **Substitutes for Statutory Members**

Other Statutory Members of the Board (other than Members of the Court of Common Council) may nominate a single named individual who will substitute for them and have the authority to make decisions in the event that they are unable to attend a meeting.

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HEALTH AND WELLBEING BOARD

Friday, 12 June 2020

**Minutes of the meeting of the Health and Wellbeing Board held at on Friday,
12 June 2020 at 1.45 pm**

Present

Members:

Marianne Fredericks (Chairman)
Deputy Joyce Nash (Deputy Chairman)
Randall Anderson - Chairman of Community and Children's Services Committee
Jon Averbs - Director of Markets and Consumer Protection
Natasha Brady - City of London Police
Mary Durcan – Court of Common Council
David Maher - NHS, City and Hackney Clinical Commissioning Group (CCG)
Dr Gary Marlowe - Clinical Commissioning Group (CCG)
Sandra Husbands – Director of Public Health
Jeremy Simons, representative for Port Health and Environmental Services Committee
Gail Beer - HealthWatch City of London

In Attendance

Paul Coles - HealthWatch City of London

Officers:

Andrew Carter - Director of Community and Children's Services
Xenia Koumi - Community and Children's Services
Ellie Ward - Community and Children's Services
Chandni Tanna - Town Clerk's Department
Leanne Murphy - Town Clerk's Department
Natasha Brady - City of London Police
Inspector John Peacock - City of London Police

1. APOLOGIES FOR ABSENCE

No apologies were received. The Chairman welcomed the new Manager of HealthWatch City of London, Paul Coles, to his first meeting.

The Chairman noted that it was Carers Week and thanked all carers for their vital work caring people during lockdown.

2. DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA

There were no declarations.

3. MINUTES

RESOLVED, That the minutes of the meeting held on 28 February 2020 be approved.

Matters arising

The Chairman noted that the opening of the Mental Health Wellbeing Centre had been delayed due to Covid-19, but online therapy sessions were available.

4. ADDRESSING HEALTH INEQUALITIES AMONG CITY WORKERS

Members considered a report of the Director of Community and Children's Services on addressing health inequalities amongst City workers.

Members were informed that there was ongoing exacerbation for workers concerning the conflict between essential work, isolation, no income or statutory pay. It was agreed that this once hidden worker group was more visible during the pandemic and concerns were raised that some people within the category had a lack of GP access within the City. A Member suggested offering early and late hours access to such health advice centres.

A Member asked for clarity regarding the statement that "poor children thrive in poorer areas rather than richer ones". Officers explained that the report found this to be the case in terms of the children living in poverty across the UK and that inequalities could be narrowed more effectively in the deprived areas.

Members queried how businesses, whose staff (notably those working early and late hours) needed to have better access to healthcare, could be engaged to prevent inequality for City workers. Officers responded that the focus being on the hidden workforce was an important start in reducing inequalities but highlighted that how they were treated when at work was also important. Both the Office of National Statistics (ONS) and Public Health England Review on disparities from Covid-19 findings showed a higher proportion of infection amongst BAME and lower socio-economic groups. It was noted that the City Corporation were working in partnership with other groups and local businesses to produce guidance for businesses regarding infection prevention, control measures and risk assessments for staff. Officers confirmed that Business Healthy could be used to share this information.

Healthwatch noted that they were trying to access this group of people and would like to work with the City Corporation on a larger strategy for services to improve access to health care. The Chairman suggested a resolution go to the new Tackling Racism Taskforce (approved by the Policy & Resources Committee) to ensure this agenda was taken forward by the City Corporation. This suggestion was supported by Members.

It was noted that many businesses were operating with a skeleton staff and a Member queried if this limited worker's access to healthcare where they work or at home. Officers confirmed that most people generally accessed healthcare via their local GP; however, it was noted that many people accessed support for emotional and wellbeing factors through work. The City Corporation were continuing with this business offer, including to those working at home and feeling isolated, ensuring workers have the right equipment, etc. This had received a good response and businesses were being encouraged to do more to support staff.

The Chairman noted that the hospitality trade typically had long hours and few breaks and recommended that these businesses engage with Business Healthy.

RESOLVED - that:–

- Members note the report;
- Where possible and appropriate, Members advocate for health inequalities among City workers to be considered in recovery planning across the Square Mile, with a view to contributing to reducing them as a longer-term aim;
- Members support measures being taken by other teams and Departments across the Corporation, to proactively address and reduce health inequalities among the City's worker population and especially among "hidden" workers in routine, service and manual roles;
- A resolution be sent to the Tackling Racism Taskforce emphasising the Health & Wellbeing Board's request that more work be taken forward by the City Corporation addressing health inequalities amongst City workers in light of the review by ONS and PHE.

5. COVID-19 UPDATE

The Board received an oral update from Officers relating to issues and matters concerning the Covid-19 pandemic.

Members were informed that there have been 16 confirmed cases of Covid-19 amongst City residents and, at present, no deaths from those registered by City Registrars have been reported. The Board was further advised that there were a small number of people who had passed away whose care was paid for by the City of London but were placed in residential care outside of the City.

Members were advised that the UK had passed the peak of the disease and London was ahead of the rest of UK in the rate of infection numbers. No new cases in the City have been reported for a number of weeks and the City are working on a Local Outbreak Control Plan with Hackney London Borough Council with the intention of submitting this to the Central Government by the end of June 2020. It was noted that a lot of work was underway using the local outbreak and track and trace data to refine the services and that the City had a head start on this work with a number of boroughs using the Corporation's template to develop their own plan. This plan covers care homes, schools and other high-risk settings.

Officers confirmed that 90% of the City's rough sleepers were now in accommodation including entrenched rough sleepers. There were 179 people shielding in the City and ongoing support was being provided. In terms of mental health support, some of the services were offered online with a focus on suicide prevention. Significant support has also been offered for bereavement

counselling and written, telephone, social media and online communications have been provided to City residents.

The Board was informed that the Library Service had provided an excellent delivery service and local provision of food services had been excellent. The service has taken a wide and broad approach in terms of planning and would continue to work with various community groups. It was also noted that the Culture Mile local radio station had played a vital role in the wellbeing of the local residents.

Officers explained that work was underway with businesses on standard operating procedures, cases and outbreaks, and working with environmental health colleagues on developing guidance to ensure effective open-up measures were in place, as well as risk assessments. Business were also being encouraged to approach the Public Health Team at the City Corporation for assistance.

Additionally, there was ongoing work in respect of those finding it difficult to shield to ensure they were aware of the support available to them via the voluntary sector and local businesses. Officers confirmed that the City Corporation and Hackney Council had received funding from Central Government based on a percentage of its Public Health Grant.

6. HEALTH AND WELLBEING BOARD UPDATE REPORT

Members received a report of the Director of Community and Children's Services providing an overview of local developments and policy issues related to the work of the Board where a full report is not necessary.

RECEIVED.

7. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD

A Member noted the recent improvements in air quality in the City and raised a concern on behalf of a resident concerning the potential to introduce smoke free (cigarette) zones on City streets. Mindful of the City's commitment to build on air improvements and in compliment to the development of Low Emission Neighbourhoods in the City, the Member suggested that a report be brought to the Board examining the feasibility of introducing Clean Air Zones near residential properties analogous to the Clean Air Zones already in place on private estates, e.g. the Broadgate Estate where there is no smoking.

Members were advised that it was the City's Street Environment Officers who usually dealt with these issues and that the City Corporation had not been informed by any residents of suffering from smokers outside homes in this area. Officers agreed to look into the matter and follow up with staff in New Street Square to support to the resident that raised the concern, but it was acknowledged that significant criteria would need to apply to implement a PSPO restricting access over a public highway which was unlikely in this case.

A Member queried if there has been a higher update on the stop smoking campaign and services. Officers agreed to come back to the Board with

accurate data on the uptake, but initial figures were reporting an increase in smoking and alcohol consumption during lockdown.

8. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

Healthwatch City of London Progress Report

Members received a report by Healthwatch City of London providing an update on the progress made since HealthWatch City of London (HWCoL) was established as a Charitable Incorporated Organisation (CIO) in September 2019.

Members were advised that the new manager and other new staff members joined HealthWatch weeks before the lockdown and the new team had worked hard under unusual circumstances. HealthWatch's main priority has been to gauge the public's experience of Covid-19 and have produced a number of surveys concerning access to healthcare, mental health support and social care. With regards to dental care, it was noted that mystery shoppers had identified that accessibility was not as being portrayed.

HealthWatch have been offering coffee meetings for carers via Zoom throughout lockdown and continue to work with colleagues in Hackney and Tower Hamlets to help ensure access to healthcare for all.

In response to a query concerning the annual Business Plan, Members were advised that the report was currently being drafted and would come to the next Board meeting.

The Chairman thanked HealthWatch and congratulated staff for adapting so well.

RECEIVED.

9. EXCLUSION OF 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 Part 1 (Schedule 12A) of the Local Government Act.

10. NON-PUBLIC MINUTES

RESOLVED, That the non-public minutes of the meeting held on 28 February 2020. be approved.

11. NON-PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD

There were no questions.

12. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

There were no items.

The meeting ended at 2.31 pm

Chairman

Contact Officer: Leanne Murphy

The future of health and care for the people of north east London



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This is an overview of how we are changing the way we work across north east London (NEL) to improve the health of our communities.

By strengthening our already established local partnerships, streamlining our Clinical Commissioning Group (CCG) administrative and other functions into one joined up organisation and bringing together our partners as an integrated care system for NEL, we will have the infrastructure we need to provide the best health and care for our local populations.



Overview of health and care in north east London

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North east London (NEL) has a population of 2.3 million people and is a vibrant, diverse and distinctive area of London steeped in history and culture. The 2012 Olympics were a catalyst for regeneration across Stratford and the surrounding area, bringing a new lease of life and enhancing the reputation of this exciting part of London. This has brought with it an increase in new housing developments and improved transport infrastructure and amenities. Additionally the area is benefiting from investment in health and care facilities with a world class life sciences centre in development at Whitechapel and confirmed funding for the Whipps Cross Hospital redevelopment and a new health and wellbeing hub on the site of St George's Hospital in Havering, making it an exciting time to live and work in north east London.

At the heart of NEL are its people and together as health and care partners we have a collective vision of enabling our population to live healthy lives. This vision is reliant on a wide set of determinants beyond just health and which include: access to education, job opportunities and creating a healthy environment at all stages of a person's life, ensuring they have the best chances possible. To achieve this we need to make sure patients, clinicians and managers are working together in a way that ensures they can all reach their maximum potential.

Locally led successes across NEL

We have a number of fantastic examples of local leadership and achievements across our local areas. Together we can learn from each other and share our innovations and successes for the benefit of all our local populations. Some of these include:

- **Working together across primary care** – across our local areas we have led the way in supporting primary care to work differently. Through Primary Care Networks GP practices are working together across neighbourhoods and with community, mental health, social care, pharmacy, hospital and voluntary services.
- **Social prescribing** – is at the heart of our work and we have a variety of models in place across our area including link workers who facilitate social prescriptions between clinicians and patients.
- **Supporting our diverse population** – as part of our recovery from Covid-19 we are collectively committed to supporting local people, training, volunteering, education and creating apprenticeships at a local level, to support the recovery of our local economies, which have been significantly impacted by the pandemic.

Overview of health and care in north east London

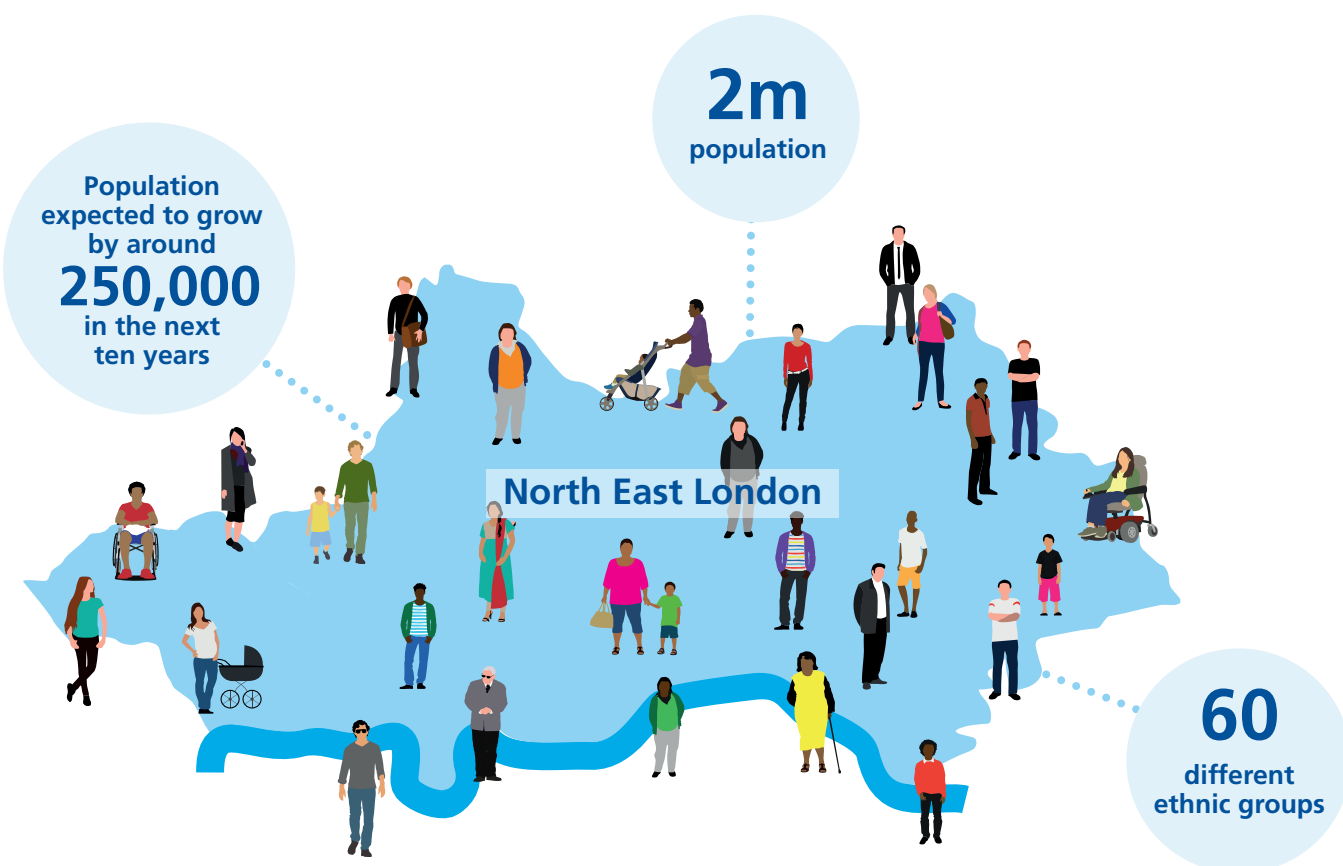
- **Promoting a healthy start in life** – across north east London children benefit from our healthy schools programme which supports children, families and adults to be more active and eat healthily.
- **Acute partnerships across NEL** – we are developing an acute alliance across NEL which brings together Barts Health NHS Trust, Homerton University Hospital Foundation Trust, Barking, Havering and Redbridge University Hospitals NHS Trust to set an overarching strategy for acute services to the benefit of all our people.
- **Urgent care** – to ensure that the Urgent and Emergency Care (UEC) needs of our population are met, we are working together to ensure that we have staff with the right skill mix at the right place and time to care for our people.
- **Mental health** – we are committed to supporting people with severe mental health difficulties and one way of doing this is ensuring they have access to employment opportunities. Across all our partnerships we have rolled out our individual placement and support service which provides tailored support including job placements and guidance for both the employer and the employee.
- **End of life care** – through our multi-disciplinary teams we are able to support patients to die at home or in the community surrounded by their loved ones.
- **Enhancing our local estates** – the regeneration of Whipps Cross, the Barking riverside development and new health and wellbeing hub at St George's will benefit our local populations
- **Digital progress** – we know that patients want to access their own information and only to tell their story once so are committed to improving access to patient records. As a result of Covid-19 patients can engage with services in many more ways: online, telephone, video as well as face to face.
- **Maternity** - across north east London, we work together as the East London Local Maternity System. This benefits staff as they are able to work across the whole patch and also allows us to ensure equal access to services. One priority for us is ensuring more choice and control for women and their families and we are prioritising personalised care plans for vulnerable women.
- **Major long term conditions** – we are working together to improve prevention of diabetes through education and training; running community based enhanced services to support and improve the care of those living with long term conditions and working to ensure services and support are joined up.
- **Ageing well** – we are committed to ensuring our workforce are trained to support our ageing population to support them to age well and maintain their independence, one example is our joined up teams consisting of physiotherapists, occupational therapists, social workers and consultant geriatricians.
- **Homelessness** – during the Covid-19 period we have worked closely with local authorities to provide support and care to rough sleepers. The pandemic offered a unique and powerful opportunity to address the needs of thousands of London's rough sleepers. Charity partners have worked intensively with hotel residents to assess their needs and agree the next steps. Across north east London we are committed to building on what has been achieved so far, working in partnership with local authorities and our voluntary sector colleagues.

Overview of health and care in north east London

NEL is not without its challenges, with a high level of deprivation and inequality requiring us to work together in the best interests of patients. The Covid-19 pandemic has been a once in a lifetime challenge for all of us, testing us in every way possible not just as health and care providers but as a wider population too. Newham has been particularly impacted with the highest number of deaths in the country and more than ever before we have needed to draw on our strengths and experiences across NEL to respond to this, to learn from it and to ensure that everyone has equal opportunity to health in their lifetime.

As we continue to respond to our challenges and build on our partnership working to date, we are formalising this by coming together as an Integrated Care System (ICS). This will be how we come together as a partnership to strategically manage the health of the whole of our population and future proof ahead of any further legislative changes. Our NEL ICS and single CCG for NEL will provide support to our local places/boroughs, and in BHR's case its local system, where the vast majority of delivery and leadership will take place. We call this the 80:20 principle, placing most of our focus on delivery where it is best placed – closest to the individual. At a local level we will bring together an integrated partnership of local authorities, local acute trusts, local community services, local mental health services, local primary care, voluntary sector and most importantly local residents.

NEL – who we are





The vast majority of our health and care delivery will continue to be delivered at our local place and borough level, working together as partners with our local population.

The 80:20 principle

Our basic principle of 80:20 is in recognition of the fact that decisions about health and care will take place as close to local people as possible.

Local partnerships will decide how best to use resources in the best interests of patients.



A locally led system approach

Local integrated care partnerships and local delivery

Local delivery is critical to the success of this way of working. A key feature of our north east London partnership is our distinct population-focused collaborative systems or integrated care partnerships (ICPs): Barking and Dagenham, Havering and Redbridge (BHR); Waltham Forest, Tower Hamlets and Newham; City of London and Hackney.

Each of these systems has developed local priorities based on the needs of their populations, developed collaboratively across organisations and through working together with local communities. In some instances these priorities are place based and in some areas like BHR they have chosen to work together to develop priorities across a wider area and will continue to collaborate closely as we develop our new arrangements.

None of this is possible without the leadership of the local authority and without involvement from our voluntary sector, patients and the wider public.

At an even more local level we bring together our services to support patients with complex care needs such as frailty, those who are housebound, those who require terminal care and those with learning disabilities.

We remain committed to demonstrating collaborative leadership, this means leadership 'with', rather than leadership 'over'. An example being clinicians working with managers and with patients on developing pathways of care.

A clinically led CCG for north east London

One CCG for NEL would continue to be a clinically led organisation with strong clinical leadership and a GP voice at all levels. There would be one NEL CCG governing body and an ICS partnership board at a NEL level. Most decisions will take place through local governance arrangements. Each place will be represented by a GP chair on the NEL governing body and ICS partnership board.

GP members' forums and representative bodies will be essential to making this successful, working with the GP chair to make decisions about health and care in our local communities.

Involving lay members

We know that lay members bring a diverse range of expertise that augments the best of how we collectively work as clinicians, managers and patients. Their independent input ensures we focus on outcomes, patient voice, value for money and good governance.



Why create an integrated care system for north east London?

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We believe that creating an ICS across north east London will allow us to collectively respond to the challenges we face across NEL and benefit our local population in the following ways:

Benefits for people

- Closer partnership working will enable people at all stages of their life e.g. whether you are pregnant, have a long term condition, require trauma treatment or end of life care, you will have equal access to all services across the whole system.
- The amazing energy of health and care partners will be better shared so that we can keep you healthy.
- Working together with local councils, providers and the voluntary sector across north east London, we will address health inequalities and ensure we do everything possible to stop people getting ill to begin with. We will be truly responsible for the health of all our communities, not just managing health services.
- By working together across our organisations we will make sure that even if you have a complex condition requiring specialist care, you will be supported by all our services.
- We will ensure that wherever you go in the system you won't have to tell your story again if you don't want to.

Benefits for staff

- We are committed to supporting our workforce to grow and develop and to creating a wider pool of opportunities for career progression and development for everyone. We want north east London to be the place you want to live and work in.
- We want to ensure staff work in an environment with reduced bureaucracy, fewer meetings and a reduction in duplication.
- We want everyone to be a leader no matter where they sit in the organisation
- Our focus will be on relationships and solving problems together.
- Together we will build on our own local plans to develop a single consistent plan for the future, helping us to improve services and reduce variation.

Financial benefits

- Our overriding priority is to make sure every single pound is spent to the benefit of every single person in north east London. This means we can focus on where we can get the best value in terms of outcomes for patients and wider social value outcomes for our communities and neighbourhoods.

Our collective vision for north east London

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What do you want to achieve for our communities in the next few years?

"We support people with long term conditions to take control of their own health and care management allowing them to live full and happy lives"

Dr Atul Aggarwal, Chair, NHS Havering CCG



"Working in partnership to ensure that people are supported to age well and that quality of care is improved within our existing acute and community services"

Dr Ken Aswani, Chair, NHS Waltham Forest CCG

"Ensuring all our children in north east London have the best possible start in life, with their parents experiencing the best possible pregnancy and birth, right through to supporting schools to maximise the health of all children"

Dr Sam Everington, Chair, NHS Tower Hamlets CCG



"Making sure people have choice and control over the way they live their lives, and access to local resources and opportunities"

Dr Jagan John, Chair, NHS Barking and Dagenham CCG

"People with mental health conditions are able to live good lives – to be employed, have good relationships, somewhere comfortable to live, and to feel part of their community"

Dr Anil Mehta, Chair, NHS Redbridge CCG



Our collective vision for north east London

"By working together we address the causes of inequality and poor health in NEL, drawing on our collective strengths and experience to improve the lives of our local people"

Dr Muhammad Naqvi, Chair, NHS Newham CCG



"Grow our neighbourhood way of working, with thriving primary care networks an essential element, to ensure that across north east London our teams are working together to support local people"

Dr Mark Rickets, Chair, NHS City and Hackney CCG

"We make every pound count and invest our health and care resource so it improves population outcomes"

Henry Black, Chief Finance Officer, NELCA



"Engaging and involving our local populations continues to be at the heart of everything we do"

Marie Gabriel, Independent Chair, NEL ICS

"The benefits of working in partnership will give everyone the best start in life, deliver world-class care for major health problems, such as cancer and heart disease, and help people age well"

Jane Milligan, Accountable Officer, NELCA



In September 2020 we will produce a report on our proposal to merge, including feedback from stakeholders for consideration by NHS England who will need to approve our application later in the year.

How can I have my say?

Each CCG will engage with all its partners and members over the coming months. Engagement will continue through the summer, autumn and beyond. As questions come in we will develop a questions and answers document.

We also want to hear from anyone who wishes to share their views on the proposal set out in this document.

You can either email us at nel-ics.pmo@nhs.net

Write to us at **NELCA, 4th floor Unex Tower, Station Street, Stratford, E15 1DA**

Visit www.eastlondonhcp.nhs.uk



As part of our work to create an Integrated Care System over the last 18 months we have undertaken engagement with a wide range of stakeholders. We have listened to feedback and already taken in to account the following:

Topic	You told us you are concerned that...	What we are doing...
Money	Budgets may be held centrally and not passed on at a local level	Ensuring that budgets are devolved to a local level to match existing budget allocation, so there is no impact at a local level
Decision-making	We may lose influence on key decisions at a local level	Putting in place new governance arrangements to ensure that decisions are made at a local level
Clinical leadership	Clinical leadership may weaken as a result of moving to a single CCG	Building on our existing relationships with our clinical leaders and getting their input to shape a new way of working. Clinical leadership will exist at every level within the ICS and will be key to our success. Clinical leadership budgets for each CCG will be maintained, with clinical leaders freed up to lead clinical transformation of services rather than some of the current bureaucratic focus
Impact on services	A single CCG may mean reducing services for patients	Existing hospitals, NHS trusts, GP surgeries and community services will continue with no impact. What we are doing is changing the way we work so that we can deliver a better patient experience with access to more services more easily. By working collectively, we can attract transformation funds to improve services for local people where they are needed most. We will address variation for patients across NEL, with a focus on the highest standards
Impact on jobs	There may be impact on CCG staff as a result of the merger	We are aiming to minimise the impact on staff, maximise opportunities for career progression and training, and to tackle inequalities across our system. We are assuming that requirements to reduce or restructure posts will be minimal

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Committee: Health and Wellbeing Board	Dated: 18 September 2020
Subject: Population Health Framework and Joint Health and Wellbeing Strategy	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Decision
Report author: Jayne Taylor, Consultant in Public Health Dr Sandra Husbands, Director of Public Health Zoe Dhami, Strategy Officer	

Summary

This report proposes a population health framework to support coordinated local action to tackle health inequalities and to guide the development of a new Joint Health and Wellbeing Strategy for the City of London (JHWP Strategy).

The impacts of COVID-19 on population health are clearly reinforcing long-standing inequalities, both locally and nationally. The breadth and depth of these impacts requires collective and sustained partnership action. The Health and Wellbeing Board has a central role to play in setting the strategic direction for this work.

Recommendations

Members are asked to:

- endorse the use of a population health framework to refocus the work of the Health and Wellbeing Board and develop a new Joint Health and Wellbeing Strategy for the City of London
- endorse the next step recommended actions to progress this work:
 - The Board to provide strategic oversight of actions to tackle health inequalities in the City of London, ensuring coordinated activity across all four 'pillars' of the local population health system (i.e. the wider/socio-economic determinants of health, health behaviours, places and communities, and an integrated health and care system).
 - Re-engagement with and reinforcement of the 'health in all policies' approach, to refocus the Board's agenda on addressing the wider determinants of health and underlying causes of health inequalities, so that it complements (rather than duplicates) the work of the Integrated Commissioning Board.

- Use a population health framework to co-produce a new Health and Wellbeing Strategy, building on existing assets and resident engagement/involvement mechanisms.
- The Board to support the 'health in all policies' approach, by requiring all strategies and policies to contribute toward the JHWB Strategy outcomes, as the 'lead' strategy

Main Report

Background

1. The unprecedented impacts, direct and indirect, of COVID-19 on population health are clearly reinforcing and exacerbating long-standing health inequalities, both nationally and locally.^{1,2,3,4}
2. The *direct* health impacts of COVID-19 disease are disproportionately affecting certain minority ethnic groups, older people, men, people with underlying health conditions, care home residents and staff, those working in public facing occupations, as well as individuals and families living in socially deprived circumstances. Untangling the contribution of these various overlapping risk factors is complex, but it is clear that underlying structural inequalities are playing a role.
3. The *indirect* health impacts of lockdown and social distancing, and the longer-term economic consequences of the pandemic, will continue to affect some of our most vulnerable residents and communities for a long time to come - including many of those described above, as well as carers, certain faith communities, people with disabilities and those with no recourse to public funds. While men are at greater risk of the direct health impacts of COVID-19, there is evidence to suggest that women are over-represented in some occupations considered most at risk of being infected with coronavirus; women are also more likely have been furloughed or made redundant during the lockdown, and to be suffering emotional impact from the pandemic.
4. The breadth and depth of these impacts emphasises the need for collective, system-wide action to address health inequalities that have been starkly exposed by the current pandemic. COVID-19 could be the catalyst for real

¹ [*Disparities in the risk and outcomes of COVID-19*](#), PHE (June 2020)

² [*Beyond the data: understanding the impact of COVID-19 on BAME groups*](#), PHE (June 2020)

³ [*Are some ethnic groups more vulnerable to COVID-19 than others?*](#), IFS (May 2020)

⁴ [*Suspected COVID-19 in primary care: how GP records contribute to understanding differences in prevalence by ethnicity*](#), QMU/King's College London (May 2020)

change and refreshing the JHWP Strategy at this moment gives the Board a unique opportunity to set a clear future strategic direction to achieve this.

Current Position

Responding to the challenge

5. The current pandemic has added an urgency to our local response to health inequalities. Because of the scale, breadth and uncertainty of the impact of COVID-19, we need to plan our response over three time horizons.

Immediate priorities

6. An absolute priority in our ongoing response to the pandemic and in getting services back up and running must be to ensure that:
 - a. we are not exacerbating existing inequalities
 - i. one example is the work being led by the Corporation on digital inclusion
 - ii. another is the work being done to improve the health of the “hidden workforce”
 - iii. or the equalities ‘checklist’ that is being developed to support the local NHS phase 2 assurance process
 - b. we are proactively targeting those who have been most disadvantaged by the pandemic and developing plans to reduce the unequal impact of any second peak, examples include:
 - i. targeted work, with voluntary sector partners, to prevent the spread of infection in vulnerable communities as part of local outbreak control plans, and
 - ii. action being taken to protect staff working in high risk roles.

Refreshing our current plans

7. Work is also needed to review, refresh and re-prioritise our pre-existing strategic plans through an explicit inequalities lens - both to ensure sufficient focus is placed on inequalities that have deepened as a result of COVID-19 (e.g. linked to ethnicity and deprivation) and that our plans are broadened to directly address the needs of vulnerable groups which have not been prioritised previously (e.g. people living in insecure, overcrowded accommodation, who are at increased risk of infection and may have limited access to services).
8. Much of this work is already underway, including the work being undertaken by the City Corporation to review existing priorities as part of its recovery plans, as well as the development of an inequalities framework to inform the ongoing development of City and Hackney’s integrated care plans.

Next Steps

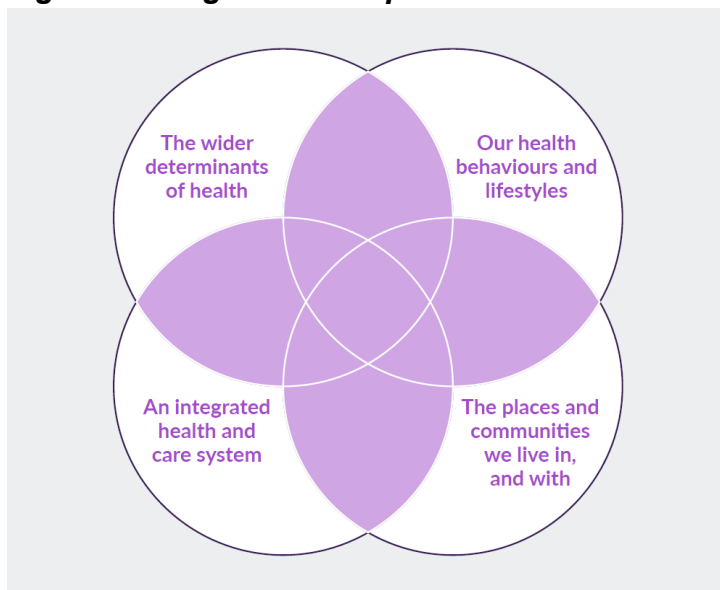
Longer-term strategic priorities

9. Ultimately, what is needed is a coordinated and comprehensive strategy to meet the challenges posed by COVID-19. The wide-ranging impacts of the pandemic emphasise more than ever the need for sustained system-wide action to tackle the underlying causes of long-standing health inequalities in the City of London, going far beyond the health and care sector and working in partnership with our local communities.

The role of the Health and Wellbeing Board

10. There is a clear role for the Health and Wellbeing Board to lead the development of a shared strategic framework and coordinate the local response to tackling health inequalities. This requires a broad view of the multiple drivers of population health, but what does this mean in practice?
11. The unequal distribution of population health outcomes is driven by a complex interaction of individual, community and structural factors. Tackling health inequalities and improving population health require action at multiple levels and across all sections of society. This means addressing all four 'pillars' of a population health system, as described by the King's Fund (see figure 1 below).

Figure 1: King's Fund Population Health Framework⁵



⁵ Buck et al (2018), [A vision for population health: towards a healthier future](#), King's Fund

12. An effective, integrated health and care system is key to meeting population health needs and tackling inequalities but is insufficient on its own. The biggest drivers of population health outcomes are linked to social, economic and environmental conditions (income, employment, education, housing, transport, etc), and it is structural inequalities linked to these 'wider determinants' that make the most significant contribution to health inequalities - as has been laid bare by the current pandemic.
13. As well as health behaviours (including smoking, physical activity, diet and alcohol), which themselves are socially patterned, this framework also emphasises the importance of 'place' - the neighbourhoods and communities in which we live - as being key drivers of health and wellbeing at an individual and population level. Working with and drawing on the assets within our local communities must therefore be central to our response to tackling health inequalities.
14. Adopting a 'health in all policies' approach implies a clear strategic role for the Board in coordinating system-wide action, with a specific focus on actions in the areas of overlap and intersection of the four 'pillars' - where the greatest opportunities to reduce underlying health inequalities are expected. For example, this may include housing developments which promote social inclusion and encourage physical activity for all, as well as local authorities and NHS trusts using their anchor institution status to contribute to improvements in the economic and environmental determinants of health (through common employment and sustainable procurement policies, amongst other things).
15. The whole-system, asset-based approach suggested by this population health framework is consistent with the strong emphasis on tackling inequalities at the heart of the City Corporation's recovery plans. It is also in line with the approach being taken by the City and Hackney Integrated Commissioning Board, which endorsed a proposal to adopt a population health framework to guide future strategy and delivery plans in July 2020. Aligning the City of London JHWB Strategy with these wider strategic aims will maximise the opportunities for tackling the underlying drivers of health inequalities across and beyond the Square Mile.
16. By tasking strategies and policy proposals to evidence how they directly support the JHWB Strategy outcomes it can foster a health in all policies approach across the City Corporation.

17. A population health approach that embeds health in all policies will directly support the achievement of the following outcomes set out the City Corporation's Corporate Plan 2018-23:

1 People are safe and feel safe.

2 People enjoy good health and wellbeing.

3 People have equal opportunities to enrich their lives and reach their full potential.

4 Communities are cohesive and have the facilities they need.

5 Businesses are trusted and socially and environmentally responsible.

8 We have access to the skills and talent we need.

9. We are digitally and physically well-connected and responsive

11 We have clean air, land and water and a thriving and sustainable natural environment.

12 Our spaces are secure, resilient and well-maintained.

Conclusion

18. As part of the Health and Social Care Act 2012, The City Corporation is responsible for promoting the wellbeing of all the people who live or work in the City of London. As the determinants of people's health lie largely outside the healthcare system, social, physical and economic policies can have a substantial impact upon health. Adopting a 'health in all policies' approach implies a clear strategic role for the Board in coordinating system-wide action, with a specific focus on actions in the areas of overlap and intersection of the four 'pillars' - where the greatest opportunities to reduce underlying health inequalities are expected.

19. This report asks Members to endorse the use of a population health framework and the recommended next steps.

Appendices

- None

Committee: Health and Wellbeing Board – For Information Health and Social Care Scrutiny Committee – For Information	Date: 18 September 2020 25 September 2020
Subject: City of London Health Profile 2019	Public
Report of: Andrew Carter – Director of Community & Children’s Services Dr Sandra Husbands – Director of Public Health	For Information
Report author: Xenia Koumi – Department of Community & Children’s Services	

Summary

The City of London Health Profile 2019 was published in March 2020 (see Appendix 1). Public Health England produces Health Profiles for local authorities that contain summary information on the health of the people in each local authority area and factors that may influence their health.

Recommendation

Members are asked to:

- Note the City of London Health Profile 2019 and consider how they might use it to shape their forward-planning process.

Main Report

Background

1. Public Health England (PHE) produces Health Profiles for local authorities that contain summary information on the health of the people in each local authority area and factors that may influence their health. Health Profiles are Official Statistics, published by PHE according to the Statistics Release Calendar.
2. The Health Profiles provide a snapshot overview of health for each local authority in England. They are conversation starters, highlighting issues that can affect health in each locality.
3. Health Profiles aim to:
 - provide a consistent, concise, comparable and balanced overview of the population’s health

- inform local needs assessments, policy, planning, performance management, surveillance and practice
 - be primarily of use to joint efforts between local government and the health service, to improve health and reduce health inequalities
 - empower the wider community
4. Since 2019 Public Health England has published its Local Authority Health Profiles on its Fingertips website, however it is not possible for the City of London's profile to be made available in this way, due to the need to include indicators from multiple profiles and because some of the indicators are combined with Hackney's data (due to small numbers in the City).
 5. To mitigate this, PHE has made available a PDF profile that is in a format as similar as possible to the HTML versions created for other local authorities.

Current Position

6. The 2019 City of London Health Profile (published in March 2020) includes 30 indicators. Indicators are reviewed regularly by PHE to ensure that they reflect important public health topics.
7. The 2019 Profile shows some improvements when compared with the 2018 profile; has been a reduction in the percentage of smoking during pregnancy, to 3.6% in 2018-19 from 5.0% in 2017-18. This is a combined value for Hackney and the City of London.
8. According to the 2019 Profile, the City of London performs at, or better than, the national average for the following indicators:
 - Life expectancy at birth (for males and females)
 - Premature mortality (<75 years old) from all causes
 - Mortality rates from all cardiovascular diseases and cancer
 - Emergency hospital admissions for intentional self-harm*
 - Emergency hospital admissions for hip fractures*
 - Hospital admissions for alcohol-specific and alcohol-related conditions*
 - Smoking prevalence in adults
 - Physically active adults
 - Excess weight in adults
 - Under-18 conceptions
 - Smoking during pregnancy
 - Breastfeeding initiation
 - Infant mortality
 - Children in low-income families
 - GCSE attainment
 - Statutory homelessness (temporary accommodation)
 - Excess winter deaths
 - Tuberculosis incidence

*values for the City and Hackney are combined
9. According to Public Health England's City of London Profile 2019, the overall number of residents in 2018 was 8,706. ONS data shows that in the year to mid-

2018, the City of London was the fastest-growing local authority in England, closely followed by Westminster, Camden and Tower Hamlets.

10. The City still has a higher proportion of its population in older age groups compared to London. Compared with 2017 figures there has been a decrease in those aged below 20 and over 65 and an increase in those aged between 20 and 64.
11. Life expectancy in the City of London for both men and women remains higher than the London and England averages.
12. The premature mortality rate from all causes among City of London residents (aged <75 years old) is still significantly lower than both London and England. In 2016-18 there were a similar number of premature deaths from cardiovascular disease and cancer compared with 2015-17 and the England average.
13. The 2019 Health Profile highlights several indicators in which the City of London fared worse than regional or national comparators (marked red) , as follows:
14. **Indicator 6: Killed and seriously injured (KSI) on roads**
Rate of people reported killed or seriously injured on the roads, all ages, (crude rate per 100,000 resident population (2016-18)).

Public Health England states that “Areas with low resident populations but have high inflows of people or traffic may have artificially high rates because the at-risk resident population is not an accurate measure of exposure to transport. This is likely to affect the results for employment centres e.g. City of London.”

On a day-to-day basis there are roughly half a million workers travelling in, out, and around the Square Mile during the working week, using a variety of modes of transport, including public transport, private hire, walking and cycling.

When looking at the count, rather than the rate, between 2016 and 2018 there were 193 KSI casualties in the City of London, which is the sixth lowest count across all 33 London local authorities. Westminster and Tower Hamlets, which both include employment centres, had rates of 715 (the highest) and 473 respectively.

15. **Indicator 10: Diabetes diagnoses**
% proportion of the City's population (estimated diagnosis rate for people with diabetes aged 17 and over) in 2018.
This is an estimate of the number of people diagnosed with diabetes, expressed as a proportion of the estimated number of those with diabetes, given the characteristics of the local population.

The City of London has a single GP practice – the Neaman Practice. Patients registered at the Neaman have one of the lowest rates of diabetes within the City and Hackney practices. However, the higher rates of diabetes in neighbouring Hackney may skew local estimates of diabetes.

The lower-than-average estimated diagnosis rate may be explained by the fact that the estimates for Local Authorities are created by aggregating GP-level data, which means that data from the Neaman Practice as well as other Hackney GP practices, may be used to create the City of London estimate.

In addition, patient data from the Neaman Practice – the City of London’s only GP practice – shows that diabetes prevalence among its patients (2018/19) was statistically significantly lower than the England average. This needs to be investigated to determine whether or not there is really a low prevalence of diabetes among City residents, or whether it is being underdiagnosed, which could lead to complications and early mortality.

16. Indicator 11: Dementia diagnoses

% proportion of those aged 65+ (2019).

This is an estimate of the number of people aged 65+ diagnosed with dementia, expressed as a proportion of the estimated number of those with dementia, given the characteristics of the local population.

Public Health England states that “organisations with a smaller denominator population...should be interpreted with caution”.

As with the diabetes indicator (above), this data is likely to underestimate the number of people living with dementia in the City of London, and hence the diagnosis rate seems to be lower than it should be.

Patient data from the Neaman Practice shows that dementia prevalence among its patients (2018/19) was statistically significantly lower than the England average, which, as with the diabetes indicator above, may also help to explain the lower-than-average estimated diagnosis rate. Again, this needs to be investigated to ascertain the true prevalence of dementia among City residents.

17. Indicator 21: Obese children (including severe obesity)

Combined figures for City of London and Hackney for children aged 10 to 11 years, given as a % proportion (2018/19).

Data is taken from the National Child Measurement Programme (NCMP), which collects pupils’ BMI (height and weight information) from state maintained primary schools – only one of which exists in the City of London (The Aldgate Church of England Primary School). City-specific data has been combined with data from London Borough of Hackney to prevent potential disclosure of individuals.

18. Indicator 29: New STI diagnoses (exc. Chlamydia in <25s)

All new sexually transmitted infection diagnoses (excluding Chlamydia in under 25 year olds) (crude rate per 100,000 population aged 15 to 64) (2018).

PHE states that “diagnosis rates of STIs should be interpreted alongside the corresponding testing rate and positivity. A high diagnosis rate is indicative of a high burden of infection, however a low diagnosis rate may be explained by other factors as well”.

The rate of new STI diagnoses in the City of London is significantly higher than the national value may be due to a number of reasons, including that due to the small resident population used as the denominator, any small changes in the numerator (new diagnoses) are likely to be represented as large fluctuations due to the crude rate methodology. In addition, City workers accessing sexual health services who provide their workplace postcode, who do not provide their home address, or who are from overseas, are automatically allocated to the City of London.

The City of London's STI testing rate (excluding chlamydia aged <25) per 100,000 population is better than the England average and the highest in London (2018). The percentage of STI testing positivity (excluding Chlamydia aged <25) is higher than the England average (3.4% and 2.3% respectively, in 2018).

Corporate & Strategic Implications

19. This information informs the City and Hackney Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy of the City Corporation's Health and Wellbeing Board, as well as the development and implementation of other health and social-care related strategies and action plans.

Conclusion

20. While the City of London's Health Profile 2019 provides a useful starting point for looking at performance, the small numbers must be treated with caution, as they can paint an inaccurate picture of health and factors influencing health locally.
21. Members are asked to note the Health Profile and consider how they might use it to shape their forward-planning process.

Appendices

- Appendix 1 – City of London Health Profile 2019

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Public Health
England



City of London

This profile was produced in March 2020

Local Authority Health Profile 2019

This profile has been developed by PHE at the request of the City of London. This is a bespoke profile based on a limited number of indicators available. Due to the small population, indicators have a large margin of error and should be used with caution.

For more area profiles, more information and interactive maps and tools, visit <https://fingertips.phe.org.uk/profile/health-profiles>



Health in summary

The health of people in City of London is generally better compared with the England average. City of London is one of the 40% least deprived counties/unitary authorities in England, however, about 9.6% of children live in low income families. Life expectancy for both men and women is higher than average.

Child health

In Year 6, 24.8% of children are classified as obese, worse than the average for England. Levels of breast feeding and smoking at time of delivery, and GCSE attainment (average attainment 8 score) are better than the England average.

Adult health

The rate for admissions for alcohol-related conditions is 539*, better than the average for England. The rate for emergency admissions for self-harm is 73.8*, better than the average for England. Estimated levels of adult excess weight (18+) and physically active adults (19+) are better than the England average. The rates of killed and seriously injured on roads, STIs and estimated dementia diagnosis are worse than average. The rate of emergency admissions for hip fractures is better than average.

*rate per 100,000 population

Health summary for City of London

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
Life expectancy and causes of death							
1.Life expectancy at birth (male)	All ages	2013-17	n/a	88.8	n/a,	79.5	↔
2.Life expectancy at birth (female)	All ages	2013-17	n/a	90.7	n/a,	83.1	↔
3.Under 75 mortality rate from all causes	<75 yrs	2016-18	48	221.9	303.3	330.5	↔
4.Mortality rate from all cardiovascular diseases	<75 yrs	2016-18	11	50.8	70.5	71.7	↔
5.Mortality rate from cancer	<75 yrs	2016-18	21	97.0	120.1	132.3	↔
Injuries and ill-health							
6.Killed and seriously injured (KSI) rate on England's roads	All ages	2016-18	193	840.5	39.5	42.6	
7.Emergency hospital admission rate for intentional self-harm*	All ages	2018/19	215	73.8	83.4	193.4	↔
8.Emergency hospital admission rate for hip fractures*	65+ yrs	2018/19	90	418.1	485.3	558.4	↔
9.Percentage of cancer diagnosed at early stage	All ages	2017	8	38.1	52.7	52.2	↔
10.Estimated diabetes diagnosis rate	17+ yrs	2018	n/a	43.3	71.4	78.0	↔
11.Estimated dementia diagnosis rate~	65+ yrs	2019	39	49.2	72.6	68.7	↔
Behavioural risk factors							
12.Hospital admission rate for alcohol-specific conditions*	<18 yrs	2016/17-2018/19	30	15.6	16.5	31.6	↔
13.Hospital admission rate for alcohol-related conditions*	All ages	2018/19	1158	539.1	556.5	663.7	↔
14.Smoking prevalence in adults (18+) - current smokers (GPPS)	18+ yrs	2018/19	n/a	18.4	15.2	14.5	↔
15.Percentage of physically active adults	19+ yrs	2017/18	n/a	73.2	66.4	66.3	↔
16.Percentage of adults classified as overweight or obese	18+ yrs	2017/18	n/a	45.4	55.9	62.0	↔
Child health							
17.Teenage conception rate*	<18 yrs	2017	83	19.4	16.4	17.8	↔
18.Percentage of smoking during pregnancy*	All ages	2018/19	164	3.6	4.8	10.6	↓
19.Percentage of breastfeeding initiation	All ages	2016/17	48	90.6	n/a	74.5	↔
20.Infant mortality rate*	<1 yr	2016-18	53	4.0	3.3	3.9	↔
21.Year 6: Prevalence of obesity (including severe obesity)*	10-11 yrs	2018/19	626	24.8	23.2	20.2	↔
Inequalities							
22.Deprivation score (IMD 2019)	All ages	2019	n/a	14.7	21.8	21.7	
Wider determinants of health							
23.Percentage of children in low income families	<16 yrs	2016	60	9.6	18.8	17.0	↔
24.GCSE attainment (average attainment 8 score)*	15-16 yrs	2016	n/a	49.3	50.0	46.9	↔
25.Percentage of people in employment	16-64 yrs	2018/19	6400	76.8	74.2	75.6	
26.Statutory homelessness rate - (temporary accommodation)	NA	2017/18	15	3.0	14.9	3.4	↔
27.Violent crime - violent offence rate	All ages	2018/19	1201	156.0	24.5	27.8	↑
Health protection							
28.Excess winter deaths index*	All ages	Aug 2017 - Jul 2018	81	25.2	27.1	30.1	↔
29.New STI diagnoses rate (exc chlamydia aged <25)	15-64 yrs	2018	234	4615	1713	851	↑
30.TB incidence rate	All ages	2016-18	5	21.2	21.9	9.2	↔
*Values for City of London and Hackney combined							
~Comparison with goal: ≥66.7% (significantly), similar to 66.7%, <66.7% (significantly)							

Indicator value types

1,2 Life expectancy - years, 3,4,5 Directly age-standardised rate per 100,000 population aged under 75, 6 Crude rate per 100,000 population 7 Directly age-standardised rate per 100,000 population 8 Directly age-standardised rate per 100,000 population aged 65 and over 9 Proportion - % cancers diagnosed at stage 1 or 2 10 Proportion - % recorded diagnosis of diabetes as a proportion of the estimated number with diabetes 11 Proportion - % recorded diagnosis of dementia as proportion of estimated number with dementia 12 Crude rate per 100,000 population aged under 18 13 Directly age-standardised rate per 100,000 population 14,15,16 Proportion 17 Crude rate per 1,000 females aged 15-17 18,19 Proportion 20 Crude rate per 1,000 live births 21 Proportion 22 Index of multiple deprivation (IMD) 2019 score 23 Proportion 24 Mean average across 8 qualifications 25 Proportion 26 Crude rate per 1,000 households 27 Crude rate per 1,000 population 28 Ratio of excess winter deaths to average of non-winter deaths 29 Crude rate per 100,000 population aged 15-64 (excluding chlamydia) 30 Crude rate per 100,000 population

Committee(s)	Dated:
Health and Wellbeing Board	18 September 2020
Subject: Healthwatch City of London Progress Report	Public
Report author: Paul Coles, General Manager	For Information

Summary

The purpose of this report is to update the Health and Wellbeing Board on the continuing development of Healthwatch City of London (HWCoL) since its inception as a Charitable Incorporated Organisation (CIO) in September 2019. This report will provide members with assurance that HWCoL on the progress made so far in both establishing the organisation and the proposed activities during Quarter Two of 2020/21

Recommendation(s)

Members are asked to note the report.

Main Report

Background

Healthwatch is a governmental statutory mechanism intended to strengthen the collective voice of users of health and social care services and members of the public, both nationally and locally. It came into being in April 2013 as part of the Health and Social Care Act of 2012.

HWCoL is funded by the City of London and has been in existence since 2013. The current contract for HWCoL came into being in September 2019. It is an incorporated by the Charities Commission as a Foundation Model Charity Incorporated Organisation and Licenced by Healthwatch England (HWE) to use the Healthwatch brand.

HWCoL is an organisation that is run by City people for City people within the City. HWCoL believe this gives us the ability through working with fellow residents and workers and local organisations to identify the issues local people face, respond to them more effectively and gain clearer insights into the needs of local residents, workers, and students.

Current Position

1. As reported at June's Health and Wellbeing Board the staff of HWCoL are continuing to work from home. This position is not expected to change in the immediate future as the City of London are unable to advise when a return to the

office will take place. The HWCoL Board are considering the implications of delivering the contract for a prolonged period without a base in the City.

2. HWCoL continues to manage the challenges created because of COVID-19. These include:

- The impact of not being able to carry out face to face activities including Enter and View visits
- Access to office space to act as a base for staff to embed themselves in the local community
- Collecting the views of residents who are not digitally active
- Using non -digital means of communication

3. Achievements in this period include:

- Produced the first Performance report for Commissioners (appendix 1). Of the 26 Key Performance Indicators HWCoL have achieved or exceed the target in 14; rated green in the report. The open rate for newsletters and bulletins is 51.4%, double the industry average of 25% a noted success. Of the twelve underperforming areas, ten were amber with the remaining two being red. The two areas of significant under performance, are the training of volunteers to carry out Enter and View; this activity is restricted because of COVID-19, and the number of followers of the HWCoL Facebook page. HWCoL launched a new Facebook site in April however, during the pandemic communication activity has focussed on the production of newsletters and bulletins.
- Held the first quarterly meeting with the Neaman Practice. The meetings are an opportunity for HWCoL to provide feedback to the practice highlighting any concerns. The Neaman Practice are able to share updates on the development of the practice and services.
- Produced and distributed five newsletters and eight bulletins through digital communication channels. HWCoL partnered with the Barbican Newsletter to increase reach by a further 1,500 residents to 1,600. During COVID-19 the newsletters and bulletins focussed on providing up to date Government advice, how to access health services, general health, and well-being information as well as community support and activities. Some non-digital communication was achieved by asking partners to support distribution.
- Using lessons learnt from COVID-19, HWCoL revised its engagement and communication strategy. The strategy aims to increase engagement and communication with the population of the City, stakeholders, and volunteers via:
 - Monthly awareness campaigns.
 - Information and feedback gathering activities – roundtables, on-line/paper surveys.
 - Weekly communications – newsletters, bulletins, newsflashes, and blogs.
 - Increased social media activity – daily updates on Twitter and Facebook.
- Completed a report on the responses to three surveys HWCoL ran during COVID-19 to gain community insight. These being:
 - Community Feedback Survey
 - Experience of using NHS 111 Service

➤ Access to GP surgeries during Covid 19

One area of concern was the Neaman Practices' website which was identified as difficult or somewhat difficult to use. Overall, respondents had accepted services had changed but they still received a caring service.

The report will be shared with the Neaman practice and HWCoL will be asking for the Neaman Practice's response. A full report can be found on the HWCoL website.

- Produced a Business Plan covering the remaining years of the Healthwatch contract with accompanying plans for delivery of the objectives. The plan will be presented at HWCoL's Annual General Meeting on 16 October and at the next HWB.
- Held a second Virtual Public Board Meeting which included a presentation from David Maher, Managing Director City and Hackney Clinical Commissioning Group, updating the meeting on the CCG's post COVID Recovery Plan and future public engagement in these changes. The update also included the plans for the 2020/1Flu Immunisation programme. The meeting received a presentation from Amaka Nnadi, a member of the St Leonard's site development project team, who updated the Board on the development proposals and planned public engagement.
- Completed HWCoL's first Annual Report (appendix 2).
- Held a Virtual Carer's listening event. A range of issues were discussed including the City foodbank; issues with the delivery of prescription drugs and the impact of the changes to access through the Beech Street tunnel; and the impact of the increased congestion charge on visits from relatives. As a result of this meeting HWCoL helped resolve the issue of prescription delivery and is now taking forward the issue of the Beech street tunnel and access.
- Fully participated in the repositioned meetings of the Clinical Commissioning Group playing an active role in assessing and advising on the impact of the development and changes of services to the people of the City of London, in particular the Neighbourhood Conversation for City and Shoreditch-ensuring City residents views are considered from the outset of the project, and the Equality and Diversity Working group.
- Participated in several events and activities organised by HWE. Including how Healthwatch get back into their local communities Post Lockdown: Volunteering and Engagement in a digital environment; and Planning Research projects,

4. Planned Activities

- Continue to focus on the impact of COVID-19, carrying out additional surveys to gather further insights from the local community.
- Organising a round table discussion on the Mental Health impact of COVID-19 on the local community
- Holding further Carer's listening events
- Partnering with Healthwatch's in North East London in a COVID Community Insights project on behalf of the NEL Strategic Transformation Partnership. A grant of £3,000 for this engagement work has been awarded and will be carried out later in the year

5. Risks

HWCoL regularly reviews its risks which now include the impact of the pandemic. The main risks include:

- Impact on the work programme of digitally only engagement activities, the exclusion of those members of the community that are not digitally connected restricting their ability to participate fully in any proposed developments or changes. HWCoL are conscious of the potential for safeguarding issues as a result of lack of face to face contact.

Mitigating actions include ensuring opportunities are available for residents to join meetings by telephone/text; advertising meetings news and events with posters in communal spaces; keeping abreast of changes to the access and use of facilities to bring back face to face meetings when and where safely possible. Exploring where possible working with partners to deliver information leaflets.

Conclusion

In conclusion, Healthwatch City of London has successfully delivered on the contract objectives despite the recent challenges. The survey report and mystery shop projects are evidence of HWCoL adapting to the changing environment. Moving forward HWCOL will present its completed business plan to commissioners for sign off by the end of September 2020.

Gail Beer

Chair

Healthwatch City of London

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Paul Coles

General Manager

Healthwatch City of London

E: paul@healthwatchcityoflondon.org

PERFORMANCE FRAMEWORK REPORT Q1 2020/21

Healthwatch City of London

Paul Coles

Paul@healthwatchcityoflondon.org.uk

Introduction

This report details the performance of Healthwatch City of London (HWCoL) against the key performance indicators laid out in the Performance Framework for 2020/2021. The Performance Framework template has been co-produced between the City of London Corporation and Healthwatch City of London specifying key performance indicators for the successful delivery of the City of London's Healthwatch contract.

It is worth noting that the Performance Framework was written in the context of the Healthwatch contract and is still the measure regardless of the current pandemic. The pandemic has changed the way HWCoL has been able to deliver the activities. Notably the inability to hold face to face meetings and carry out Enter and View activity; As a result, HWCoL have explored alternative methods of public engagement. Activity has been delivered digitally including an online Board Meeting in Public, a Carers' cafe and a mystery shop of dentists by telephone.

HWCoL recognizes that projects delivered digitally excludes those members of the community that are not digitally engaged. In future Board Meetings in Public will be advertised with a telephone joining option and consideration will be given to contact by traditional methods. HWCoL is working closely with HWE in this area.

A key challenge going forward will be ensuring public engagement and public scrutiny of the massive change in the shape and delivery of services post Covid19. HWCoL will need to adapt its activities to ensure that those receiving services are fully engaged and represented.

Performance highlights

Of the 26 KPI's HWCoL have achieved or exceed target in 14 of these. In response to the COVID-19 pandemic HWCoL implemented a COVID-19 communications strategy that targeted an increase in the number Email bulletins and newsletters scheduled from three to nine. The newsletters and bulletins delivered via Mailchimp have an open rate of 51.4% double the industry average of 25%. HWCoL are also exploring additional activity such as guest blogs and news flashes and will provide an update in quarter two.

HWCoL has cleansed the contact data base handed over from Healthwatch Hackney and has not only kept most subscribers but increased the numbers as shown in the report. The newsletter's and bulletins are also sent out via the Barbican estates newsletter which has 1,500 subscribers. HWCoL is looking to identify other opportunities to increase circulation through the City of London and partner organizations. HWCoL is keen to work with the CoL to increase the coverage to other City residents though accessing other newsletters. e.g. Golden Lane.

As part of HWCoL's response to the pandemic four digital surveys have been undertaken with the aim of creating greater understanding of the impact of the pandemic on the community. The Carers' survey was produced with the input of number of Carers'. The surveys have generated 35 responses, and these will be used to inform future activities.

Areas of under performance

Ten of the KPI's are rated amber and require either remedial action or are in progress for completion by Q2. The completion of the Business Plan and accompanying annual work plan is the highest priority and a draft is due to be presented at the next Board in July.

The diversity of the Board needs to reflect the diversity of the City of London. A Board audit has been undertaken and once analyzed will inform targeted Board recruitment which will take place from September onwards.

The google analytics report identified under performance against the target re website usage. Future communication activity will be focused on driving people to the website as HWCoL's shop window. Twitter posts will be increased including links and comment on content available on the website. Google analytics will be used to identify weaknesses on the website accessibility via for example mobile phones. A resulting report will be produced with accompanying action plan. Website will also contain content on major national campaigns, national support or awareness days, and religious festivals.

On-line Board meetings in public present a significant challenge in HWCoL's ability to reach the annual target. To ensure a viable first meeting, numbers were restricted to 25 and with staff and Board members taking up 10 of these places, the number of places advertised was 15. The Board will review the maximum number of attendees for the September meeting when it is hoped that there will be more information available regarding the resumption of face to face activity.

Areas of significant under performance

Sign up to Facebook is disappointing with numbers well below our target. The existing Facebook site ran by the previous service provider was unable to be transferred to HWCoL resulting in a new Facebook site being launched in April. HWCoL's COVID-19 Communication strategy deliberately underutilized usage of Facebook as a communication tool with priority work focused on newsletters and bulletins. For attracting a younger audience Facebook may not be the most effective social media tool. A review of HWCoL's communication strategy, once there is clarity on the status of the pandemic, will also include an audit of social media platforms and their suitability to reaching our target audiences.

Enter and View activity has been suspended and we have been unable to fulfil this obligation, it is unlikely we will be able to do so this year. New ways of scrutinizing services will need to be developed both locally and nationally. HWCoL has not trained any new volunteers for Enter and View. Delivering face to face training will remain challenging going forward and therefore we are exploring on-line training programmes for Enter and View in preparation for recommencement in Q3.

Indicator name/Description	HWE Quality Framework	CoLC Outcome	Annual Target	Performance Q1	Annual total to date	Progress (RAG)	Comments on performance & progress update
Number of local people trained and supported to actively participate in decision making	People	A, B, C					
Number of trustees on HWCOL board.	People		5	4	4		Targeted Recruitment campaign to start in September based on the output of the Board survey
Number of board associates.	People		4	4	4		Four but one is currently inactive. Board recruitment will include opportunities for Board Associates
Number of volunteers attending decision-making committees	People		3	3	4		Combination of Trustees and Board Associates

Indicator name/Description	HWE Quality Framework	CoLC Outcome	Annual Target	Performance Q1	Annual total to date	Progress (RAG)	Comments on performance & progress update
Production of annual work plan, regular progress reporting against milestones	Influence and Impact	A, B, C, D, E					
Produce a three-year plan with an annual workplan, detail objectives and actions that meet contractual requirements and objectives.	Influence and Impact		1	See comment			Due for Board review off on 30th July as part of the Business plan
Produce Business Plan. To reference Performance Framework and Quality Framework.	Influence and Impact		1	See comment			This is to be completed in 2nd quarter-by the end of August
Completion of Healthwatch's Quality Framework.	Influence and Impact		1	See comment			Completed a gap analysis. An action plan is in development ready for sign off at the Board in September.

Indicator name/Description	HWE Quality Framework	CoLC Outcome	Annual Target	Performance Q1	Annual total to date	Progress (RAG)	Comments on performance & progress update
Healthwatch City of London Board is representative of the City of London population.	People	B					
Number of times HWCOL publicised board and associate board opportunities - during an annual month-long campaign. [HWCOL will review Board annually as part of Business plan and work plan.]	People		1	See comment			An audit of skills, gender and ethnicity is due for completion on 17th July. HWCoL are advertising Board opportunities continuously, but a targeted/ concerted campaign will start in September to address gaps identified in our Board audit.

Indicator name/Description	HWE Quality Framework	CoLC Outcome	Annual Target	Performance Q1	Annual total to date	Progress (RAG)	Comments on performance & progress update
Regular (frequency to be determined) survey of residents and stakeholders undertaken to determine the levels of awareness and engagement with Healthwatch City of London.	Engagement, Involvement and Reach	B, C, D					
<div>Page 49</div> Design and disseminate annual survey of residents and stakeholders. [Annual survey - reviewed and analysed and used as part of our plans for the next year -annual report, business plan and workplan.]	Engagement, Involvement and Reach		1	See comment			Awareness of HWCoL included in first survey-Community feedback. No specific activity on awareness with stakeholders. Key dates added to draft work plan. Target to design survey in Q3, running it early Q4 to allow collation and interpretation of data by end Q4

Indicator name/Description	HWE Quality Framework	CoLC Outcome	Annual Target	Performance Q1	Annual total to date	Progress (RAG)	Comments on performance & progress update
Evidence of active and increasing engagement with the public on social media (e.g. through number of website hits etc).	Engagement, Involvement and Reach	D					
Email bulletins – numbers of subscribers.	Engagement, Involvement and Reach		116	129	129		Our performance numbers for subscribers exceeded our annual target. Our bulletins are included with Barbican Estates Newsletters. Investigating ways to distribute to Golden Lane, Petticoat Tower and Square and Portsoken residents.
Email bulletins sent.	Engagement, Involvement and Reach		12	9	9		As a result of COVID 19 we reviewed our communication strategy and increased the number of email newsletters and bulletins
Mailchimp email bulletin open rates.	Engagement, Involvement and Reach		25% is the average industry standard	51.40%	51.40%		We have exceeded industry standard for open rates and also have a click rate of 18.9% compared to an industry standard of 13%

Twitter - numbers of followers.	Engagement, Involvement and Reach		650	604	604		To manage our social media, we have researched platforms to enable us to calendarise posts. We are revamping our Newsletter template with a focus on improving the linkage with our Twitter and Facebook sites.
Facebook – number of followers (new account).	Engagement, Involvement and Reach		50	7	7		Completely new site launched in April. As communications have focussed on email bulletins this area has not been a priority. HWCOL will seek to recruit a volunteer to the Communications and Digital support assistant position. Their primary aim will be to generate Facebook and social media specific content.
Website – Numbers of visitors.	Engagement, Involvement and Reach		1000	135	135		Google analytics set up in mid-June with data available from 15th June. Using these figures, we estimate visits to our site would be 877 for the quarter

Website Numbers of pages visited.	Engagement, Involvement and Reach		1200	456	456		Using mid-June data, we estimate 2964 pages would have been visited during the quarter
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Indicator name/Description	HWE Quality Framework	CoLC Outcome	Annual Target	Performance Q1	Annual total to date	Progress (RAG)	Comments on performance & progress update
Number of volunteers trained to carry out an 'enter and view' visits and number of visits.	People	C					
Number of volunteers trained to do an Enter and View visit.	People		6	0	0		Enter and View visits suspended due to COVID. Working with HWE to carry out online training and gain clarity on the approach to enter and view in the coming months.
Number of Enter and View visits.	People		4	0	0		As a result of Enter and View suspension we carried out a mystery shops of dentists in City and Hackney by telephone. We will work with HWE and stakeholders to ensure proper scrutiny of services can be delivered
Number of Tempo Time Credits volunteers are eligible for.	People		40	121	121		This figure Includes 49 hours carrying out two mystery shops of

							dentists, original and follow up.
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Indicator name/Description	HWE Quality Framework	CoLC Outcome	Annual Target	Performance Q1	Annual total to date	Progress (RAG)	Comments on performance & progress update
Healthwatch representative at Health and Wellbeing Board and identified relevant meetings and events.	Leadership and Decision Making	A, B					
Numbers of HWBB board attendances.	Leadership and Decision Making		6	1	1		Only one HWBB has taken place in this quarter
Other board attendances (e.g. CCG governing body, ICB, NEL governing body, Health and Social Care Scrutiny, events etc).	Leadership and Decision Making		40	20	20		Includes City & Hackney CCG Boards, Integrated Commissioning Board, Integrated Commissioning Communications & Engagement Enabler Groups and Equality Working Group. North East London Governing Body. Neighbourhood conversations, Patient & Public Involvement Committee, St Leonard's Project Stakeholder Group, CoL Health & Social Care Overview and Scrutiny Committee and City &

							Hackney Adult safeguarding board
Events hosted by HWCOL: quarterly focus group discussions, one of which is the Annual Public Meeting	Leadership and Decision Making		4	1	1		On-line Carers' café to capture their experiences during the pandemic

Indicator name/Description	HWE Quality Framework	CoLC Outcome	Annual Target	Performance Q1	Annual total to date	Progress (RAG)	Comments on performance & progress update
Volume of activity (feedback from local people, attributes of those feeding back, number of volunteers, members, outreach events, updates to community, complaints).	Engagement, Involvement and Reach	A, B, C					
Number of responses to surveys - responses referenced in report - along with demographics, when these have been obtained.	Engagement, Involvement and Reach		60	35	35		Published four surveys during the quarter. We have the equipment to reach people non digitally engaged during face to face meetings.
Complaints and views (about others' services) – published in annual report.	Engagement, Involvement and Reach		4	1	1		Supported one resident to access Advocacy support to raise a complaint
Number of members of public at HWCOL board meetings	Engagement, Involvement and Reach		100	9	9		During the quarter we have run one Board meeting in public on-line. In total 20 people attended our first meeting, although this number was lower than the those who showed

							interest in attending. This needs to be better understood.
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Indicator name/Description	HWE Quality Framework	CoLC Outcome	Annual Target	Performance Q1	Annual total to date	Progress (RAG)	Comments on performance & progress update
Recruitment and training programme in place which enables more people to participate in co-production of services.	Collaboration	B, C					
<div>Page 55</div> Report on training completed (Healthwatch England training, and training completed from City of London, voluntary sector, etc.)	Collaboration		1	5			Training completed includes Annual report training, identifying project outcomes, how to pitch your story to the media, Managing volunteers remotely, Welcome to Healthwatch, Board Governance for Healthwatch Managers, Hospital discharge and Planning research projects.

Actions from Monitoring Meeting 24/07/2020 with Sarah Greenwood

- (1) Promotion of HWCOL Public Board meetings: Posters to be produced, liaising with ASC, Neaman Practice texting service being accessed. Enabling people to dial in is being considered. HWCoL to liaise with City Connections service regarding publicity and support to access IT Paul Coles (PC) to liaise with Ryan Jones re website.
- (2) HWCoL website: PC and Rachel Cleave (RC) to research how to get content on mobile phones and tablets.
- (3) Enter and View: Consider reviewing the target to a credible alternative. CQC moving to digital triangulation. Some surveys can be undertaken but a structure is needed
- (4) Agreed wider consultation of Business Plan with other stakeholders. Including Social care/homelessness colleagues and wider commissioned services
- (5) Results of the surveys to shared. Final report to go to the September board meeting. Ensure that the survey work influences future contract activity. Advertise future surveys wider than website.
- (6) Access to estate newsletters through Sam Bedford's team.
- (7) Social Media volunteer. Job description /advert out in newsletter. London School of Economics volunteer fair a potential source. Other social media to be investigated to attract younger people.
- (8) Impact of HWCoL attendance at external meetings. PC completes a form after every meeting attended to assist Board to identify any further action required by HWCoL. Monthly meetings for trustees going forward to assess response and consider the 'so what'.
 - a) Advocacy support for patients onto multi disc team meetings. Also picked up by Ageuk East London
 - b) Generally, HWCoL is identifying that the City is not mentioned in many joint meetings.
 - c) NEL CCG had funded NEL Healthwatch's to carry out a project, HWCoL has obtained funding through this. HWCoL is attempting to set out a principle of work to be delivered not population size for future distribution of funding for joint project work. Potential funding from the Primary care network re neighbourhood. Both sources will allow additional engagement. Digital divide focus means different things to different communities – must not assume City residents mirror Hackney residents. PC to share with Simon Cribbens/Annie Roy re progress. HWCoL Volunteer leading on neighbourhood's work for HWCoL – board paper being produced linking to Annie Roy



Annual report 2019-20

Guided by You

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Message from our Chair



Gail Beer, Healthwatch City of London, Chair

“In the City we are trying to do something different. We have created a Healthwatch run for and by the people who make up the City of London, be they residents, our workforce or those studying here”

I am delighted to present the first Healthwatch City of London annual report since being awarded the contract to deliver Healthwatch services in September 2019. It was an eventful year for us and, as it turned out, for the country too. Setting up a Healthwatch proved to be more taxing than we thought. Since the creation of Healthwatch in 2013 most new contract awards have gone to existing providers of Healthwatch services. In the City we are trying to do something different. We have created a Healthwatch run for and by the people who make up the City of London, be they residents, our workforce or those studying here. Many of you will recall that this meant we had to go offline for six months whilst we created our new organisation. Over the past year we have established our Constitution in accordance with statutory requirements, entered into a contract with our commissioner, the City of London Corporation, reached out to our community via our revamped website and new social media channels, held our launch event in Portsoken Street back in January 2020. We have also created our new volunteer roles and launched a recruitment campaign to entice as many of you as possible to work with us to make sure your voice is heard. Earlier this year we held our first AGM and Board meetings in Public. In the background we are working with partner organisations to influence and shape what matters to you.

In these increasingly difficult and unusual times it is imperative that all your voices are heard. The delivery of Health and Social services is changing, and at speed, and we will ensure that you have your say, finding new ways to make sure that those without digital access are able to participate. We will hold to account those who provide our services, working with them to improve what matters to us.

Finally, I would like to extend my thanks to Mark Drinkwater who helped us achieve CIO status, and to Ana Lekaj and Stella Rranxi who worked hard to set us up during the first six crucial months of our existence. Moving forward we have a hugely supportive and hardworking Board, and a new team in place that I am certain will deliver our vision ‘For Health and Social Care services to be truly responsive to the needs and requirements of the residents and workers of the City of London’.

Thank you for reading this report
Gail Beer
Healthwatch City of London, Chair

Our priorities

Last year people told us about the improvements they would like to see health and social care services make in 2019-20. These are our six priorities for the year ahead based on what you told us.



- We are committed to ensuring that every voice is heard and all of our diverse communities are represented, that our Board reflects that diversity.



- Encourage our communities to volunteer with us so that we can have a greater impact when representing your views.



- Work in partnership with the local hospitals, primary care and mental health and social care services, creating the best outcome for the City of London.



- Reflect your priorities, concerns and requirements in research driven by you. Our research will be City specific but will help to shape the wider landscape.



- Work collaboratively with other local Healthwatches on the big issues shaping the outcome for the City, including the development of the NEL CCG, NEL Integrated Care System and the Covid-19 response.



- Ensure that the City of London Corporation and the City and Hackney CCG know and listen to the voice of the City of London people, in particular on the development of the St Leonard's site, Neighbourhoods project and getting the City safely back to work.

About us

Here for the residents, workers and students of the City of London

Healthwatch City of London (HWCOL) is a statutory body funded by the Corporation of London, and is run for the residents, workers and students of the City of London. HWCOL is your health and social care champion. Our Board and volunteers largely comprise people who live, work or study in the City and surrounding areas. They have a genuine interest in delivering the objectives of Healthwatch and are passionate about the City.


Our current organisation gained charitable incorporated organisation status on 5th August 2019, and we were licenced by Healthwatch England from 1st September as the local Healthwatch for the City of London. The contract from the City of London Corporation took effect from 1st September 2019 for three years.

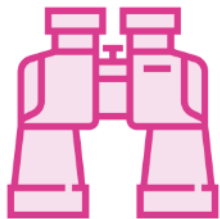
Our mission is to be an independent and trusted body, known for its impartiality and integrity, which acts in the best interests of those who live and work in the City

Our six priorities for 2020/21 underpin this mission and will support us in delivering our objectives, which you will find later on the report.

We recognise that the City has a small number of residents compared to other local authorities and as a consequence most health and social care services are provided outside the City. Whilst social care and primary care are mainly, but not exclusively, provided by City and Hackney CCG, secondary care is largely provided outside the CCG's boundaries. The challenge for HWCOL is to influence a wide range of stakeholders in multiple settings, to ensure that the needs, experiences and concerns of people who use these health and social care services are met. HWCOL is here to make sure that those running services put people first, and that we provide challenge and are a critical friend when changes or new services are developed.

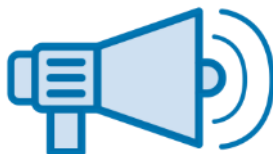
HWCOL delivers on this commitment by speaking out on your behalf. We believe it's important that services continue to listen, so please do keep talking to us. Let's strive to make our local NHS and social care services the best that they can be.

 Our mission is to be an independent and trusted body, known for its impartiality and integrity, which acts in the best interests of those who live and work in the City



Our vision

For Health and Social Care services to be truly responsive to the needs and requirements of the residents and workers of the City of London.



Our mission

Is to be an independent and trusted body, known for its impartiality and integrity, which acts in the best interests of those who live and work in the City.

The work of the Board

Governance: maintaining a robust, trusted and respected organisation and ensuring that Healthwatch City of London meets its objectives in an open and transparent manner.



Listening and signposting: understanding the needs of the people of the City, supporting them with opportunities to voice their views and providing them with information.

Influencing: supporting and influencing those who have the power to change, design and deliver services so they better meet patients' and service users' needs and rights.



Our values

- respecting and encouraging diversity
- valuing everyone's contributions
- maintaining integrity
- creating inclusiveness



Find out more about us and the work we do

Website: www.healthwatchcityoflondon.org.uk

Twitter: @HealthwatchCoL

Facebook: @CoLHealthwatch



Our aims

City Focused - relentlessly championing the voice of the user and would-be user, in the health and social care system ensuring that we give an opportunity for all voices from our diverse populations to be heard.

Accountable - being open and transparent in all we do, actively involving residents and users of services in our work and the evaluation of our performance.

Connected - helping our populations to access high quality information about how their health and social care is delivered

Networked - recognising that the unique position of the City requires collaboration with other organisations, working with partners openly, constructively and inclusively to support our shared purpose of improving health and social care services the City.

Value added - being outcome focused in our work complementing, rather than duplicating, existing structures, within the resources available.

Evidence based - gathering and using local evidence to underpin our priorities, and listening to all our local communities to target our efforts.



Find out more about us and the work we do

Website: www.healthwatchcityoflondon.org.uk

Twitter: @HealthwatchCoL

Facebook: @CoLHealthwatch



Our statutory duties

As a local Healthwatch we have a statutory duty to:

- Obtain the views of people about their needs and experience of local health and social care services. Local Healthwatches make these views known to those involved in the commissioning and scrutiny of care services.
- Make reports and recommendations about how those services could or should be improved.
- Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services.
- Provide information and advice to the public about accessing health and social care services and the options available to them.
- Make the views and experiences of people known to Healthwatch England, helping them to carry out their role as national champion.
- Make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern.



Contact us to get the information you need

If you have a query about a health or social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

Website: www.healthwatchcityoflondon.org.uk

Telephone: 020 3745 9563

Email: info@healthwatchcityoflondon.org.uk

Highlights from our year

Find out about our resources and the way we have engaged and supported more people in 2019-20.



Health and care that works for you



We have

10 volunteers

helping to carry out our work.

We employed

3 staff

(1.4 full time equivalence)

We received

£42,065.17 in funding

from the City of London Corporation in 2019-20

Reaching out



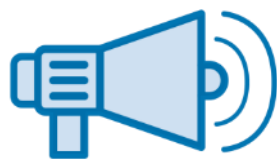
1,260 people

engaged with us through our website. New social media channels were created.

1,700 people

receive our newsletters and bulletins every week

Providing support



We have supported a small number of people with very complex needs through some difficult situations.

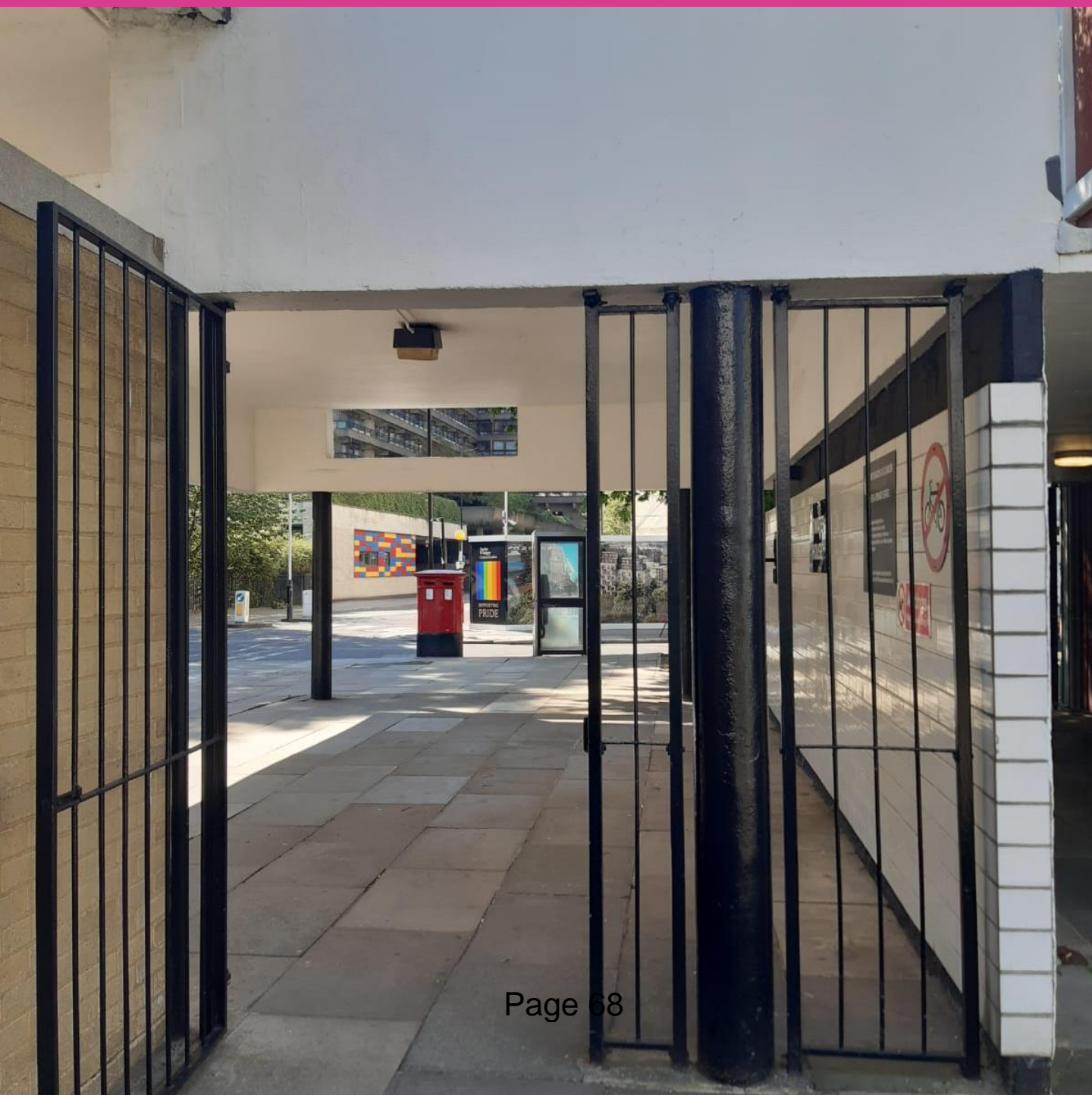
We are acutely aware that not everyone has access to online services which can be disempowering. We need to work harder to create inclusivity.

Making a difference to care



We responded to the draft City Plan, held consultation events on the NHS long term plan. We worked with the Neaman practice to implement the recommendations from our Enter and View visit to the practice.

How we've made a difference



The first step to change is speaking up about your experiences of health and social care services.

We represent you on the following boards and committees, and also attend meetings on your behalf:

St Leonard's Focus Group

This group gains impact and advice from key stakeholders on the redevelopment of the site and services.

City and Hackney Patient and Public Involvement Committee

The committee gains the views and voices of patients and the public during the clinical commissioning cycle.

Integrated Care Communications and Engagement Enabler Group (ICCEEG)

This group supports and facilitates effective engagement with key stakeholders in the development of the Integrated Care System (ICS) in the City of London and Hackney.

City and Hackney Integrated Commissioning Board

This board is the principal forum to ensure that commissioning improves local services and outcomes and achieves integration.

City and Hackney CCG Governing Body

This body aims to govern effectively thereby building local public and stakeholder confidence that their health and healthcare is in safe hands.

Healthwatch and Barts Health fortnightly briefing

This creates dialogue between Barts Health and the Healthwatches in North East London.

Neaman Practice Patient Participation Group

The group discuss the services of the practice, and how improvements can be made for the benefit of patients.

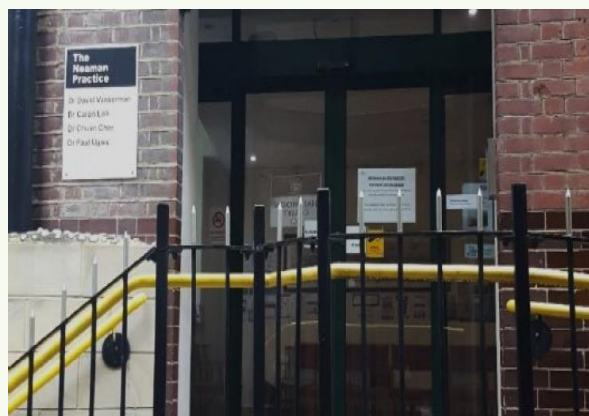
North East London (NEL) CCG

Governing Body in common meeting

This body was established by all seven NEL CCGs – City and Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge – to discuss common issues and, in a limited number of areas, take decisions on services that are commissioned once across NEL.

City of London Health and Wellbeing Board

This board aims to align the City's approach to the NHS Outcomes Framework, the Adult Social Care Outcomes Framework and the Public Health Outcomes Framework through improving the integration of services. Positively influencing the health of everyone who lives and works in the City, enabling them to live healthily, preventing ill health developing, and promoting strong and empowered groups of individuals who are motivated to drive positive change within their communities and businesses.



How we’ve made a difference continued..

Committees, Boards and strategic meetings we attend (continued)

Health and Social Care Scrutiny Committee

This committee fulfils the City’s health and social care scrutiny role in proactively seeking information about the performance of local health services and institutions; challenging the information provided to it by commissioners and providers of services for the health service and in testing this information by drawing on different sources of intelligence.

City of London Adult Safeguarding Sub-Committee

This committee oversees the discharge of the City of London’s responsibilities to safeguard adults who have been identified as requiring support and protection.

Response to the draft City Plan

To maximise our impact and in line with our main concerns we restricted our input to Section Four of the plan ‘Flourishing City’, which contains the comment on the City’s approach to health.

The areas we commented on were as follows:

- Inclusive buildings and space
- Air pollution
- Noise and light pollution
- Location and protection of social and community facilities
- Public conveniences
- Sport and recreation
- Play areas and facilities
- Location of new housing
- Residential environment
- Older persons housing

Message from David Maher, Managing Director, NHS City and Hackney CCG

City and Hackney was delighted to be recognised as one of three Outstanding CCGs in London in the national assessment framework for CCGs in 18/19. We await the results for 19/20. The feedback we received emphasised our commitment to patient and public involvement and highlighted the strong partnerships we have in place with residents and our 2 Healthwatch organisations. Our values of co-production, and partnership working were flagged as exemplar.

This feedback says more about the partnership in City and Hackney, than it does about the CCG. We are the sum of our partners, and the contribution from our Healthwatch partners has been foundational to our ability to ensure our services are safe, effective and of the highest quality. Your contribution has kept our focus on the City as an equal partner, and increasingly we are building closer relationships with major hospital sites such as UCH and Barts Health as part of our work with partners across North East London (NEL). Your leadership on improving access for our City homeless, and better support for City workers has contributed to new services for those populations, and your consistent appraisal of primary care services is shaping our plans as we begin to develop services which are optimal for our residents in the context of Covid.

I am personally grateful for your support and leadership, and look forward to further productive work as we develop our local Integrated Care Partnership as part of a wider NEL Integrated Care System. These are challenging times, but I know our shared values and purpose will ensure we do our best work for all our residents.

Healthwatch City of London attended a number of events to listen to your views and make your voice heard.

St Bartholomew's Open day

Held at St Bartholomew's Hospital where services provided were discussed with staff who made suggestions for improvement and to highlight the new Healthwatch City of London.

LSE Volunteers event

The event was part of the LSE Student Volunteer Programme. Staff and Board Members introduced students to Healthwatch City of London and the various roles available for volunteering.

VC Square Mile event

We attended the City of London Corporation's engagement event with their voluntary sector which included a co-production workshop, information on grants available as well as an opportunity to network with our voluntary sector partners.

Age UK East London Engagement Programme

HWCoL attended events organised as part of the Age UK East London engagement programme in the Artizan Library, to inform residents and service providers of the new Healthwatch City of London and to provide us an opportunity to network with providers.

City Residents Day

Held by the City of London, this event allows us to meet a large number of residents, raising awareness about what's happening in health locally.

East London Mental Health transformation event

As one of 12 national early adopter sites for transformation of mental health services, East London NHS Foundation Trust (ELFT) invited colleagues and partners to an interactive day to help shape the design and delivery of the programme for the next 18 months and beyond.

The event was aimed at service users, carers, teams from ELFT, Clinical Commissioning, primary care, social care and the voluntary sector.



Share your views with us

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

Website: www.healthwatchcityoflondon.org.uk

Telephone: 020 3745 9563

Email: info@healthwatchcityoflondon.org.uk

Getting to know us. We held events to increase our engagement with our communities.



Healthwatch City of London Launch Event

Healthwatch City of London held its launch event in January 2020 in the Portsoken Street Community Centre.

We were joined by City residents, charity partners and representatives from local Health and Social Care providers.

The event gave residents the opportunity to hear about our work and meet the team. We were really encouraged by the number of people who attended.

You told us that you are concerned about access to services and information, for those who have no or limited access to the internet; social isolation and access to social care.

We recognise your concerns and will ensure these are raised with service providers.

Public Board Meeting

We held a very well attended Public Board Meeting in February.

A presentation was given on the City of London's update on the Neighbourhoods programme.

The key aims of the programme, as outlined in the presentation:

- Services to be more integrated and joined up
- More coordination between services
- More personalised care and support which understands what is important for patients and supports building on their relationships and connections
- A better understanding of what local community support already exists (including an improved link with the voluntary sector)
- The ability to tailor support to local areas based on identified need within that community
- An opportunity to address the wider determinants of health by drawing together health and social care services with wider Neighbourhood community assets and services

A lively discussion took place with all participants given a chance to air their views and raise concerns.



Contact us to get the information you need

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Long Term Plan

#WhatWouldYouDo

Healthwatch England Network



More than 40,000 people shared their views nationally with Healthwatch.



The Healthwatch network held over 500 focus groups reaching different communities across England.



Nationally Healthwatch attended almost 1,000 community events.

NHS Long Term Plan

As part of the national engagement of the NHS Long Term Plan Healthwatch City of London held two public meetings to hear people’s views on the Plan.

What matters most to people in the City of London?

These round table events focused on five subject areas related to the Long Term Plan: disease prevention, mental health, cancer screening and cancer services, digital solutions and the development of Neighbourhoods.

Throughout the discussion, some key themes emerged across all groups such as the need for improved information education about disease prevention and improving access to services for mental health. Social isolation was a big issue and participants were keen to see the development of community groups as a support mechanism and community spaces where

people are able to meet. There was a vibrant discussion on the impact of the environment on the health of City people e.g. tall buildings, noisy bars and cafes and a perceived lack of green spaces. Attendees were open to digital approaches to the delivery of healthcare but it was clear that more support is needed to make digital healthcare accessible to all.

A major concern for City residents is referral to services that are some distance from the City, not easy to reach either by public transport or car and is expensive in a taxi. Participants were keen to understand why they were being referred to these services when there are other large hospitals much closer to the City that are far more convenient in terms of journey time and access. City residents were concerned about the lack of ability to choose which hospital they attend.

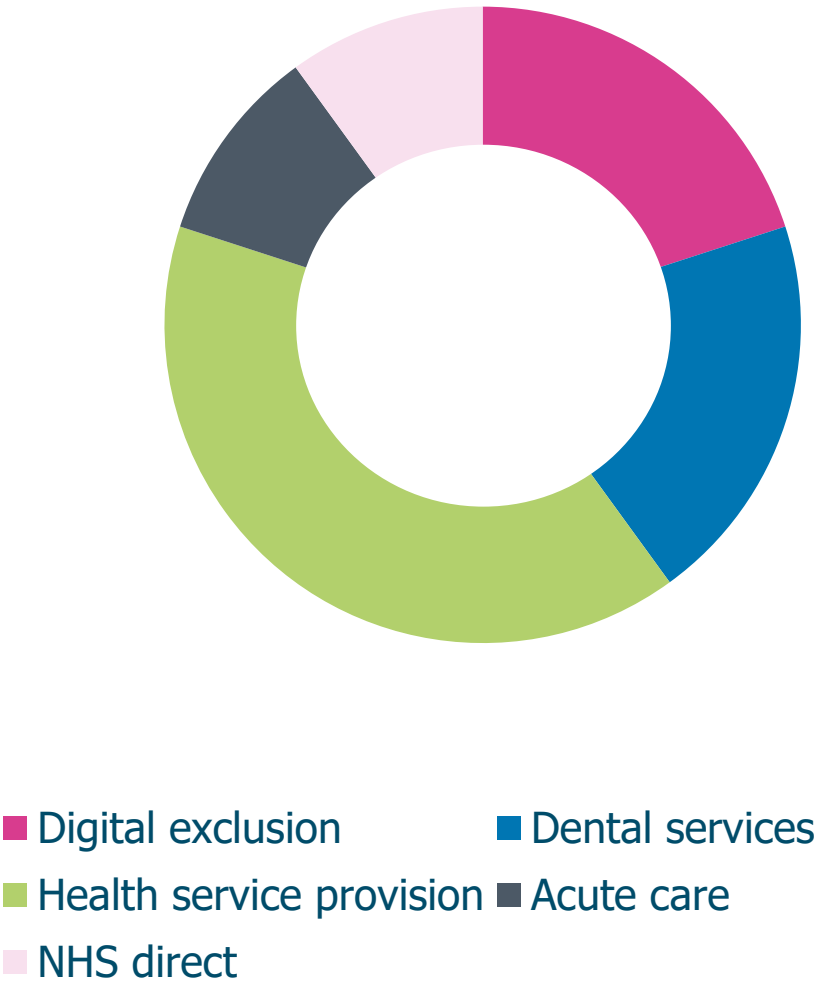
Helping you find the answers



Finding the right service can be worrying and stressful. Healthwatch plays an important role in helping people to get the information they need to take control of their health and care, and find services that will provide them with the right support.

- This year we helped people get the advice and information they need by:
- Providing advice and information articles on our website.
 - Answering people’s queries about services over the phone, by email, or online.
 - Talking to people at community events.
 - Promoting services and information that can help people on our social media.

Here are some of the areas that people asked about.



Our Board



Our Board

Our board is made up of volunteers who bring a wide range of experience and expertise to guide the organisation.



Gail Beer, Chair

Gail has over 40 years' experience in healthcare. A Bart's trained nurse, her association with the City goes back a long way.

After working extensively in London Hospitals, including the Royal London, Gail moved into management, becoming an executive director on the board of Barts and the London. Leaving Barts, Gail worked as an independent consultant before moving into 2020health, a Westminster-based think tank. She has returned to the NHS and is currently at Guy's and St Thomas' as a director working on special projects.

As a long term City resident, she feels strongly that the voice of local residents and workers must be heard and that holding health and social care providers to account is an essential part of the Healthwatch role.

Steve Stevenson, Trustee

Steve has been a City resident since 1988. He was a member of the City of London's Common Council from 1994 to 2009, serving on the community services committee covering housing, social services and health. Steve has considerable experience of patient engagement and involvement first as a member of the Community Health Council and then at Links. He has been a member of the City of London's health and social care scrutiny committee since 2012. Steve was the sole carer for his wife who had Alzheimer's from 2000 to 2014. Steve joined the board in October 2014.



Lynn Strother, Trustee

Lynn managed the first Healthwatch City of London contract and offers a wealth of knowledge and understanding of Healthwatch. She also has experience and knowledge of the NHS, Social Services and Older Peoples Charities, having worked in these sectors for several years. Lynn has been part of the London Ambulance Service Patients Forum for many years and is a member of the Executive Committee and on the End of Life Care Steering Group. She is also a member of the Patient Involvement Collaborative at Kingston Hospital.



Our Board

Malcolm Waters, Trustee

Malcolm retired in 2019 after 41 years in practice at the Chancery Bar in London. He was appointed a QC in 1997. In his professional life, he specialised in retail financial services and mutual institutions, taking a particular interest in the law relating to unfair contract terms and the various ways in which consumers can obtain redress if they have been treated unfairly by financial institutions. He lives with his wife in the Barbican. He is a member of the PCC at St Giles' Cripplegate.



Cynthia White, Associate Board Member

Cynthia joined Healthwatch City of London as an Associate Board Member in January last year. She chairs the City & Hackney Older People Reference Group; sits on the City of London Adult Safeguarding Sub-Committee and represents the Neaman Practice on the CCG's Patient and Public Involvement Committee.

Cynthia is a Barbican resident who is well known across the City for her voluntary work, dedication and commitment in the improvement of Health and Social Care provision in the City.

Janet Porter, Associate Board Member

Janet has lived in the Barbican since 2005. She is a retired business journalist who now chairs Lloyd's List's editorial board, as well as continuing to write about the maritime industry. Janet was born in London and has an economics degree from London University.

As a resident of the City of London, she is keen to ensure that health and social care services in the Square Mile are world class and meet the needs of the local community. Janet is an authorised Enter and View representative.



Stuart Mackenzie, Associate Board Member

Stuart is retired, and a Barbican resident since 2005. He held principal consultant and senior European marketing roles in leading UK and US management, high technology and product design consultancies.

He is interested in improving the user/service provider interface and the quality of communications in the NHS and social care. Stuart is an authorised Enter and View representative.

Volunteers



Healthwatch City of London developed its volunteer strategy in 2019/20 in order to have additional support for the purpose of finding out what the community thinks is working, and what improvements people would like to see for local health and social care services.

The values underpinning the strategy are:

- To be a trusted organisation that genuinely involves volunteers.
- That we value diversity and offer flexibility.

Our volunteer strategy

At the heart of Healthwatch City of London’s ability to achieve its mission and objectives are volunteers. The organisation already owes much to the dedication and drive of its current volunteers whom we thank wholeheartedly.

Volunteers are the face and voice of Healthwatch City of London. Their contributions are various and include; raising awareness of the organisation, influencing service design and delivery by representing the views and issues of the City public to key decision makers, providing information, and supporting the public to have their say.

Our strategy has been developed to provide a solid foundation for Healthwatch City of London in offering a quality volunteering experience to its volunteers; and supporting the organisation to meet its objectives through the recruitment and retention of volunteers.



Our Chair and Board are all volunteers giving their time freely to make Healthwatch City of London a success.



Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch at Healthwatch City of London.

Website: www.Healthwatchcityoflondon.org.uk

Telephone: 020 3745 9563

Email: info@healthwatchcityoflondon.org.uk

Volunteer roles

We could not function without volunteers. Here is a brief overview of their roles.



Service Assessors

We train volunteers to report on and recommend how local health and care services could or ought to be improved via our enter and view powers. They might be observing the service, gathering the views of patients, residents and staff, and contributing to reports which highlight their findings.

Public Representatives

Public representatives would use the opinions and information that has been gathered by Healthwatch City of London to present the views of City residents and workers, in order to influence decision-makers and shape service development and delivery. They are encouraged to use their own relevant experiences where appropriate.

Policy Assistants

Policy assistants analyse national and local health and social care policy and issues on behalf of the board. Their role is to identify the possible impact on the local community, draft responses to relevant policy consultations enabling Healthwatch City of London to influence service design and delivery.

Community listeners and influencers

Listeners and influencers speak to local people about their experiences and give them the opportunity to share their views and ideas for how services can be improved. Volunteers spend time in the community finding out what people think of local services and raising awareness of Healthwatch.

Information Analysts

Information analysts study, analyse and interpret the information and data gathered during meetings and discussions with members of the local community, enabling reports to be produced based on those findings

Communications and Digital Support Assistant

Communications and digital support assistants assist the team through day-to-day communication activities including researching and writing news stories for the website, compiling newsletters/e-bulletins, and helping with distribution, writing and posting on Social Media, maintaining and developing content for the website.



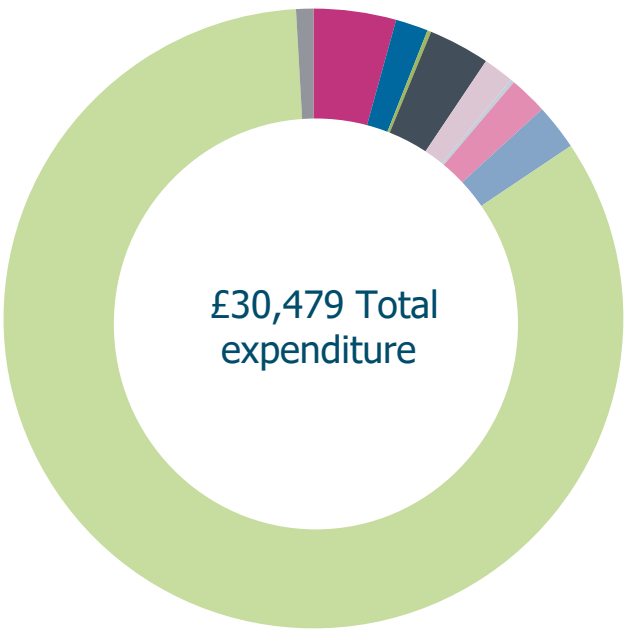
Finances



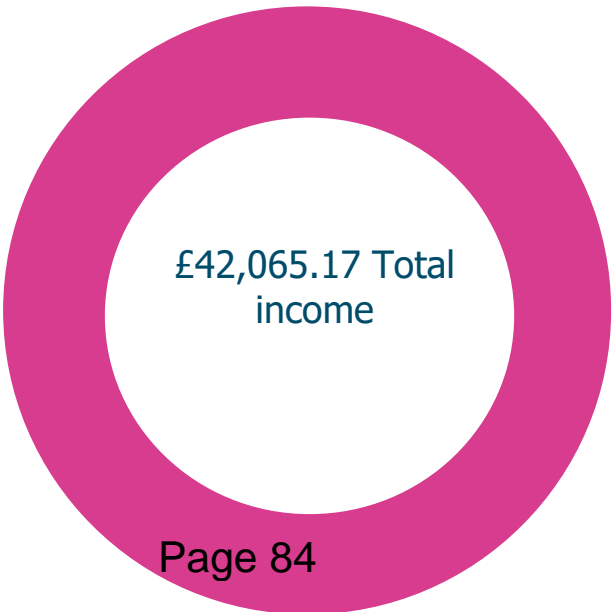
We are funded by the City of London Corporation under the Health and Social Care Act (2012). In 2019-20 we spent £30,479

“I would like to echo our Chair’s comments on how taxing it was to set up Healthwatch City of London. I was determined in the set up phase that the Board would remain in control of our finances and I am pleased to say we have. I believe we have set a solid financial platform to support our work going forward. As Trustees we continue to review our financial processes to ensure they remain fit for purpose, and that our contractual arrangements with suppliers provide us with the best value.” Steve Stevenson, Chair of the Finance sub-committee

- Audit/Accountancy/Bank
- Depreciation Expense
- Events
- Insurance
- IT & Telephones
- Legal Expenses
- Postage and stationery
- Recruitment Costs
- Salaries/Pension
- Training



- 100% funding received from local authority



Our plans for next year



At Healthwatch City of London we are embarking on our first full year. With our team now in place and our volunteer base growing, we have many opportunities to look forward to.

Looking ahead our immediate focus is on our response to Covid-19 and the repercussions on both our community, in terms of its effects on mental health and wellbeing, and in the provision of Health and Social care services.

We have identified our main priorities for the upcoming year, which are ensuring that every voice is heard; fostering an environment where all of our communities wish to volunteer with us; working with our local health providers to create better outcomes for the City of London; carrying out City specific research projects, driven by you; working collaboratively with our local Healthwatch partners on the big issues that affect us all, and ensuring that the City of London Corporation and the City and Hackney CCG know and listen to your voice, the City of London people.

This year, the merger of local CCG's, and the creation of the City and Shoreditch Neighbourhoods scheme will revolutionise our local service provision. We will ensure your voice as the residents, students and workers of the City of London is part of the conversation. We will be working to understand the impact on you of changes to NHS services across London that have become the adopted norm as a result of Covid-19. Due to the pandemic these were enacted with little consultation and we will be seeking opportunities on your behalf to influence any further change.

I look forward to working with our supporters and the communities that make up the City of London.



Thank you

I'd like to thank our Board for their support and the hard work they have undertaken in establishing our great charity. I'd also like to thank our volunteers for their valued contribution to our work. I look forward to delivering on the challenging objectives we have set ourselves for the forthcoming year.

Paul Coles
Healthwatch City of London



we will ensure your voice as the residents, students and workers of the City of London is part of the conversation

Thank you

Our Board would like to thank everyone that is helping us put people at the heart of social care, including:

- Members of the public who shared their views and experience with us.
- All of our amazing staff and volunteers.
- The voluntary organisations that have contributed to our work.



Contact us

Healthwatch City of London

Contact number: 020 3745 9563

Email address: info@healthwatchcityoflondon.org.uk

Website: www.healthwatchcityoflondon.org.uk

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you need this in an alternative format please contact us.

Charity number: 1184771

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