



Health and Wellbeing Board

Date: FRIDAY, 16 JULY 2021
Time: 11.30 am
Venue: VIRTUAL MEETING (ACCESSIBLE REMOTELY)

Members: Marianne Fredericks (Chairman)
Mary Durcan (Deputy Chairman)
Jon Avern, Markets & Consumer Protection Department
Gail Beer, Healthwatch
Matthew Bell, Policy and Resources Committee
Andrew Carter, Director of Community and Children's Services
Chief Superintendent Steve Heatley, City of London Police
Sandra Husbands, Director of Public Health
Siobhan Harper, NHS City and Hackney CCG
Dr Gary Marlowe, Clinical Commissioning Group (CCG)
Ruby Sayed, Chairman of Community & Children's Services Committee
Jeremy Simons, Port Health and Environmental Services Committee

Enquiries: Leanne Murphy
leanne.murphy@cityoflondon.gov.uk

Accessing the virtual public meeting

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

https://youtu.be/LdQ_CbHzgAc

This meeting will be a virtual meeting and therefore will not take place in a physical location. Any views reached by the Committee today will have to be considered by the Director of Community & Children's Services after the meeting in accordance with the Court of Common Council's Covid Approval Procedure who will make a formal decision having considered all relevant matters. This process reflects the current position in respect of the holding of formal Local Authority meetings and the Court of Common Council's decision of 15th April 2021 to continue with virtual meetings and take formal decisions through a delegation to the Town Clerk and other officers nominated by him after the informal meeting has taken place and the will of the Committee is known in open session. Details of all decisions taken under the Covid Approval Procedure will be available online via the City Corporation's webpages.

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 FOR ABSENCE**
2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **MINUTES**
To agree the public minutes of the previous meetings held on 4 and 7 May 2021.
For Decision
(Pages 5 - 12)
4. **COVID-19 UPDATE**
Oral update on the latest position.
For Information
5. **CITY OF LONDON JOINT HEALTH AND WELLBEING STRATEGY REFRESH UPDATE**
Report of the Director of Community and Children's Services.
For Decision
(Pages 13 - 18)
6. **HEALTHWATCH CITY OF LONDON PROGRESS REPORT**
Report of the Chair of Healthwatch City of London.
For Information
(Pages 19 - 82)
7. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
8. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
9. **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

10. **NON-PUBLIC MINUTES**
To agree the non-public minutes of the previous meeting held on 7 May 2021.
For Decision
(Pages 83 - 86)

11. **SUICIDE / ATTEMPTED SUICIDE FROM CITY OF LONDON BRIDGES AND
SUICIDE PREVENTION STEERING GROUP ACTION PLAN UPDATE**

Joint report of the Commissioner of Police and City and Hackney Public Health.

For Information
(Pages 87 - 108)

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

13. **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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HEALTH AND WELLBEING BOARD

Tuesday, 4 May 2021

**Minutes of the meeting of the virtual Health and Wellbeing Board held on
Tuesday, 4 May 2021 at 12.50 pm**

Present

Members:

Marianne Fredericks (Chairman)
Mary Durcan (Deputy Chairman)
Jon Avern, Director of Markets & Consumer Protection
Andrew Carter, Director of Community and Children's Services
Sandra Husbands, Director of Public Health
Dr Gary Marlowe, Clinical Commissioning Group (CCG)
Jeremy Simons, Port Health and Environmental Services Committee

Officers:

Leanne Murphy - Town Clerk's Department
Chris Lovitt - Deputy Director of Public Health

1. APOLOGIES

Apologies were received from Chief Superintendent Steve Heatley, Siobhan Harper, Gail Beer and Deputy Joyce Nash.

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

There were none.

3. ORDER OF THE COURT

Members received the Order of the Court dated 15 April 2021 appointing the Board and setting its Terms of Reference.

4. ELECTION OF A CHAIRMAN

Members elected a Chairman in accordance with Standing Order 29.

RESOLVED, that Marianne Fredericks, being the only Member willing to serve, be elected as Chairman for the ensuing year.

5. ELECTION OF A DEPUTY CHAIRMAN

Members elected a Deputy Chairman in accordance with Standing Order 30.

RESOLVED, that Mary Durcan, being the only Member willing to serve, be elected as Deputy Chairman for the ensuing year.

The meeting ended at 1.01 pm

Chairman

Contact Officer: Leanne Murphy

HEALTH AND WELLBEING BOARD

Friday, 7 May 2021

Minutes of the meeting of the Health and Wellbeing Board held at on Friday, 7 May 2021 at 11.30 am

Present

Members:

Marianne Fredericks (Chairman)
Mary Durcan (Deputy Chairman)
Jon Avern, Markets & Consumer Protection Department
Gail Beer, Healthwatch
Matthew Bell, Policy and Resources Committee
Andrew Carter, Director of Community and Children's Services
Siobhan Harper, NHS City and Hackney CCG
Chief Superintendent Steve Heatley, City of London Police
Sandra Husbands, Director of Public Health
Dr Gary Marlowe, Clinical Commissioning Group (CCG)
Ruby Sayed, Chairman of Community & Children's Services Committee
Jeremy Simons, Port Health and Environmental Services Committee

Officers:

Chris Lovitt	- Deputy Director of Public Health
Jayne Taylor	- London Borough of Hackney & City of London Corporation
Alexandra Vastano	- London Borough of Hackney & City of London Corporation
Donna Doherty-Kelly	- London Borough of Hackney & City of London Corporation
Claire Giraud	- London Borough of Hackney & City of London Corporation
Xenia Koumi	- Community & Children's Services
Ian Hughes	- Assistant Director (Highways)
Robin Whitehouse	- Pollution Team Manager
Lorenzo Conigliaro	- City of London Police
Leanne Murphy	- Town Clerk's Department
Chandni Tanna	- Town Clerk's Department

1. APOLOGIES

Apologies were received from Deputy Joyce Nash.

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

There were none.

3. MINUTES

The public minutes and non-public summary of the meeting held on 19 February 2021 were approved.

4. **COVID-19 UPDATE**

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

Members were advised that infection rates were declining across London and the UK during the last few months. Members were reminded that despite small incident numbers in the City this appeared as a high incident rate due to the low resident population (4,100 based on 4 cases). The testing positivity rate remains positive at 1.2-3% and all under 40s have been offered an alternative to the AZ vaccination.

The Director of Public Health stressed the importance of encouraging everyone to undertake the vaccination through testimonials and good credible information, noting the wealth of information provided on the City Corporation's website as a good source.

5. **SUICIDE PREVENTION IN THE CITY OF LONDON**

The Board considered a report of the Director of Public Health providing an update on the suicide prevention action plan as well as on the number of attempted suicides and suicides occurring in the City of London following the establishment of the multi-agency suicide prevention group in 2017.

Members were informed that there had been a total of 10 suicides, 223 attempted suicides and 150 incidents between March 2019 to April 2021. Since the Suicide Action Plan stated, over 53 actions have commenced with 9 completed, 44 in progress and 12 new actions commenced since the last annual report to the Health and Wellbeing Board.

A Member advised that they had joined a street triage at night and praised the service hoping it would continue and grow further.

It was noted that infrared on bridges was considered a thorny issue and a Member queried how this was developing as they considered it to be a good, cost effective tool. Officers confirmed work concerning infrared beams were delayed due to the pandemic and other issues. A new strand of work was being explored on technologies to help vulnerable people in conjunction with the City of London Police (COLP).

In response to a question regarding taxi drivers, Members were advised that the City Corporation's Suicide Prevention Lead was having conversations with Thrive London as it was considered sensible to initiate training on a pan-London level.

Members remained concerned about tall buildings and the risk of suicide questioning if Planning were incorporating this risk with new tall builds. It was noted that guidance had been created on suicide risk mitigation at high spaces as part of City Corporation's long-term plan and would be attached to all building applications for buildings four stories or higher.

Responding to the Chairman's query regarding maintaining pressure to ensure the mental health street triage happens, Officers confirmed that the Public Health team had been given the go ahead to work with the Police to expand this service and with a budget whilst they evaluate impact and conduct a trial model. It was agreed there was a need to assess other mental health impacts to see if a trained officer should patrol with the COLP.

It was acknowledged that statistics around incidents of suicide on bridges and people visiting from outside the City gave a strong case that people travelled to do this. Officers confirmed Police rather than Coroner data was being used and reducing access to the means of suicide was a national priority.

A Member noted reference to definitions in the footnotes and asked if there was consensus on definitions and recommendations between all those signed up to the action plan. It was confirmed that whilst there were various sources, i.e. Police, Coroner, MET, health triage, Thrive London, BTP, all data was collected and analysed and a sub group created to ensure there was agreement by all Partners on definitions pan London. It was noted that Thrive London surveillance was also now live. Information was shared on a timely basis to work towards the same goal.

With regards to the Tidal Water Safety Forum, Members were advised that the onus was on landowners and the City Corporation had ownership on the walkways. Members enquired how often there were inspections of grab rails or improvements to safety on the river front. The Chairman added that they had mentioned training to premises along river on what to do at the recent Licensing Committee meeting and it was recommended that everyone be encouraged to take Thrive London's suicide free training including businesses and staff.

It was noted that the Cleansing Team were the "eyes and ears on the street" in the City and a Member enquired if they were trained. Officers confirmed there were regular talks with the team and scope for suicide prevention work was being built into the Department.

The Port Health and Public Protection Director confirmed that as part of the drowning prevention strategy, there was an action to map all areas for river safety equipment and ensure they are maintained. The Director actioned to talk to relevant individuals on this matter.

RESOLVED – That Members:-

- Note the progress made on the Suicide Prevention Action Plan;
- Note the most recent data for suicide in the City of London;
- Approve recommendations for suicide prevention.

6. BUSINESS HEALTHY ANNUAL UPDATE REPORT

The Board considered a joint report of the Director of the Department of Community & Children's Services and Director of Public Health providing an

update on the key achievements of the Business Healthy network from March 2020 to date, including progress against its strategic objectives and overall aim to provide support and signposting to employers in the City of London to help them improve the health and wellbeing of their workforce.

Members were advised that this work concerned the health and wellbeing of the Square Mile's workforce, and a key ongoing aim was to specifically raise awareness among employers of the health and wellbeing needs of the City's "hidden" workforce (routine, service and manual workers).

The Chair thanked Officers for the work of the programme and noted that health and wellbeing needs of City workers may be changed as a result of the pandemic, as well as resulting changes to working practices.

RESOLVED – That Members:-

- Note the report and the role Business Healthy has played throughout the pandemic;
- Support the promotion of the Business Healthy network to employers within their wards and other key stakeholders.

7. DRAFT CITY OF LONDON CONTAMINATED LAND INSPECTION STRATEGY 2021-2030

The Board considered a report of the Director of Markets & Consumer Protection concerning the Draft City of London Contaminated Land Inspection Strategy 2021-2030. This strategy fulfils the City of London's statutory obligation to set out its wider approach to contaminated land and its inspection duties within the Square Mile and provides a more accessible, shorter and condensed strategy document.

Members were advised that the City Corporation had a statutory duty to ensure land within its boundaries were fit for use and have a plan in place which was reviewed every five years.

In response to a query concerning the resource implications of managing this work, officers confirmed most of work was already carried out and a database was in place to monitor potentially contaminated land in the City and log the data of historic land use. It was noted that different land uses had different risks associated to them, the risks needed to be assessed when change happened, with costs met within the existing budget. If something required significant detailed investigation and this came to the Corporation rather than the land owner, a request would come back to the Port Health Committee for sign off.

A Member noted that there was good data about the land risks in the City post war with the cost significantly going to land owner so the risk of the Corporation paying was low.

A Member queried if there was a check for contaminants in advance of when a site was developed. Officers confirmed this took place at the beginning of the

planning stage as part of assessing overall environmental concerns. All land owners were expected to fulfil functions of care and undertake investigations prior to any work commencing.

RESOLVED – That Members approve the proposal set out in paragraph 12 and 13 that the attached draft contaminated land inspection strategy (Appendix 1) undergoes external consultation until 25 July 2021, subject to any comments received at your meeting and a further report will be presented to your 27 September 2021 meeting to approve the subsequent new strategy.

8. HEALTHWATCH CITY OF LONDON PROGRESS REPORT

The Board received a report by Healthwatch City of London providing an update on the progress against contractual targets and the work of Healthwatch City of London (HWCoL) with reference to Quarter Four, plus information on proposed activities during Quarter One of 2021/22.

Members were informed that the key issue over the last year included making sure there was sufficient information available regarding the regulations, vaccinations and testing available. Other focus areas included the availability of podiatry services, assisting the St Leonards Hospital Redevelopment, reinstatement and improvements to the Neaman Practice clinic appointment system, and working with primary care networks and residents on the NE London integrated system and governance. It was also noted that the new Petticoat trustee and already been having a great impact locally.

RECEIVED.

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

There were no questions.

10. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

There were no items.

11. 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 on the grounds that they involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Local Government Act.

12. SECURE CITY PROGRAMME (SCP) - YEAR 2

The Board received a joint Gateway 2 Programme Proposal report of the Director of the Built Environment and Commissioner, City of London Police, concerning the Secure City Programme (SCP) – Year 2.

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

There were no questions.

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

There was one item of AOB.

The meeting ended at 12.59 pm

Chairman

Contact Officer: Leanne Murphy
leanne.murphy@cityoflondon.gov.uk

Committee(s): City of London Health and Wellbeing Board	Dated: 16/07/2021
Subject: City of London Joint Health and Wellbeing Strategy refresh – update	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1, 2, 3, 4, 5, 8, 9, 11 and 12
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	£
What is the source of Funding?	
Has this Funding Source been agreed with the Chamberlain's Department?	Y/N
Report of: Andrew Carter, Director of Community and Children's Services	For Decision
Report author: Zoe Dhami, Strategy Officer, Community and Children's Services	

Summary

This paper provides an update on the development of City of London's Joint Health and Wellbeing Strategy, including an overview of the King's Fund Workshop which took place on 21st May 2021. This update paper is in addition to the discussion that will be take place with the Health and Wellbeing Board on 16 July about next steps and timetable on the strategy.

Recommendations

Members are asked to:

- Note the report
- Confirm the approach to the recommendation of a review of terms of reference for the Board
- Confirm the approach and timetable for proposed completion of the 1st draft of the City of London Health and Wellbeing Strategy

Main Report

Background

1. In September 2020, the Health and Wellbeing Board (HWB) endorsed the recommendation to use the King's Fund population health framework to support co-ordinated local action to tackle health inequalities, and to guide the development of the Joint Health and Wellbeing Strategy (JHWBS). Further, it was endorsed that a 'health in all policies' approach should be adopted to help inform the priorities for the JHWBS.

2. An engagement session was held with the HWBB on 10 November 2020. The outcomes from the session were:
 - agreement to co-ordinate and work with Hackney on engagement and key areas of crossover between the two separate JHWB strategies
 - consensus that engagement for the strategy must be far-reaching, ensuring that methods are used to engage with hard-to-reach groups.
3. In January 2021, the Board agreed to:
 - The delivery of an externally facilitated development workshop for City of London HWB members.
 - The delivery of a second workshop to bring together members from both Hackney and the City of London's Health and Wellbeing Boards, plus key stakeholders (including City and Hackney Health Inequalities Steering Group members), to agree a strategic framework for improving population health through two new Health and Wellbeing Strategies.
4. The development session for City of London HWB Members was planned in Consultation with the Chair of the by officers from the Community and Children's Service and joint public health team. The session was facilitated by Alan Higgins from the London Government Association (LGA). The outcomes from the session included:
 - a need for clarity of purpose through the governance structure and priorities set in the JHWBS,
 - greater resident and working population engagement,
 - a clearer focus on outcomes, and how we monitor progress toward them, and
 - greater involvement from the third sector
 - a recognition that the NHS is going through a reorganisation and that further changes may occur in the role of HWB board once the proposed 2021 Health and Social Care Act is enacted.
5. The Joint HWB Strategy Prioritisation Workshop, held on 21 May, was facilitated by Professor Durka Dougall and David Buck from The King's Fund. It was supported by Alan Higgins from the LGA, and also included a guest presentation from Professor Kevin Fenton. On the day, Sandra Husbands, Professor Fenton and the Chairs of the Health and Wellbeing Boards provided the context for the workshop with verbal and slide presentations that focused on key lessons shared from the pandemic, core principles in addressing health inequalities and a summary of the data evidence packs.
6. A City of London evidence pack on health and inequalities was developed and this was used to inform the discussions at the workshop. Attendees were asked to consider what the City Corporation did well, the gaps or opportunities, areas for priority focus and what each priority focus needed.
7. A Request for Quotation was published for a Peer Research service, and this was awarded to Hackney Volunteer Centre (HVC) in early June. Since the award date HVC has begun recruitment of peer researchers and established a steering group,

which had its first meeting on June 30. A first draft of survey questions is being produced with the peer researchers, ready for the first training session in mid-July.

8. A joint HWB strategy working group has been set up, chaired by Marianne Fredericks and Cllr Kennedy. This working group convened in April 2021, with a second meeting held on June 24th.

Current Position

9. Since the Joint HWB Strategy Prioritisation Workshop the board is requested to confirm approach to the recommendations from the workshop:-
 - a. The terms of reference of the Board should be reviewed
 - b. The extension of JHWBS development timeline to allow for thorough engagement, and therefore a later 2022 sign off date.
 - c. How the JHWBS can be used to set a clear purpose for the Board and strengthen existing work in the City of London.

Corporate & Strategic Implications

Strategic implications

10. The JHWBS is being developed in line with the statutory duties of the Health and Wellbeing Board, as laid out in the Health and Social Care Act 2012. A new Health and Social Care Act is expected to be enacted in 2021, the current white paper proposes to continue with the strategic role of the HWB. However, once the new Act has been through Parliamentary process any additional changes will be reported to the board for consideration.
11. The JHWBS aligns with and will support the following outcomes of the Corporate Plan:

Contribute to a flourishing society

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

Support a thriving economy

5. Businesses are trusted and socially and environmentally responsible
8. We have access to the skills and talent we need

Shape outstanding environments

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.

Financial implications

12. None

Resource implications

13. None

Legal implications

14. None

Risk implications

15. None

Equalities implications

16. The JHWBS will be developed through an explicit inequalities lens – to ensure that sufficient focus is placed on inequalities that have deepened as a result of COVID-19 (for example, linked to ethnicity and deprivation), and that our plans are broadened to directly address the needs of vulnerable groups that have not been prioritised previously (such as people living in insecure, overcrowded accommodation who are at increased risk of infection and may have limited access to services). In addition, an Equality Impact Assessment will be completed by August 2021.

17. The JHWBS will have strategic support from the City and Hackney Health Inequalities Steering Group and an Equalities Impact Assessment will be undertaken.

Climate implications

18. None

Security implications

19. None

Conclusion

20. Members are asked to note the update on the JHWBS development, and the points that will be considered at the 16 July Board meeting.

Appendices

- None

Zoe Dhami

Strategy Officer, Department of Community and Children's Services

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Committee: Health and Wellbeing Board	Dated: 16 July 2021
Subject: Healthwatch City of London Progress Report	Public
Report authors: Gail Beer Chair and Paul Coles General Manager HWCoL	For Information

Summary

The purpose of this report is to update the Health and Wellbeing Board on progress against contractual targets and the work of Healthwatch City of London (HWCoL) with reference to Quarter One 2021/22.

Recommendation

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 2012.

A Healthwatch service for the City of London has been funded by the City of London Corporation since 2013. The current contract for Healthwatch came into being in September 2019 and was awarded to a new charity Healthwatch City of London (HWCoL). HWCoL was entered on the Charities Commission Register of Charities in August 2019 as a Foundation Model Charity Incorporated Organisation and is Licenced by Healthwatch England (HWE) to use the Healthwatch brand.

HWCoL's vision is for a Health and Social Care system responsive to the needs of the City. HWCoL's 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.

1.Current Position

1.1 During Quarter 1 HWCoL completed the annual business and work plan for 2021/22 including a period of consultation with stakeholders. The Annual Report was completed and submitted to Healthwatch England. The Annual Survey was commenced. HWCoL continued work on four key commissioned projects which are now nearing completion. Work with the local GP practice continued and significant progress has been made in addressing a number of concerns. Staff have begun a phased return to working in the City utilising the Golden Lane Community Centre.

2. Business Plan (Appendix 1)

2.1 HWCOL completed a draft of the 2021/22 Business Plan building on last year's plan and the experiences of the past year. A thorough review of 2020/21 was undertaken over a three-month period. Alongside the statutory and contractual obligations, several local priorities have been identified and included. These have been developed in response to the field work undertaken by the team and interaction with residents. These include:

- Reflect the diversity of the population of the City of London to ensure that every voice is heard.
- Encourage GP services to deliver good care in their practices, the services they commission, and those commissioned by their primary care network.
- Campaign to ensure that the 'new normal' in health and social care services are responsive to the requirements of residents, students, and workers.
- Ensure City residents' needs remain at the heart of the new Shoreditch Park and City Neighbourhood.
- Scrutinise the development of a single North East London CCG (NEL CCG) for primary care.
- Ensure services currently provided by St Leonard's Hospital remain within easy reach of City of London residents.
- Act as a critical friend to the City of London Corporation and participate in any decision-making that impacts on the provision of health and social care issues.

Consultation with all stakeholders, including residents and partners was carried out in June. Once all the comments have been collated a final draft will be completed.

3 Annual Report 2020/21 (Appendix 2)

3.1. HWCOL's Annual Report was completed and submitted to Healthwatch England on the 30th of June. This is a statutory requirement from HWE. The report reflects on the past year and highlights the successes in delivering the core Healthwatch activities. These include:

- Identifying the causes behind the cessation of the Podiatry Clinic at the Neaman Practice; working with Homerton University NHS Foundation Trust to ensure that services were made available; ensuring that the Neaman Practice was able to work with HUHFT to deliver an accessible service.
- Working closely with the Neaman Practice to understand the causes behind several complaints and issues raised by residents and develop an action plan to address them.
- Carrying out an in-depth survey to identify the level of access to dental services during the first lockdown of the pandemic, followed by a further survey to identify any changes. The report and recommendations were shared with Healthwatch England and City and Hackney CCG.
- Producing 12 newsletters and 40 bulletins, including a Christmas Services special.
- Significantly increased HWCOL's presence through social media
- Setting up dedicated Covid 19 information pages on the website.
- Signposting 284 people, including 152 who requested support during the pandemic.

- Helping 12,102 people by:
 - Providing up to date advice on the COVID-19 response locally.
 - Linking people to reliable up-to-date information.
 - Supporting the vaccine roll-out.
 - Supporting the community volunteer response.

4.Contract Performance

The Performance Report for Q1 has only recently been completed and has not been submitted as of the date of the Health and Well-being Board report. The report identifies HWCoL's continued performance improvement. Points to consider are:

4.1. Of the 25 KPI's in the Performance Framework, HWCoL has achieved or exceeded target in 20; an improvement of four over the Q4 report in 2020/21. These include:

- HWCoL produced weekly newsletters and bulletins providing advice and guidance to residents regarding the COVID-19 vaccination programme in City and Hackney, and Tower Hamlets. The newsletters and bulletins continue to be sent out to all City residents and HWCoL will be improving access to the newsletter for residents on Guinness estate now they have returned to the office.
- In Q1, users of the website continued to increase significantly. Attracting 10,418 unique visitors compared to, 9,414 unique visitors in the last quarter. During Q1, 17,681 pages were visited, in 12,688 sessions. The Covid-19 information pages continue to be the most visited on the website.
- In Q1 the team posted 135 times on the Facebook page. Facebook followers increased from 29 to 105, achieving the quarterly target of 50 followers.
- In Q1 the Twitter account added 11 new followers, increasing the number of followers to 652, above the quarterly target of 650. HWCoL posted 123 tweets in the quarter generating 19,215 tweets.

4.2. Since Q4 2020/21, the areas of underperformance decreased by two to four, (rated yellow). These include:

- The annual month-long campaign to recruit board and associate board members has not been undertaken but will be launched at the AGM in September.
- The number of Board members remains at five and there is no City worker representation or Trustee to adequately reflect the views of young people. Addressing the lack of representation from these groups will be a key focus for the annual recruitment campaign.
- The number of attendees at Board meetings in public remains a challenge. Despite a concentrated effort to increase attendance at virtual meetings. Following both the successful webinar and the increased public attendance to

the presentation by the Neaman Practice, a review of the agendas will take place to ensure that Board Meetings in Public have agenda items that are addressing areas of public interest.

- Enter and View activities continue to be suspended whilst Covid-19 restrictions remain in place. A number of 'mystery shops' have been undertaken to compensate for this lack of activity. Currently, a volunteer is carrying out a 'mystery shop' exploring the availability of audiology services in the City.

4.3. Red Rated Areas:

- With the suspension of Enter and View activity, HWCoL has not provided training for volunteers. Enter and View training activities for volunteers are now being sourced to ensure full participation when restrictions are lifted.

5. Working with the Neaman Practice

At the last HWB meeting it was reported that several concerns spanning a diverse group of performance issues had been formally raised with Neaman Practice. Work is ongoing with the practice and Dr Chor attended a recent HWCoL public board meeting and presented a comprehensive action plan that addresses the issues. HWCoL will continue to monitor progress and work with the Practice over the coming months.

6. Annual Survey

The Annual Survey was undertaken during Q1. Response rates from stakeholders have been encouraging, but once again, response rates from residents remain low.

The responses will be collated and will provide valuable information to update the business plan and will be taken into consideration in the refresh of the Q2 workplan.

A mid- year survey will be undertaken once the HWCoL team are back on site and able to encourage greater participation through face-to-face activities.

7. Project Update

HWCoL is participating in four income generating projects these are:

- **City Outreach project-** The objective of the project is to promote greater engagement from City residents and City of London VCSE organisations with the new Shoreditch Park and City Neighbourhood forum. Funded by Hackney Council for the Voluntary Sector it includes outreach work with residents and voluntary, community and social enterprise (VCSE) organisations working in the City of London. The final report with the project's findings will be produced in July and will include recommendations regarding the future governance of the forum.
- **PCN engagement project-**Working together with Healthwatch Hackney the project aims to identify both the services patients require from their General Practices and the health priorities of those using services. The project's final

report will be available in July. With over 270 city residents contributing to the project a summary report for the City is being produced.

- **Covid Information** - Hackney Giving Covid-19 Information Grants programme. As a grant holder HWCoL is funded to disseminate information on the Test and Trace and vaccination programme. HWCoL works closely with the Public Health team to identify and feed-back issues arising in the community (such as misinformation circulating). The Board plan to hold a webinar for City residents on the Covid-19 and Flu vaccination programme.
- **Community Insights** - partnering with Healthwatch's in North East London, the project will provide North East London CCG with insight on the impact of Covid-19 on the community. Residents living with disabilities were asked to complete an on-line survey; 18 residents completed the survey equating to 3% of the 574 surveys completed. Follow on focus groups with residents living with disabilities in North East London are being planned.

8. St Leonard's Hospital Redevelopment

In partnership with Healthwatch Hackney, HWCoL will be holding a public meeting regarding the redevelopment of St Leonard's Hospital site. The meeting will be the first stage in consultation with the residents of City and Hackney and will be followed by a survey and focus groups. HWCoL and Healthwatch Hackney are committed to involving residents in the redevelopment opportunities for the site. The results of the public engagement will take the form of a People's Plan.

9. Communications

Communications remain focused on the Covid vaccination programme and test and trace as lock down eases. As highlighted above a webinar is planned for October with a focus on the combined Flu/Covid-19 Vaccination programme.

The Annual Public Meeting will be held in September but due to the uncertainty regarding on-going Covid-19 restrictions the meeting will be held on-line. The meeting will also incorporate the Annual General meeting.

10. Risks

Trustees review the Risks and Issues Log at Board meetings. Amongst others, the Risk Log identifies the current response to Covid 19 as having a major impact on HWCoL's work programme including Enter and View and resident engagement. The impact will be reviewed as Covid-19 restrictions are lifted and the Risk Log will be updated accordingly.

11. Conclusion

Quarter 1 has been a busy period in which HWCoL has delivered its statutory obligations through the completion of the Annual Report and Business Plan; demonstrated an improvement in contracted performance and played an active

part in improving services for patients through its work with the Neaman Practice. Preparation is now underway for the team to return to the City thereby providing the opportunity to engage with residents who are not digitally active. The team continue to participate in several forums and projects to ensure the voice of the City service user is fully represented.

Gail Beer
Chair, Healthwatch City of London

Paul Coles
General Manager, Healthwatch City of London

Appendix 1 – HWCoL Business Plan June 2021 – August 2022
Appendix 2 - HWCoL Annual Report 2020-21



Healthwatch City of London

Business Plan

June 2021 – August 2022

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Welcome to Healthwatch City of London's second business plan. Last October, we produced our first business plan which set out our ambitions for the delivery of our three-year contract with the City of London for the provision of Healthwatch services. This plan builds on the 2020/21 plan and will underpin the final plan for 2022/23.

This year has been challenging and we have delivered last year's plan in a very different way to the one we had anticipated. Working remotely has encouraged us to think about how we engage the diverse wider population with limited face to face access. The rapidly changing delivery of everyday care and access to services has meant we have been ever more vigilant in scrutinising the services delivered and making sure that residents had the access they required. Set against the pandemic, the implementation of the Integrated Care System across North East London moved ahead with the development of Neighbourhoods and Primary Care Networks, all of which have the potential to dilute the voice of the City of London but present a real opportunity to have a greater influence on the development of local services.

This year's plan has a greater emphasis on local objectives, meeting the challenges described above and making sure that, as services get back to a 'new normal', all the people in the City of London, whatever their needs, can participate in shaping services and challenging providers of care where necessary.

I would like to commend this second business plan to you; building on last year's successes, it sets out how we intend to discharge the contractual obligations and statutory requirements that need to be met, while ensuring that we do not lose sight of our key objective – to work for the people of the City of London in improving local health and social care services.

Gail Beer

Gail Beer

Chair Healthwatch City of London

June 2021

SUMMARY

Healthwatch City of London (HWCoL) is a charitable incorporated organisation, (registered number 1184771), licensed by Healthwatch England (HWE) to deliver the statutory obligations required in the Health and Social Care Act of 2012, (page 9) and contracted by the City of London Corporation (CoL) to deliver those obligations. (Page 10) As a Charity, HWCoL is required to demonstrate that it delivers a public benefit, and as part of the HWE licence to operate, is required to demonstrate sound and inclusive decision-making. This business plan aims to deliver all these requirements and is underpinned by the organisation's Vision, Mission and Values. (Pages 7 and 8)

Healthwatch City of London is governed by an established Board of five Trustees, supported by three Board Associates and a permanent staff team of four (full time equivalent 2.1) (pages 18-20). In developing this plan, the team undertook a thorough root and branch review of the previous year's plan and achievements. This identified where improvements could be made, and how strategies and activities should be focused to meet the objectives.

The core work of HWCoL is to act on behalf of City of London residents, workers, and students as their independent champion to help improve local health and social care services.

As well as the requirement to meet national and contractual obligations, HWCoL prides itself on its localism and response to local issues, and the impact on local people. This business plan therefore contains a well-developed section addressing what is important to people who make up the City of London. This is reflected in the section 'Making a Difference for City Residents' (pages 14-16), an output of the engagement work undertaken throughout the year.

The City of London is highly dependent on out-of-borough services to deliver both health and social care, and as such, the work of HWCoL is highly networked. A key objective is to ensure that partners in North East London (NEL) are made aware of the needs of the City, and actively engage to enable full representation of the people living, working, and studying here.

In developing this second business plan and building on year one, the Trustees determined that a full review of both the Political, Economic, Social, and Technological (PEST) analysis and the Strengths, Weakness, Opportunities, and Threats (SWOT) analysis needed to be undertaken, taking full account of the Covid-19 Pandemic. The full version of these analyses can be seen on pages (10-13).

The objectives for year two (pages 16-17) are supported by key tasks that enable the delivery of the plan and will enable HWCoL to meet the performance targets set out in the contract with the City of London Corporation, and those reflected in the Performance Framework by which the contract is managed, and impact assessed.

The report includes the expected financial performance of HWCoL over the length of the contract. HWCoL holds one contract with the City of London Corporation, its commissioner and sole funder. The management accounts for HWCoL for its second financial year of operation ending the 31 March 2021 show a surplus. HWCoL has agreed funding until August 2022 and is budgeting to have a closing reserve of £7,996.00 at the end of August, equivalent to 12% of the annual grant. The Trustees have a reserve policy to hold sufficient cash in the bank to cope with any unexpected cashflow issues over the length of the contract.

The plan also includes a section on the risks to the organisation, and the mitigations required to manage those risks (page 22)

The Business Plan will be reviewed annually and referenced in the Annual Report, considering any contract changes, national and local policy changes, and feedback from stakeholders and service users.

Finally, the activities detailed in this plan will be used to support the anticipated successful completion of Quality Framework developed by HWE to support the delivery of the licensed activities of all Healthwatches in England.

This Business Plan covers year two of the three-year contract, (April 2020- August 2022). With the potential for the contract to be extended to August 2024 a key objective in year two will be the successful extension of the contract.

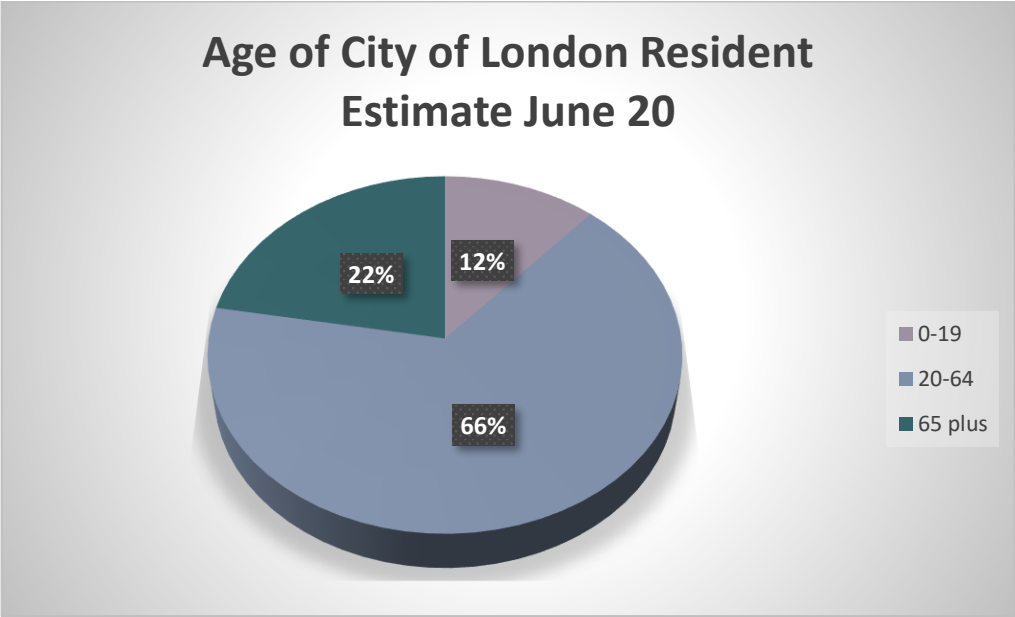
The final objectives and plan will be approved by the HWCoL board on July 15th.

ABOUT THE CITY OF LONDON

The City of London (CoL) is a densely developed area with an estimated population between 8,203 and 9,721 residents, providing employment for an estimated 522,500 people. The CoL in its report ‘City of London Resident Estimates and Projection, June 2020’ estimates there are 7,561 residents of the City of London, rising to 8,203 by 2026. The website www.statista.com/statistics/381055/london-population-by-borough/ lists the City resident population as 9,721.

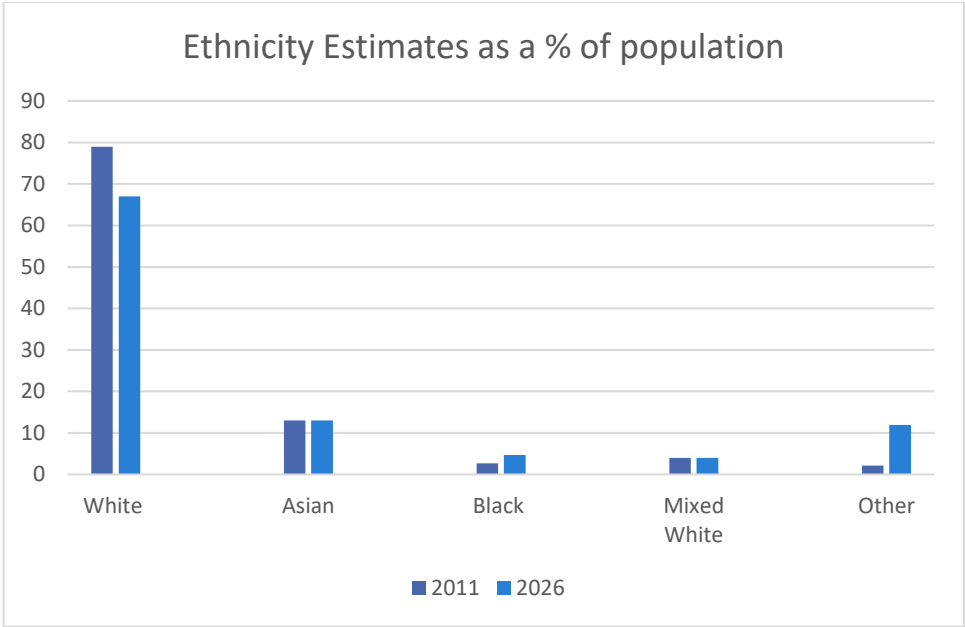
According to City and Hackney Public Health, March 2020: “The health of people in City of London is generally better compared with the England average. City of London is one of the 40% least deprived counties/unitary authorities in England. However, about 9.6% of children live-in low-income families. Life expectancy for both men and women is higher than average.”

Using the CoL report, the population is 56% male and 34% female. The age profile is broken down as follows:



The Age Band 65+ has increased significantly since 2011, from 1,000 to 1,670 in 2020, a 67% increase. This is largely due to the ageing of the population profile in the main residential locations of the Barbican and Golden Lane Estate. The ageing population is likely to create increased demand for health and social care services in the future.

The report uses five main Ethnic Groupings for the population, all of which will show an increase in numbers between 2011 and 2026. In proportional terms there is a mixture of change in these projected profiles.



Using the government’s indices for deprivation, the average deprivation ranking for the City of London declined from 22,758 in 2010 to 20,373 in 2015, before a slight improvement to 20,793 in 2019 (where 1 is the most deprived area and 32,844 the least in England). Significant gaps remain between the areas of Portsoken (included in the 40% most deprived Super Output Areas in England, based on the English Indices of Deprivation) and Barbican (which is in the 10% least deprived Super Output Areas in England).

Public Health profile of the City of London

The Public Health profile published in March 2020, produced by City and Hackney Public Health, includes the following:

Child Health:

- In Year 6, 24.8% of children are classified as obese, worse than the average of 21% for England.
- Levels of breast feeding at 76% of all children are better than the England average of 67%
- Smoking at time of delivery, 6 % of mothers, is better than the England average of 13%.
- GCSE attainment (average attainment 8 score) is better than the England average.

Adult Health:

- The rate for admissions for alcohol-related conditions is 539 per 100,000, better than the average of 644 for England.
- The rate for emergency admissions for self-harm is 73.8 per 100,000, better than the average of 143 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 the England average.
- The rate of emergency admissions for hip fractures of 473 per 100,000 is better than average of 572 for England.

The structural impact of Covid-19 on the number of employees working in offices in the City is not known and therefore difficult to assess. Covid-19 will continue to impact employment in the short-term, whilst employers evaluate the balance between homeworking and attendance in the office as the risk from Covid-19 reduces. It is not yet clear whether there will be a third wave of Covid-19, requiring further national or local lockdowns to support the NHS in meeting the challenge of an increase in hospital in-patient treatment.

Health and Social Care services for City residents.

The City population's primary health care health needs are supported through North East London CCG, the Integrated Care Partnerships (ICPs) for City and Hackney, and Tower Hamlets. General Practice registration for City of London residents is spread over five ICPs, of which 73.0% are registered with a GP in NHS City & Hackney ICP area, 16.1% in Tower Hamlets, 6.2% in Camden, 3.0% in Islington and 1.2% in the NHS Central London ICP area. There is one GP practice in the City, the Neaman Practice, which has 9,800 registered patients from the City and Borough of Islington. This is above the English average of 8,583 and the City and Hackney average of 7,705. The Goodman's Field Health Centre, Leman Street, is due to open in September 2021 and will accommodate those patients supported by Tower Hamlets ICP.

Secondary Care is provided through Barts Health NHS Trust, University College London NHS Foundation Trust, and Homerton Hospital University Foundation Trust. Community health services for the City are delivered through Homerton University Hospital Foundation Trust.

East London Foundation Trust provides mental and community health care to the City. The Governance for Health and Social Care has gone through major changes in the past year, with the creation of an Integrated Care System. This will cover the nine boroughs in North East London, including the City of London, under one Clinical Commissioning Group, from 1 April 2021.

The delivery of adult social care and children's services is the responsibility of the City of London Corporation.

As a result of the geographical spread of service providers, HWCofL is required to work in partnership with a number of neighbouring Healthwatch organisations when carrying out Enter and View visits (COVID restrictions permitting). Engagement with the new the North East London CCG will result in greater co-operation with the Healthwatches covering North East London.

VISION, MISSION AND VALUES

The vision, mission and value statements describe the purpose of HWCoL and the core principles that underpin our work.

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.

MISSION

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 of London.

VALUES

- Respecting and encouraging diversity
- Valuing everyone's contributions.
- Maintaining integrity
- Creating inclusiveness

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

Connected: Help our populations to access high quality information about how their health and social care is delivered.

Networked: Recognise 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: Be outcome focused in our work complementing, rather than duplicating, existing structures, within the resources available.

Evidence based: Gather and use local evidence to underpin our priorities and listening to all our local communities to target our efforts.

HEALTHWATCH STATUTORY DUTIES

1. Promote and support the involvement of local people in the commissioning, provision, and scrutiny of local care services.
2. Enable local people to monitor the standard of provision of local care services and evaluate whether and how local care services could and ought to be improved.
3. Obtain the views of local people regarding their needs for, and experiences of, local care services - and importantly to make these views known.
4. Produce reports and make recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services - and outcomes shared with Healthwatch England.
5. Provide information about local health and social care services to the public in line with the Health and Social Care Act 2012.
6. Formulate views on the standard of provision and whether and how the local care services could and ought to be improved; and share these views with Healthwatch England.
7. Make recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations. Where the circumstances justify doing so, make such recommendations direct to the CQC; and recommend that Healthwatch England publishes reports about particular issues.
8. Provide Healthwatch England with the intelligence and insight it needs to perform effectively.
9. Local Healthwatch organisations shall comply with all relevant legislation in force at any time during the contract period relating to the establishment and provision of the local Healthwatch service. The Provider shall also comply with all guidance issued in respect of local Healthwatch and its role and responsibilities. These are summarised on our website [here](#).

THE CITY OF LONDON CORPORATION CONTRACT

The specification and commissioning of the Healthwatch contract is the responsibility of the Corporation's Department of Community and Children's Services. The current contract awarded to HWC_oL was agreed in August 2019, commencing September 2019 until August 2022 with the potential for extension until August 2024. The contract includes Quality Statements that provide a framework to support HWC_oL and ensure that it is exerting its influence to secure better experiences for people using health and care services. These are:

- A) HWC_oL has a strong understanding of the strengths and weaknesses of the local health and social care system.
- B) HWC_oL enables local people to have their views, ideas and concerns represented as part of the commissioning, delivery, re-design and scrutiny of health and social care services.
- C) HWC_oL formulates views on the standard of health and social care provision and identify where services need to be improved by formally or informally collecting the views and experiences of the members of the public who use them.
- D) HWC_oL provides advice about local health and social care services to the public.

E) HWCoL works with Healthwatch England to enable people’s experiences to influence national commissioning, delivery, and the re-design of health and social care services.

METHODOLOGY

Using the National Council Volunteering Organisation’s business plan template, we developed our plan objectives in three stages:

- Desk top analysis of the external factors affecting HWCoL.
- Internal analysis using PEST and SWOT as tools to assist the process.
- Consultation on the draft Business Plan to ensure the plan met the expectations of residents and stakeholders.

STAGE 1: DESKTOP ANALYSIS

The following documents provided an understanding of the influences that affect the delivery of Health and Social Care in the City of London.

Key documents:

- City and Hackney Joint Strategic Needs Analysis.
- Joint Health and Wellbeing Strategy, City of London Corporation 2017/18-2020/21.
- City of London Resident Estimates and Projections.
- City of London-Addendum Specification for the provision of a local Healthwatch service in the City of London.
- City of London Corporate Plan.
- City of London Department of Community and Children’s Services’ Business Plan and Outcomes Framework and Health and Wellbeing Strategy.
- City and Hackney CCG Mission, Vision and Values.
- City and Hackney CCG Clinical Case for Change City and Hackney (C&H) April 2016.
- East London Health and Care Partnership System Operating Plan 2019/20 for the NHS in North East London.
- Tower Hamlets CCG Commissioning Plans 2017-19.

STAGE 2: INTERNAL ANALYSIS

HWCoL undertook PEST and SWOT analyses to understand the internal and external factors affecting the charity. Using these tools, HWCoL built on last year’s plan to develop this year’s plan and prepare for year three.

The PEST analysis is based on Political, Economic, Social and Technological influences.

The SWOT analysis looks at the Strengths, Weaknesses, Opportunities and Threats.

PEST ANALYSIS

Political <ul style="list-style-type: none"> • Covid-19 response by CoL. • City and Hackney Integrated Care Partnership- changes to key personnel – potential loss of influence at a local level. 	Economic <ul style="list-style-type: none"> • Unknown economic consequences because of Covid-19 impacting on funding for Healthwatch. • Changes in the nature of poverty. Increased social isolation caused by digitalisation impacting those
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<ul style="list-style-type: none"> North East London CCG - challenge of engaging with the governance structures, City's voice being lost. North East London Healthwatch organisations working collectively to influence NEL CCG, developing relationships and trust within Healthwatches. Conflict between the new Neighbourhood forums and the Primary Care Networks on who leads in addressing local health inequalities. Service re-organisation over a larger geographical area impacting on residents as services become more remote. Redevelopment of St Leonard's Hospital: ensuring the business case for the redevelopment is co-produced with residents. 	<p>who do not have access to the internet or smartphones.</p> <ul style="list-style-type: none"> Digital divide creating a two-tier access to health and social care, scrutiny of services to ensure face-to-face appointments are available. Funding of health and social care funding at risk. Financial impact on the City of London due to immediate consequence of Covid-19 on businesses, and long-term structural change to business models. Large scale transformation programmes in public services without effective public engagement Alternative models for delivering health and social care services at a local level. GDPR regulations-cost of compliance in a greater digitalised world. Transformation of office space into housing in the City - increased pressure on the City's residents' services.
<p>Social</p> <ul style="list-style-type: none"> The impact on mental health and wellbeing of residents and workers because of the Covid-19 pandemic, impacting on mental health services. Twinned with Hackney - poverty within its population resulting in resources allocated to Hackney. Rise of self-help groups stretching the voluntary sector. Greater expectation from society to respect the needs of our diverse population - HWCoL focussing on equality of outcomes. Activism among younger people who want greater fairness, focusing on climate change and inequality. Increased social isolation as a result of digitalisation with services not being developed to address this. A more decentralised world of 'doing good'. Impact of Brexit on staff recruitment for Health and Social Care providers. 	<p>Technological</p> <ul style="list-style-type: none"> Greater digitalisation of health and local authority services, creating a digital divide and greater inequality. GDPR compliance in a digital world - contacting our communities will require sharing of digital information. Greater user of digital programmes to deliver HWCoL objectives. Generating insights from data we collect. Improving digital skills to keep pace with change. Digital volunteering is going to grow. Digital by design marginalises the end user in the development process. Safeguarding vulnerable individuals whose voice is lost in the digital world.

SWOT ANALYSIS

<p>Strengths</p> <ul style="list-style-type: none"> Support of the City of London. Engaged and motivated Board. Skilled volunteering team supporting our work. 	<p>Weaknesses</p> <ul style="list-style-type: none"> Reliant on two funders. Access to patient experience outside of City & Hackney ICP. Control of office environment.
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<ul style="list-style-type: none"> • Majority of Board are City of London residents. • We have a clear vision, mission and values. • Staff team. • Board is well networked. • Nimble and able to react quickly. • We understand our population. 	<ul style="list-style-type: none"> • Insufficient funding to carry out the work required. • Diversity of Board (age) • Staff understanding of the City. • City worker engagement. • Access to seldom heard groups. • Involvement and engagement with younger people.
<p>Opportunities</p> <ul style="list-style-type: none"> • Generate new funding streams. • Engagement with seldomly heard groups. • New organisation - opportunity to present ourselves differently. • Increased partnership work with local charities and Healthwatches. • New projects - develop our knowledge, grow the charity, increase our reach, gives us authority. • Research benefits us to influence change, build our reputation, develop our Unique Selling Point through City specific projects. • City workers' engagement to build our brand, through unique projects, research and funding. • Volunteers – ambassadors for HWCOL. • Work with the Shoreditch Park and City Primary Care Network on patient engagement. • Work with the Goodman's Field Health Centre to ensure residents are engaged in the development of the new centre. • Influence the development of the Neighbourhood forum for Shoreditch Park and City to responsive to the needs of local people. • Work with Healthwatch Hackney to influence the redevelopment of St Leonard's Hospital in way which meets the aspirations of City residents. 	<p>Threats</p> <ul style="list-style-type: none"> • Rent-accommodation costs are too high for our budget. • Small budget - HWCOL not able to produce work to the standard expected. • Lack of transparency in the new Governance structures for City and Hackney ICP impacting on ability to Influence development of the ICP. • Local Healthwatches - if unable to work in partnership hinders our ability to carry out Enter & View visits, marginalised in discussions with NEL CCG and local ICP. • Contract renewal - poor performance. • Not able to recruit volunteers and Board members impacting on HWCOL's local networking and knowledge. • Overextending ourselves. • Funding cuts and opportunities impacted on as a result of COVID-19. • Engagement - failure to engage across our local communities, resulting in us not delivering on our mission. • Lack of diversity in Board - our diverse community not seeing us as relevant. • Funding opportunities restricted due to Covid. • Primary Care Networks not responsive to the needs of City residents by locating services in GP practices not used by city residents. • The Shoreditch Park and City Neighbourhood governance structures marginalise City residents.

STAGE 3: CONSULTATION

HWCoL sought feedback on the draft plan via consultation with key stakeholders.

Key stakeholders included:

- North East London CCG
- City and Hackney ICP
- Tower Hamlets ICP
- City of London Health & Well-being Board
- City of London Department of Community and Children's Services
- City of London voluntary sector
- Healthwatch England

HWCoL will seek comment on the plan from City residents via an on-line survey.

MAKING A DIFFERENCE FOR CITY RESIDENTS

Using the outcome from the PEST and SWOT analysis, along with feedback from engagement activities with City residents, students, and workers, and conclusions drawn from our desktop analysis, HWCoL identified the following actions that will make a difference to City residents' experience of Health and Social care.

A) Reflect the diversity of the population of the City of London to ensure that every voice is heard.

- Targeted recruitment to improve the diversity of the Board.
- Plan engagement activity, including drop-in surgeries, in locations that cover the geography of the City.
- Seek feedback from the City's diverse communities on the health and well-being issues important to them, using their input to shape HWCoL's workplans.

B) Encourage our GP services to deliver good care in their practices, the services they commission, and those commissioned by their primary care network.

- HWCoL will be a critical friend to the Neaman Practice and the Goodman's Fields Health Centre, supporting City residents by working to ensure that both practices meet residents' expectations.
- HWCoL will use the results of the NHS GP survey to monitor the performance of GP Practices in Islington and Shoreditch attended by City residents.
- HWCoL will build a network of Patient Participation Group representatives for GP practices attended by City residents, ensuring that patients' concerns are heard and addressed.
- HWCoL will aim to ensure that the Primary Care Networks covering the City understand the needs of residents and commission services to meet those needs in accessible locations.

C) Campaign for the 'new normal' in health services to be responsive to the requirements of residents, students, and workers.

- HWCoL will analyse waiting times for diagnostics, elective and urgent care, and outpatient appointments on behalf of City residents, raising these with City and Hackney Integrated Care Partnership Board and seeking assurance that actions are being taken to reduce them.
- HWCoL will inform City residents of changes to clinical pathways.

- HWCoL will undertake regular surveys, focus groups and public meetings to understand the impact of delays in treatment and changes to clinical pathways on CoL residents, students, and workers, informing health providers and seeking assurance that delays are being addressed.
- As well as working with partners such as the Older People's Reference Group, HWCoL will ask residents for their experience of services to understand the impact of the 'new normal' in-service provision.
- HWCoL will work to ensure that residents and service users are consulted with, and able to participate in, the design of new pathways and services.

D) Ensure City residents' needs remain at the heart of the new Shoreditch Park and City Neighbourhood.

- During 2021, HWCoL will work with the CoL to organise and deliver a conference for City residents on the City and Hackney Integrated Care Board Neighbourhoods model. This will provide an opportunity for the City and Hackney Integrated Care Partnership Board to communicate to residents the services that will be delivered through the Neighbourhood, explaining what will change.
- HWCoL will be a critical friend to the new Shoreditch Park and City Neighbourhood, monitoring the model for evidence that it is delivering improvements in health and social care for City residents, identifying the services that should be delivered in or through the Neaman Practice.
- HWCoL will participate in the new Shoreditch Park and City forum, ensuring that the adopted governance model recognises the City as a community within the Neighbourhood, and deliver outcomes that respect the needs of residents.
- HWCoL will work with the Primary Care Network (PCN) for Shoreditch Park and City, ensuring that services delivered through the network are accessible and delivered in appropriate locations for City residents.
- HWCoL will support Shoreditch Park and City PCN in-patient engagement, promoting engagement opportunities for City residents.
- HWCoL will scrutinise the use of Multi-Disciplinary Teams, ensuring that patients' wishes are at the centre of any decision on the community-based support they receive.

E) Scrutinise the development of a single North East London CCG (NEL CCG) for primary care.

- HWCoL will participate in engagement opportunities as the NEL CCG develops, scrutinising the emerging governance forums, and championing the needs of City residents.
- HWCoL will understand and explain the impact of NEL CCG on the services received by City residents.
- HWCoL will work with the NEL CCG, providing advice and guidance on the development of services that respond to the needs of City residents.

F) Ensure services currently provided by St Leonard's Hospital remain within easy reach of City of London residents.

- HWCoL will identify those services that are currently delivered at St Leonard's, gaining a good understanding of their usage and importance to City residents.
- Jointly with Healthwatch Hackney, produce a People's Plan for the St Leonard's redevelopment that meets the expectations of City residents.
- HWCoL will participate in the Project Group, a sub-group of the St Leonard's Programme Board, for the re-development of the site, ensuring opportunities for residents' inclusion are widely promoted and that residents are able to scrutinise plans for St Leonard's.
- During redevelopment, HWCoL will work with the City and Hackney Integrated Care Partnership Board (ICPB) and residents to ensure minimum disruption to service access and delivery during the re-development, advising the City and Hackney ICPB of any concerns.

G) Act as a critical friend to the City of London and participate in any decision-making on health and social care issues.

- HWCOL will scrutinise delivery of City of London Corporation care services on behalf of residents, providing feedback to the City of London Corporation. Priorities will include:
 - **Reviewing CoL's performance against the social care dignity code,**
www.cityoflondon.gov.uk/services/social-care-for-adults/dignity-code
 - **End of life care support for City residents,**
 - **Befriending services for City residents,**
- HWCOL will work with older people, people with both sensory and physical disabilities and carers, as well as partner organisations, to ensure that City of London Corporation services are responsive to their needs.
- HWCOL will develop partnerships with Voluntary and Community sector organisations that support City residents, identifying concerns in performance and gaps in service through joint meetings with their service users.
- HWCOL will provide feedback to the CoL Health and Wellbeing Board via HWCOL's quarterly performance reports, outcomes of Mystery Shops, Enter and Views, and research projects.

The detailed plan for 'Making a Difference for City Residents' is included in appendix 1 (pages 26-28)

BUSINESS OBJECTIVES

The following objectives are deemed essential to be achieved to serve the people of the City of London and ensure the viability of HWCOL beyond the current three-year contract. By August 2022 HWCOL aims to have achieved the following objectives so that:

1: HWCOL's voice is recognised: representing the City of London's residents, workers, and students, ensuring that their voice is heard in every forum where change to the delivery of health and social care is discussed.

2: HWCOL recruits and retains a team of committed volunteers: to deliver our vision through a range of bespoke opportunities.

3: HWCOL is a trusted partner:

- trusted by City residents, students, and workers to raise the issues important to them, with those taking decisions affecting their health and social care needs.
- trusted by the bodies taking decisions, ensuring that they seek HWCOL's views as an organisation they need, due to HWCOL's reputation as a reliable source of patient feedback.

4: HWCOL delivers informative research: that impacts positively on City of London residents, workers, and students experience of health and social care services and outcomes.

5: HWCOL is financially stable: holding sufficient cash in the bank to manage any unexpected cashflow issues over the length of the contract.

The objectives are supported by both a high level and detailed plans. The high level plan is set out below (pages 17 to18) The detailed actions, with specific, timed targets can be found in appendix 2 (pages28-35).

BUSINESS OBJECTIVE ONE 2021/22

1: That HWCoL's voice is recognised: representing the City of London's residents, workers, and students, and ensuring that their voice is heard in every forum where change to the delivery of Health and Social Care is discussed.

Target:

- 1.1) Engage with residents, workers, and students in the City of London to discover what is important to them.
- 1.2) Support our community, enabling it to be consulted and involved in the commissioning, provision, and scrutiny of local care services.
- 1.3) Seek to ensure that the new Integrated Care Partnership Board for City and Hackney is committed to co-development and is consulting effectively with the public on the planning and delivery of services.

BUSINESS OBJECTIVE TWO 2021/22

2: HWCoL recruits and retains a team of committed volunteers: deliver our vision through a range of bespoke opportunities.

Target:

- 2.1) Build an effective volunteer team by ensuring that the recruitment, management, and development of volunteers complies with statutory requirements and HWCoL policies.
- 2.2) Deliver the commitments to good practice in supporting and managing volunteers identified in HWCoL's volunteer charter.
- 2.3) Identify volunteering opportunities that enable participation from our diverse communities within the City, enhancing the work of HWCoL.
- 2.4) Ensure that HWCoL recognises the time our volunteers commit and the value of their work.

BUSINESS OBJECTIVE THREE 2021/22

3: HWCoL is a trusted partner:

- trusted by City residents, students, and workers to raise the issues important to them, with those taking decisions affecting their health and social care needs.
- trusted by the bodies taking decisions, ensuring that they seek HWCoL's views as an organisation they need due to HWCoL's reputation as a reliable source of patient feedback.

Target:

- 3.1) Demonstrate HWCoL's quality as an organisation.

- 3.2) Be open and accessible to City residents through the provision of opportunities to engage and raise with HWCoL issues that are important for residents, students, and workers, on their health and care, via face-to-face and on-line forums.
- 3.3) Work in partnership with local bodies and Healthwatches across North East London to embed Co-Production and resident engagement in the developing structures for the NEL CCG.
- 3.4) Collaborate with local bodies on placing patients at the centre of the decision-making process about their health and care needs.
- 3.5) Support both statutory and voluntary partners in delivering their health and social care campaigns and programmes, providing feedback from City residents, workers, and students when necessary.
- 3.6) Identify the specific health and care needs of City workers and produce a plan to address them.
- 3.7) Respond to both local and national consultations, making sure the City of London voice is heard and is representative of service users.

BUSINESS OBJECTIVE FOUR 2021/22

4: HWCoL delivers informative research: that impacts positively on City of London residents', workers' and students' experience of health and social care services and outcomes.

Target:

- 4.1) Carry out research, driven by residents, workers, and students of the City, which reflects their priorities, concerns and requirements.
- 4.2) Undertake small research projects that enable HWCoL to identify issues and gaps in services or support /disprove assumptions on delivery or need.
- 4.3) Deliver research projects that are City-specific, but impact on the wider landscape.
- 4.4) Support and participate in research projects developed by partner organisations that demonstrate enhancement of care or enable the voice of local people to be heard.

BUSINESS OBJECTIVE FIVE 2021/22

5: Ensure HWCoL is financially stable: hold sufficient cash in the bank to manage any unexpected cashflow issues over the length of the contract.

Target:

- 5.1) To be financially stable
- 5.2) Develop and implement a fundraising strategy
- 5.3) Develop a governance pathway for new projects.

BUSINESS OBJECTIVE FOR 2022: SECURE CONTRACT EXTENSION

Objective

- 1) The City of London Corporation extends HWCoL's existing contract beyond August 2022.

Target

- 1.1) Agree a contract review process with the City of London Corporation.
- 1.2.) Produce revised business plan to meet the contractual obligations included in the contract extension.

FINANCIAL PERFORMANCE

The Trustees set a target of having a reserve of 12% of the City of London's total grant by the end of the contract. At the end of the Financial Year to 31 March 2021, we were on track to meet that objective by having in excess of the proportional figure for that period in the bank. The actual figures were cash brought forward £12,334, income £73,010, expenditure £66,581 generating a surplus of £18,764, equivalent to 28% of the annual income. This was only achieved because of the unusual circumstances generated by the COVID Pandemic. It is not expected that this will continue to the end of FY 2021/22 as extra staff resources will be required to get everything back on track.

HWCOL BOARD TRUSTEES

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 Bart's and the London NHS Trust. Gail worked as an independent consultant before moving into 2020health, a Westminster-based think tank. During this time, she worked with policy makers and co-authored several publications endeavouring to create change. 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 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, TREASURER

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.

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 has a flat in the Barbican and joined the Board in 2019.

SEAN LEE, TRUSTEE

Sean Lee has lived in the City since 2012. Sean is a qualified accountant who trained in London. His professional experience is in accounting and finance, project management, internal audit, and external audit, encompassing the UK, Singapore, Malaysia, Hong Kong and China, across various industries and commerce.

He lives on the Middlesex Street Estate where he is a member of the Middlesex Street Residents Association and the Petticoat Square Leaseholders' Association.

Sean became a Trustee at Healthwatch City of London in February 2021.

HWCOL BOARD ASSOCIATES

JANET PORTER, BOARD ASSOCIATE

Janet has lived in the Barbican since 2005. She is a retired business journalist who now chairs the editorial board of the shipping publication Lloyd's List, 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, BOARD ASSOCIATE

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.

CYNTHIA WHITE, BOARD ASSOCIATE

Cynthia joined Healthwatch City of London as an Associate Board Member in January last year. She chairs the City & Hackney Older People's 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.

HWCOL STAFF

PAUL COLES, GENERAL MANAGER

Paul has over 30 years management experience in the Voluntary sector. Paul previously worked as Chief Executive at Age UK Maidstone for 12 years. His volunteering roles include Chair of Fusion Maidstone, a Healthy living centre where he was the Chair for five years, Treasurer at Hearing Concern for six years and Board Member for Black Roof Housing for four years, and is currently a Parish Councillor for Chatham, Kent since 2015.

RACHEL CLEAVE, ENGAGEMENT AND COMMUNICATIONS COORDINATOR

Rachel has over 20 years' experience in Communications. Her experience spans a range of areas, including event management, internal communications, website management, production and design of publications, budget control and project management. She has worked in the public and private sector. Rachel is a Governor at her local Primary School, and the Secretary of the Parents Association.

TERI ANDERSON, COMMUNICATIONS ASSISTANT

Teri has previously worked in voluntary roles in Communications and Marketing for various charities including Healthwatch Central West London. Her role involves assisting with the distribution of e-newsletters and e-bulletins as well as managing the social media channels. She performs general administration duties which includes conducting research, producing databases, supporting meetings and recording experiences that the public have had with the NHS and health and social care.

SALMA KHATUN, ADMINISTRATIVE ASSISTANT

Salma has 12 years of volunteering and facilitating experience alongside 8 years of journalism experience. Her time outside of work is utilised in doing charity work for different organisations both locally and internationally. Her role here is to provide secretariat support to the Board, administrative support to the Engagement and Communications Co-ordinator in the management of volunteers and administration of projects.

MEASURING HWCOL's IMPACT

HWCOL has agreed a performance framework with the City of London that measures impact against five statements.

Impact statements	Measure	Evidence
A) HWCOL has a strong understanding of the strengths and weaknesses of the local health and social care system	<p>Plays a clear and distinct role in key local decision-making structures contributing to better local decision making.</p> <p>Contributes to the development of decision-making structures in the local health and wellbeing system and, where appropriate, their delivery</p> <p>Encourages and enables local commissioners and providers of health and social care services to engage the public.</p>	<p>Annual stakeholder survey to capture evidence of how HWCOL is viewed.</p> <p>HWCOL attendees to meetings complete feedback forms for the board</p>
B) HWCOL enables local people to have their views, ideas and concerns represented as part of the commissioning, delivery, re-design and scrutiny of health and social care services.	<p>Priorities are based on the experience and concerns of the public, recognising the local health and social care context and priorities.</p> <p>Support local people to share their experience of and opinions on local health and social care services.</p> <p>Involves local people in setting priorities and commenting on the quality of Healthwatch city of London activities.</p> <p>Makes a distinct contribution to improving engagement with seldom heard communities.</p>	<p>Review of engagement methods with seldom heard communities sharing our experience with stakeholders.</p> <p>Recruit, train and support city residents' and workers' to be patient representatives.</p> <p>Number of board meetings in public Feedback forms on to be added to our website information and advice site.</p>
C) HWCOL formulates views on the standard of health and social care provision and identify where services need to be improved by formally or informally collecting the views and experiences of the members of the public who use them.	<p>Contributes to the development of decision-making structures in the local health and wellbeing system and, where appropriate, their delivery</p> <p>Has trusting, collaborative relationships with key local decision makers as a "critical friend."</p> <p>Plays a clear and distinct role in key local decision-making structures contributing to better local decision making.</p> <p>Recommendations for change are fed via the appropriate channels, heard, and responded to by relevant decision makers.</p>	<p>Evidence of impact included in annual reports using following tools: Internal new project template to evidence of need</p>
D) HWCOL provides advice about local health and social care services to the public.	<p>Provides the public with accurate, reliable, relevant and useful information about local services, when they need it, in a format that meets their needs.</p> <p>Provides members of the public with appropriate advice and support if they need to raise a complaint about any part of the health and social care system.</p>	<p>Number of patients supported to raise complaints.</p>

E) HWCoL works with Healthwatch England to enable people's experiences to influence national commissioning, delivery, and the re-design of health and social care services.	Consistently shares the views and experiences of local people with Healthwatch England (and CQC if necessary) to be reflected in national work.	The number of reports shared with Healthwatch England (and CQC if necessary) as well as involvement with Healthwatch England projects Quarterly performance framework reports.
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IDENTIFIED RISKS

Risk	Likelihood	Impact	Mitigation
Finance - insufficient to support delivery of contract.	High	High	Ensure HWCoL only commits to activities that can be delivered within the known financial envelope
Contractual obligations - too onerous to deliver within our current capacity and timeframes.	High	High	Implement Performance Framework using Healthwatch England Quality Framework to enable monitoring and provide evidence to commissioners
Lack of access to long-term suitable and accessible accommodation - impacts on the ability to deliver the contract	High	Medium	Explore longer-term solution with CoL, focusing on the Aldgate development.
Trustee and Volunteer Recruitment and Retention - insufficient numbers to run charity and deliver on Mission	High	High	Ensure there is a succession plan in place for Trustees and a strategy for recruiting additional Trustees and volunteers
Data security	Low	High	Information Governance Policy in place, including Privacy policy and Retention policy and will be regularly reviewed.
Breach of Statutory Duties	Medium	High	Ensure that the Decision-Making Policy, all other necessary policies and procedures are in place and adhered to. KPI logs and risk logs must be kept up to date and reviewed at board meetings.
Covid-19	High	Medium	Collect intelligence on the impact of Covid by engaging with and participating in all relevant external Board meeting.
Project delivery	Medium	Medium	Additional projects should enhance the delivery of the core grant, focusing on engagement with residents, providing information and recommendations to stakeholders.

CONTACT DETAILS

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Twitter: @HealthwatchCoL

Facebook: @CoLHealthwatch

Care Quality Commission (CQC) - The independent regulator of health and social care in England.

City of London Corporation (CoL) - The City of London municipal governing body (formerly Corporation of London)

Clinical Commissioning Group (CCG) - Clinical Commissioning Groups are groups of GPs that are responsible for buying health and care services. All GP practices are part of a CCG.

Community health services - Community health services provide care for people with a wide range of conditions, often delivering health care in people's homes. This care can be multidisciplinary, involving teams of nurses and therapists working together with GPs and social care. Community health services also focus on prevention and health improvement, working in partnership with local government and voluntary and community sector enterprises.

Co-production acknowledges that people who use social care and health services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need them, which could be any one of us at some time in our lives.

Healthwatch City of London (HWCOL) - The independent champion for residents, students, and workers of the City of London who use health and social care services.

Healthwatch England - The independent national champion for people who use health and social care services.

Indices of Deprivation - Indices of Deprivation are a unique measure of relative deprivation at a small local area level (Lower-layer Super Output Areas) across England. The indices provide a set of relative measures of deprivation across England, based on seven different domains, or facets, of deprivation are combined using the weights in brackets:

- Income Deprivation (22.5%)
- Employment Deprivation (22.5%)
- Education, Skills and Training Deprivation (13.5%)
- Health Deprivation and Disability (13.5%)
- Crime (9.3%)
- Barriers to Housing and Services (9.3%)
- Living Environment Deprivation (9.3%)

Combining information from the seven domains produces an overall relative measure of deprivation - the Index of Multiple Deprivation.

Integrated Commissioning - Integrated contracting and commissioning takes place across a health and care system e.g., NEL, and is population based. A population-based approach refers to the high, macro-level programmes and interventions across a range of different services and sectors. Key features include population-level data (to understand need across populations and track health outcomes) and population-based budgeting.

Integrated Commissioning Partnership Board - The Integrated Commissioning Partnership Board has delegated decision making for the pooled budget from Northeast London CCGs. Each local authority agrees an annual budget and delegation scheme for its respective ICPB. Each ICPB makes recommendations to its respective local authority on aligned fund services. Each ICPB will receive financial reports from its local authority. The ICPBs meet in common to ensure alignment.

Neighbourhood Programme (across City and Hackney) - The neighbourhood model will build localised integrated care services across a population of 30,000-50,000 residents. This will include focusing on prevention, as well as the wider social and economic determinants of health. The neighbourhood model will organise City and Hackney health and care services around the patient.

North East London Clinical Commissioning Group (NEL CCG) - The commissioner of Health services across North East London, formed from the merger of the seven CCGs in North East London. The seven CCGs are City and Hackney, Havering, Redbridge, Waltham Forest, Newham, Tower Hamlets and Barking and Dagenham.

Secondary care - Secondary care services are usually based in a hospital or clinic and are a referral from primary care rather than the community. Sometimes 'secondary care' is used to mean 'hospital care'.

Action A1) Review the success of HWCOL's recruitment drive on broadening the diversity and skills of the Board	Sub-action A1.1) Review implementation of HWCOL's action plan to increase the diversity of the Board. A1.2) Explore setting up a Young Healthwatch. Recruit a volunteer to produce a report on setting up a young Healthwatch. Work closely with youth groups in the City to prevent duplication of effort. A1.3) Recruit volunteers that are rooted in all areas of the community.	Date July 2021 September 2021 October 2021
B1) To work with GP Patient Representatives, supporting them in raising issues about poor performance by GP practices.	B1.1) Recruit a team of patient representatives to attend all General Practice meetings relevant to City residents. B1.2) Hold regular meetings with Patient Representatives. B1.3) Use insight from the meetings to promote good practice within the network of GPs supporting CoL residents. B1.4) Where Patient Representatives identify poor performance, contact the practice, raise performance concerns, and seek assurances that remedial actions will rectify the issue.	November 2021-ongoing January 2022-ongoing January 2022-ongoing February 2022-ongoing
C1) Scrutinise the statistics for waiting times for City residents.	C1.1) Using statistics for health delivery provided by the ICP, identify issues of concern. C1.2) Seek patient experience of these issues using HWCOL's social media channels and newsletters. C1.3) Raise the issues with the appropriate bodies using experiences of residents as evidence of the impact on patients.	May/June 2021 June 2021 July 2021
D) Organise and deliver a conference for City residents on the City and Hackney Integrated Care Partnership's Neighbourhoods model.	D1.1) Develop a project plan for the delivery of the conference with CoL Adult Services team. D1.2) Deliver the conference. D1.3) Produce a conference report, including recommendations	August 2021 December 2021 January 2021
E1) Work with local partners to identify priorities for engagement within the North East London CCG structures.	E1.1) Using existing City Voluntary and Community Sector meetings to inform the sector on the development of the North East London CCG, capturing their feedback and raising it with the North East London CCG.	October 2021
F1) Working with Healthwatch Hackney to deliver the project plan for the co-production with residents of a People's Plan for the development of St Leonard's Hospital. F2) Produce a communications plan to ensure that the development of St Leonard's continues to be a public cause.	F1.1) Work with Healthwatch Hackney to develop a resident engagement plan that supports the of St Leonard's Hospital Project F1.2) Work with City residents and Healthwatch Hackney to co-produce a People's Plan for the redevelopments of St Leonard's Hospital that meets the aspirations of City residents. F1.3) Work with stakeholders to incorporate the Peoples Plan into the business case for the redevelopment for St Leonard's. F2.1) Work with Healthwatch Hackney to organise and deliver a public meeting with stakeholders on the redevelopment of St Leonard's Hospital. F2.2) Work with Healthwatch Hackney to organise and deliver a residents' survey on the redevelopment of St Leonard's. F2.3) Work with Healthwatch Hackney to organise and deliver a focus group on the redevelopment of St Leonard's in each of the eight Neighbourhoods in city and Hackney. F2.4) HWCOL and Healthwatch Hackney volunteers to identify and engage with hard-to-reach groups in each neighbourhood. F2.5) Work with Healthwatch Hackney to produce a draft People's Plan using the results of the engagement activity.	May 2021 November 2021 December 2021 July 2021 August 2021 September 2021 September 2021 October 2021 November 2021

	F2.6) Work with Healthwatch Hackney to test the draft plan with residents' incorporating feedback into the plan. F2.7) Share the plan with stakeholders.	December 2021
G) To scrutinise Social Care delivery.	G1.1) Recruit a local resident to act as a social-care champion working with HWCOL on social care issues. G1.2) Identify key partners to assist HWCOL with our understanding of Social Care holding regular meetings with them. G1.3) Research Befriending services supporting CoL residents, identifying gaps, and providing recommendations to CoL. G1.4) Undertake a programme of short surveys on Social Care delivery using results of the annual survey to identify areas of interest.	July 2021 July 2021 July 2021 June 2021

APPENDIX 2: BUSINESS OBJECTIVES

BUSINESS OBJECTIVE 1

Action	Sub-Actions	Completion by
1.1.1) Identify the health and social care issues that matter to City residents, students, and workers.	1.1.1a) Provide opportunities for residents, students, and workers, to engage directly with HWCOL through a strong engagement strategy with relevant and targeted communications e.g., focus groups and drop-in surgeries social media. 1.1.1b) Deliver a series of short surveys on health and social care to identify the community's views on key health or social care initiatives. 1.1.1c) Work with partner organisations to ascertain the views of harder to reach groups.	April 2021 ongoing Commence June 2021 October 2021
1.1.2) Review communication and engagement strategy to ensure it is reaching all parts of the City and is relevant to all.	1.1.2a) Review the engagement and communication strategy every six months seeking feedback on the relevance of communications for all residents, but particularly those in the east and south of the City. 1.1.2b) Use feedback from engagement activity in Annual Report as evidence of engagement. 1.1.2c) Provide written articles on the work of HWCOL for the local press operating within the CoL.	July 2021 and Jan 2022 June 2021 July 2021
1.1.3) Carry out a stakeholder survey on the performance of HWCOL.	1.1.3a) Understand how stakeholders perceive HWCOL identifying HWCOL's strengths and weaknesses. 1.1.3b) Draw up an action plan to address the areas of weakness and build on HWCOL's strengths.	May 2021 June 2021
1.1.4) Conduct an Annual Survey of residents and stakeholders on health and social care delivery.	1.1.4a) Deliver a residents' wellbeing survey. 1.1.4b) Work with stakeholders on the key issues identified in the survey. 1.1.4c) Publish final report.	September 2021 November 2021 November 2021
1.2.1) Promote ICP public representative opportunities for City residents, students, and workers.	1.2.1a) Identify Board lead. 1.2.1b) Produce a report on Public engagement opportunities within the new Integrated Care System (ICS) covering both the Integrated Care Partnership (ICP) City and Hackney and the NEL CCG. 1.2.1d) Identify in the ICS structures where there are gaps in representation from the City. 1.2.1e) Work with partners to ensure representation of City people. 1.2.1f) Scrutinise engagement methods in health and social care to ensure the City voice is heard.	June 2021 October 2021 February 2022 June 2021 August 2021 October 2021

<p>1.3.1) Organise and deliver a workshop on co-production in the NHS for City residents and voluntary organisations.</p> <p>1.3.2) Work with partner organisations to understand the impact of the new ICP with the communities they support.</p> <p>1.3.3) A review of the impact of the Integrated Care Partnership Board on bringing positive change to the service City of London receive. This will be through a HWCOL commissioned project.</p>	<p>1.2.1g) Arrange a workshop with CoL public representatives to the ICP on how HWCOL can support it.</p> <p>1.3.1a) Identify suitable speakers across partners and service users. 1.3.1b) Organise and deliver the workshop. 1.3.1b) Use the outputs of workshops to identify mechanisms and structures that enable city residents to engage effectively in the co-production of services. 1.3.1c) Produce a report from the workshop on effective co-production. 1.3.1d) Share the report with strategic partners, CoL Health and Wellbeing Board, Healthwatches in North East London, City and Hackney ICB, City and Hackney Voluntary and Community Sector Transformation Liaison Group and North East London CCG for comment. 1.3.1e) Review feedback making amendments to the report. 1.3.1f) Work with strategic partners on implementing recommendations for co-production in their engagement activities.</p> <p>1.3.2a) Seek the views of groups such as the Older People's Reference Group, City Connections, Mind in the City, City Advice, and Age UK City on the changes in health and social care provision. 1.3.2b) Seek to undertake joint meetings with their service users to understand the impact of the new ICP. 1.3.2c) Agree joint actions with partners to address issues identified by service users.</p> <p>1.3.3a) Organising a series of one-to-one interviews with members of CCG staff, City of London colleagues, and patient representatives on their perceptions of the effectiveness of the new Integrated Care Partnership Board governance structures 1.3.3b) Test the results of the interviews with resident focus groups. 1.3.3c) Use the interviews and focus groups to produce a report that identifies the strengths and weakness of the new ICP with recommendations to improve effectiveness from a City perspective.</p>	<p>July 2021 October 2021 November 2021</p> <p>November 2021</p> <p>December 2021</p> <p>January 2022 February 2022</p> <p>November 2021</p> <p>December 2021</p> <p>January 2022</p> <p>February 2022</p> <p>March 2022 April 2022</p>
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BUSINESS OBJECTIVE TWO 2021/22

Actions	Sub-Actions	Completion by
2.1.1) Effective management of volunteers.	2.1.1a) The Volunteer subgroup (established under 2.1.2 below) will support the recruitment and selection of volunteers, assisting in identifying candidates' strengths and the roles they are best suited for.	May 2021 ongoing
	2.1.1b) Provide volunteers with job profiles and project briefs for those volunteers involved in project work.	June 2021
	2.1.1c) Provide regular and scheduled support for the duration of their time volunteering with HWCOL.	June 2021
	2.1.1d) Agree any training and support required to deliver their role.	July 2021
	2.1.1e) Ensure that all volunteers' references are checked and that where a volunteer's role requires a Disclosure and Barring Service check, this is carried out.	June 2021
	2.1.1f) Ensure that HWCOL staff provide a quarterly report to the volunteer subgroup on volunteering activity.	June 2021
2.1.2) Review of volunteer strategy.	2.1.2a) Establish a volunteer subgroup to review the volunteer strategy, consisting of representatives from the Board, volunteers, and staff.	July 2021
	2.1.2 b) Present revised strategy to Board.	November 2021
2.2.1) Embedding the volunteer charter.	2.2.1a) Board to approve the volunteer charter.	June 2021
	2.2.1b) Publicise the charter via website, social media and volunteer recruitment activity.	June 2021
	2.2.1c) Embed the charter in HWCOL work practices.	June 2021

2.3.1) Building a diverse team of volunteers.	2.2.1d) HWCoL's volunteering week activities will revolve around the charter as a recruitment tool highlighting HWCoL's commitment to volunteers.	June 2021
	2.3.1a) Carry out targeted volunteer recruitment activity in the east of the City. HWCoL will approach East London faith and community leaders for support.	July 2021
	2.3.1b) Work with our communities to address barriers to volunteering.	August 2021
	2.3.1c) Hold a recruitment fair for volunteers in the east of the City.	November 2021
	2.3.1d) Establish a Project Management Team to deliver the fair.	June 2021
2.4.1) Valuing the work of volunteers.	2.3.1e) Draft a project plan	July 2021
	2.3.1f) Recruit a volunteer to support the project.	July 2021
	2.4.1) All volunteers will be provided with information on Tempo time credits and a digital link to their own account.	April 2021
	2.4.2) Work with HWCoL volunteers to identify how their project work can provide benefit to them.	August 2021

BUSINESS OBJECTIVE THREE 2021/22

Actions	Sub-Actions	Completion by
3.1.1) Complete Healthwatch's Quality Framework.	3.1.1a) Complete the Quality Framework, identifying where HWCoL requires to act or provide further evidence to meet the Quality objective.	June 2021
	3.1.1 b) Draw up an action plan to address where there are gaps in meeting the quality objective, or further work is needed to fully meet the objective.	July 2021
	3.1.1c) Completed framework to be reviewed by Healthwatch England and the action plan signed off.	July 2021
3.2.1) Engage with City residents, workers and students.	3.2.1a) Hold Public Board meetings to include guest speakers on the major health and social care changes affecting City residents.	May 2021
	3.2.1b) Organise webinars on key health and social care campaigns and changes to enable residents to question service providers and provide feedback.	ongoing
	3.2.1c) Organise monthly face-to-face surgeries across the City, initially on-line, for City residents, workers, and students, to raise issues on health and social care directly with the Team.	July 2021
	3.2.1d) Organise drop-ins with carers, people with mental health issues and people with disabilities across the City, inviting support services to attend, initially on-line, for City residents, workers, and students, to raise issues on Health and Social Care directly with the Team.	April 2021
3.3.1) Formalise partnership arrangements with North East London Healthwatches.	3.3.1a) Work with local Healthwatches to identify a partnership model that facilitates joint working with North East London Integrated CCG ensuring the role of HWCoL is not marginalised, and that City residents benefit from Healthwatches working jointly.	December 2021
	3.3.1b) HWCoL to work with local Healthwatches to agree a joint commitment on their vision for co-production and engagement within the new North East London CCG structures.	December 2021
	3.3.1c) Ensure that North East London CCG embed the agreed vision for co-production and engagement within the new NEL structures by supporting them in embedding co-production and scrutinising the delivery of co-production when developing new services and internal governance structures.	March 2022
3.4.1) Place patients at the centre of the decision-	3.4.1a) Develop a project plan to understand how health and Social care services ensure patients are at the centre of decision making on their care.	November 2021

making process about their health and care needs.	<p>3.4.1b) Develop a template for reports from volunteers involved with this project.</p> <p>3.4.1c) Produce an overall report with recommendations for stakeholders, publicising on website and sharing with Healthwatch England.</p> <p>3.4.1d) Review and comment on stakeholder response to HWCoL's report.</p> <p>3.4.1e) Work with voluntary and community sector partners and patient representatives on using the report as a means of influencing change within the City and Hackney ICP.</p>	<p>December 2021</p> <p>December 2021</p> <p>January 2022</p> <p>January 2022</p>
3.5.1) Use the Joint Strategic Needs Analysis (JSNA) for the City to identify the public health campaigns that HWCoL will deliver.	<p>3.5.1a) Develop a public health campaigns calendar from the JSNA as part of the communication strategy.</p> <p>3.5.1b) Use both national and locally produced public health campaign material in newsletters, bulletins, and social media to support HWCoL's public health campaigns.</p>	<p>May 2021</p> <p>June 2021</p>
3.5.2) Support the Covid-19 recovery programme.	<p>3.5.2a) Provide updates on the Covid-19 recovery programme via newsletters, bulletins, and social media.</p> <p>3.5.2b) Provide weekly advice on the vaccination programme via newsletters, bulletins, and social media.</p> <p>3.5.2c) Provide information and advice on test and trace via newsletters, bulletins, and social media</p>	<p>April 2021</p> <p>ongoing</p> <p>April 2021</p> <p>ongoing</p> <p>April 2021</p> <p>ongoing</p>
3.5.3) Work with public health and voluntary sector partners to address the health and social inequalities among City residents, workers, and students.	<p>3.5.3a) Support the work of the Public Health team in identifying the health and social inequalities faced by City residents, workers, and students.</p> <p>3.5.3b) Support the work of voluntary, community, and statutory sector partners to address these inequalities by promoting their work and being a critical friend.</p>	<p>November 2021</p> <p>December 2021</p>
3.5.4) Recruit a volunteer to provide the Board with a paper on best practice for the delivery of public engagement, identifying how these proposals perform locally against best practice.	<p>3.5.4a) Recruit a volunteer to deliver a project reviewing the engagement proposals through the NEL structures and how City residents interact with them.</p> <p>3.5.4b) Use the project report to inform partners and City residents of all engagement opportunities to influence North East London CCG.</p> <p>3.5.4c) Work with local partners in the City to ensure their service users are aware of North East London CCG engagement structures.</p> <p>3.5.4d) Promote opportunities for engagement through HWCoL's newsletters, bulletins, and social media.</p>	<p>October 2021</p> <p>October 2021</p> <p>February 2022</p> <p>March 2022</p>
3.6.1) Carry out market research on the health and wellbeing priorities of the City of London workforce.	<p>3.6.1a) Develop, with the support of volunteers, an engagement strategy for City of London workers.</p> <p>3.6.1b) Deliver a project identifying the key health and social care issues for City workers.</p> <p>3.6.1c) Work with CoL on a delivery plan to address the issues identified in the report.</p>	<p>July 2021</p> <p>October 2021</p> <p>January 2022</p>
3.7.1) Respond to CoL consultations using the insight gained from public engagement.	<p>3.7.1a) Review the CoL Draft City plan responding to the elements pertinent to the work of Healthwatch.</p> <p>3.7.1b) Use the insight from resident engagement, where possible, to inform HWCoL's response.</p>	<p>May 2021</p> <p>May 2021</p>
3.7.2) Respond to local NHS consultations by seeking residents' views to shape HWCoL's response.	<p>3.7.2a) Ensure that HWCoL responds to consultations on the plans of local NHS service providers and commissioners, Barts Health, University College Hospitals, Homerton Hospital, North East London CCG, City and Hackney Integrated Care Partnership and East London Foundation Trust.</p> <p>3.7.2b) Seek, where possible, the views of City residents to shape HWCoL's response via surveys, focus groups, board meetings and feedback from partner organisations.</p>	<p>May 2021</p> <p>May 2021</p>

3.7.3) Respond to national consultations by seeking residents' views to shape HWCOL's response.	3.7.3a) Ensure that HWCOL responds to National Government consultations on legislative changes. 3.7.3b) Seek, where possible, the views of City residents to shape HWCOL's response via surveys, focus groups, Board meetings and feedback from partner organisation.	April 2021 ongoing April 2021 ongoing
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BUSINESS OBJECTIVE FOUR 2021/22

Action	Sub-Actions	Completion by
4.1.1) Develop one major research project per year.	4.1.1a) Draw up a project proposal that identifies the relevance of the project to the work of HWCOL and the wider community. Identify relevant partners to support the research. Identify funding streams and ensure sufficient resource to support research. 4.1.1b) Agree project plan, including research and the methodology. 4.1.1c) Recruit team to deliver the project, including Board lead. 4.1.1d) Share outputs with local people and stakeholders, including HW England (HWE). 4.1.1e) Evaluate the success and the impact of reports through discussion and monitoring.	August 2021 September 2021 October 2021 January 2021 January 2021
4.2.1) Undertake small research projects that enable HWCOL to identify issues and gaps in services or support/disprove assumptions on delivery or need.	4.2.1a) Sense the local environment constantly, through surveys and public engagement, for issues that may provide research opportunities. 4.2.1b) Monitor national and local changes that may impact City residents etc and identify possibilities for short research projects to identify issues and solutions. 4.2.1c) Develop recommendations and solutions that are relevant, deliverable, and impactful and can be shared with local people and stakeholders. 4.2.1d) Evaluate effectiveness of research on change or improvements and disseminate success or outcomes.	May 2021 ongoing April 2021 ongoing July 2021 September 2021
4.3.1) Ensure that proposed projects are relevant to Health and Social care delivery in the City.	4.3.1a) Identify relevance of any proposed new projects to City residents etc. Test out proposals locally. 4.3.1b) Define objectives benefits and outputs 4.3.1c) Complete research project report, including summarising key findings and identifying recommendations for change 4.3.1d) Ensure that solutions are shared with stakeholders, including CoL, HWBB and HWE. 4.3.1e) Review progress on implementing solutions and update public. 4.3.1f) Review effectiveness of research in change or impact.	June 2021 June 2021 November 2021 November 2021 February 2022 February 2022
4.4.1) Support and participate in research projects developed by partner organisations that demonstrate enhancement of care or enable the voice of local people to be heard.	4.4.1a) Work closely with partners to ensure all research projects which HWCOL supports or participates in are relevant either locally or nationally and will have an outcome that produces a demonstrable benefit to people in the City. 4.4.1b) Identify partner activities where HWCOL should have a voice in shaping research. 4.4.1c) Help to shape partner research projects so that they maximise the input of people in the City. Support engagement where required and ignite interest and enthusiasm. 4.4.1d) Identify where duplication is occurring and alert partners to overlap which make an impact on participation. 4.4.1e) Support partners with local knowledge that enhances research including City specific issues and engagement opportunities and approaches. 4.4.1f) Ensure sufficient HWCOL resource to support any stakeholder research.	May 2021 August 2021 September 2021 September 2021 July 2021 May 2021

BUSINESS OBJECTIVE FIVE 2021/22

Action 5.1.1) Agree financial governance procedures.	Sub-Actions 5.1.1a) Following Charity Commission good practice advice, Trustees to review their financial procedures annually, and complete HWCOL's review of the financial procedures. 5.1.1b) Review Management accounts template and financial reporting template.	Completion September 2021 June 2021
5.1.2) Produce annual accounts.	5.1.2a) Prepare draft annual accounts. 5.1.2b) Trustees approve annual accounts and prepare annual return for submission to the Charity Commission.	June 2021 September 2021
5.2.1) Fundraising.	5.2.1a) Produce a fundraising strategy and supporting activities 5.2.1b) Implement fundraising strategy and activity. Review effectiveness of activities	July 2021 July 2021
5.3.1) Implement new project decision models.	5.3.1a) Develop template by which the Board can assess the impact and resource requirement of proposed new projects, including resource requirements e.g., project budgets and staff impact model.	June 2021

OBJECTIVE FOR 2022

Objective

1) The City of London Corporation extends HWCOL's existing contract beyond August 2022.

Actions 1.1.1) Identify key successes of delivery over the last two years as part of contract review.	Sub-Actions 1.1.1a) Identify where HWCOL's has been effective in ensuring City residents' voice is heard and enacted on in every forum where change to the delivery of health and social care is discussed. 1.1.1b) Produce evidence of the support we provided so that our community is involved in the commissioning, provision, and scrutiny of local care services. 1.1.1c) Use the annual survey reports to show the success of HWCOL. 1.1.1d) Demonstrate the success of our volunteer strategy, highlighting the contribution our volunteers have made in delivering our mission and how we intend to expand our team. 1.1.1e) Evidence the development of HWCOL as a trusted partner by our community and stakeholders. 1.1.1f) Produce a summary report on the effectiveness of research projects carried out by HWCOL and how they have influenced change. 1.1.1g) Review financial performance over the last two years of the contract reporting on performance and the strengths of our financial governance.	Completion by February 2022
1.2.1) Recognise weaknesses and devise remedial actions.	1.2.1a) Review PEST and SWOT analysis. 1.2.1b) Analyse feedback from stakeholders and residents after our annual survey. 1.2.1c) Use HWE quality framework. 1.2.1d) Devise action plan.	March 2022
1.3.1) Act on the recommendations of the review.	1.3.1a) Reflect recommendations in revised business plan	March 2022

Global pandemic. Local Focus.

Working for you

Healthwatch City of London Annual Report 2020-21



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Message from our Chair



I am extremely proud of what Healthwatch City of London have achieved over the past, highly unusual, year.

You will recall in our last annual report we had just set up as a Healthwatch run for and by the people who make up the City of London, be they residents, people who work here or those studying here. We now have more Board members, more staff and more volunteers working tirelessly to improve services and influence change and decision making in Health and Social Care provision.

Over the past year the landscape of health service has changed for the City of London. The City and Hackney Clinical Commissioning Group (CCG) has now merged with the six other North East London CCGs – Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge – becoming a single organisation called North East London CCG (NELCCG). The health and social care system in the City of London will be managed by the Integrated Care Partnership Board (ICP) on behalf of the new CCG. We continue to work closely with the NELCCG and the ICP to make sure that your voice counts and that City views are taken into account.

Getting all of the latest information to you on the pandemic has been our main priority this year: we increased our communications to a weekly bulletin, ensured the latest updates were published on our dedicated COVID information pages on our website, and daily social media posts were in place. Our communication however has been two way: we've held events for our carer's community, mental health and wellbeing groups and drop-in sessions for anyone to join to ask questions.

Aside from COVID, we are working on several projects: supporting public engagement in the redevelopment of St Leonard's hospital, exploring audiology provision post COVID, reviewing Patient Advice and Liaison Service (PALS) advice across the NHS trusts and assessing Pharmacy provision during COVID to name a few. We've had recent successes working with the Neaman Practice improving patient experience, and the resumption of the locally provided podiatry clinic.

We continue to work with partner organisations to influence and shape what matters to you. In these 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.

Finally, I would like to extend my thanks to the Board, our staff and volunteers, who have delivered on 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'.

About us

Here to make health and care better

We are the independent champion for people who use health and social care services in the City of London: we’re here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing health and social care environment and restrictions limiting people’s access to health and social care services.

Our goals



1 City Focussed

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.



2 Connected

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



3 Networked

Recognise 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.



“Our focus is on scrutinising Health and Social care services as they return to normal. We will be concentrating our efforts on making sure that you are able to access these services when you want to, and that face-to-face appointments are available alongside digital appointments, ensuring that all members of the community have equal access.”

Gail Beer, Chair City of London Healthwatch

Highlights from our year

Find out about our resources and how we have engaged and supported people in 2020-21.

Reaching out



We heard from

502 people

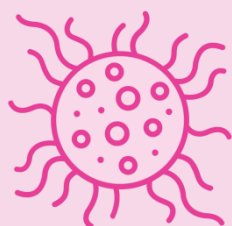
this year about their experiences of health and social care in our focus groups, drop in sessions, surveys and attendance at Public Board Meetings.

We provided advice and information to

284 people

this year.

Responding to the pandemic



We reached **1846 people** via our newsletters and bulletins

Provided **152 people** with advice and information

20 people attended our COVID vaccination webinar

9414 people visited our dedicated COVID website pages

670 people viewed our social media posts

Making a difference to care



We published

3 reports

about the improvements people would like to see to health and social care services.

From these, we made

7 recommendations for improvement.

Health and care that works for you



10 volunteers

helped us to carry out our work. In total, they contributed 426 hours of voluntary work.

We employ 4 staff

Our four members of staff work part time and equate to 1.8% full time equivalent, which is an 0.4% increase from the previous year.

We received

£66,722.04 in funding

from our local authority in 2020-21.



Theme one: Access to Dentistry

(May – June 2020)

Dental practices not identified as part of the urgent care dental system were told by the Chief Dental Officer and relevant professional bodies to cease face-to-face contact with patients from 25 March 2020. Afterwards, there was little information about what dental services were being provided by NHS and private dentists, as well as hospital dental departments, causing distress for those in need.

In May 2020, Stuart MacKenzie, a Board Associate, tried to get a better understanding of the situation by contacting 23 dental service providers, mainly in the City of London and Hackney areas. In-depth discussions took place with 15 of them, providing useful feedback and highlighting concerns, such as communication issues.

Stuart conducted follow-up research on 9 June, the day after the Chief Dental Officer asked all dental practices to open again, provided they had adequate Personal Protection Equipment and Infection Protection and Control measures in place. Responses from a representative sample of NHS, private and mixed practices revealed no practices were open for routine appointments and treatment but were doing their best to help patients in pain and/or needing urgent care.

Healthwatch City of London believes these published reports were useful in getting information on local dental services where there had been none. The full report is available on our website <https://www.healthwatchcityoflondon.org.uk/media/206206-16/update-services-offered-dentists-carried-out-9th-june>



Theme two: Podiatry/Foot Health Service Provision

During the pandemic, getting podiatry and foot health appointments, especially nail cutting, at the Neaman practice and St Leonard's Hospital, has been very difficult, even for those already referred and registered. Services had been delivered at these locations on a regular basis for many years by Homerton University Hospital but were drastically reduced from March 2020.

Problems worsened early this year, which were not just due to staff shortages. Healthwatch City of London (HWCOL) contacted administrators at Homerton and St Leonard's, who commissioned and managed podiatry, including the appointments booking process. It seems there had been an 'unidentified system issue', and that the eligibility criteria for treatment had changed. As so few people turned up for appointments at the Neaman, it was wrongly assumed the service was not needed, and nearly withdrawn!

Our General Manager and a Board Associate felt this was an unacceptable situation, so have worked hard to ensure the necessary changes are made. The local service at the Neaman practice has recently started again with appointments on a six-weekly basis. HWCOL is still questioning the latest criteria, and if previous patients, currently excluded, might be reinstated. Also, the Neaman is talking to the Hoxton Health charity about offering a regular low-cost nail cutting service at the practice.



Theme three: St Leonard's Hospital redevelopment

Healthwatch City of London is working with Healthwatch Hackney to ensure that City and Hackney residents are fully involved in shaping plans for the redevelopment of St Leonard's Hospital. Working with Healthwatch Hackney we have put together a public engagement programme that is designed to give residents the opportunity to have their say in creating a new community hospital that will meet the needs of local people well into the future.

We plan to hold an initial public meeting in July 2021, at which local people will be able to hear a presentation on the redevelopment process, ask questions and express their views on the future of the hospital. The current intention is that the meeting will be followed by a survey of City and Hackney residents and a series of focus groups following which the two Healthwatches will draw together the views expressed by local people and integrate them into a People's Plan for the future of St Leonard's Hospital.

We and our colleagues at Healthwatch Hackney are determined to do all we can to ensure that residents have a proper opportunity to express their aspirations for the services and facilities that should be provided at a redeveloped St Leonard's.



Theme four: Accessing your local GP

We have been working very closely with the Neaman Practice this year following some of the concerns you have raised with us. These issues included access to services, especially the podiatry clinic; the availability of appointments and the process by which these are booked; the telephone system and lack of information on the advertising and involvement in the Patient Participation Group.

We are really encouraged by the progress that is being made by the Practice. It is clear the matters we raised with them have been taken extremely seriously. All the issues raised are being responded to and have an appropriate action plan in place for resolution. The telephone system does still remain an issue, but the Practice is working with their supplier to reach a satisfactory solution.

The Patient Participation Group is now attended by the Neaman Practice Management, Dr Chor and Dr Ugwu (two of the GPs working at the Practice) and Members of our Board. We also hold a regular meeting between us and the Practice to monitor and review any issues. We continue to support the Practice to ensure that this progress is continued.

Working in Partnership

The first step to change is speaking up about your experiences of health and social care services. We work in partnership with local Health and Social care providers to ensure that your voice is heard.

It is imperative that the City has a voice at the heart of decision making, and we ensure that speak up for what the City needs. During 2020-21 we represented you on the following boards and committees, and also attend meetings on your behalf:

City and Hackney Integrated Commissioning Board

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

(The former) City and Hackney CCG Governing Body

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

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 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 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.

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.

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 testing this information by drawing on different sources of intelligence.

Integrated Care Communications and Engagement Enabler Group

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 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.

Healthwatch in London Network Meeting

This network aims to share updates on issues from across London, enable project working on areas that affect people across boroughs and to share best practice.

Neaman Practice Quarterly Meeting

The group discuss any issues raised via Healthwatch and the services of the practice, and how improvements can be made for the benefit of patients.



Want to get involved?

If you'd like to represent HWCoL at these meetings, and are interested in volunteering, please get in touch at info@healthwatchcityoflondon.org.uk.

You can read more about our volunteer opportunities here <https://www.healthwatchcityoflondon.org.uk/volunteer>



We are here to make sure that those managing and delivering services put people at the heart of care and this, more than ever, is vitally important during times of uncertainty.

Gail Beer, Chair Healthwatch City of London

Reaching out

We use a wide range of approaches to ensure that as many of you as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone, by email, provided a webform on our website, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media. We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, setting up listening forums for unpaid city carers and for people experiencing mental health issues.

This year we have produced 12 newsletters and 40 bulletins, including a Christmas Services special. We've increased our presence on social media and set up dedicated Covid 19 information pages on our website.

We have held 7 Listening to City Carers events, 5 Board Meetings in Public, including our AGM, 2 Mental Health Forums, a Vaccination Programme Update webinar and a Covid 19 Drop In Session.

Feedback

“Thank you again very informative and very helpful.”
Matthew, attendee at the Vaccination event

“it is the first time anyone has ever asked for my views about the NHS (and I am 70!).”
Michael, Primary Care Network Focus Group Participant

“A colleague of mine has just forwarded your newsletter which I found a very good read with really useful information.”
Annie Roy, Project Manager Integration, Department of Community & Children's Services, City of London Corporation

“Healthwatch City of London, is one of the focal points in getting our voices heard. The Listening to Carers event, does exactly that. Success this year from Healthwatch in my view, are monthly sessions which are open and honest, each person is valued and has an equal voice and feels comfortable enough to say how it is for them. Healthwatch have enabled vaccinations to be delivered to housebound carers, feedback on the challenges of GP appointments and facilitated the delivery of temperature controlled medicines where the City's road system hindered medicines to be delivered directly. All of these conversations have those of us that care in mind.”
Shirley, Founder, City Carers Connections





Responding to COVID-19

Healthwatch plays an important role in helping people to get the information they need, especially through the pandemic. The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as best as possible during the pandemic.

This year we helped 12,102 people by:

- Providing up to date advice on the COVID-19 response locally.
- Linking people to reliable up-to-date information.
- Supporting the vaccine roll-out.
- Supporting the community volunteer response.
- Publishing weekly newsletters and creating dedicated pages on our website.


Top four areas that people have contacted us about:




3.5% on GP services



10% on Dentistry



34.5% on General Enquiries



52% on Vaccines

Providing information



In the pandemic, we heard from 152 people about the lack of clear information and often inaccurate information. Our role became much more focused on providing people with clear, consistent and concise advice and information articles on our website to help address people’s concerns.

The key questions people were asking included:

- Where can I get my vaccination?
- When will I get my vaccination?
- How can I find an NHS dentist?



Contact us to get the information you need

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.

-  www.healthwatchcityoflondon.org.uk
-  **0203745 9563**
-  info@healthwatchcityoflondon.org.uk



Grants and Projects

Healthwatch City of London have received grants to undertake work on several projects, the outcomes of which will inform service providers on the requirements of our community.



Shoreditch Park and City: Primary Care Network Engagement

Healthwatch City of London and Healthwatch Hackney partnered on patient engagement via an online survey (with telephone support) and follow up focus groups.

The project will identify the services patients would like to see available in their GP Practices, the wider determinants to healthy living, priorities of patients and understanding impact of Covid and key health challenges for patients.

The COVID-19 Information Grants programme

To support Public Health and the national test and trace system to ensure as many communities as possible can engage with the process and the vaccination programme.

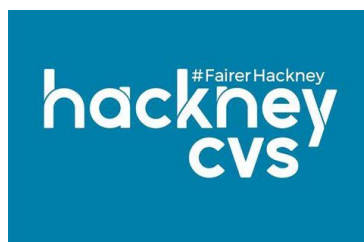
Healthwatch City of London are a contact point for residents to raise questions or concerns about the vaccination programme or the test and trace system, to provide up to date information on the vaccination programme, to ensure that messages around the ongoing coronavirus pandemic are reaching all of the City of London communities and to provide feedback and community insight to Public Health.



Neighbourhood Conversations and Forums: City Outreach Project

Neighbourhood Conversations & Forums are part of wider change underway to improve the health of local people through strengthened systems of local collaboration between NHS, the City Corporation and the Voluntary, Community and Social Enterprise (VCSE) sector.

The project aims to undertake research across the City of London voluntary organisations, Health and Social Care providers and make recommendations for their involvement in the developing Neighbourhood structures.



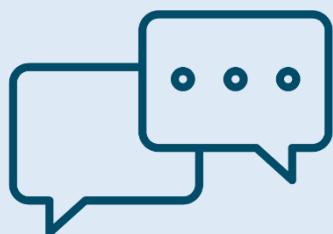
Impact of Covid 19 on people living with disabilities in North East London

North East London Clinical Commissioning Group have funded the eight Healthwatches covering North East London to identify the impact of COVID 19 on people living with disabilities, including physical, sensory and communities with special educational needs (SEND) communities. So far a survey (with support to aid people to complete) has been carried out and is being analysed. The next stage of the project are in depth focus groups. The project is due to be completed by Sept 2021.



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 City of London is here for you.



 www.healthwatchcityoflondon.org.uk

 **0203745 9563**

 info@healthwatchcityoflondon.org.uk



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.

**Malcom 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 has a flat in the Barbican and joined the Board in 2019.

Sean Lee, Trustee

Sean Lee has lived in the City since 2012. Sean is a qualified accountant who trained in London. His professional experience is in accounting and finance, project management, internal audit, and external audit, encompassing the UK, Singapore, Malaysia, Hong Kong and China, across various industries and commerce. He lives on the Middlesex Street Estate where he is a member of the Middlesex Street Residents Association and the Petticoat Square Leaseholders' Association. Sean became a Trustee at Healthwatch City of London in February 2021.



Board Associates



Cynthia White, Board Associate

Cynthia joined Healthwatch City of London as an Associate Board Member in January 2019. She chairs the City & Hackney Older People’s 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, Board Associate

Janet has lived in the Barbican since 2005. She is a retired business journalist who now chairs the editorial board of the shipping publication Lloyd’s List, 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, Board Associate

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.

Our Staff

Paul Coles, General Manager

Paul has over 30 years management experience in the Voluntary sector. Paul previously worked as Chief Executive at Age UK Maidstone for 12 years. His volunteering roles include Chair of Fusion Maidstone, a Healthy living centre where he was the Chair for five years, Treasurer at Hearing Concern for six years and Board Member for Black Roof Housing for four years, and is currently a Parish Councillor for Chartham, Kent since 2015.

Rachel Cleave, Engagement and Communications Coordinator

Rachel has over 20 years' experience in Communications. Her experience spans a range of areas, including event management, internal communications, website management, production and design of publications, budget control and project management. She has worked in the public and private sector. Rachel is a Governor at her local Primary School, and the Secretary of the Parents Association

Teri Anderson, Communications Assistant

Teri has previously worked in voluntary roles in Communications and Marketing for various charities including Healthwatch Central West London. Her role involves assisting with the distribution of e-newsletters and e-bulletins as well as managing the social media channels. She performs general administration duties which includes conducting research, producing databases, supporting meetings and recording experiences that the public have had with the NHS and health and social care.

Salma Khatun, Administrative Assistant

Salma has 12 years of volunteering and facilitating experience alongside 8 years of journalism experience. Her time outside of work is utilised in doing charity work for different organisations both locally and internationally. Her role here is to provide secretariat support to the Board, administrative support to the Engagement and Communications Co-ordinator in the management of volunteers and administration of projects.





Volunteers

At Healthwatch City of London we are supported by 10 volunteers to help us find out what people think is working, and what improvements people would like to make to services. Our Board is also made up entirely of volunteers.

This year our volunteers:

- Carried out mystery shops into the provision of dental services during the COVID pandemic and the availability of the vaccination across the City.
- Devised online surveys to help us obtain the views of our community on a number of issues including provision of services through the pandemic, access to GP surgeries and experiences of using NHS111.
- Attended meetings and produced reports on local issues including the establishment of the Shoreditch Park and City Neighbourhood.
- Drove the agenda for Healthwatch City of London



Student volunteer - Marlize

"During lockdown I wanted something to fill my extra free time. I contacted Healthwatch City of London to volunteer. I undertook a project on the Shoreditch Park and City Primary Care Network. I analysed the data resulting from the survey and subsequent focus groups. I produced a report which has been presented back to the PCN and will be published soon"

Board Associate – Stuart

"I have been on the Healthwatch Board for three years now. When the pandemic hit it came to light that dentistry provision across the City was severely affected. I carried out an extensive telephone survey to understand the services available to residents and the procedures in place to ensure their safety."



Current volunteer projects

City Outreach Project

Neighbourhood Conversations & Forums are part of wider change underway to improve the health of local people through strengthened systems of local collaboration between NHS, the City Corporation and the VCSE sector. The project aims to undertake research across the City of London voluntary organisations, Health and Social Care providers and make recommendations for their involvement in the developing Neighbourhood structures.

Disability awareness in the City

This project will ascertain the numbers of the disabled population of the City of London, and their disabilities. This includes physical, sensory and SEND disabilities. Research will also identify the charities who provide support to the population.

Once this research has been carried out we will run a focus group to understand the needs of the population, the issues they face, how digitalisation of services are affecting them, and if they feel isolated. Also to understand if they feel engaged in consultations in such projects as Neighbourhoods, PCN resilience programme, Health and social care provision changes during COVID.

Audiology provision

Research is being carried out to understand the provision and availability of hearing aids, hearing aid batteries and service across the City. Understand the audiology services available in the City and the current service provision post COVID.

Sexual Health and Family planning

A team of three volunteers is researching the provision of sexual health and family planning services and education across the City. The project is being undertaken in three phases, the first to understand the services currently available, the second to identify gaps in the provision of the services and the third to produce an awareness campaign.



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 info@healthwatchcityoflondon.org.uk.



www.healthwatchcityoflondon.org.uk

020 3745 9563

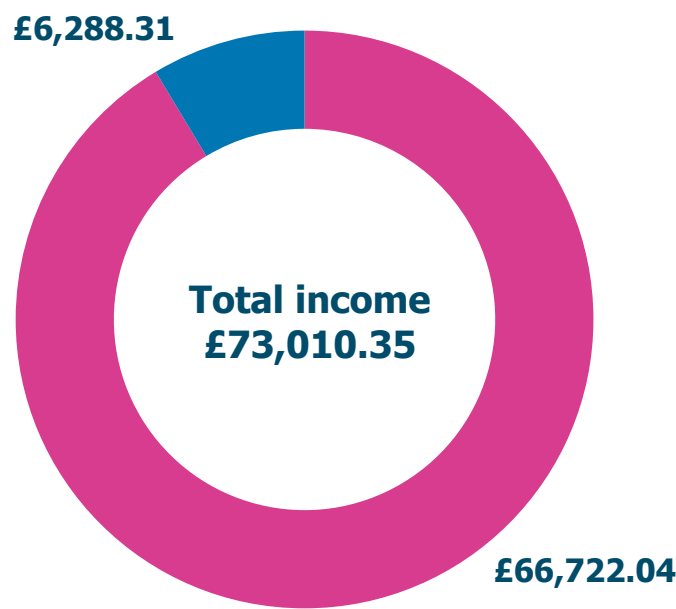
info@healthwatchcityoflondon.org.uk

Finances

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

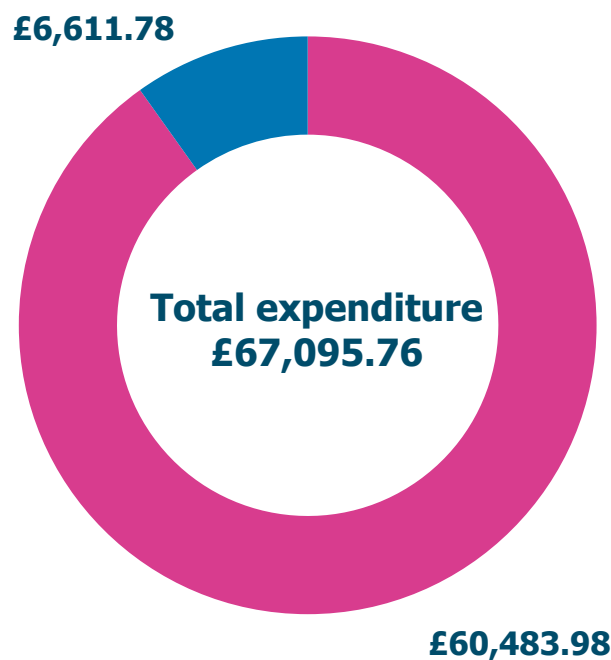
Income

- Funding received from the City of London Corporation
- Other income



Expenditure

- Staff costs
- Operational costs



Next steps

Top seven priorities for 2021-22

- Reflect the diversity of the population of the City of London to ensure that every voice is heard.
- Encourage our GP services to deliver good care in their practices, the services they commission and those commissioned by their primary care network.
- Campaign for the 'new normal' in health services to be responsive to the requirements of residents, students, and workers.
- Ensure City residents' needs remain at the heart of the new Shoreditch Park and City Neighbourhood.
- Scrutinise the development of a single North East London CCG (NEL CCG) for primary care.
- Ensure services currently provided by St Leonard's Hospital remain within easy reach of City of London residents.
- Act as a critical friend to the City of London and participate in any decision-making on health and social care issues.

Achieving these priorities

- Plan engagement activity, including drop-in surgeries, in locations that cover the geography of the City
- We will be a critical friend to the Neaman Practice and the Goodman's Fields Health Centre, supporting City residents by working to ensure that both practices meet residents' expectations. We will develop our plans around our commitment to equality and diversity and to meeting the needs of seldom heard communities
- We will analyse waiting times for Diagnostics, Elective and Urgent care, and Out-Patient Appointments on behalf of City residents, raising these with City and Hackney Integrated Care Partnership Board and seeking assurance that actions are being taken to reduce them.
- During 2021 HWCOL will work with the City of London to organise and deliver a conference for City residents on the City and Hackney Integrated Care Board Neighbourhoods model
- We will participate in engagement opportunities as the NEL CCG develops, scrutinising the emerging governance structure and championing the needs of City residents
- Co-produce a People's Plan for the St Leonard's redevelopment that meets the aspirations of City residents.
- HWCOL will scrutinise delivery of City of London Corporation care services



"Tackling unfair health differences will need those in power to listen. To hear the experiences of those facing inequality and understand the steps that could improve people's lives, and then to act on what has been learned."



Statutory statements

About us

Healthwatch City of London uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work - Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch board consists of eight members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the board met 11 times and made decisions on matters such as our communications strategy, our budget, objectives as an organisation and the values by which we deliver our service and our business plan.

We ensure wider public involvement in deciding our work priorities.

Responses to recommendations and requests

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

Health and Wellbeing Board

Healthwatch City of London is represented on the City of London Health and Wellbeing Board by Gail Beer, Chair. During 2020/21 our representative has effectively carried out this role by providing written update reports on our activities, attending all meetings and feeding back to the Board.



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 @HealthwatchCoL

 [Facebook.com/CoLHealthwatch](https://www.facebook.com/CoLHealthwatch)

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