Public Document Pack

Health and Wellbeing Board

Date: **FRIDAY, 26 NOVEMBER 2021**

Time: **11.30 am**

Venue: **COMMITTEE ROOMS, 2ND FLOOR, WEST WING, GUILDHALL**

Members:
Marianne Fredericks (Chairman)
Mary Durcan (Deputy Chairman)
Randall Anderson
Jon Averns, 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

Enquiries: **Leanne Murphy**
tel. no.: 020 7332 3008; 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/XS_7jr4zVw0

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.

Lunch will be served in the Guildhall Club at 1pm

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES**

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

3. **MINUTES**
To agree the public minutes of the previous meeting held on 17 September 2021.

For Decision
(Pages 5 - 10)

4. **COVID-19 UPDATE**
Oral update on the latest position.

For Information

5. **BETTER CARE FUND 2021-22**
Report of the Director of Community and Children's Services.

For Decision
(Pages 11 - 78)

6. **UPDATE ON THE CITY AND HACKNEY PHARMACEUTICAL NEEDS ASSESSMENTS 2022**
Report of the Director of Public Health.

For Decision
(Pages 79 - 88)

7. **HEALTH AND WELLBEING BOARD ROLE SCOPING REPORT**
Report of the Director of Public Health.

For Decision
(Pages 89 - 94)

8. **COMMERCIAL ENVIRONMENTAL HEALTH SERVICE PLAN 2021-23**
Report of the Executive Director of Environment.

For Information
(Pages 95 - 106)

9. **HEALTHWATCH CITY OF LONDON PROGRESS REPORT**
Report of the Chair of Healthwatch City of London.

For Information
(Pages 107 - 164)

10. **AN EXTENSION TO THE CONTRACT FOR THE PROVISION OF E-SERVICES RELATING TO THE PAN LONDON SEXUAL HEALTH TRANSFORMATION PROGRAMME**
Joint report of the Director of Community & Children's Services and the Director of Commercial Services.

For Information
(Pages 165 - 170)

11. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**

12. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

13. **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

14. **NON-PUBLIC MINUTES**
To agree the non-public minutes of the previous meeting held on 17 September 2021.

For Decision
(Pages 171 - 174)

15. **SECURE CITY PROGRAMME (SCP) - VIDEO MANAGEMENT SYSTEM (VMS)**
Joint report of the Commissioner and Executive Director of Environment.

For Information
(Pages 175 - 196)

16. **SUICIDE PREVENTION IN THE CITY OF LONDON**
Report of the Director of Public Health.

For Information
(Pages 197 - 202)

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

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

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HEALTH AND WELLBEING BOARD

Friday, 17 September 2021

Minutes of the meeting of the Health and Wellbeing Board held virtually on Friday, 17 September 2021 at 11.00 am

Present

Members:
Marianne Fredericks (Chairman)
Randall Anderson, Court of Common Council
Jon Averns, Markets & Consumer Protection Department
Gail Beer, Healthwatch City of London
Matthew Bell, Policy and Resources Committee
Andrew Carter, Director of Community and Children's Services
Chief Superintendent Steve Heatley, City of London Police
Dr 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

In Attendance
Diana Divajeva
Stella Okonkwo
Nina Griffith
Claire Giraud
Stephanie Cloughlin
Jonathan McShane

Officers:

Douglas Trainer	-	Deputy Chief Executive, Town Clerk's Department
Leanne Murphy	-	Town Clerk's Department
Chris Lovitt	-	Deputy Director of Public Health
Amy Chapman	-	Department of the Built Environment
Raynor Griffiths	-	City and Hackney Safeguarding Adults Board
Ruth Kocher	-	Department of the Built Environment
Robin Whitehouse	-	Markets and Consumer Protection

1. **APOLOGIES FOR ABSENCE**
   Apologies were received from Mary Durcan, Dr Gary Marlowe and Siobhan Harper (represented by Jonathan McShane).

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 16 July 2021 were approved.

Matters arising

Joint Health & Wellbeing Strategy

The City of London Corporation is developing its Health and Wellbeing Strategy for 2022-26 which looks at how a range of organisations including the Corporation, the NHS, the voluntary and community sector, businesses and communities can work together to improve people's health and reduce any health inequalities that exist. Residents and local communities are an important part of this process and over the coming weeks there will be a number of different engagement opportunities.

Partners are currently taking part in a peer researcher project which trains local residents to undertake surveys and focus groups with their local communities and networks to help shape the strategy. For more information concerning the peer research project or any other opportunities to help shape the Health and Wellbeing Strategy, contact: DCCSStrategyPerformanceteam@cityoflondon.gov.uk.

Terms of Reference report

Members were advised that the report was drafted, but it was decided that more time was needed to explore and address the statutory requirements of the Board. A placeholder concerning anticipated changes to the Board's Terms of Reference would be included in the Governance Report to Court whilst Officers continued to work on the report.

4. **COVID-19 UPDATE**

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

It was noted that there were lots of new strands coming in whilst the booster programme was being developed and other services effected by the pandemic were being reinstated. This required significant prioritisation.

With regards to queries concerning carrying out vaccinations at workplaces, Officers confirmed there were a number of organisations interested in hosting clinics. There was uncertainty over how well vaccinated staff were in the City, and surveys were being undertaken to see if workplace interventions were needed.

A Member enquired how the booster programme would work in the City and whether this would be combined with the flu vaccination. Members were advised that flu vaccinations would start in the next 2-3 weeks as there was a countrywide delay in its delivery. GP practices were working to make co-administration available; however, that person must have 6 months between the vaccination and booster which would make this not an option for some.

In response to whether Barts Hospital would continue to assist the elderly, Officers confirmed they had agreed to provide boosters to City residents. Members were keen that the booster be made available in as many places as possible.

5. **CITY & HACKNEY PUBLIC HEALTH INTELLIGENCE STRATEGY AND JOINT STRATEGIC NEEDS ASSESSMENT OVERVIEW**

The Board received a presentation by the London Borough of Hackney & City of London Corporation Public Health Team providing an overview on the City and Hackney Public Health Intelligence Strategy and Joint Strategic Needs Assessment.

Members were advised that the work was suspended due to the pandemic but would now continue. The work was largely driven by Public Health in collaboration with specialist help from other colleagues. It was hoped the new proposal would be ready to present at next Board meeting and hopefully receive support from Members and Officers.

Members were supportive of this important work and encouraged continued effective collaborative stakeholder engagement to capture valuable data.

6. **CITY AND HACKNEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2019/20**

The Board received a report of the Independent Chair of the City and Hackney Safeguarding Adults Board concerning City and Hackney Safeguarding Adults Board Annual Report 2019/20. Members were advised that the report was a statutory requirement and were provided with the year's key achievements and the priorities for next year.

In response to a query concerning Age UK London, Members were informed that their attendance was good, and they engaged well.

Members were concerned by the reported growing trend of self-neglect during the pandemic. A Member queried what the Board could do, in partnership with the City & Hackney Safeguarding Adults Board, to prevent self-neglect in the City and highlight issues. Officers confirmed this was a complex area and understanding what it meant was key as self-neglect was regularly misdiagnosed as something else, e.g. hording. Everyone was encouraged to raise awareness of signs and concerns in others, especially in cases after loss of partners or experiences of trauma. It was agreed that there was a need to work in collaboration in all areas to identify signs and triggers. Officers noted they were working with Kings College London and hoped to share the preliminary work in the future.

A Member questioned if there was any correlation with self-neglect and homelessness. It was acknowledged that self-neglect was prevalent in homelessness in addition to lots of other issues. There was a general assumption that all homeless people were self-neglecters due to their poor state, but this was not the case and there was a need to pull out differences and make this clear to practitioners.

A Member highlighted that hording was a key indicator of something wrong, but people often struggled to approach a friend or family member in this situation. It was highlighted that there should not be guilt for reporting concern and information could be found in the Safeguarding Adults Leaflet: https://drive.google.com/file/d/1Dt6jUd7WlTxvrWwffVuWIXE12GccSISa/view, on the CoL safeguarding pages: https://www.cityoflondon.gov.uk/services/social-care-for-adults/safeguarding-adults or the Hackney safeguarding page: https://hackney.gov.uk/safeguarding-adults-board.

RECEIVED.

7. **INTEGRATED CARE PARTNERSHIP PRIORITIES**

The Board received a report of the City and Hackney System Operational Command Group concerning Integrated Care Partnership Priorities.

Members were provided with context and keys themes for the priorities, which was being developed by Partners and overseen by the Command Group. It was clarified that this was not an attempt for a new Strategy but was developed out of Covid peak infections to understand what was needed to address integrated care priorities.

In terms of the City Corporation's own focuses, the key actions for health inequalities and homelessness were pulled out. As the priorities were developed and incorporated further, this work would align with the Board's strategy and drive a refresh.

The Chairman thanked the presenters and the Board agreed to feed in as this work developed further.

8. **CITY OF LONDON CONTAMINATED LAND INSPECTION STRATEGY 2021-2030**

The Board received a report of the Director of Markets & Consumer Protection concerning the City of London Contaminated Land Inspection Strategy 2021-2030.

Members were informed that all feedback provided by the Board at its May meeting had been included in the final Strategy and the Environment Agency were happy with the amendments. Members were supportive of the Strategy.

9. **HEALTHWATCH CITY OF LONDON PROGRESS REPORT**

The Board received a report by Healthwatch City of London providing an update on progress against contractual targets and the work of Healthwatch City of London (HWCoL) with reference to Quarter Two 2021/22.

Members were concerned by the difficulties accessing services due traffic, e.g. delays caused by the Old Street roundabout works and difficulty getting to Homerton hospital in general.

A Member enquired if Healthwatch were satisfied their responses to the draft city plan were being adequately addressed, e.g. showers for homeless people and delays from the roundabout. Members were informed that Healthwatch had not received a formal response to their comments noting that people felt strongly about reopening the public showers, could and the lack of access in the City to cheap, fresh food remained an important issue which would be helped by a veg stall. Members agreed residents were being overcharged and there was a need for more affordable options for resident population which was growing.

The Chair recommended more pop up food markets and saw the London Plan as an opportunity to re-evaluate the needs of the residential and student populations in the City.

The Director confirmed that there was a strategic aim not to provide showers and things that would encourage people to stay on the streets rather than in accommodation. With regards to food options, this had been raised on a number of occasions and Officers were bringing a report to the CCS Committee. it was noted that there were difficulties commercially attracting businesses such as Lidl and Aldi which in many cases were still not cheap enough, and food clubs were needed.

The Chair thanked HWCoL colleagues for their support and assistance helping residents in the City be heard.

RECEIVED.

10. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
There were no questions.

11. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
There were no items.

12. **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.

13. **NON-PUBLIC MINUTES**
The non-public minutes of the meeting held on 16 July 2021 were approved.

14. **SUICIDE PREVENTION IN THE CITY OF LONDON**
The Board considered a report of the Deputy Town Clerk and Chief Executive regarding Suicide Prevention in the City of London.

15. **SECURE CITY PROGRAMME (SCP) - VULNERABLE PEOPLE WORKSTREAM**
The Board considered a joint report of the Director of the Built Environment and Commissioner, City of London Police regarding the Secure City Programme (SCP) – Vulnerable People Workstream.

16. **NON-PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
There were no questions.

17. **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 business.

The meeting ended at 12.56 pm

Chairman

Contact Officer: Leanne Murphy

Committee: Health and Wellbeing Board	**Dated:** 26 November 2021
Subject: Better Care Fund 2021 - 22	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly? -	1,2,3,4
Does this proposal require extra revenue and/or capital spending?	**N**
If so, how much?	**N/A**
What is the source of Funding?	**N/A**
Has this Funding Source been agreed with the Chamberlain's Department?	**N/A**
Report of: Andrew Carter, Director of Community and Children's Services	**For Decision**
Report author: Ellie Ward, Interim Head of Strategy and Performance	

Summary

The Better Care Fund (BCF) programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

The Fund is based on a pooled budget of funding from CCGs and local authorities. Each year local systems produce plans for the Better Care Fund which have to be signed off by local Health and Wellbeing Boards.

The plans are governed by a policy framework and requirements set out by the Department of Health and Social Care. For 2021 - 22 this guidance was only published in September 2021 with a submission deadline of 16 November 2021. These plans are now submitted to the Health and Wellbeing Board for approval.

Recommendation(s)

Members are asked to:

- Approve the Better Care Fund 2021 - 22

Main Report

Background

1. The Better Care Fund (BCF) was established in 2013 and encourages integration by requiring clinical commissioning groups (CCGs) and local authorities to enter into pooled budget arrangements and agree an integrated spending plan.

2. Each organisation has designated funds they have to include in the pooled budget and it is at their discretion whether they add additional funding to the pot.

3. Every year, local systems agree how the money will be spent within criteria set out by the Department of Health and Social Care (DHSC) and produce plans in accordance with BCF policy and requirements. A key component of the requirements focus on supporting hospital discharge and out of hospital care.

4. The policy and guidance documents for plans are produced each year but are often published late in the financial year. Guidance for plans for 2021/22 was published in September 2021 and plans were submitted on 16 November 2021. All plans have to be approved by the local Health and Wellbeing Board (HWB).

5. Although the plans have only just been submitted, local areas were allowed to continue with schemes from April 2021.

Current Position

6. For 2021/22, the pooled budget is £1,151,215, consisting of a CCG contribution of £799,980 and a City of London Corporation contribution of £351,235.

7. A range of schemes are funded through the BCF and this can be seen on Tab 5a of Appendix 2. Of the pooled budget £311,354 is being spent on City of London services, above the £146,460 required.

8. The City of London schemes in the 2021-22 plan remain similar to previous years but with a shift of funding to a combined hospital discharge service to help meet the demands of increased hospital discharges and the requirements to provide 7-day discharge services in Adult Social Care.

9. Plans are attached at Appendices 1 and 2 and include a narrative plan, which is a joint local system one for the City of London Corporation and the London Borough of Hackney and a City Corporation template with details of income, expenditure and schemes.

10. The template includes 4 key indicators that the City of London Corporation and health partners monitor.

11. The Health and Wellbeing Board is asked to approve these plans for 2021-22.

Corporate & Strategic Implications

Strategic implications

The BCF aligns with our corporate priorities of

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.

It also sits within a wider strategic context of health and social care integration and policies driving hospital discharge work.

Financial implications

The City of London Corporation only contributes required funding to the pooled budget and does not contribute any additional funding.

In terms of expenditure on schemes within the plan, City Corporation schemes are funded above the minimum required from the pooled budget.

Resource implications

None

Legal implications

None

Risk implications

None

Equalities implications

All schemes which are funded through the BCF and commissioned or delivered by the City of London Corporation are subject to Equality Impact Assessments.

Climate implications

None

Security implications

None

Conclusion

12. The HWB is asked to approve the 2021/22 BCF plans for the City of London Corporation.

13. Focussing on integration and particularly on hospital discharge and out of hospital services, the BCF plans fund a number of schemes in the City of London.

14. The funding from the pooled budget for City of London Corporation services is above the minimum required and supports a range of work. The main change from previous plans, is increased funding to an expanded hospital discharge service to meet increased demand and the requirement to provide support for 7-day discharges.

Appendices

- Appendix 1 – BCF narrative plan
- Appendix 2 – BCF planning template

Ellie Ward
Interim Head of Strategy and Performance

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City & Hackney Partnership

Better Care Fund
Narrative Plan
2021-22

Contents Page

Stakeholder input into preparing the plan

- Discussions with senior officers at the Council, CCG and Homerton Hospital
- Discussions at Discharge Steering Group (includes service user reps, Healthwatch and Age UK East London)
- System operational command group (SOCG)
- Local and North East London (NEL) wide Homelessness meetings
- Hackney HWB sign-off will be on 27/01/22
- City HWB sign-off will be on 26/11/21

Background

Background

Like all partnerships, 2021-22 has been an extremely difficult and testing time. As winter approaches we are again planning for unprecedented pressure on the Health and Social Care System.

This year saw the continued implementation of the NHS Discharge Policy which has had a significant impact on all areas but particularly adult social care. Our partnership has been tremendously successful in reducing and maintaining low length of stays, with Homerton Hospital consistently being the Trust with the lowest length of stay within NEL and London generally.

Last year also saw Hackney Council subject to a major cyber attack in October 2020, with the effects still impacting adult social care systems, including our payment and performance management abilities. Work is ongoing to develop new modern systems to meet our future needs. This has meant that as well as managing the pandemic, staff have also had to deal with manual recording systems and have had to develop work arounds, which has also affected our ability to produce performance reports.

Governance

ICP Governance Arrangements

The following outlines how we have structured ourselves and our work:

- Historically, the commissioning and planning of services with partners was arranged under **care workstreams** structured around major areas of commissioning investment in health and care improvement.
- The pandemic has emphasised the importance of working in partnership on an operational basis to coordinate delivery of improvement work.
- Our future approach to system-level planning is organised around a single view of **population health outcomes** and improvement areas, broken down into broad thematic categories, rather than four or five separate plans reflecting the way that services are structurally organised.
- We have arrived at **five areas of focus for our improvement and transformation planning**, three which reflect broad thematic areas: “Children, Young People, Maternity and Families”, “Communities and Staying Well”, and ”Rehabilitation and Independence”; and two which represent areas which have distinct national and regional funding and oversight regimes: “Primary Care” and “Mental Health”.
- We have also mobilised a time-limited City and Hackney vaccination programme, given the importance of this agenda in 2021.

BCF Governance

As the following slides show, BCF schemes and priorities are integrated into the overall system governance, planning and priorities.

There is huge amount of joined up working and cooperation happening at the local level and BCF is part of these discussions.

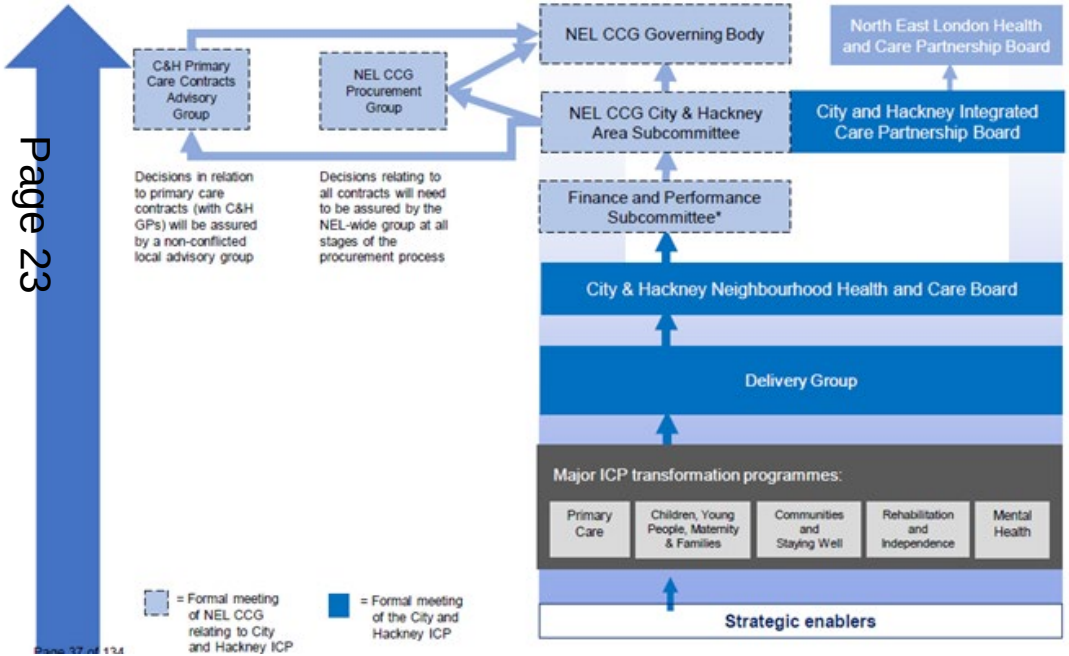
At a local level, LBH ASC Director, Finance and BCF Lead meet quarterly with two CCG Workstream Directors, Finance and BCF lead to monitor BCF schemes, performance and sign off returns. City of London Corporation staff also meet with CCG leads for monitoring and sign-off.

There is a also a monthly Hospital Discharge Group which is comprised of system partners, including service users, Healthwatch and Age UK. This group plans, challenges and reviews progress against the NHS Discharge Policy and related BCF Metrics.

Governance, Management and Reporting

Governance route for financial decisions between ICP and NEL CCG

This diagram shows the indicative route by which decisions would be assured in relation to major proposals, however the use of SFIs and the Scheme of Reservation and Delegation mean that many decisions will not require this full governance route.



Governance:

- The governance process to follow will be in-line with the NEL CCG Governing Body approved City & Hackney ICP structure (in addition to the approval by HWBs).

Management:

- Once the BCF budget is agreed between partners, it must be presented to the City & Hackney Finance and Performance Sub-Committee for approval prior to presenting to the Health & Wellbeing Boards.

Reporting:

- The existing reporting structure will continue in terms of financial data shared by LBH and CoL for invoicing purposes.

- Variance analysis and emerging risks will be highlighted to the FPSC to make recommendations to take action by the BCF commissioning leads.

City & Hackney ICP
Overall Approach to Integration

The 21/22 City and Hackney Integrated Care Partnership Priorities

The next slide sets out our key priorities for health and care partners in 2021/22, as established through the System Operational Command Group. This work will continue through the ICP Delivery Group. Two key themes run throughout the plan:

- **Addressing inequalities:** this has grown in significance, and we are taking a more systematic approach across all areas of our work. This should become core business, supported by a new Population Health enabler.
- **Covid recovery:** is a key focus for all parts of the system, including through the delivery of a vaccine programme, re-starting services, developing or adapting services to support people who are experiencing the ongoing impact from Covid-19 and being prepared to respond to future outbreaks / campaigns and resulting pressures on the health and care system.

Our local priorities also include delivery of the key 'must dos' for the health and care system defined in the NHS Operating Plan for 21/22.

Given the context of the ongoing pandemic the plan is predominantly focused on health care services, however, it does include a number of priorities that are focused on integration with social care, wider local authority and other partners.

Work is currently underway to develop the City and Hackney ICP that will bring together health and local authority partners to take joint responsibility for the health outcomes of the City and Hackney population. As this partnership is formed there will be a wider strategy development process, which will align to the development of the Health and Wellbeing Board(s) strategies over the next year.

The following plan presents the key deliverables for this year whilst we develop our longer term multi-year strategy.

City and Hackney Borough-based Partnership priorities 2021/22

High level one-page summary

Children, Young People, Families and Maternity

1. Mental health and wellbeing:

- Childhood Adversity, Trauma and Resilience support for system professionals working with families
- Prioritise earlier prevention and wellbeing through new Integrated Emotional Health and Wellbeing Action plan
- New pathways in place for CAMHS discharge and a T3.5 service with strengthened community approach to S&LT

2. Addressing inequalities in most vulnerable groups:

- Continue to Increase uptake of immunisations and vaccinations in childhood and pregnancy
- Continue to prioritise health and wellbeing needs of Looked After Children (LAC) and Unaccompanied Asylum Seeking Children (UASC) by tailoring services to specifically meet their needs.
- Continue multi agency early help for families who have complex medical needs, SEN and identified vulnerabilities.

3. Improving quality and integrating services:

- Continue to deliver maternity transformation in safety, address inequities and improve perinatal mental health
- Test approaches to social prescribing at PCN level for children and families, alongside NEL partners

Communities and Staying Well

1. **Integrated Urgent Care –** support people away from hospital and develop effective pathways from 111
2. **Discharge Pathways –** implement a sustainable single point of access, embed Home First and better involve patients in decisions about their discharge
3. **Neighbourhoods:**
   - Take a more proactive and joined up approach to support residents with rising needs
   - Continue to redesign services that will make up Neighbourhood blended teams and provide OD support to them
   - Increase resident involvement and integration of VCSE services in a Neighbourhoods
   - Arrangements to improve our knowledge of and act on health outcomes and inequalities
   - A Neighbourhoods approach to population health

Mental Health

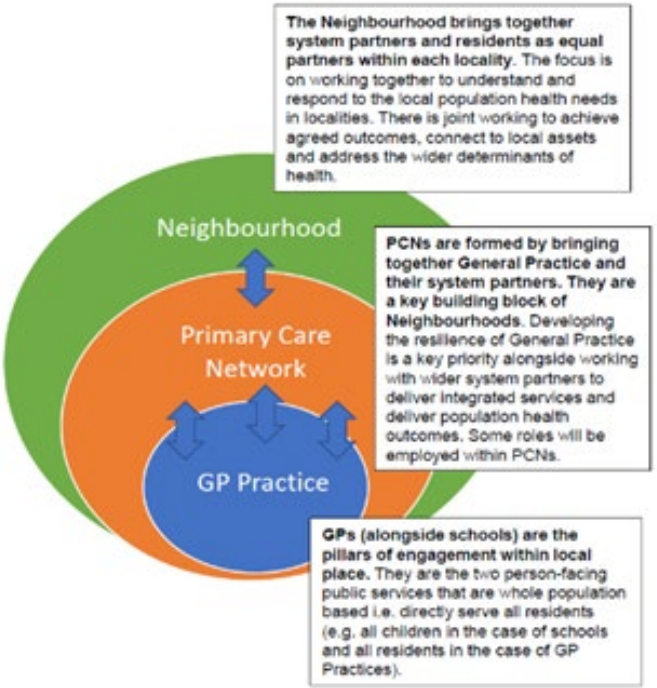
1. **Severe Mental Illness Digital Platform**
2. **Personal Health Budgets (PHBs)**
3. **Expand services that address Common Mental Health Problems** (Anxiety and Depression)
4. **Develop Staff wellbeing recovery plans**
5. **Dementia Service**

Rehabilitation and Independence

1. **Restoring Elective and Cancer Services –** working with NEL Cancer Alliance, wider partners and support services
2. **More integrated care for residents with ongoing health and care needs:**
   - Improve access to neighbourhood provision and integrating specialist skills in areas like: Diagnostics, First Contact Practitioner, LTCs (diabetes, heart and respiratory disease), Gynaecology; services for LD & autistic people
   - Develop new pathways and services for residents with long term rehabilitation needs after COVID-19
   - Improve specialist advice from consultants to GPs and patients and developing the model of advice and guidance
   - Better integrating the health and care offer to residents in care homes and residential settings
3. **Specific actions to address health inequalities**
   - Monitor and address the additional needs of particularly vulnerable people, and implement learning from the review of premature deaths of people with LD
   - Ensure that the 'in for good' approach taken to support homeless people and rough sleepers is built upon
   - Ensure that we improve end-of-life care within our health care system

Neighbourhoods approach to Integration: strengths-based & person-centred care

- Neighbourhoods is our major transformation programme for the redesign of community services locally. The programme is provider led.
- Neighbourhoods are critical to the delivery of integrated care and provide the geography around which we are aligning many of our health and care services. They are crucial in working together as system partners to address health inequalities.
- We are already bringing together these services, supporting multi-agency working and adopting a more strengths-based approach that focuses on what matters to residents.
- As a local system we want ‘place’ rather than ‘organisation’ and ‘conversation’ rather than ‘referral’ to be the currency of integrated service provision locally. We want to ensure that residents receive care and support that is closer to home, based on what matters to them and in a way which means they do not have to tell their story multiple times.



Key Changes Since Last BCF Plan

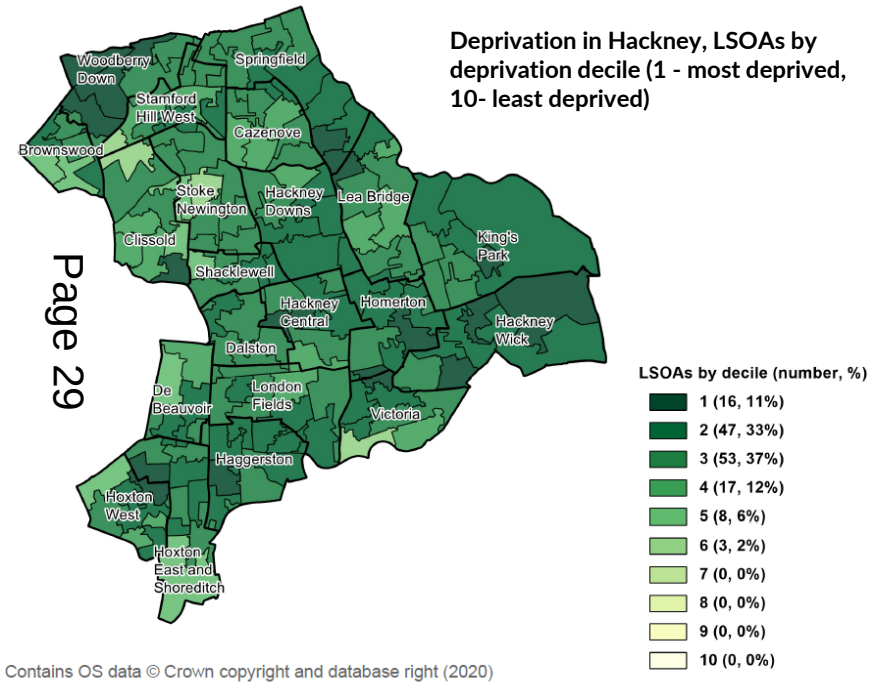
Funding remains in place for implementation of care act duties, carers services and reablement in addition to other core community services. The partnership has reviewed the schemes that formed the previous years return and it has been agreed that this year's plan should better reflect the partnership spend to reflect the investments which support the BCF metrics.

Schemes added this year:

- Pathway Homeless Hospital Discharge Team
- DES Supplementary Care Homes Service

The BCF plan also aligns with transformation and integration initiatives such as Ageing Well.

Hackney's Population



Sources: ONS, Population estimates. Ministry of Housing, Communities & Local Government, English indices of deprivation 2019.

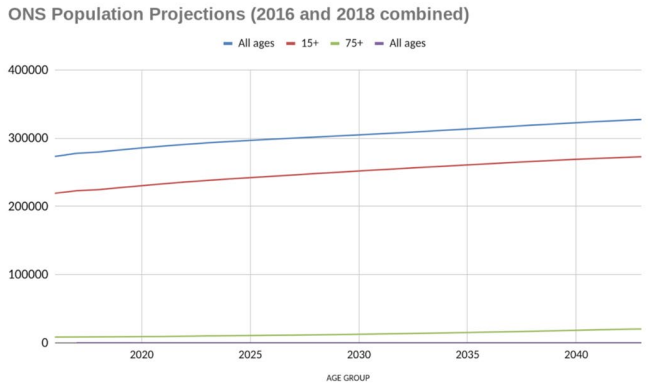
- Hackney has a population of just over 280,000 residents
- More than 20% are under 19 and under, 68% are aged 20-64 and c.10% are over 65 (gla figures)
- It is predicted that Hackney's population will grow to around 300,000 in 2030 and **the largest proportionate increase (around 33%) is predicted among residents aged 65+** (
- **Hackney is an ethnically and culturally diverse area** with around 40% of residents coming from a non-White background; the borough is home to large 'Other White', Black and Turkish/Kurdish communities, as well as a large and growing Charedi Jewish population
- **The borough is relatively deprived** although becoming less so on average; within-borough social inequalities are widening

Impact of COVID on Discharges in Hackney

Impact of Covid & Discharge Policy on Adult Social Care

- The number of hospital discharge clients has increased from 148 clients in 18/19 to **527** clients discharged in 20/21. Based on current trends there will be an estimated **670+** clients discharged in 21/22.
- The post covid homecare spend suggests an additional worst case scenario estimated pressure of **£6.8m** in 21/22
- The growth in all age population between 2016 and 2020 was on average 1.13% but the growth in the number of people receiving care was on average 6.14% in the same period.

ONS Populations figures



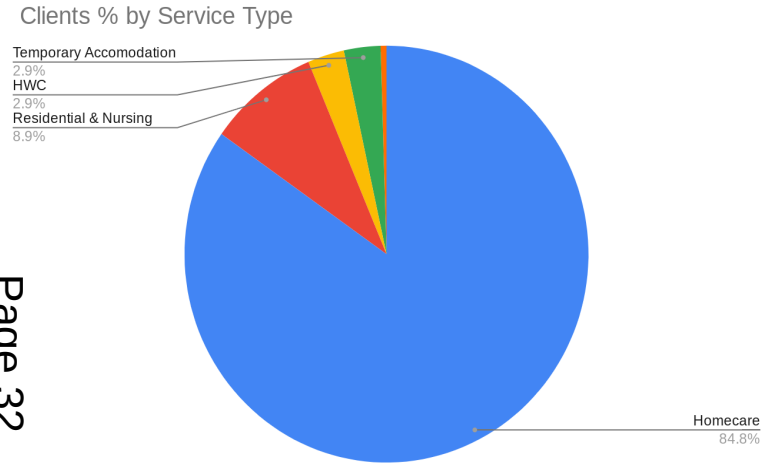
The predicted average annual growth in the Hackney population is 0.59%.

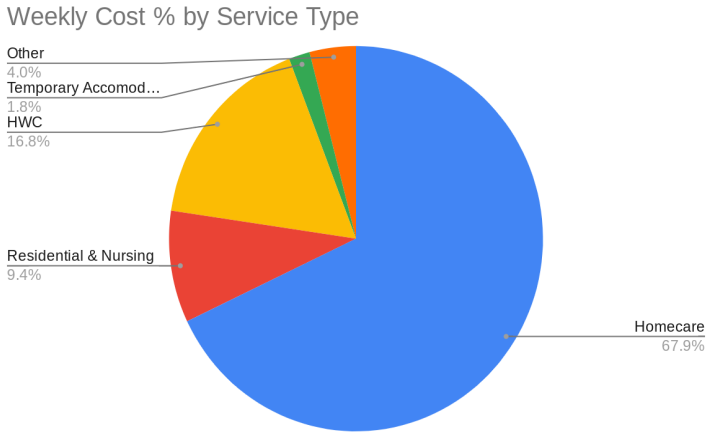
The predicted average annual growth of the population aged 75 or over is 3.42%.

The average annual growth in adult residents either accessing personal care or placed in a care home was on average 6.14% between 2016 and 2020.

The average annual growth in double handed care packages was 32% between 2017 and 2019.

Hospital Discharge - Client & Weekly Spend by Service Type

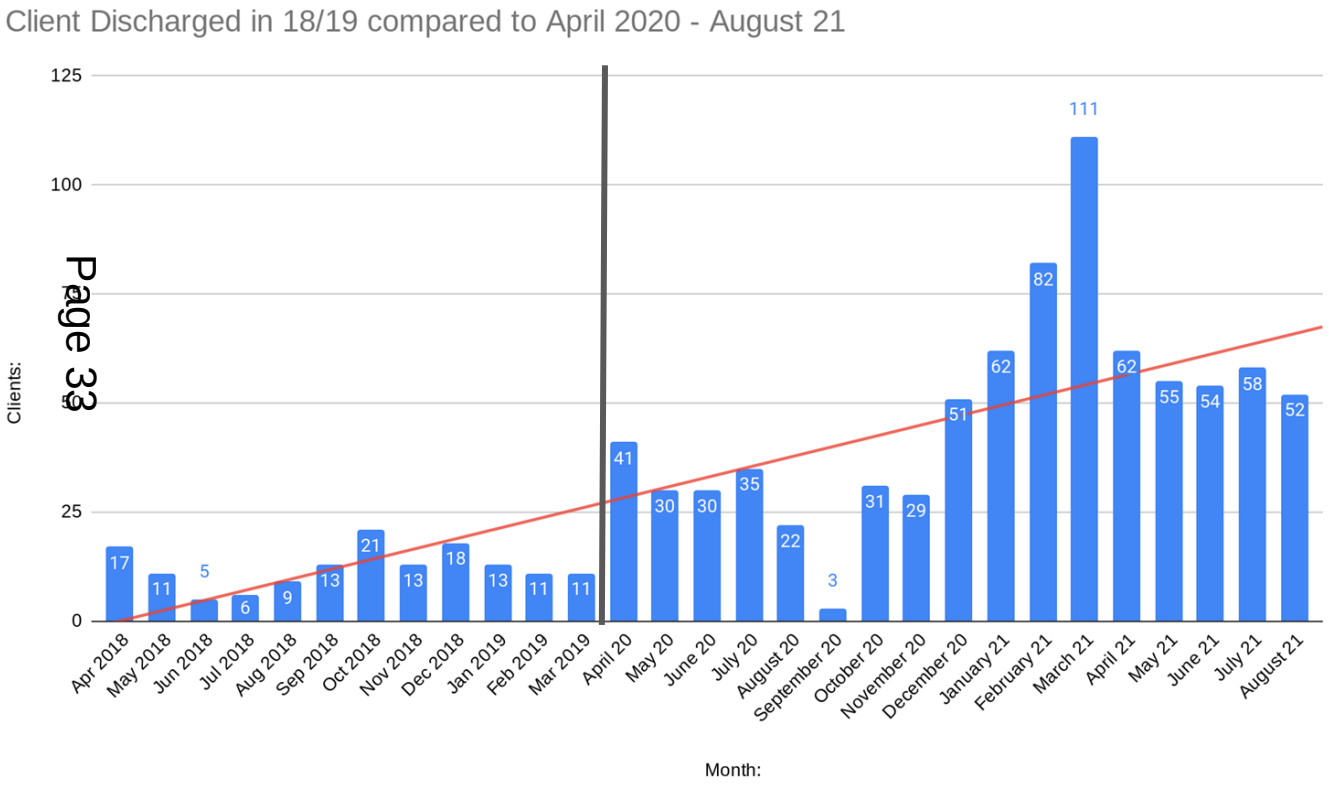




- In total there have been **808** clients discharged from April 20 to August 21
- **85%** of clients are discharged are into a homecare placement which equates to **687** clients
- **9%** of clients are discharged into a care home placement which equates to **73** clients

- **68%** of the costs of discharge directly relate to Homecare with an average Homecare package costing **£331** a week
- **9%** of the costs of discharge directly relate to Care Homes with an average Residential/Nursing package costing **£1,205** a week

Hospital Discharge - Clients Discharged between April 18 to August 21



18/19:

- There were a total of **148** clients discharged in 18/19

20/21:

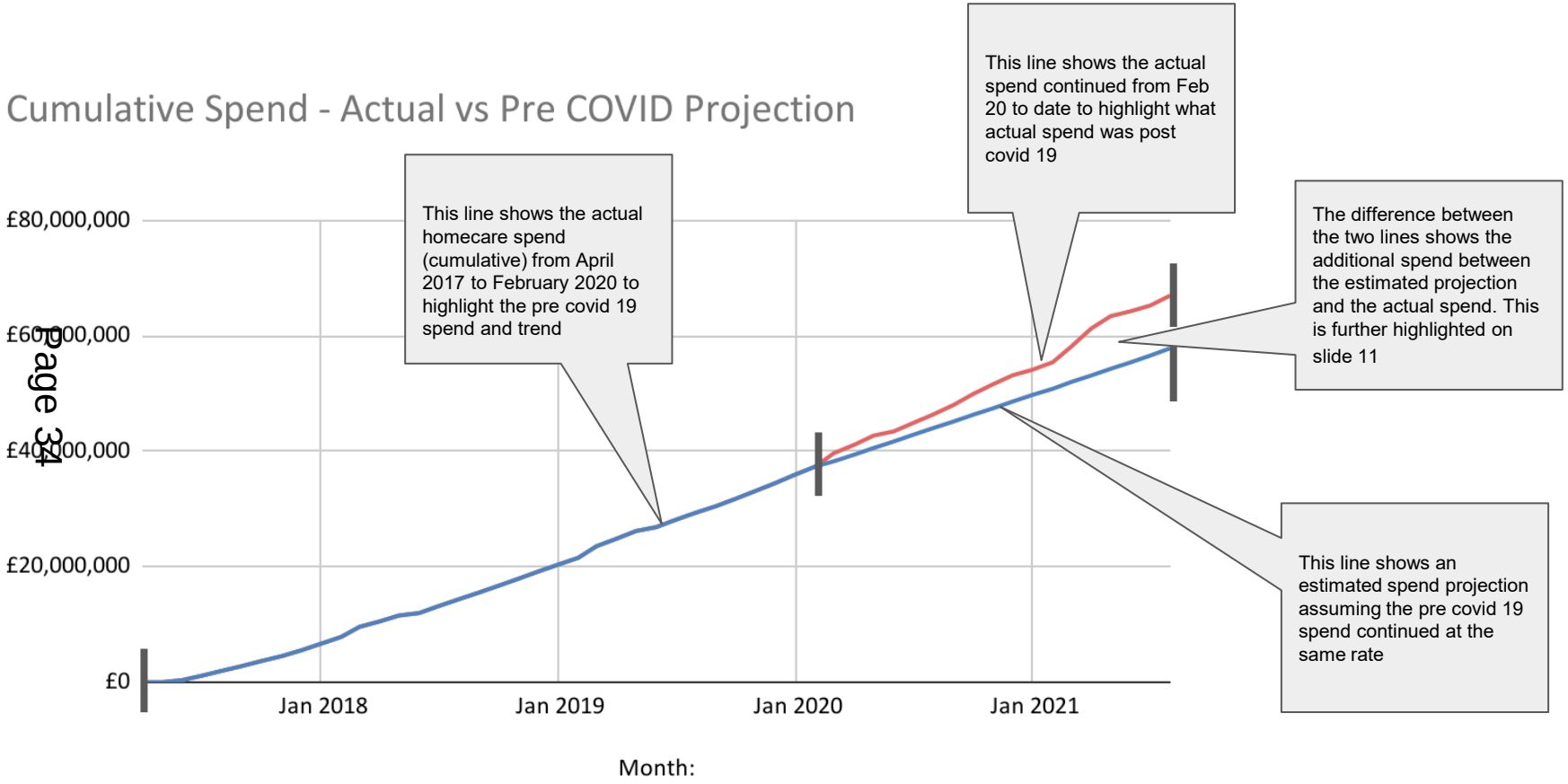
- In 20/21 there was **256%** increase in clients discharged compared to 18/19 (**527** clients discharged for 20/21)

21/22:

- There have been a total of **281** client discharged from April 21 to August 21
- Based on current 21/22 trends there is an estimated **670+**
- This would reflect an increase in clients of **353%** compared to 18/19 and **27%** compared to 20/21

**September 20 data skewed due to the Cyber Attack*
**Full data for 19/20 currently not available*

Monthly Cumulative Spend - Homecare April 17 to August 21



**** Data used is based on the actual monthly homecare cost (cumulative from April 2017)***

Additional Cumulative Homecare Spend Projections

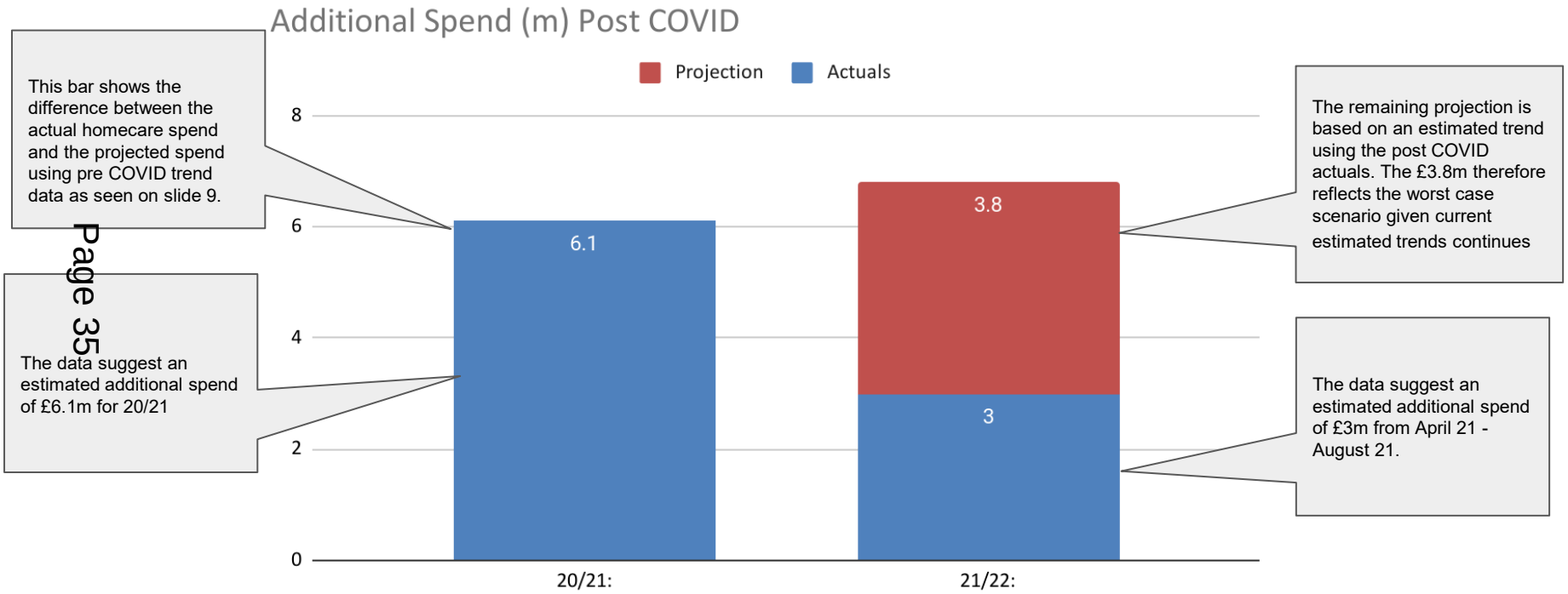


Table summary of Discharge pathways

Period	Numbers in Residential Homes	Numbers in Nursing Homes	Number in Homecare
2018-19	21	26	101
2019 - 20	n/a	n/a	n/a
2020 - 21	24	36	442
2021-22 (To date August)	13	16	244
2021-22 (Estimate)	30	36	563

Supporting Discharge (national condition four)

Supporting Discharge (national condition four)

To further improve outcomes for people being discharged from we have developed the following strands of work in 2021/22 - as described in the next four slides:

- New activities supporting the NHS Discharge Policy
- New Discharge support pathways
- Development work with the LGA and Social Marketing insights

Activities supporting the NHS Discharge Policy

Supporting Discharge	Action
Weekend working	Brokers extended hours (10 - 2 p.m.) Social Work (SW) discharge team increased capacity Weekend DSPA call re-established in Nov
Extend Bridging service for home care (Winter Plan Scheme)	Purchased block homecare hours to increase capacity to support same day discharge.
Out of Area	Discharge SW to continue to attend out of area calls where needed and Hackney clients OOA continue to be discussed at daily DSPA calls
Escalation plan	In place
Local weekly discharge meeting	Existing partnership meeting weekly to include updates on vacancies of discharge pathway facilities
NEL weekly discharge meeting	To escalate issues and offer mutual aid across three ICPs within NEL

Discharge Support - Interim Placements

Newly Commissioned Discharge settings	Facilities
Acorn Lodge	Block contract for 3 nursing hospital discharge beds
Goodmayes	2 accessible flats 4 rooms in shared house 1 Covid positive flat
LBH Assessment flats	6 flats plus 2 COVID
Housing with Care Flats	Housing with Care
Mary Seacole	7 Designated COVID+ Care Home beds
Manor Farm	Spot purchase beds
Homeless & no recourse to public funds	B&B Goodmayes (above) or Homeless hostel 6 Peabody step-down beds (aim January)
Charedi Community COVID-19 Post Discharge and Hospital Admission Avoidance Facility	Can be up to 9 beds
Homecare	Existing Framework
Mutual aid will be provided at other sites across NEL where available.	

Development Work with the LGA

The table below outlines work we are undertaking to review and improve our discharge work.

LGA Offer	Detail input
Review of joint working arrangements between social workers and therapists	Using the ethical Framework to reflect on practice and to identify the specific changes for social workers and therapists implementing the discharge policy and operating model. ● 1 session with social workers - 24 Nov ● 1 session with therapists - 24 Nov ● 1 joint session - 2 Dec
Review of the reablement Pathway	A Peer Consultant appointed by LGA will initiate a desktop review initially. ● Understanding of how other systems have maximized reablement offer ● Review of model and cost benefits analysis
Session to discuss how to manage out of area patients with other local authorities	● Lead a London-wide discussion - one off session
Data Support	● Initially share dashboard they have helped develop with another system

Social Marketing - Patient Information

Funded via a local BCF grant, we employed Claremont, a local Hackney-based social marketing company to use social marketing techniques to gain insight into the target population. These insights can be used to help design marketing messages and tools to reduce delays relating to patient and family choice, and better manage patient expectations around hospital stay and planned discharge home or to a residential placement.

To include: communicating the right message at the right time to ensure patients and their families are aware at admission to hospital of the home first approach and options available post discharge.

Phase 3 Feedback - Headline findings from public testing

Consistent and strong dislike of the term discharge – clear preference for 'leaving hospital'

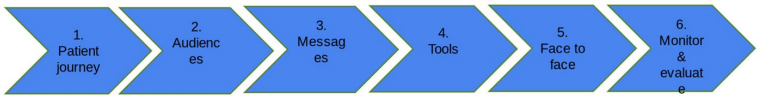
When asked to rank the importance of different messages, the priority is around reassurance:
We won't send you home before you are ready

The second most important message was about being spoken to about what was happening:
Your team in the hospital will talk to you about getting you home again

The third most important message is regarding assessment:
Your specific needs for any ongoing support and care at home will be assessed and discussed with you, and the right package will be put together

Claremont
Communications for Behaviour Change

Phase 3 Feedback - Six key thematic areas for our report back



Claremont
Communications for Behaviour Change

The Disabled Facilities Grant

Disabled Facilities Grant (DFG) and wider services

- DFG is funded by the Department of Health and Social Care. Since 2014 the DFG has been part of the Better Care Fund with priorities summarised as:
  - Care home costs saving
  - Prevention/Early intervention
  - Support timely hospital discharge
- Both Authorities engage with Housing Teams to use the fund to support disabled people to live more independently in their own home.
- Local policy was reviewed between Hackney's Housing and Adult Social Care in Feb 2021 to ensure a more focused approach to DRF to support the BCF priorities. Summary of recommendations and changes on next slides.

Summary of Recommendations - Hackney

1) **Dementia Grants (DG) -** improving lighting, sound proofing, changing the flooring, tonal contrasting tiling and sensors within St Peters, a housing with care accommodation.

2) **Hospital Discharge Grants (HDG) -** examples of works include: moving necessary furniture from upstairs to downstairs, clearing a room to make it safe, deep cleans or any other work needed to facilitate the discharge that cannot be provided by other means.

3) **Contribute to the cost of the council's occupational therapy team** - 3 OT posts to support timely assessments for adaptations- to prevent falls, admission, and reduce micro living environments.

4) **Partial waiver of up to £10,000 contribution for means testing**

5) **Smart Homes Kit** - A part of every DFG application. The Kit to incorporate voice activated technology to help with environmental controls and medication reminders. Building on the technology planned for the Hospital Assessments Flats.

6) **Discretionary Grant** - when the situation cannot be resolved with the mandatory costs of £30,000 (inclusive of fees), additional costs of maximum £10,000 can be available when this will support better care arrangements to enable the person to remain in their home for longer. A charge will be placed on the property.

Disabled Facilities Grant (DFG) Spend - Hackney

	Discretionary RRO (Regulatory Reform Order- Housing Assistance)	Estimate of numbers x costs	Total
1	**Dementia Grants (DG)**	10 x 2500	**£25,000**
2	**Hospital Discharge Grants (HDG) - Maximum is £2000**	60 x 400 = 2400 30 x 1000 = 30,000 5 x 2000 = 10,000	**£42,400**
3	**Contribute to the cost of the council's occupational therapy team**	DFG OTs @ £32 an hour umbrella rate + oncosts £1,336.97 x 46 = £61,501	**£184,503**
4	**Partial waiver of up to £5,000 contribution following means testing for first £7000**	6000 (approx contribution 2019-2020)	**£6,000**
5	**Smart Homes Kit**	10 x 3000	**£30,000**
			£287,903

City of London

City of London Context

- Latest estimate of population in City of London is 10,938 with predicted significant growth in the over 65 population in next decade. There is high life expectancy in the City of London - better than the rest of London for both males and females.These factors create potential for increased demand for health and social care services in the future.
- There has been improvement in the City's deprivation ranking in recent years but significant gaps remain between the areas of Portsoken in the east of the City and the Barbican.
- The City of London borders seven London boroughs and residents often have to access services that are delivered outside the square mile. The City of London has complex care pathways. 75 percent of City of London residents are registered with the one GP practice in the City, which is part of City and Hackney partnership. 16 percent of residents, on the east side of the City of London, are registered with GPs which are part of Tower Hamlets partnership.

City of London Context

- For acute admissions, most City of London residents are taken to the Royal London Hospital (RLH) or University College Hospital (UCH). The main commissioned acute hospital for the local partnership is Homerton University Hospital Foundation Trust (HUHFT). Community Health Services are also provided by HUHFT.
- There is no residential care or supported living provision within the City of London boundaries and given the levels of demand for these services, they are spot purchased rather than block purchased. There is a single home care provider commissioned by the City of London Corporation in 2017. A number of service users use their direct payments to purchase other home care providers of their choice. Our homecare provision is currently being recommissioned and is set in the wider context of hospital discharge and reablement requirements.
- The City of London also commissions a number of preventative and support services from the voluntary sector. These include a Memory café, carers support, a wellbeing service and a universal advice service.

Changes to Services Commissioned

Area : City of London	Full Year Forecast
Mental Health Reablement Service (Decommissioned)	£0
Combined Hospital Discharge Scheme	£230,555

Area : CCG	Full Year Forecast
DES supplementary care homes services	£5,475
Pathway Homeless Discharge Team (5 months)	£4,913

Since the original BCF spending agreements, the steer from BCF became stronger in terms of hospital flow, delayed transfers of care and length of stay targets so partners have developed new services to support hospital discharges. Over the last few years, partners have also worked together to understand the issues homeless people face in accessing health services. We are building capacity into both discharge and community services to improve outcomes for this vulnerable population.

These services support implementation of the NHS Discharge Policy.

Impact of Covid on City of London Hospital Discharges

- There has been a more than 100% increase in the number of hospital discharges within City of London residents since April ‘20, with the medical stability of residents requiring more intensive packages of care.
- Compared with home care and reablement costs, Discharge to Assess hourly costs are 44% higher for single handed care and 54% higher for double handed care, as the service includes a premium to reflect the urgent nature and response required.
- With ‘home first’ a preferred pathway, we are seeing an increase in care requirements where perhaps a step down placement would be more appropriate. Once a resident is discharged home, a placement is often difficult to facilitate if a person wishes to remain in their own home. The cost of discharge to assess homecare support for complex cases are much higher than placement costs in some cases. 24hr sleep in costs £425 per day; 24 hr waking nights £695 per day. Double handed care packages are £58 per hour within this service.

Impact of Covid on City of London Hospital Discharges

- Our Rapid Response Service has increased in cost by 380% against budget allocation.
- A change in hospital discharge behaviour is not expected, meaning we will need to continue to support an assessment period until clients are more stable for ongoing care pathways.
- Hospital Prevention care and support is put in place via this service; both at home to avoid hospital admittance in the first instance, and to avoid hospital admittance due to medical stability fluctuation upon discharge.
- The City of London Corporation do not have a Hospital Discharge Team within a hospital setting. All discharges are 'out of borough' so 7-day working is in place within the current Adult Social Care Team. To ensure we are resilient in meeting winter and seasonal discharge activity, we will maintain weekend cover to support safe discharge and enhance our ability to maintain and support safe hospital discharge.
- With seasonal pressures from seasonal flu, covid fluctuations and winter impacts (poverty) a significant increase in demand and activity in discharge and discharge prevention is anticipated.

Supporting Discharge (national condition four)

New Consolidated Hospital Discharge Scheme

- Through the Better Care Fund, the City of London Corporation has funded a Rapid Response Service.
- During the pandemic, as hospital discharges increased, and policy changed, the Rapid Response Service became part of a wider approach to facilitating and supporting hospital discharges.
- Given that the mental health reablement service was decommissioned, this funding, in agreement with the local health partners, was shifted into hospital discharge work.

New Consolidated Hospital Discharge Scheme

The new consolidated service has three strands:

- The ***Hospital Admission Avoidance Service,*** providing home-based support for up to 72-hours for those most at risk of acute admission to hospital. It includes intensive home care support (e.g. live in or double up support) with an assessment of ongoing care needs.
- ***Supported Hospital Discharge Service (***Discharge to Assess), providing intensive home care support to accompany a person home from hospital, a care assessment in the home and installations of minor aids and adaptations. The Discharge to Assess model has varying timescales of delivery. It is expected that a period of up to 72-hours will provide sufficient assessment of need and care support, however, there is an increase in discharge of residents who require a higher package of care and support, who pre-pandemic, would have remained in hospital longer. The assessment of need during this time can vary due to a residents medical stability. In such cases, the discharge to assess care service will remain in place.
- ***7-day Hospital Discharge*** (post 30th September 2021) will continue to provide additional resource to the City of London Corporation Hospital Discharge Service in support of 7 day working. We preempt that the hospital discharge activity will not change in the immediate future, with complexity of cases and assessment still requiring 2-hour response times.

Equality & Health Inequalities

Equality and health inequalities at a System Level

- The direct health impacts of COVID-19 have disproportionately affected some minority ethnic groups, older people, men, people with underlying health conditions (esp multi-morbidity), care home residents and staff, those working in other public facing occupations, as well as individuals and families living in socially deprived circumstances.
- Whilst the pandemic has exposed inequalities in service access, our response has also provided opportunities to adapt and improve service delivery.
- The City and Hackney borough-based partnership priorities outlines a plan to tackle health inequalities through a population health framework.
- These actions and initiatives will enable better understanding of how equitable our BCF schemes are.

Tackling Health Inequalities through Population Health Framework

- Establish Population Health Hub as a system wide resource to support with the embedding of a population health approach
- Draft Health and Wellbeing Strategies, using the Kings Fund Population Health approach
- Improve routine collection and analysis of equalities data and insight, and its use to inform planning and action
- Develop and embed tools and resources to support routine consideration of health equity in decision making and planning
- Adopt a partnership position and action plan to tackle structural racism and wider discrimination with local institutions
- Build trust and adopt flexible models of engagement to work in partnership with residents
- Align with NEL work on anchor institutions
- Collectively develop plans for Prevention and Investment Standard
- Embed strengths-based, preventative based approaches (including MECC)
- Build on Covid19 risk assessments to provide ongoing support for wider staff wellbeing needs.

10 Cross-Cutting Areas for Action to Reduce Health Inequalities

1. **Equalities data & insights**: Routine collection and analysis of service equalities data & insight to inform actions
2. **Tools & resources**: Develop, and enable system-wide adoption of, tools to embed routine consideration of health equity in decision-making
3. **Tackling structural racism & systemic discrimination**: adopt a partnership position and action plan to tackle racism and wider discrimination with local institutions
4. **Community engagement, involvement and empowerment**: build trust and adopt flexible models of engagement to work in partnership with residents to improve population health
5. **Health in all policies**: ensure wider policies and strategies explicitly consider and address health inequalities
6. **Anchor networks**: local anchor institutions collectively use their local economic power to lead action on reducing social inequalities
7. **Strengths-based, preventative approach to service provision**: 'no wrong door' access to support for residents to address wider health and wellbeing needs
8. **Staff health and wellbeing**: build on Covid-19 risk assessments to provide ongoing support for wider staff wellbeing needs
9. **Digital inclusion**: pool system resources to x3 dimensions of exclusion: skills, connectivity, accessibility
10. **Tailored, accessible information about services and wider wellbeing support**: produce information in community languages that is culturally appropriate and responsive to local diverse needs

Source: City & Hackney Health Inequalities Steering Group (April 2021)

Equality and health inequalities at a BCF Level

Specific BCF projects which help to address health inequalities:

- Mobilise the Pathway Homeless Hospital Discharge team and step-down accommodation to support homeless people through their hospital stay, to support a safe discharge and ensure referral into the right onward services (new scheme)
- Development of patient information leaflets for hospital discharge that are accessible (new scheme)
- Implementation of the DES Supplementary Care Homes Service for older adults care homes (new scheme)
- Develop a neighbourhood approach to population health that addresses the variation seen between populations at the 30-50,000 level
- Integrating the Voluntary, Community, and Social Enterprises (VCSE) into neighbourhoods, to help reach wider communities and to address the wider determinants of health
- Ensure that we improve end-of-life care within our healthcare system working with all partners, including St Joseph's Hospice.

Summary

- The system is working well and the pandemic has helped bring us together but also brought new challenges which we are gearing up to meet.
- We've seen increased exposure of inequalities which has renewed system focus on this across all services. Through BCF schemes in particular we are supporting vulnerable people at home, care home residents and homeless populations.
- In working together to expedite hospital discharge we have increased demand in homecare, especially evident with the high level of need at discharge and increase in double handed care packages.
- While a home first approach is appropriate, we need to be aware of and acknowledge people's concerns and anxieties about returning home to safe settings and not being discharged too quickly or in a way that is not safe.
- Our independent sector providers (e.g. care homes, homecare, hostels, B&B's) are critical partners.
- The role of digital solutions (e.g. virtual assessments, remote monitoring, Assistive, Technology) enable a more flexible, patient-centred approach to health and care interventions.
- Prevention remains important and the development of the Population Health Hub as a system wide resource will support with the embedding of a population health approach.

Better Care Fund 2021-22 Template

5. Expenditure

Selected Health and Wellbeing Board: City of London

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£37,091	£37,091	£0
Minimum CCG Contribution	£799,980	£799,980	£0
iBCF	£314,144	£314,144	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	**£1,151,215**	**£1,151,215**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£209,682	£468,846	£0
Adult Social Care services spend from the minimum CCG allocations	£146,460	£311,354	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes

Sheet complete

						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Care Navigator	To ensure safe hospital discharge for City of London residents	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£67,944	Existing
2	Discharge Scheme	To prevent hospital admissions, facilitate safe hospital discharge and to provide an intensive Discharge to Assess offer.	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		Social Care		LA			Private Sector	Minimum CCG Contribution	£230,555	New
3	Carers Support	To provide specialist independent support, information and advice for adult carers living in the City of London to support them in their caring role and promote their health and wellbeing	Carers Services	Other	provides specialist independent help, advice and support for informal carers in the community.	Social Care		LA			Private Sector	Minimum CCG Contribution	£12,855	Existing

4	Disabled Facilities Grant	To support disabled people to live more independently in their own home	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Private Sector	DFG	£37,091	Existing
5	IBCF	• meeting adult social care needs • reducing pressures on the NHS, including seasonal winter pressures • supporting more people to be discharged from hospital when they are ready	Care Act Implementation Related Duties	Other	Adult Social Care Support	Social Care		LA			Local Authority	iBCF	£314,144	Existing
6	Adult Cardiorespiratory Enhanced +	ACERS Respiratory Service is a 7 day service, that provides care and	Community Based Schemes	Multidisciplinary teams that are supporting		Other	Works across Primary and Secondary Care	CCG			NHS Acute Provider	Minimum CCG Contribution	£21,703	Existing
7	Asthma	Supports those living with Asthma, who are either admitted with an	Other		Complex case management of frequent A&E	Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£1,340	Existing
8	Bryning Unit/Falls Prevention	The Bryning Unit is a multidisciplinary team running a weekly	Prevention / Early Intervention	Other	Physical health and wellbeing	Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£13,527	Existing
9	Paradoc Service	The service provides an urgent GP and paramedic response	Personalised Care at Home	Physical health/wellbeing		Primary Care		CCG			NHS Acute Provider	Minimum CCG Contribution	£19,998	Existing
10	Adult Community Rehabilitation Team	To provide specialist inter-disciplinary and uni-disciplinary	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£86,416	Existing
11	Adult Community Nursing	To provide an integrated, case management service to	Personalised Care at Home	Physical health/wellbeing		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£213,486	Existing
12	St Joseph's Hospice	Inpatient and community-based palliative care services	Personalised Care at Home	Physical health/wellbeing		Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£80,849	Existing
13	Neighbourhoods Programme	Neighbourhoods is our major transformation programme for the	Enablers for Integration	Integrated models of provision		Community Health	All system partners are involved:	CCG			NHS Community Provider	Minimum CCG Contribution	£28,897	Existing
14	GP Out of Hours Home Visiting Service	Primary Care out of hours for patients requiring home visits.	Personalised Care at Home	Physical health/wellbeing		Primary Care		CCG			Private Sector	Minimum CCG Contribution	£12,022	Existing
15	Pathway Homeless Hospital Discharge Team	Multidisciplinary hospital discharge team for homeless individuals.	High Impact Change Model for Managing Transfer	Early Discharge Planning		Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£4,913	New
16	DES Supplementary Care Home Service	GP enhanced services within older adults care homes.	Personalised Care at Home	Physical health/wellbeing		Primary Care		CCG			NHS Community Provider	Minimum CCG Contribution	£5,475	New

Better Care Fund 2021-22 Template

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2021-22. It will be pre-populated with the minimum CCG contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from local authorities or the CCGs and as applicable enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be used to include any relevant carry-overs from the previous year.
3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.
4. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net

5. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Conditions 2 and 3 are met.
The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:
1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.
2. Scheme Name:
- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.
3. Brief Description of Scheme
- This is a free text field to include a brief headline description of the scheme being planned.
4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important to our understanding of how BCF funding is being used and levels of investment against different priorities.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.
5. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "CCG minimum" then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

6. Commissioner:
- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns.
7. Provider:
- Please select the 'Provider' commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.
8. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the CCG or Local authority
- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2021-22:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
10. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2021-22 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's performance plans for each of the BCF metrics in 2021-22. The BCF requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for the last two quarters of 2021-22.
The previous measure of Non Elective Admissions is being replaced with a measure of Unplanned Admissions for Chronic Ambulatory Care Sensitive Conditions. Performance data on this indicator up to 2019-20, by local authority can be found at:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/february-2021/domain-2-enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

A data pack showing breakdowns of data for new metrics (discharge and avoidable admissions) is available on the Better Care Exchange.

For each metric, systems should include a narrative that describes:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- how BCF funded schemes and integrated care will support performance against this metric, including any new or amended services.
1. Unplanned admissions for chronic ambulatory sensitive conditions:
- This section requires the area to input a planned rate for these admissions, per hundred thousand people for the year. This is the current NHS Outcomes Framework indicator 2.3i.
- The numerator is calculated based on the expected number of unplanned admissions for ambulatory sensitive conditions during the year.
- The denominator is the local population based on Census mid year population estimates for the HWB.
- Technical definitions for the guidance can be found here:
https://files.digital.nhs.uk/A0/76B7F6/NHSOF_Domain_2_S.pdf
2. Length of Stay.
- Areas should agree ambitions for minimising the proportion of patients in acute hospital who have been an inpatient for 14 days or more and the number that have been an inpatient for 21 days or more. This metric should be expressed as a percentage of overall patients.
- The ambition should be set for the HWB area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the average percentage of inpatient beds occupied by patients with a length of stay of 14 days and over and 21 days and over for Q3 2021-22 and for Q4 2021-22 for people resident in the HWB.

- Plans should be agreed between CCGs, Local Authorities and Hospital Trusts and areas should ensure that ambitions agreed for 21 days or more are consistent across Local Trusts and BCF plans.

- The narrative should set out the approach that has been taken to agreeing and aligning plans for this metric
3. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay.

- The ambition should be set for the healthand wellbeing board area. The data for this metric is obtained from the Secondary Uses Service database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.

4. Residential Admissions (RES) planning:
- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
5. Reablement planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2021-22 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2021-22 Template

2. Cover

Version 1.0

HM Government

NHS

Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2021-22.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	City of London
Completed by:	Ellie Ward
E-mail:	ellie.ward@cityoflondon.gov.uk
Contact number:	020 7332 1535

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Chairman of HWB
Name:	Marianne Fredericks

Has this plan been signed off by the HWB at the time of submission?	No
If no, or if sign-off is under delegated authority, please indicate when the HWB is expected to sign off the plan:	Fri 26/11/2021

<< Please enter using the format, DD/MM/YYYY
Please note that plans cannot be formally approved and Section 75 agreements cannot be finalised until a plan, signed off by the HWB has been submitted.

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair		Marianne	Fredericks	marianne.fredericks@cityoflondon.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)		Henry	Black	henryblack@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers		Nina	Griffith	nina.griffith@nhs.net
	Local Authority Chief Executive		John	Baradell	john.baradell@cityoflondon.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Andrew	Carter	andrew.carter@cityoflondon.gov.uk
	Better Care Fund Lead Official		Ellie	Ward	ellie.ward@cityoflondon.gov.uk
	LA Section 151 Officer		Mark	Jarvis	mark.jarvis@cityoflondon.gov.uk
Please add further area contacts that you would wish to be included in official correspondence -->					

**Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.*

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Template Completed

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	Yes
7. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2021-22 Template

3. Summary

Selected Health and Wellbeing Board: City of London

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£37,091	£37,091	£0
Minimum CCG Contribution	£799,980	£799,980	£0
iBCF	£314,144	£314,144	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	**£1,151,215**	**£1,151,215**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£209,682
Planned spend	£468,846

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£146,460
Planned spend	£311,354

Scheme Types

Assistive Technologies and Equipment	£0	(0.0%)
Care Act Implementation Related Duties	£314,144	(27.3%)
Carers Services	£12,855	(1.1%)
Community Based Schemes	£108,119	(9.4%)
DFG Related Schemes	£37,091	(3.2%)
Enablers for Integration	£28,897	(2.5%)
High Impact Change Model for Managing Transfer of	£4,913	(0.4%)
Home Care or Domiciliary Care	£230,555	(20.0%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£67,944	(5.9%)
Bed based intermediate Care Services	£0	(0.0%)
Reablement in a persons own home	£0	(0.0%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£331,830	(28.8%)
Prevention / Early Intervention	£13,527	(1.2%)
Residential Placements	£0	(0.0%)
Other	£1,340	(0.1%)
Total	**£1,151,215**	

Metrics >>

Avoidable admissions

20-21 Actual	21-22 Plan

Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	No data	236.0

Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients	LOS 14+	12.6%	3.3%
	LOS 21+	6.5%	3.3%

Discharge to normal place of residence

	0	21-22 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	0.0%	94.0%

Residential Admissions

		20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	578	730

Reablement

		21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	85.0%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	Yes
NC4: Plan for improving outcomes for people being discharged from hospital	**PR6**	Yes

Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Better Care Fund 2021-22 Template

4. Income

Selected Health and Wellbeing Board: City of London

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
City of London	£37,091
DFG breakerdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£37,091**

iBCF Contribution	Contribution
City of London	£314,144
Total iBCF Contribution	**£314,144**

Are any additional LA Contributions being made in 2021-22? If yes, please detail below	No

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	**£0**	

CCG Minimum Contribution	Contribution
NHS City and Hackney CCG	£799,980
Total Minimum CCG Contribution	**£799,980**

Are any additional CCG Contributions being made in 2021-22? If yes, please detail below	No

Additional CCG Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding

Total Additional CCG Contribution	**£0**	
Total CCG Contribution	**£799,980**	

	2021-22
Total BCF Pooled Budget	**£1,151,215**

Funding Contributions Comments Optional for any useful detail e.g. Carry over

2021-22 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Carer advice and support 2. Independent Mental Health Advocacy 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the CCG minimum contribution to the BCF.
3	Carers Services	1. Respite services 2. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services shoukld be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services	1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.
12	Reablement in a persons own home	1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
14	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
15	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.

16	Residential Placements	1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
17	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2021-22 Template

6. Metrics

Selected Health and Wellbeing Board: City of London

8.1 Avoidable admissions

	19-20 Actual	20-21 Actual	21-22 Plan	Overview Narrative	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	Available from NHS Digital (link below) at local authority level. Please use as guideline only	No data	236.0	We have made the assumption that the figures will be similar to 2019/20. It's challenging to set figures without data from 2021-21 and the data in 2018/19 doesn't have a consistent pattern and seems very high for the City. The fact that Covid continues to be a challenge impacting on primary care and community services could negatively	**Please set out the overall plan in the HWB area for reducing rates of unplanned hospitalisation for chronic ambulatory sensitive conditions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.**

>> link to NHS Digital webpage

8.2 Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan	Comments	
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	12.6%	3.3%	The City of London do not have any hospitals within it's boundaries so are not formally part of a Hospital Discharge Team. All discharges are 'out of borough'; however, 7-day working is in place within the Adult Social Care Team. The Care Navigator and the Discharge Scheme which are funded by the BCF ensure patients are discharged once they no longer meets the criteria to reside. With the teams able to provide a timely response, City residents do	**Please set out the overall plan in the HWB area for reducing the percentage of hospital inpatients with a long length of stay (14 days or over and 21 days and over) including a rationale for the ambitions that sets out how these have been reached in partnership with local hospital trusts, and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.**
	Proportion of inpatients resident for 21 days or more	6.5%	3.3%		

8.3 Discharge to normal place of residence

	21-22 Plan	Comments	
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	94.0%	There are no local care homes and home first is the embedded local approach following expectations within the BCF and the Discharge Policy. The Care Navigator and Discharge Scheme are in place to enable discharge home once a patient no longer meets the criteria to reside.	**Please set out the overall plan in the HWB area for improving the percentage of people who return to their normal place of residence on discharge from acute hospital, including a rationale for how the ambition was reached and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.**

8.4 Residential Admissions

		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	674	61	578	730	There is an error for 19/20 actual - it was 10. The ASC approach means that we are able to support people's independence at home for a long time. Those entering residential or nursing care are generally much older and live there for more shorter periods. However, our older population is increasing. A new asset based approach
	Numerator	10	1	10	12	
	Denominator	1,484	1,642	1,731	1,643	

Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		19-20 Plan	19-20 Actual	21-22 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	85.0%	66.7%	85.0%	Our reablement service is being remodelled and will continue to be an integral part of our overall approach to hospital discharges.
	Numerator	9	2	9	
	Denominator	10	3	10	

Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Please note that due to the splitting of Northamptonshire, information from previous years will not reflect the present geographies. As such, all pre-populated figures above for Northamptonshire have been combined.

For North Northamptonshire HWB and West Northamptonshire HWB, please comment on individual HWBs rather than Northamptonshire as a whole.

Better Care Fund 2021-22 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: City of London

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted? Has the HWB approved the plan/delegated approval pending its next meeting? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes	Slide 3 of narrative identifies stakeholder meetings where issues/priorites have been discussed which contributed to the plan. The narrative submitted is for both the London Borough of Hackney and City of London		
	PR2	**A clear narrative for the integration of health and social care**	**Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:** • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally. • The approach to collaborative commissioning • The overarching approach to support people to remain independent at home, and how BCF funding will be used to support this. • How the plan will contribute to reducing health inequalities and inequalities for people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered, - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the BCF plan will address these	Narrative plan assurance	Yes	Slide 10-12 provide the Integrated Care Partnerships agreed priorities. 42-45 identify plan to reduce health inequalities and some key BCF projects.		
	PR3	**A strategic, joined up plan for DFG spending**	**Is there confirmation that use of DFG has been agreed with housing authorities?** • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils?	Narrative plan Confirmation sheet	Yes	Slide 30		
NC2: Social Care Maintenance	PR4	**A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC3: NHS commissioned Out of Hospital Services	PR5	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?**	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC4: Plan for improving outcomes for people being discharged from hospital	PR6	**Is there an agreed approach to support safe and timely discharge from hospital and continuing to embed a home first approach?**	• Does the BCF plan demonstrate an agreed approach to commissioning services to support discharge and home first including: - support for safe and timely discharge, and - implementation of home first? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? • Is there confirmation that plans for discharge have been developed and agreed with Hospital Trusts?	Narrative plan assurance Expenditure tab Narrative plan	Yes	Slides 39-41		

Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	• Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 32 – 43 of Planning Requirements) (tick-box) • Has funding for the following from the CCG contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Expenditure tab Expenditure plans and confirmation sheet Narrative plans and confirmation sheet	Yes	Slide 14		
Metrics	**PR8**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	• Have stretching metrics been agreed locally for all BCF metrics? • Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric, including how BCF expenditure will support performance against each metric? • Are ambitions across hospital trusts and HWBs for reducing the proportion of inpatients that have been in hospital for 21 days aligned, and is this set out in the rationale? • Have hospital trusts and HWBs developed and agreed plans jointly for reducing the proportion of inpatients that have been in hospital for 14 days or more and 21 days or more?	Metrics tab	Yes			

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Committee(s): Health and Wellbeing Board – For decision	**Dated:** 26 November 2021
Subject: Update on the City and Hackney Pharmaceutical Needs Assessments 2022	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	2,3,4
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?	
Report of: Sandra Husbands, Director of Public Health	**For Decision**
Report author: Andrew Trathen, Consultant in Public Health	

1. SUMMARY

1.1. Since 1 April 2013, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'Pharmaceutical Needs Assessment' (PNA).

1.2. Data contained within the assessment will be used to plan pharmaceutical services in the borough to best meet local health needs.

1.3. The production of the 2022 PNAs for both the City of London and London Borough of Hackney have commenced.

2. RECOMMENDATIONS

2.1. To note that the process to produce a revised PNA by 1st October 2022 has commenced.

2.2. To receive the Terms of Reference (ToR) for the City of London and London Borough of Hackney PNA Steering Group.

2.3. To receive an update on progress and the project plan timelines from the City of London and London Borough of Hackney PNA Steering Group on the production of the 2022 PNAs.

2.4. To formally delegate the sign-off of the draft and final PNAs to the Steering Group.

Main Report

3. BACKGROUND

3.1. The PNA is a report of the present needs for pharmaceutical services. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision. To prepare the report, data is gathered from pharmacy contractors, pharmacy users and other residents and from a range of sources (commissioners, planners and others). The report also includes a range of maps that are produced from data collected as part of the PNA process.

3.2. The PNA Steering Group had its first meeting on 7th October 2021. At this meeting, a Terms of Reference (Appendix A) for the group and Project Plan (Appendix B) for the PNA were agreed.

3.3. The steering group are presently collecting information from service providers, commissioners, and London Borough of Hackney & City of London public on current pharmaceutical service provision.

3.4. An external expert resource, Soar Beyond Ltd, has been commissioned to support the preparation of the draft PNA 2022 report. Soar Beyond have extensive expertise in producing PNAs, having produced 8 in 2015 and 12 in 2018.

4. KEY CONSIDERATIONS AND SUSTAINABILITY

4.1. 'Pharmaceutical Needs Assessments' or 'PNAs' are a special assessment of pharmaceutical services provision in an area. The PNA includes information on current pharmaceutical service provision, information on health and other needs, and an assessment on whether current provision meets current or future needs of the area. It is a mandatory exercise. The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs.

4.2. Surveys will be undertaken with the public, commissioners, and community pharmacy contractors in the respective Local Authorities, to seek opinion on current pharmaceutical services provided in the City of London and London Borough of Hackney. These surveys will be carried out and completed over the coming month.

4.3. The draft PNA 2022 is currently being provided by the external consultants, Soar Beyond Ltd, commissioned by City of London and London Borough of Hackney to support the production of the PNA. The draft assessment will be considered by the Steering Group at a meeting week commencing 4th April 2022.

4.4. Upon approval of a draft PNA by the Steering Group, the assessment will be made available for a 60-day consultation between 9th May 2022 to 10th July 2022.

4.5. The results of consultation will be considered by the Steering Group at its meeting week commencing 25th July 2022, and a final PNA produced for publication

4.6. The final PNA must be published no later than 1st October 2022.

5. PROPOSAL

5.1. It is proposed that the approval to publish the final PNA is delegated to the Steering Group and the final assessment provided for information to the Health and Wellbeing Board in October 2022.

6. FINANCIAL CONSIDERATIONS

6.1. Funding for the production of the Pharmaceutical Needs Assessment for 2022 has already been allocated from the Public Health Grant and apportioned across City and Hackney based upon the number of community pharmacies within each Local Authority.

7. LEGAL CONSIDERATIONS

7.1. None

8. RESOURCE IMPLICATIONS

8.1. None

9. RISK IMPLICATIONS

9.1. None

10. CLIMATE IMPLICATIONS

10.1. None

11. SECURITY IMPLICATIONS

11.1. None

12. EQUALITY IMPACT ASSESSMENT

12.1. An Equality Impact Assessment will be produced and maintained by the provider, Soar Beyond Ltd.

13. Appendices

Appendix A
Steering Group Terms of Reference

Appendix B
Timeline/Project Plan

Andrew Trathen
Consultant in Public Health
Andrew.trathen@hackney.gov.uk

Appendix A - Terms of Reference

City and Hackney 2022 PNAs Steering Group
Terms of Reference

Purpose

Ensure the development of 2022 City and Hackney's Pharmaceutical Needs Assessments (PNAs) so that both City and Hackney Health and Wellbeing Boards (HWB) meet their statutory responsibility for publishing their PNAs in line with The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations.

Objectives

- To oversee the development of the pharmaceutical needs assessments in accordance with, and ensure both the City and Hackney PNAs comply with, with the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.
- Ensure the PNAs take into account the local demography within City and Hackney boroughs and ascertain whether there is sufficient choice and accessibility (e.g. physical access, language etc.) with regard to obtaining pharmaceutical services.
- Promote integration of the PNA with other strategies and plans including the Joint Strategic Needs Assessment, the Joint Health & Wellbeing Strategy, the CCGs' Commissioning Strategy Plans and other relevant strategies.
- Ensure the consultation on the PNA meets the requirements of Regulation 8 of the 2013 Regulations. In particular, ensure that both patients and the public are involved in the development of the PNA.
- Ensure all appropriate stakeholders in both City and Hackney boroughs are aware, engaged and involved in the development of the PNAs.
- Present the PNAs first and final draft to the HWBs.
- Publish the PNAs on the Councils' websites by October 2022.
- Develop a community pharmacy vision that is integrated across health and social care spectrum, ensuring direct link to the Health & Wellbeing vision for the boroughs.
- Horizon scan for future policy direction and identify system decision makers to transform the vision into a reality for City and Hackney residents.
- Ensure the vision paper has adequate and appropriate patient and public involvement along with the wider community pharmacies operating in City and Hackney.

Governance

- The Health and Social Care Act 2012 transferred the statutory responsibility for PNAs from NHS Primary Care Trusts (PCTs) to HWBs, from 1 April 2013, with a requirement to publish a revised assessment at least every 3 years.
- This Steering Group has been established to oversee the production of the 2022 PNAs for both the City of London Corporation and the London Borough of

Hackney, reporting progresses and presenting the final reports to each HWBs on or before their Summer 2022 meetings.

- The HWBs will be informed of progress towards the production of the PNAs and relevant milestones through the HWBs Programme Manager's quarterly updates. A summary report will be submitted to update the HWB at suitable stages of the development process.
- If a statement or decision from the HWB is needed in relation to the production of the draft PNA, the Chair of the Steering Group is welcome to draft a formal report for consideration.
- The steering group will report directly to the Directors of Public Health and is accountable to the City of London Corporation and the London Borough of Hackney HWBs.

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2022 to sign off the 2022 PNAs for submission to the HWBs.

Responsibilities

- Provide a clear and concise PNA process.
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs.
- To consult with the bodies stated in Regulation 8 of The NHS Regulations 2013:
    - Any Local Pharmaceutical Committee for its area.
    - Any Local Medical Committee for its area.
    - Any persons on the pharmaceutical lists and any dispensing doctors list for its area.
    - Any LPS chemist in its area.
    - Any Local HealthWatch organisation for its area.
    - Any NHS trust or NHS foundation trust in its area.
    - The NHSCB.
    - Any neighbouring HWB.
- Ensure that due process is followed.
- Report to each HWB on both a Draft and Final PNA.
- Publish a Final PNA for each HWB by end 1 October 2022.

Membership

Delegate	**Job title**	**Organisation**
Sara Bainbridge	Public Health Registrar	City and Hackney Public Health Team
Diana Divajeva	Principal Public Health Analyst	City and Hackney Public Health Team
Yasmin Mulla	Senior Procurements and Contracts Officer	City and Hackney Public Health Team
Chris Lovitt	Deputy Director of Public Health	City and Hackney Public Health Team

Andrew Trathen	Consultant in Public Health	City and Hackney Public Health Team
Rozalia Enti	Head of Medicines Management	City and Hackney CCG
Yogendra Parmar	Chief Executive	City and Hackney LPC
Jon Williams	Director	Healthwatch Hackney
Tara Hudson	Strategic Communications Advisor	London Borough of Hackney Comms
Helen Turnbull	Comms Officer	City of London Comms
Xenia Koumi	Senior Public Health Specialist	City & Hackney
Sanch Kanagarajah	Public Health Intelligence	London Borough of Hackney
Vinay Patel	Chair	City and Hackney LMC
Wendy Walker	Assistant Director of Primary Care	City and Hackney LMC
Paul Coles	General Manager	City of London Healthwatch
Senior Commissioning Manager Market Entry/Pharmacy		NHS England and NHS Improvement - London Region
Anjna Sharma	Director of Pharmacists Services	Soar Beyond Ltd
Kajal Mistry	Associate Director	Soar Beyond Ltd
Christina Wells	Senior Project Executive	Soar Beyond Ltd

Soar Beyond are not to be a core member, although the meeting will be chaired by Soar Beyond. Each core member has one vote. The Consultant in Public Health, City and Hackney Public Health Team, will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with five core Members from each representative organisation in attendance, one of which must be an LPC member. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision. To be included in decision-making, members' (or their nominated deputies) attendance is essential.

In attendance at meetings will be representatives of Soar Beyond Ltd who have been commissioned by London Boroughs of City and Hackney to support the development of the PNAs. Other additional members may be co-opted if required.

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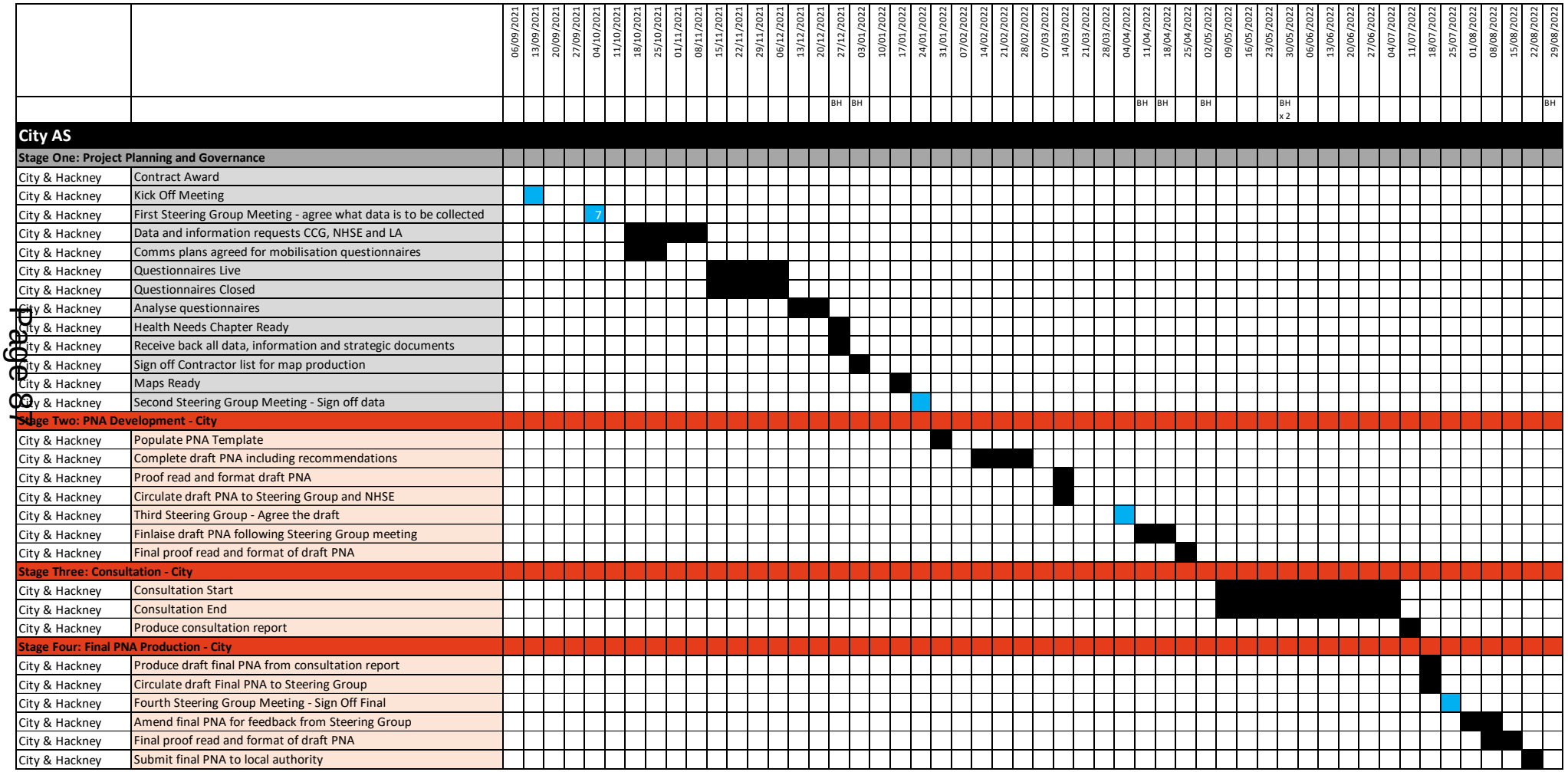
City and Hackney PNA Project Plan 2022

Soar Beyond
Innovation in Healthcare



Steering Group Meetings
BH - Bank Holiday

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Committee(s) Health and Wellbeing Board	**Dated:** 26 November 2021
Subject: Scoping Report: Health and Wellbeing Board Role	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	**1,2,3,4**
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: Sandra Husbands, Director of Public Health	**For Decision**
Report author: Froeks Kamminga, City and Hackney Public Health Team	

Summary

Health and Wellbeing Boards were established in 2013 following legislation. They focus on improving the health and wellbeing of the local population and reducing health inequalities. They are statutory forums that brings together political, clinical, professional and community leaders from across the care and health system.

Following the online Development Workshop that was held in April 2021, this scoping report addresses questions about the role, focus and governance of the City of London Corporation's Health and Wellbeing Board, it provides the policy context in which the Board operates, examples of its current functioning, and makes a proposal for a Health and Wellbeing Members induction.

Recommendation(s)

Members are asked to:-

- Note the report;
- Comment on the role of the City of London Corporation's Health and Wellbeing Board;
- Note the progress of the Act and the recommendation that the Terms of Reference of the Board are reviewed after Royal Assent of the Health and Social Care Act;
- Approve the proposed strengthened induction of new Board Members.

Main Report

Background

1. Health and Wellbeing Boards (HWBs) are a statutory forum where elected, clinical, professional and community leaders from across the health and care system come together to focus on improving the health and wellbeing of their local population and reducing health inequalities. They were established under the Health and Social Care Act 2012 and became fully operational in 2013. HWBs have a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) for their local population.

2. HWBs are constituted as a partnership forum rather than an executive decision-making body. They bring together major local partners to enable greater collaboration and integration, especially as organisational structures and roles became more complex as a result of the changes brought in by the 2012 Health and Social Care Act.

3. The range of issues that HWBs address are very broad and often driven by the findings of the JSNA and the priorities of the JHWS. Examples of focus from other HWBs have included population health, homeless health, health improvement, and deep dives on specific disease areas to hospital discharge. Partnership work across Local Authorities, the voluntary sector and with the full range of NHS partners has been key to ensuring that HWBs have worked effectively to improve the health of their local populations.

4. The Health and Social Care Scrutiny Committee (HSCS) has a distinct and complementary role to the HWB. Whilst many HWBs may play a strategic role in shaping strategy on how and where health and social care services are provided, it is the role of HSCS to undertake formal scrutiny as defined by the Health Scrutiny Functions Regulations 2002 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

5. In most cases, HWBs are chaired by a senior Local Authority elected Member or co-chaired by an elected Member and senior NHS Officer. The Board must include one elected Member, a representative from the CCG, the Local Authority's directors of adult social services, children's services, and public health and a representative from the local Healthwatch organisation. Local Authorities have discretion in appointing additional board members and many have expanded membership to include the Police, Education, Voluntary Sector and senior leaders from NHS organisations such as mental health, community or acute providers.

6. In April 2021, a Development Workshop with Members of the Board was held to explore the functioning and development of the Board. Members reflected on their roles and the purpose of the Board and asked for more clarity on this and on governance. This was followed by a City and Hackney Health and Wellbeing Strategy Prioritisation Workshop in May 2021.

7. HWBs function within the context of integrating health and social care systems that increasingly focus on population and place-based care.

8. The current JHWS is coming to an end and the process for drafting a strategy for 2022-2025 will bring into focus the health and care priorities for the next three years, which in turn will serve to mark the key areas of engagement and integration for the HWB. What the Board will drive forward will be set out in the new JHWS.

Current Position

9. At the HWB Development Workshop in April 2021, Members expressed a lack of clarity about the Board's role, the purpose and priorities of the Board, and the governance structures it operated within.

10. As mandated by the Health and Social Care Act of 2012, a HWB is a partnership forum. This operates within national and City Corporation governance and policy structures.

11. The City Corporation operates on a committee-based system, where committees hold decision making functions for matters within their remit. For example, in the case of the Community and Children's Services Committee, some of the health-related matters around integrated care sit with this Committee as there are links with social care responsibilities and budgets.

12. In September 2020, the City of London Corporation published a comprehensive Governance Review, conducted independently by The Lord Lisvane which assessed, among other things, the overlap of remit between committees. Lord Lisvane concluded the Board discharged the current range of statutory duties and saw no need for change. The Review did acknowledge that committees may need to revisit their terms of reference for clarity and overlap if the restructuring recommendations were accepted.

13. Nationally, the Health and Care Bill is at Committee stage in Parliament. It sets out proposals for the development of Integrated Care Systems (ICS) and Integrated Care Boards (ICB) across England. This will replace the Clinical Commissioning Groups (CCGs).

14. In terms of planning and decision making, an Integrated Care Board must consult a HWB on its five-year plan and the HWB can assess whether its joint health and wellbeing strategy (JHWS) is adequately reflected in the plan, and any subsequent revision of the plan.

15. When conducting performance assessments of ICBs, NHS England must ask a HWB whether steps were taken to implement their Joint Health and Wellbeing Strategy. This indicates that the integrated care systems and board will be expected to work closely with the HWB and will be required to have regard to the JSNA and JHWS as produced by the HWB.

16. Once the Bill is enacted and relevant guidance is produced, there may be further implications for HWBs. This, alongside the outcomes of the internal City Corporation Governance Review, may prompt a review of the Terms of Reference in due course.

17. At the Development Workshop, members of the board agreed that partnership working was well established and that the Board is effective in its overall functioning. This is illustrated by its input into a range of City Corporation strategies including air quality, wider plans such as that of the local System Operational Group for the local Integrated Care Partnership and engagement with City of London Healthwatch.

18. Members also agreed that reducing health inequalities and focusing on the wider determinants of health, alongside a health in all policies approach, were key objectives of the Board. This also included a focus on integration and responding to national policy changes while ensuring to address the needs at local level.

19. Challenges identified at the Workshop included too many priorities or priorities of partners not aligned with the JHWS, inclusion of the third sector and lack of outcome measurement and accountability.

20. In light of the pending preparation of a new JHWS, these observations can be taken into account and addressed.

21. The earlier example shows that the tools and structure for partnership work and functioning of the Board and Members are in place. However, taking into consideration Members' questions about clarity and focus, an induction pack is proposed giving new Members a briefing on current strategies and priorities that will enable them to be better informed and with an enhanced understanding of how the Board relates to its partners.

22. The JHWS of 2018 states that the role of the HWB is to champion the vision of the strategy, to hold delivery partners to account, to robustly challenge work that is being delivered, and to provide action-focused leadership to address barriers that are preventing progress.

23. It further states that Members can drive change in their own organisations and look at resource use across different agencies and partners to enhance impact. As such, the Board has agency and scope which may need translation into more clearly specified actions and processes. An induction pack may go some way to clarify this.

24. A practical way to illustrate how the Board can drive change and provide leadership is by promoting Health in all Policies (HiaP) as highlighted by the Board's strong involvement in the development of the air quality strategy. This approach could be formalised going forward, with the Board reviewing any organisational policies and strategies for health inequalities and HiaP during consultation phases.

Proposals

25. To prepare an induction briefing for HWB Board Members covering topics that would be most useful to the Board Members.

26. To use the preparation of the new JHWS as an exercise to clarify the agency of the Board.

27. To await the passing of the Health and Care Act to inform the role and governance of the HWB and assess whether a change in Terms of Reference is necessary to reflect this. A placeholder was included in the Governance Review: Committee Structure report going to the Policy & Resources Committee on 18 November 2021 that changes to HWB were likely to be required in due course pending changes to legislation.

Corporate & Strategic Implications

- *Strategic implications*
  The focus and work of the Board helps meet the Corporate Outcome of 'people enjoying good health and wellbeing' but in taking a wider determinants of health approach, it also impacts on a range of other outcomes across all three aims.

- *Financial implications*
  None

- *Resource implications*
  None

- *Legal implications*
  The role of HWBs is governed by the Health and Social Care Act 2012. The Health and Social Bill is currently passing through parliament and once it is enacted and guidance is produced, further changes to the role of the HWB may be necessary.

- *Risk implications*
  None

- *Equalities implications*
  The HWB is specifically tasked with promoting good health and wellbeing for its local population and for tackling health inequalities. Its partnership approach, working with other partners in the local system, is designed to deliver this.

- *Climate implications*
  No specific implications but environmental issues are part of the wider determinants of health.

- *Security implications*
  None

Conclusion

28. In April 2021, a Development Workshop with Members of the City of London Corporation HWB was held to explore the functioning and development of the Board. Members reflected on their role and the purpose of the Board and asked for more clarity on this and on governance.

29. This report has provided additional background on the role and governance of HWB, and a practical suggestion for enhancing its functioning through the promotion of HiaP.

Froeks Kamminga
Senior Public Health Practitioner

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T: 020 8356 2918

Committee: 1) Port Health & Environmental Services Committee (For Decision) 2) Health & Wellbeing Board (For Information)	**Dated:** 1) 23 November 2021 2) 26 November 2021
Subject: Commercial Environmental Health Service Plan 2021-2023	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	**1, 6**
Does this proposal require extra revenue and/or capital spending?	**N**
If so, how much?	**N/A**
What is the source of Funding?	**Existing local risk budgets**
Has this Funding Source been agreed with the Chamberlain's Department?	**N/A**
Report of: Juliemma McLoughlin, Executive Director Environment	**1) For Decision** **2) For information**
Report authors: Gavin, Stedman, Port Health & Public Protection Director Tony Macklin, Assistant Director (Public Protection)	

Summary

This report seeks approval for the Port Health Service Plans and a longer-term Commercial Environmental Health Service Plan for 2021-23 due to changes in requirements of central Government but at the same time being flexible enough to respond to the needs of the recovery of the City of London.

These plans are normally submitted annually and require approval by your Committee.

Recommendations

Members are asked to approve the Commercial Environmental Health Service Plan 2021-2023 (Appendix A).

Main Report

Background

1. In order to be transparent and accountable, local authorities are required to gain Member approval for plans annually setting out their enforcement work in key areas, and Food Safety and Health & Safety are two such areas for which this is required.

2. We must also however, continue to also meet the local needs of City businesses, residents, workers and visitors and the City Corporation's vision and aims as set out in the Corporate Plan 2018-2023 and this is achieved through our

departmental Business Plan and individual teams' Service Plans which detail the work that will be done and by which we are judged overall by our Key Performance Indicators.

3. Realising all the public health work and COVID-19 related work that local authority officers were being asked to do, in April 2020, the Food Standards Agency relinquished the requirement for local authorities to undertake a comprehensive programme of official controls inspections with relation to food hygiene and simply required them to carry out interventions with:-

    - food businesses with a Food Hygiene Ratings of 0, 1 or 2 (the so called '*less than broadly compliant'*) to:
        - *verify if they were trading; and*
        - *if they have started to operate delivery services and/or*
        - *had introduced new processes to enable them to diversify their menus.*
    - food businesses where an intervention was now due which included
        - *food hygiene interventions due in Category A and B food businesses (prescribed frequency of 6 and 12 months respectively)*
    - established businesses changing what they do, such as pubs providing takeaway food;
    - community groups who were preparing meals to frontline services and vulnerable groups;
    - new businesses where registration information provided raised concerns about a potential public health problem; and
    - following up on food or feed incidents notified to us.

4. Due to this change in approach, in July 2020 we submitted to this Committee a different form of Service Plan for Commercial Environmental Health covering Food Safety and Health & Safety which outlined priorities and set out a graduated return to normal once the COVID-19 lockdown was lifted and the City began to return to normality.

5. Consequently, in November 2020, Members approved an interim Service Plan for the team taking into account all the additional duties that have been placed upon local authorities since the start of the Coronavirus pandemic. Unfortunately, re-occurring lockdowns caused the team to review this already revamped Service Plan and it was re-presented in a shorter report to this Committee in May 2021.

Current Position

Commercial Environmental Health

6. We are still prioritising our work to ensure that City businesses in a variety of sectors operate and remain safe for their customers. This has meant that officers have been present in the City throughout the various lockdowns and easings to support businesses, ensure compliance and promote confidence.

7. To this end, the work below outlines our current overall priorities.

- Ensuring COVID-19 Compliance in all open business premises with a public interface either pro-actively or by reacting intelligence / complaints.

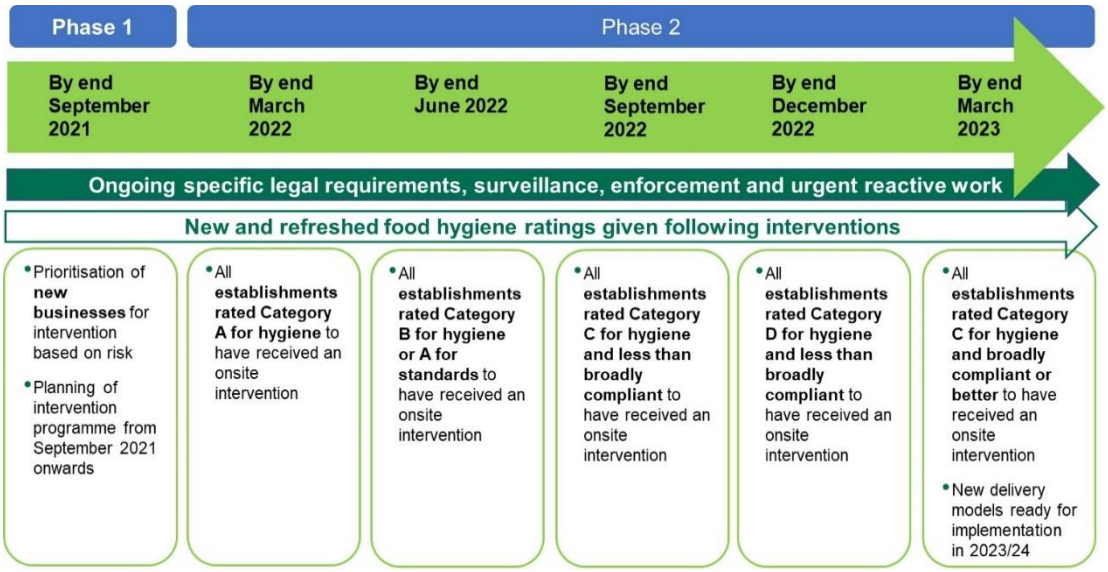
- Undertaking food hygiene inspections / interventions in food businesses as prescribed by the current Food Standards Agency's current guidance (see below), based on risk, complaints, and emerging issues.

- Undertaking inspection audits of all cooling tower sites which are deemed to be either high risk or for which we have received intelligence / complaints to indicate that the risks are not being managed correctly.

- Continuing with the Health & Safety Investigation into significant incidents.

8. In May 2021, the Food Standards Agency's Board endorsed a Local Authority Recovery Roadmap strategy or "Reset" programme covering the period September 2021–March 2023 which would enable local authorities to tackle any backlogs in their food hygiene inspection programmes as the country began recovering from the pandemic.

9. Below in ***Table 1*** is set out the minimum number of inspections we currently have to complete each quarter until March 2023 as set out in the Service Plan 2021-2023 (**Appendix A**).



Minimum no. of City Food Hygiene Inspections due:-

93	**3**	**57**	**26**	**1**	**342**

Table 1

10. These are minimum number of inspections that we must deliver and below in ***Table 2*** are set all the other, lower risk, D & E premises. The challenge is the numbers of D rated premises as in many cases their complexity, having traditionally catered for many thousands and as such are some of the largest

food premises around. We will therefore seek to integrate these D rated premises into the programme throughout the whole period on a risk-basis.

Category	***Due (& overdue) to end March 2022***	***Due April 22-March 23***	***TOTALS***
New (unrated)	93	Unknown	**93 (minimum)**
A (*due every 6 months)	3	0 (at present)	**3***
B (*due every 12 months)	43	14	**57***
C (less than broadly-compliant)	22	4	**26**
C	271	71	**342**
D	727	59	786
D (less than broadly-compliant)	1	0	**1**
E	104	127	231

Table 2

11. The FSA's expectation is that all LAs will do more wherever they can and have stated that "*every LA should move at a faster pace to align with the Food Law Code of Practice*" and "*where resources are available, local authorities should also undertake interventions for other, lower risk establishments in accordance with the code*".

Public Health

12. The Commercial Environmental Health Team will continue to work in collaboration with Public Health colleagues in the LB of Hackney with whom we share a joint Public Health Team on the tracking and tracing of COVID-19 cases and possible outbreaks in the City.

Port Health Service

13. The Port Health Service has continued to operate throughout the various COVID-19 lockdowns and easements over the past year. However, the Service has focussed its attention on undertaking border controls on food and feed that have been imported from countries outside of the EU. The Service has seen imports of food and feed increase by over 25% when compared to the previous year.

14. In addition, the Service has been preparing for border controls on EU food and feed imports, which will be implemented from July 2022.

15. Food premises interventions will be done in accordance with the same "Reset Programme requirements placed upon Commercial Environmental Health above until March 2023 but with a much smaller number of food businesses.

Corporate & Strategic Implications

16. The Service Plan continues to support two of the main aims of the City Corporation's Corporate Plan 2018 to 2023:

Contribute to a flourishing society

1. People are safe and feel safe.

Support a thriving economy

6. We have the world's best legal and regulatory framework and access to global markets.

Local Implications

17. The backlog of food safety inspections for 2021-2022 due to the UK transitioning through various lockdowns and easings can now be dealt with in a phased manner but Commercial Environmental Health will continue to engage with City businesses with respect to both Food Safety and Health & Safety as well as ensuring continued compliance with all applicable Coronavirus legislation that remains.

Financial implications

18. None. The Service Plan will be met from within existing local risk budgets.

Resource implications

19. None.

Legal implications

20. Failure to produce and complete a Member-approved Service Plan including a programme of Official Food Controls interventions could result in the Food Standards Agency taking over the operational control of the City's Food Authority functions.

Risk implications

21. Potential reputational risk to the City Corporation if the above happens.

Equalities implications

22. None.

Climate implications

23. None.

Security implications

24. None.

Proposals

25. Commercial Environmental Health will to undertake the work set out in their Service Plan for 2021-2023 but also continuing to focus on supporting business to recover from the Coronavirus pandemic.

26. The Port Health Service will continue to:

    a) focus on imported food and feed controls at the border,
    b) prepare for the implementation of EU border controls later this financial year; and
    c) undertake interventions based on risk, taking latest Food Standards Agency guidance into account the same as Commercial Environmental Health.

Conclusions

27. The proposed Commercial Environmental Health Service Plan ensures a risk-based and supportive approach to City businesses and to the protection of consumers and the public ensuring compliance with all applicable Coronavirus legislation that remains in place.

28. At the same time as meeting the City Corporation's obligations to central Government and its agencies, both Commercial Environmental Health and the Port Health Service will continue to support businesses to recover from the Coronavirus pandemic.

Appendices

Appendix A - Commercial Environmental Health Service Plan 2021-2023

Background Papers

- Port Health & Environmental Services: July 2020 Agenda Item 14 - Commercial Environmental Health Team Service Plan 2020-2021
- Port Health & Environmental Services: November 2020 Agenda Item 7 - Amendments to the Commercial Environmental Health Team Service Plan 2020-2021 with respect to Food Safety
- Port Health & Environmental Services: May 2021 Agenda Item 10 - Commercial Environmental Health and Port Health Service Plans 2021-2022

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APPENDIX A

Environment Department
Port Health & Public Protection Service
Commercial Environmental Health Service Plan 2021-2023

Introduction

1. Commercial Environmental Health is responsible for regulating food safety (standards and hygiene), occupational health & safety, some statutory nuisances (not noise) and the investigation of certain infectious diseases arising from activities for which we are the enforcing authority. We are part of the Port Health & Public Protection Service (PH&PP) in the Environment Department.

2. Our work also includes food standards and certain health & safety interventions at Smithfield Market. The feedstuffs (animal food) enforcement function in the City is carried out under contract through the Association of London Environmental Health Managers and as part of cross-London delivery model.

3. There are separate Official Food Control Activities in the Port Health Service which has a separate Food Service Enforcement Plan.

4. The current Commercial Environmental Health Team Service Plan 2021-2023 continues to support the following Outcomes from the Corporate Plan 2018-2023:

Contribute to a flourishing society

1. People are safe and feel safe.

Support a thriving economy

6. We have the world's best legal and regulatory framework and access to global markets.

Key Performance Indicators [KPI's]

5. Our Key performance Indicators (KPIs) are reported to the Port Health & Environmental Services Committee along with other planned activities and key highlights, every 4 months as part of the regular oversight of our work.

Continue to secure a positive improvement in the overall Food Hygiene Rating Scheme profile for City of London food establishments from a baseline profile at 31st March 2013
75% food businesses inspected will receive a report/letter detailing the outcome of their inspection within 5 working days and the remainder within 10 working days. This will accord with standards in the FHRS system (the 'brand' standard)
All authorised officers to receive/complete the necessary professional development with at least 10 hours CPD on Official Food Controls, tailored to delivery of this Service Plan.
To complete a risk-based intervention programme for cooling towers systems within the year.

Current Work

6. We will continue to prioritise our work as set out in the earlier Commercial Environmental Health Service Plan 2021-2022 approved by Members earlier this year to ensure that City businesses in a variety of sectors operate and remain safe for their workforce, customers, and other visitors. This has meant that officers from the team have been present in the City throughout the various COVID-19 lockdowns and easing, seeking to support business, ensure compliance and promote confidence; to this end, the work below outlines our current continuing priorities:-

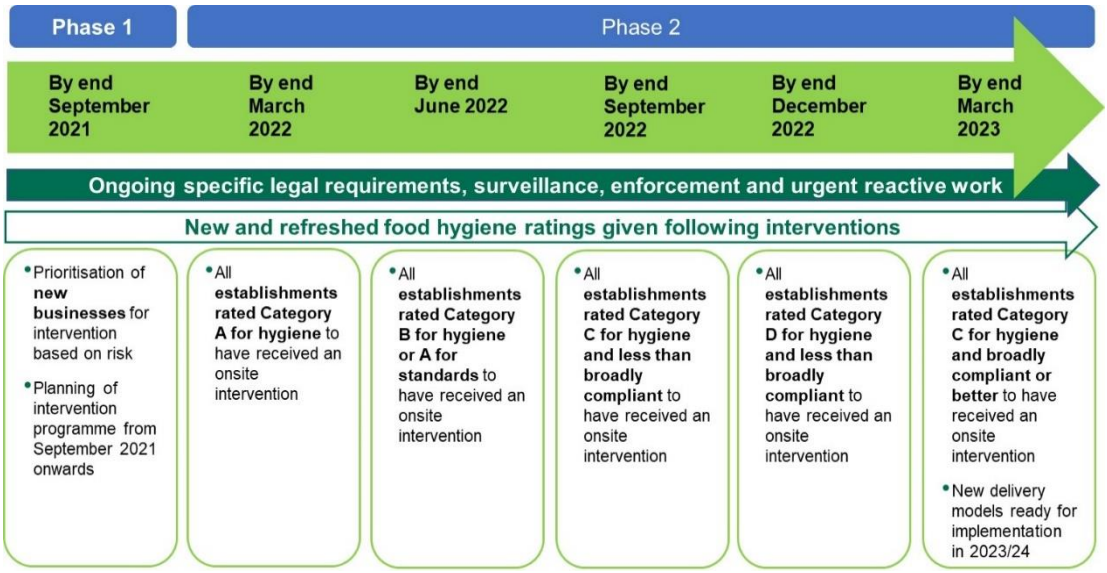
a) Contributing to the local outbreak planning and management systems in the City &Hackney COVID-19 Local Outbreak Management Plan.
b) Ensuring compliance with current COVID-19 legislation in all open business premises with a public interface either pro-actively or by reacting to intelligence / complaints
c) Undertaking food hygiene inspections / interventions in food businesses as prescribed by the latest Food Standards Agency's guidance, based on risk, complaints, and emerging issues.
d) Undertaking inspection audits of all cooling tower sites which are deemed to be either high risk or for which we have received intelligence / complaints to indicate that the risks are not being managed correctly.
e) Following up on the agreed Local Contact Tracing (LCT) response for Covid-19 cases in the City.
f) Continuing with the Health & Safety Investigations into significant incidents.

Moving Forward

FOOD SAFETY

7. In May 2021, the Food Standards Agency's Board endorsed a Local Authority Recovery Roadmap strategy or "Reset" programme covering the period September 2021–March 2023 which would enable local authorities through setting quarterly targets, to tackle any backlogs in their food hygiene inspection programmes as the country began recovering from the pandemic.

8. We will therefore seek to complete the following minimum number of Food Hygiene Inspections due by March 2023



93	**3**	**57**	**26**	**1**	**342**

Table 1

9. The figures above and in **red** below in ***Table 2*** are minimum number of inspections that we know about and which we must deliver. Also set out below in ***Table 2*** are all the other, compliant, or lower risk, D and E rated premises that we will be seeking to engage with over the period.

10. The main challenge is the large number of D rated premises and in many cases their complexity, some having traditionally catered for many thousands of City workers on a daily basis and as such they are some of the largest food premises around. We will therefore seek to integrate these D rated premises into the programme throughout the whole period on a risk-basis.

Category	***Due (& overdue) to end March 2022***	***Due April 22-March 23***	***TOTALS***
New (unrated)	93	Unknown	**93 (minimum)**
A (*due every 6 months)	3	0 (at present)	**3***
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C	271	71	**342**
D	727	59	786
D (less than broadly-compliant)	1	0	**1**
E	104	127	231

Table 2

11. We will also maintain the City Corporation's support for the national Food Hygiene Rating Scheme (FHRS) and continue to support the FSA on the development of the mandatory public display of ratings at each food business.

12. We will also work with the Food Standards Agency on meat hygiene and standards and other initiatives at Smithfield Market to ensure that all meat and meat products that are traded through the market are cut stored, prepared, and transported hygienically and safely and that there is traceability of all products from source to end-retailer.

13. We seek to continue to promote the enhanced City Healthier Catering Commitment (HCC) Award scheme in support of the City of London Health and Wellbeing Strategy 2017-2021 whilst undertaking our statutory food interventions.

PUBLIC HEALTH

14. We will:-

a) work in collaboration with public health colleagues in the LB of Hackney, with whom we share a joint Public Health Team, on the tracking and tracing of COVID-19 cases and possible outbreaks in the City although over time, we anticipate our work on COVID-19 will gradually diminish;
b) engage, explain and if necessary enforce emerging legislation as it specifically affects businesses in the Night Time Economy (NTE) along with colleagues in the Licensing Team; and
c) investigate incidents of infectious disease and non-infectious environmental hazards.

HEALTH & SAFETY

Control of Legionella

15. To protect the City from the threat of Legionnaires' disease caused by *Legionella sp*. bacteria, we will;-

a) undertake risk-based interventions in cooling towers (135) and other at-risk water systems; and
b) assist with the provision of related training / work experience and generally contribute to the regulatory and facilities services management communities.

16. We will continue to promote and support workplace health and wellbeing and the London Healthy Workplace Award with our partners, Business Healthy with officers advising on best practice and signposting to further support.

REACTIVE WORK

17. We will:-

a) respond to complaints and service requests on a triaged risk basis; and
b) respond to all:-

- Reporting of Injuries, Deaths & Dangerous Occurrences Regulations (RIDDOR);
- Lifting Operations & Lifting Equipment Regulations (LOLER); and
- Asbestos Removal Notifications,

again on a triaged risk basis.

18. We will also undertake inspections on behalf of the Licensing Team with respect to the issuing of new Massage and Special Treatment Licenses

PRIMARY AUTHORITY PARTNERSHIP WORK.

19. Primary Authority (PA) enables businesses to form a legal partnership with one local authority, which then provides assured and tailored advice on complying with environmental health, trading standards and other regulations. Local regulators must respect these relationships and consult with the partner local authority before instigating enforcement action.

20. Whilst legislation specifically dealing with Coronavirus is not included as Public Health is currently not part of the national Primary Authority Scheme, a considerable amount of advice on the matter was sought and given to our PA Partner organisations during 2020-2021.

21. We will therefore:-

    a) continue to work with our PA Partner organisations, providing charged-for regulatory advice; and
    b) lead on the London Primary Authority Regional Group.

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Committee: Health and Wellbeing Board	**Dated:** **17 November 2021**
Subject: Healthwatch City of London Progress Report	**Public**
Report author: Paul Coles, General Manager	**For Information**

Summary

The purpose of this report is to update the Health and Wellbeing Board on progress against contractual targets and the work of Healthwatch City of London (HWCoL) with reference to Quarter Two 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 of 2012.

The City of London Corporation has funded a Healthwatch service for the City of London 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 truly 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

During Quarter 2 HWCoL continued to successfully deliver its contracted activities. Staff have maintained a presence in the City at the Golden Lane Community Centre and latterly the Sir Ralph Perrin Centre.

This report includes an update on the delivery of HWCoL's Business Plan with an emphasis on the seven local objectives.

In September, the Health and Wellbeing Board were informed of HWCoL's application for a Healthwatch Network award. The winners of the awards were announced during the recent Healthwatch week. HWCoL were not successful in the individual category

however, the eight North East London Healthwatches collectively were successful, receiving a network award for our work with North East London Integrated Care System on providing community insight. As an award applicant HWCoL were recognised for giving a voice to seldom held groups.

During Q2, HWCoL investigated whether the Neaman Practice was able to refer patients to St Bartholomew's Hospital and the Royal London for non-invasive cardiac tests and consultant opinion and met members of Barts Heart Centre to discuss. Barts Heart Centre confirmed that they do not offer open access and diagnostics to primary care. Open access diagnostics is available at University College London, Homerton and Royal London Hospitals via Choose and Book.

HWCoL and Healthwatch Hackney submitted a joint funding bid to the City and Hackney Estates Enabler Group for a project worker to support Healthwatch with resident engagement regarding the redevelopment of St Leonard's Hospital.

2. Q2 Performance Framework return (Appendix 1)
There has been no significant change in performance as measured by the Key Performance Indicators (KPI's), between Q1 and Q2. Of the 25 KPI's in the Performance Framework, 20 have been achieved or exceeded.

The number of areas of underperformance remains at four and includes Enter and View activities and recruitment of volunteers and Board Associates; remediation is addressed below.

Attendance at Board meetings in Public has dipped recently and this will need to be addressed. The team have already begun to implement a series of bespoke sessions that may prove to be of more interest to the public. From January 2022 HWCoL plan to return to face to face Board meetings. Attendance at Board meetings in Public will be prioritised during Q4 with additional marketing activity including the use of posters and leaflets.

HWCoL has one area of significant underperformance: the training of Enter and View volunteers. The restrictions to Enter and View activities resulting from the Covid-19 pandemic present a challenge to achieve this target. Training is being sourced and a volunteer campaign will be launched in the new year to recruit a team of Enter and View volunteers. A Virtual Enter and View at St Leonard's Hospital is planned for next year.

3. Delivery of the Business Plan-local objectives. (Appendix 2)
The 2021/2022 plan identifies seven local objectives that will make a difference to City residents' experience of Health and Social Care. This section describes progress against these objectives.

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

To ensure that HWCoL reflects the diversity of the City of London population HWCoL business plan includes targeted recruitment of volunteers, trustees, and board associate.

Although recruitment of volunteers, trustees, and associates is part of the ongoing work for HWCoL, a volunteer recruitment campaign was launched in November with adverts on the website, social media and posters.

The campaign is focused on the recruitment of local residents however, this campaign is the latest in a number of different and competing campaigns seeking to recruit local volunteers and this could impact on success. HWCoL will review the success of the campaign during December identifying any lessons learned for future volunteer recruitment activity.

3.2 Encourage our GP and primary care services to deliver good care in their practices, the services they commission, and those commissioned by their primary care network.
As previously reported to the Health and Wellbeing Board, HWCoL raised several with the Neaman Practice following concerns raised by residents. The Neaman Practice responded by producing an action plan to address the issues and are monitoring the delivery of the action plan remains an agenda item. There is an excellent working relationship between HWCoL and the practice which has enabled feedback and additional intelligence about patient satisfaction.

Following recent resident feedback, the HWCoL team were able to raise with the Neaman Practice concerns about the number of calls required to make an appointment. Residents reported making 60 plus calls before successfully getting through. The matter was raised immediately, and the practice were unaware of the problem. They have instigated some mystery shopping to test their systems but there is an ongoing problem with the telephone system, which they are trying to resolve and hope to have a solution in place soon.

Members of the HWCoL team attended the opening of the new Goodman's Field Health Centre. Following discussions with Healthwatch Tower Hamlets (HWTH), HWCoL will be discussing arrangements with the Health Centre for ongoing engagement with both Healthwatches.

3.3 Campaign for the 'new normal' in health services including community health to be responsive to the requirements of residents, students, and workers.
HWCoL are working with the Neaman Practice, City and Hackney Integrated Care Partnership (C&H ICP) and Barts Health Trust to establish the pathways to access for cardiac services. Residents were concerned that the Neaman Practice had been instructed by City and Hackney Clinical Commissioning Group to refer patients for cardiac tests and opinion to either Homerton University Hospital (HUH) or University College London Hospitals (UCLH). HWCoL wrote to the Director of Transformation for C&H ICP to establish the referral instructions and are awaiting response.

HWCoL met members of Barts Heart Centre and they confirmed that Barts Heart Centre does not offer open access diagnostics to primary care (diagnostics that can be requested directly by GPs) at St Bartholomew's Hospital. Open access diagnostics

are available at UCLH, The Homerton and The Royal London Hospitals. Referrals for a cardiac opinion are through Choose and Book and are available at all three of the above hospitals. The consultant body at all Trusts are part of the consultant team at Barts Heart Centre and onward referral is made through this route.

The Neaman Practice confirmed that current indicative waiting times for general cardiology clinics at Barts Health is 200 days, Homerton 165 days and UCLH have not published the waiting times and are asking for referrals to be sent for triaging by cariologists. HWCoL have requested a meeting with the Divisional Manager for Cardiac Services to discuss Barts Health's action plan to reduce the waiting times and the on-going management of patients on the waiting lists, including understanding how Barts Health are monitoring the health of those patients on the waiting list and the actions that are in place to support those patients.

Both Tracy Fletcher, CEO Homerton NHS Foundations Trust, and Professor Charles Knight CEO St Bartholomew's Hospital will be attending HWCoL's Public meeting and will discuss waiting list management.

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

The Primary Care Network project which included identifying the services patients require from their General Practices and the health priorities of those using services. is still awaiting sign off and will be available via HWCoL website once completed. The PCN will develop an action plan to implement the recommendations and an update will be provided to the Board on activities that need to be put in place for City residents.

HWCoL has completed the City Outreach project which explored creating greater engagement from City residents and City of London VCSE organisations with the new Shoreditch Park and City Neighbourhood forum and will share the report's recommendations and action plans at a future Health and Wellbeing Board.

3.5 Scrutinise the development of a single North East London Integrated Care System (NEL ICS) for primary care.

HWCoL's focus is on influencing the development of the engagement practices for NEL ICS. In Q2 joined the NEL Working Group: Embedding people engagement across NEL.

The increasing number of meetings requiring input from Healthwatches at both a North East London and a local Integrated Care System level is stretching the capacity of HWCoL, as well as partner Healthwatches.

The Community Insights project, impact of Covid-19 on disabled members of the community, with the eight Healthwatches across North East London, previously reported to the Health and Wellbeing Board in September, demonstrated that the Healthwatches can work together successfully. Continuing meaningful engagement with the NEL ICS governance meetings and working groups will require the eight Healthwatches to delegate to individual Healthwatches to act as the lead for the Healthwatches.

Healthwatch England recognise the need for Healthwatches in ICS patches to work collaboratively and are encouraging Healthwatches to discuss entering into formal arrangements. Entering into formal arrangements with our NEL Healthwatch partners in itself represents a risk of marginalising the role of HWCoL and diluting the voice of City residents.

3.6 Ensure services currently provided by St Leonard's Hospital remain within easy reach of City of London residents.
HWCoL continue to work with Healthwatch Hackney to ensure that development plans for the site are co-produced with City and Hackney residents. A joint funding bid has been submitted to the City and Hackney Estates Enabler Group for a project worker to support resident engagement. No decisions on the future of the site have been made.

3.7 Act as a critical friend to the City of London, participate in public health campaigns and any decision-making on health and social care issues.
HWCoL have been working with Ian Jarman (Commissioner for CoL) on the Homecare tender. His attendance at the Carer's form has been helpful to Ina and reassuring to the those with caring responsibilities, who felt assured that the CoL are listening and addressing concerns.

4 Other Activities
HWCoL hosted a successful webinar showcasing the work of the East London Cardiovascular Disease Prevention **(**ELoPE). A Barts Heart Centre programme to deliver an ambitious strategy for reducing premature Cardiovascular Disease (CVD) mortality and health inequality in East London working in partnership with the British Heart Foundation.

The HWCoL team will continue to work with ELoPE to both support and promote their work

5. Planned Activities in Quarter 4 2021/22
- A Webinar in January with Dr. David Collier, Joint Clinical Director at the William Harvey Research Institute. Dr Collier will talk about the remit of the Institute, how it links with Barts and the London School of Medicine and Dentistry, the current projects being undertaken and the current research projects.
- Pop up events around the City of London seeking feedback from residents on health and social care services.
- Developing HWCoL's presence in the new Portsoken Community centre as a contact point, managing access and producing a programme of events in the centre.
- Review of the information on the HWCoL website including:
    - More information on how to make a complaint about services in Health and Social care
    - Increased information on accessing Health and Social Care services.

6. Risks
Trustees review the Risks and Issues Log at Board meetings. The Risk Log identifies data security, non-compliance General Data Protection regulations as key risks. Following a review of the Risks identified in the log further GDPR training was

upgraded to mandatory for all Staff, Trustees and Associate Board Members in the staff training matrix. Training has been sourced and will be provided for those members of Staff, Trustees and Associate Board Members who require training or an update to their knowledge in this area.

7. Conclusion

During Q2 HWCoL made good progress in delivering the seven local objectives in the Business Plan. HWCoL continues to build good relationships with local health providers, health and social care partners, and has worked with partner Healthwatches to ensure the voice of users is heard in the forming Integrated Care Partnership.

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Appendix 1

PERFORMANCE FRAMEWORK REPORT Q1 2021/22

Healthwatch City of London

Paul Coles
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Summary

This report provides an update on the Quarter Two (July-September2021) performance of Healthwatch City of London (HWCoL) against the key performance indicators laid out in the Performance Framework for 2021/2022.

HWCoL continue to provide residents with up-to-date information on the Covid-19 vaccination programme via the website, newsletters, bulletins, and social media. Although visitors to HWCoL's website decreased significantly on the previous quarter, falling by 53.5%, visitors to the site remain more than four times the quarterly target. HWCoL uses google analytics to analyse the performance of the website, Q2 review used analytics to identify the main pages visited. The lessons from this analysis will be incorporated into a review of the website and its effectiveness to disseminate information.

In July HWCoL published the Business Plan for 2021/22. Progress against the plan will be reviewed regularly at Board meetings. The Business Plan includes seven objectives for making a difference to people in the City. An update on progress and future actions has been included with this report.

Delivering the seven local objectives for making a difference to City residents

1) Reflect the diversity of the population of the City of London to ensure that every voice is heard:
    - Volunteer recruitment campaign during Q3, aim to increase both local supporters and those with specific skills. A review of the success of the campaign will be carried out in December 2021.
    - Q4 delivering a project on establishing a young Healthwatch for the City. A project brief will be prepared Q3 and volunteer recruitment for a young Healthwatch is one of the objectives of the volunteer recruitment campaign.
2) Encourage our GP and primary care services to deliver good care in their practices, the services they commission, and those commissioned by their primary care network:
    - In April HWCoL wrote to the Neaman Practice having been alerted to a number of concerns regarding the Practice's performance. The Neaman Practice responded by producing an action plan to address these concerns.
    - HWCoL's quarterly meetings with the Neaman practice support the practice to improve patient experience. The meetings monitor the delivery of the action plan, HWCoL provide patient feedback on the successful implementation of the identified actions.
    - Members of the HWCoL team attended the opening of the new Goodmans Fields Health Centre in Aldgate and will build closer relationships with the practice over the coming weeks including establishing regular meetings.
3) Campaign for the 'new normal' in health services including community health, to be responsive to the requirements of residents, students, and workers:
4) Following several complaints regarding referral pathways for non-invasive cardiac tests and cardiac opinion the Director of Transformation for City & Hackney ICP has been contacted to clarify pathways. Barts Health contacted HWCoL after reading the bulletin and have agreed to work with HWCoL to make pathways more transparent for patients and GPs. The Neaman Practice believe they were following City and Hackney Integrated Care Board instructions by not referring patients to the Royal London for non-invasive cardiac tests and cardiac opinion. The Neaman Practice are referring patients to University College Hospital (UCH)or Homerton Hospital (HH) instead of the Royal London. In more complex cases UCH and HH refer patients to Barts Health for an opinion.
5) Ensure City residents' needs remain at the heart of the new Shoreditch Park and City Neighbourhood:

- The City Outreach project has been completed and the report will be submitted to Hackney Council for Voluntary Services, the funder. HWCoL were tasked to engage with City organisations and residents in a discussion on the value of the Neighbourhood Forum. The report identified 27 recommendations to enable continuing City engagement with the forum. HWCoL will work with the Neighbourhood forum on the implementation of the recommendations
- During Q3 HWCoL will work with the City of London to organise a conference for City residents to inform them on the Neighbourhoods model. Providing an opportunity for the City &Hackney ICP to engage with residents, explaining how services will be delivered in the Shoreditch Park and City Neighbourhood and why the model will deliver better health outcomes.

6) Scrutinise the development of a single North East London CCG (NEL CCG) for primary care:
   - In Q2 HWCoL joined the NEL Working Group: Embedding People Engagement across NEL. HWCoL are focused on influencing the development of patient engagement practices within NEL. To ensure City residents are not marginalized in the adopted practices by NEL and that their voice is heard.
7) Ensure services currently provided by St Leonard's Hospital remain within easy reach of City of London residents:

   St Leonard's Hospital, due to the state of its buildings, is an underutilised site owned by NHS Property Services. City and Hackney CCG established a project working group to oversee the production of a business case for the redevelopment of the site. Both HWCoL and Healthwatch Hackney (HWH) are members of the working group. Attain, an independent health advisory organisation, were engaged to carry out phase one of the business case. Both Healthwatches were critical of the lack of public engagement carried out by Attain. HWCoL and HWH agreed a number of public engagement actions including:
   - Holding a public meeting with HWH regarding the re-development of St Leonard's hospital; Delivered in Q2.
   - Working with HWH to carry out a follow up survey. Survey to be available during October and November (Q3). Results will influence a larger survey to be carried out in Q4 2022 and the business case for the re-development of St Leonard's.
   - Carrying out a virtual Enter and View with HWH to explore staff experience at St Leonards. Findings will influence a follow up survey with residents and the business case for the re-development of the site.
   - Working with HWH to obtain funding for a project worker to oversee engagement activities with residents in City and Hackney.
8) Act as a critical friend to the City of London, participate in public health campaigns and any decision-making on health and social care issues:
   - In July 2021, Ian Jarman (Commissioner for CoL) joined HWCoL's Carers forum to discuss CoL's Homecare tender. HWCoL and Carers were able to provide feedback on the delivery of the current contract and input into the development of the tender document. Ian Jarman is committed to working with HWCoL by sharing tender documents as they are produced, seeking feedback, and attending a future Carers forum to enable Carers to capture their feedback on the tender documents.

Other significant achievements and activities:

- Produced the closing report for the Primary Care Network for Shoreditch Park and City (PCN) patient engagement project. Respondents identified mental health services, physiotherapy and health/wellbeing advisors and coaches as their priority for additional services to be made available from GP surgeries. The top five health priorities respondents identified for the PCN, in order, are as follows: childhood obesity, adult obesity, drug misuse, alcohol misuse, and smoking cessation. The report includes 11 recommendations
- In September HWCoL held a webinar to inform members of the public about the COVID booster and flu jab vaccination program, this attracted 18 people. The panel included Dr Sandra Husbands, Director of Public Health, City of London & London Borough of Hackney, Dr Mark Rickets, C&H Chair NEL CCG and Clinical Lead Primary Care - NEL CCG & Health and Care Partnership and Dr Chor senior partner at Neaman Practice.
- Applied for a Healthwatch England Network award: Covid-19 response. Award winners will be announced during Healthwatch week in November. Rachel Cleave, HWCoL's Engagement and Communication Coordinator has also produced a short film to support the award submission.

- Published a 'A guide to Audiology Services and Hearing Aid provision in the City of London,' This project undertaken by a local volunteer has received positive feedback. The report identifies untreated hearing as a contributor to the onset of dementia, making hearing health care about much more than simply being able to hear those around us. Provides advice on obtaining NHS funded hearing aids. Includes case studies on peoples experience of living with hearing aids. Provides information on the different type of hearing aids available. The report was shared with to Healthwatch England.

Performance highlights

Of the 25 KPI's in the Performance Framework 20 have been achieved; no difference from Q1. A summary of areas of over performance are summarised below.

HWCoL produced a weekly newsletter or bulletin during Q2. Providing up to date 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. HWCoL will be targeting improved access to HWCoL's communications for residents on the Guinness estate. The proposed office in the Portsoken Community Centre will provide a base for improved engagement including face to face activity with residents and poster distribution throughout the estate.

In Q2 HWCoL continued to add followers to the Facebook and Twitter sites. Twitter numbers have increased to 659, a 1.1% increase, and Facebook to 110, a 4.7% increase, on Q1. Use of the Instagram platform will start in Q3. Posts on both Twitter and Facebook will focus on HWCoL's work during Q3. Posts will also promote the Covid-19 vaccination programme, public health messages and the work of City of London partners.

Areas of under performance

The number of areas of underperformance remains at four.

In Q2 HWCoL had planned to address the interlinked areas of underperformance in the recruitment of Board Associates and volunteers, with a month-long recruitment campaign. The campaign will now take place in October and will focus on the recruitment of local volunteers and associate Board members. A local recruitment campaign for additional trustees will be undertaken simultaneously.

HWCoL Enter and View activity remains an area of underperformance whilst Covid-19 restrictions remain in place. HWCoL are planning a virtual Enter and View with St Leonard's Hospital staff in partnership with HWH. Depending on the outputs this may be used as a model for future Enter and View activity.

The number of attendees at Board Meetings in Public remains low. Posters were produced to advertise the AGM, and these were widely distributed across the City, but did not attract the numbers anticipated. On review the proximity of the Vaccination Programme webinar could have affected the number of attendees.

Areas of significant under performance

HWCOL has one area of significant underperformance: the training of Enter and View volunteers. The restrictions to Enter and View activities present a challenge to achieve this target. HWE are now providing training to support virtual Enter and View visits. The learning from the training will be incorporated into future activity and training for volunteers.

Performance report

Indicator name/Description	Reporting period	HWE QF	CoLC Outcome	Annual Target	Quarterly Performance 2020-21				Annual Total to date	Progress	Comments on performance and progress update
				2021-22	Q1	Q2	Q3	Q4		(RAG)	
Number of local people trained and supported to actively participate in decision making		*People*	A, B, C								
Number of trustees on HWCOL board.	Quarterly	People		5	5	5			5		HWCoL continue to seek a Trustee to represent City workers. Trustee recruitment will form part of the volunteer recruitment campaign in Q3. HWCoL will reach out to City workers via social media and business healthy encouraging them to volunteer as a Trustee with HWCoL. The team will review how successful the campaign was in generating interest in becoming a Trustee in December 2021. The review will consider what further action to take, if any, during Q4.
Number of associate board members.	Quarterly	People		4	3	3			3		The volunteer recruitment campaign in Q3 will focus on recruiting volunteers and associate board members from CoL's resident population. HWCoL will review the success of the campaign in December 2021. The need for further recruitment activity targeted at

											City residents will form part of the review.
Number of volunteers attending decision-making committees	Quarterly	People		3	6	6			6		Volunteers represent HWCoL and City residents, workers and students on the following Committees. City of London Adult Safeguarding Sub-Committee, Health and Well-being Board, and Overview and Scrutiny. The City and Hackney Clinical Integrated Care Board, and the Equality and Diversity Working group. The North East London Clinical Commissioning Group Board. The volunteer recruitment campaign will focus on attendance at meetings and how volunteers can support making the local voice heard.
Production of annual work plan, regular progress reporting against milestones		Influence and Impact	A, B, C, D, E								

Produce a three-year workplan with an annual workplan, detail objectives and actions that meet contractual requirements and objectives.	Annual	Influence and Impact		1	1				1		During Q2 completed the Business plan, incorporating changes to the plan following an in-depth review. The creation of seven local objectives will underpin activities in the next 18 months.
Produce Annual Work Plan produced. To reference Performance Framework, Quality Framework, and Business plan.	Annual	Influence and Impact		1	1				1		The Annual Work Plan is included with the Business plan for 2021/22.
Completion of Healthwatch's Quality Framework.	Annual	Influence and Impact		1	1				1		Completion of the Quality Framework involves more time than originally envisaged. Further time has been scheduled in Q3 to enable competition HWCoL's Quality Framework submission. HWCoL are keeping Healthwatch England up to date with progress. The framework was revised in phase 2 of the Quality Framework rollout. The questions in the revised framework require responses under ten headings including the production of an action plan

											with a timeline for each question.
Healthwatch City of London Board is representative of the City of London population.		People	B								
Number of times HWCOL publicised board and associate board opportunities - during an annual month-long campaign. HWCOL will review Board annually as part of Business plan and work plan.]	Annual	People		1							As reported above there is planned volunteer recruitment campaign in Q3. The campaign will focus on recruitment of volunteers for specific tasks and opportunities as well as more general support. A key aim is to gain wider engagement across the City. The campaign will run from 20th October to 1st December 2021 and will include posters and some face-to-face sessions.
Regular (frequency to be determined) survey of residents and stakeholders undertaken to determine the levels of awareness and engagement with Healthwatch City of London.		Engagement, Involvement and Reach	B, C, D								
Design and disseminate annual survey of residents and stakeholders.	Annual	Engagement, Involvement and Reach		1	1				1		The Annual survey was available on-line with no non-digital accessibility. A plan for wider engagement will be developed as part of the communications

[Annual survey - reviewed and analysed and used as part of our plans for the next year -annual report, business plan and workplan.]											and engagement refresh. The results of the survey were presented to the Board in July 2021. 80% of stakeholders think that HWCoL are effective and meet the goals. HWCoL's communications were identified as trusted. Residents identified General Practice provision and services as their main areas of interest. The communications strategy refresh will consider how to provide more regular updates to partners regarding our work.
Evidence of active and increasing engagement with the public on social media (e.g., through number of website hits etc).		Engagement, Involvement and Reach	D								
Email bulletins – numbers of subscribers.	Quarterly	Engagement, Involvement and Reach		150	157	167			167		Ten new subscribers were added to the mailing list in Q2, exceeding the target of 150 by 17/ A list of the City estates and other organisations that distribute the email bulletins and newsletters was included with Q1 report . HWCoL's Communications Strategy review will identify gaps in distribution and actions required to address this.

Email bulletins sent.	Quarterly	Engagement, Involvement and Reach		12	13	13			26		HWCoL delivered 13 newsletters /bulletins in Q2. HWCoL continues to be a trusted source information on Covid-19 providing updates on the vaccination programme and sharing information on vaccination myth busting events. HWCoL have included details on face-to-face appointments at the Neaman, the opening of the Goodman's Fields Health Centre and patient representative recruitment at Barts Health.
Mailchimp email bulletin open rates.	Quarterly	Engagement, Involvement and Reach		25% ave - industry standard	48.28%	48.23%			48.23%		The open rate during Q2 was 48.23% compared to 48.28% in Q1. Open rate remains stable at almost double the Industry average. The Q2 click rate was 16.65 compared to 16.8% in Q1 remaining stable and above the Industry standard of 13%. From the feedback received the bulletins are a trusted source of up-to-date information and content that is relevant and meaningful.
Twitter - numbers of followers.	Quarterly	Engagement, Involvement and Reach		650	652	659			659		During Q2 HWCoL • added 7 new followers, increasing the number of followers to 656, above the quarterly target of 650. • posted 89 tweets in the quarter generating 11,866 tweets.

											Top three tweets were: • Toynbee Hall drop-in clinic, • Face to face appointments at Neaman Practice. • NHS digital patient data change.
Facebook – number of followers (new account).	Quarterly	Engagement, Involvement and Reach		50	105	110			110		In Q2 Facebook followers increased by 5 from 105 to 110. During Q2 HWCoL produced 87 posts.
Website – Numbers of visitors.	Quarterly	Engagement, Involvement and Reach		1000	10,418	4,835			15,253		In Q2 the website attracted 4,835 unique visitors. Compared to Q1 the number of visitors has dropped by 53.5%. Visits to the website remained over 1,000 per month with 2,413 visits in July, 1,144 August and 1,418 in September. HWCoL reviewed website usage in September producing a brief report for the Covid 19 Information Grant return. Lessons from the review are incorporated in HWCoL's revised Communications Strategy. The most popular pages on the website were accessing the Bocking Street Vaccination Centre and information on the second dose vaccination programme. With the success of the vaccination programme in the City the number of visitors to HWCoL's website has dropped.

Website Numbers of pages visited.	Quarterly	Engagement, Involvement and Reach		1200	17,681	9349			27,030		In Q2, 9,349 pages were visited, in 6,191 sessions. The average session per visitor was 1.28, compared to 1.22 in Q1 with1.51 pages viewed per session compared to 1.39 in Q1. The bounce rate of 63.39% is an improvement on the 68.84% in Q1. Bounce is the number of pages visited and exiting without triggering another request. The decrease in numbers visiting the website has resulted in the number of pages visited as expected. However, visitors to the website are spending more time on the site, visiting more frequently and accessing more pages per visit.
Number of volunteers trained to carry out an 'enter and view' visits and number of visits.		People	C								
Number of volunteers trained to do an Enter and View visit.	Quarterly	People		6	0	0			0		The Enter and View of St Leonard's Hospital staff with HW Hackney will be held on-line. The objective of the Enter and View is to: • Capture staff experience of working in St Leonards • Identify what is important for staff in the redevelopment of St Leonards

											• Capture any patient views on the redevelopment that they are aware of. The activity is planned to for October/November Q3.
Number of Enter and View visits. Carried out Either by HWCoL or in partnership with other Healthwatch.	Quarterly	People		4	0	0			0		With Enter and View activity still restricted due to the ongoing pandemic HWCoL published a report on audiology services and Hearing Aid provision in the City of London in July on HWCoL's website. The report has been forwarded to Healthwatch England. As reported above training will commence for on line E&V activities.
Number of Tempo time Credits volunteers are eligible for.	Quarterly	People		40	65	33			98		HWCol submitted 33 Tempo time credits during Q2 for July and August. A tempo time credit equates to one hour of voluntary work.
Healthwatch representative at Health and Wellbeing Board and identified relevant meetings and events.		Leadership and Decision Making	A, B								
Numbers of HWBB board attendances.	Quarterly	Leadership and Decision Making		6	3	1			4		There was one HWBB held in Q2 attended by HWCoL's chair. For each HWBB a report on HWCoL's work is presented.

Other board attendances (e.g., CCG governing body, ICB, NEL governing body, Health and Social Care Scrutiny, events etc).	Quarterly	Leadership and Decision Making		40	15	21			36		A list of meetings attended by HWCoL was provided in the last quarterly report. The meetings list and attendees are being reviewed to: • Ensure HWCoL is attending all the strategic meetings for the development of the Integrated Care system in City and Hackney and across NEL. • Identifying which meetings volunteers can support HWCoL by attending. In Q2 HWCoL joined the NEL Working Group: Embedding people engagement across NEL. Supporting the development of the NEL Integrated Care System and ensuring the voice of City residents, students and workers is included in future patient engagement by NEL. The Working group has agreed to set up 3 sub-groups: • Development of shared NEL commitment to Patient Participation and Involvement (PPI). • Building a culture of PPI across NEL. • NEL community of practice.
Events hosted by HWCOL: quarterly focus group discussions, one of which is the	Quarterly	Leadership and Decision Making		4	3	5			8		HWCoL held three carers and two mental health focus groups during Q2, all on-line. In July, Ian Jarman (Commissioner for CoL) joined to discuss CoL's

Annual Public Meeting											Homecare tender with carers. 10% of CoL carers regularly attend the focus groups. A review with carers of the focus groups will be held in December and consider whether meetings should be held bi-monthly and whether to continue as on-line meetings. HWCoL's mental health focus groups included presentations from East London Foundation Trust and MIND in the City on the service available to City residents. Attendees fed back lack of knowledge of mental health services available to City residents. Both ELFT and MIND committed to forwarding detail of all services available for inclusion on HWCoL website.
Volume of activity (feedback from local people, attributes of those feeding back, number of volunteers, members, outreach events, updates to community, complaints).		Engagement, Involvement and Reach	A, B, C								
Number of responses to surveys - responses	Quarterly	Engagement, Involvement and Reach		60	23	5			28		Two new surveys published in Q2: • Information and Communication survey-the

referenced in report - along with demographics, when these have been obtained.											objective was to identify what is important to residents and how they prefer to receive information from HWCoL • Smoking during pandemic- short survey with the objective to identify if residents took up smoking because of the pandemic Both surveys will be closed in Q3.
Complaints and views (about others' services) – published in annual report.	Annual	Engagement, Involvement and Reach		4	3	3			6		HWCoL received three complaints regarding the Neaman practice during Q2. Patients complained about the inability to book a face- to- face appointment both online and through the telephone system. These were raised with the practice. The practice advised that they are following national guidance by triaging over the telephone before arranging an appointment face -to-face. The telephone system is an ongoing issue with the practice and is a standing item for discussion at the quarterly meetings with the Neaman Practice.
Number of members of public at HWCOL board meetings	Quarterly	Engagement, Involvement and Reach		100	16	5			21		In Q2 HWCoL's only public Board meeting was the AGM, held on-line. Although consideration was given to holding the AGM face to face it proved difficult to secure a venue. HWCoL Annual Public

											Meeting in December will be held face-to-face subject to venue availability. HWCoL webinar on the COVID booster and flu jab vaccination programme at 6pm on 15/09/2021 attracted 18 people. Attendance at the webinar impacted on HWCoL's AGM on the 16/09/2021. HWCoL will in the future: • Organise public events with a minimum of five working days between events • Hold at least one Public Board Meeting at 6pm per financial year.
Recruitment and training programme in place which enables more people to participate in co-production of services.		Collaboration	B, C								
Report on training completed (Healthwatch England training, and training completed from City of London, voluntary sector, etc.)	Annual	Collaboration		1	1	1			1		Integrated Care System (ICS) programme training with HW England. The training covered how Healthwatches can influence the development of ICSs locally. HW England recommend where a number of Healthwatches work in a large ICS, such as NEL, they consider local arrangements to formalise

											their engagement with the new ICS. Templates will be provided to aid these discussions. HWCoL Board to consider: • how they wish to proceed • how HWCoL maintains its independence in any formalised Healthwatch structure across NEL.
Areas of HWCoL work that although not included as part of the Performance Framework, it has been agreed that they should be reported on for a better understanding of the work of HWCoL											
Number of safeguarding alerts raised by HWCol in the quarter	Quarterly					0	0		0		
Number of complaints HWCoL received about their service	Quarterly					0	0		0		

Healthwatch City of London

Business Plan

June 2021 – August 2022

CHAIR'S INTRODUCTION

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.

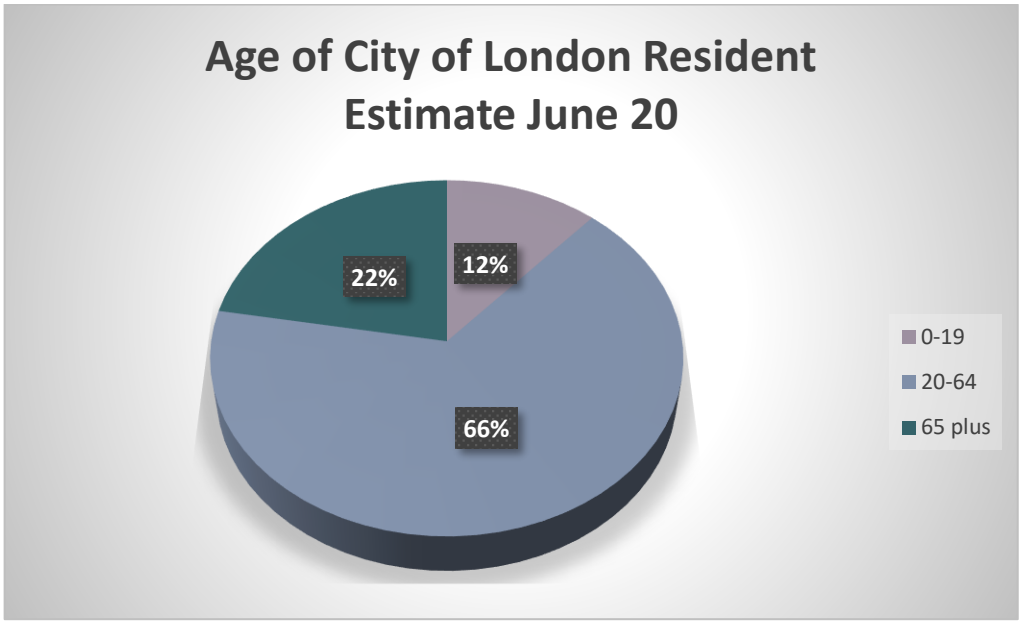
The final objectives and plan were approved by the HWCoL Board at the Annual General Meeting board on September 16th.

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.

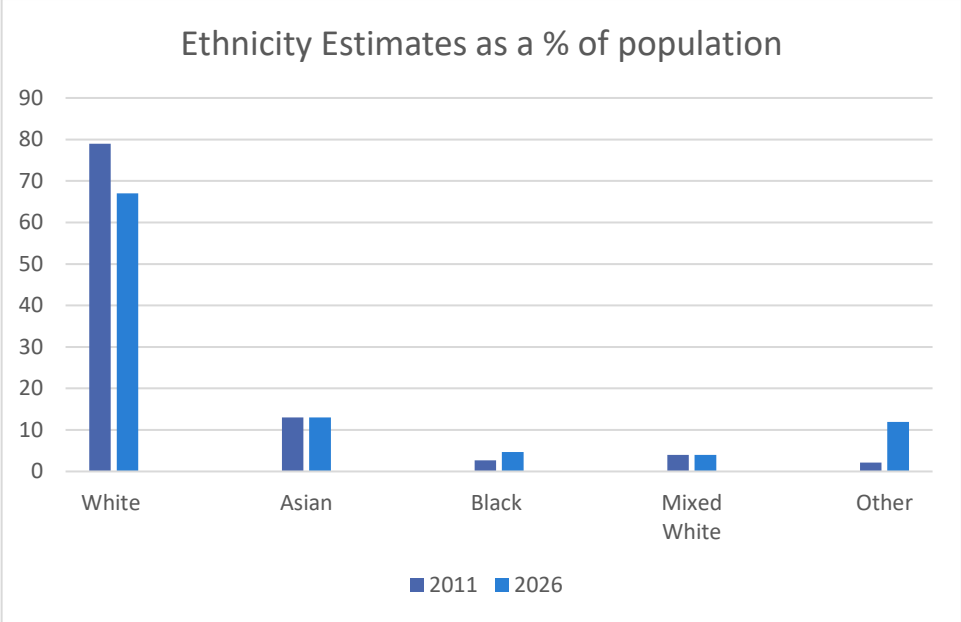
According to City and Hackney Public Health, March 2020: "The health of people in City of London is generally better compared with the England average. City of London is one of the 40% least deprived counties/unitary authorities in England. However, about 9.6% of children live-in low-income families. 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, HWCoL 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 health and social care (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 HWCoL 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 HWCoL and ensure that it is exerting its influence to secure better experiences for people using health and care services. These are:

A) HWCoL has a strong understanding of the strengths and weaknesses of the local health and social care system.

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.

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.

D) HWCoL 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	**Economic**
• Covid-19 response by CoL. • City and Hackney Integrated Care Partnership- changes to key personnel – potential loss of influence at a local level.	• 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

• 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.	who do not have access to the internet or smartphones. • 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.
Social • 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.	**Technological** • 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

Strengths • Support of the City of London. • Engaged and motivated Board. • Skilled volunteering team supporting our work.	**Weaknesses** • Reliant on two funders. • Access to patient experience outside of City & Hackney ICP. • Control of office environment.

• 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.	• 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.
Opportunities • 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.	**Threats** • 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 and primary care 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.
- HWCoL will carry out 'mystery shops' of primary care services, for example dentists, publishing the results and recommendations, and provide feedback to the service providers.

C) Campaign for the 'new normal' in health services including community health 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, participate in public health campaigns and 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.

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	Plays a clear and distinct role in key local decision-making structures contributing to better local decision making. Contributes to the development of decision-making structures in the local health and wellbeing system and, where appropriate, their delivery Encourages and enables local commissioners and providers of health and social care services to engage the public.	Annual stakeholder survey to capture evidence of how HWCoL is viewed. HWCoL attendees to meetings complete feedback forms for the board
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.	Priorities are based on the experience and concerns of the public, recognising the local health and social care context and priorities. Support local people to share their experience of and opinions on local health and social care services. Involves local people in setting priorities and commenting on the quality of Healthwatch city of London activities. Makes a distinct contribution to improving engagement with seldom heard communities.	Review of engagement methods with seldom heard communities sharing our experience with stakeholders. Recruit, train and support city residents' and workers' to be patient representatives. Number of board meetings in public Feedback forms on to be added to our website information and advice site.
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.	Contributes to the development of decision-making structures in the local health and wellbeing system and, where appropriate, their delivery Has trusting, collaborative relationships with key local decision makers as a "critical friend." Plays a clear and distinct role in key local decision-making structures contributing to better local decision making. Recommendations for change are fed via the appropriate channels, heard, and responded to by relevant decision makers.	Evidence of impact included in annual reports using following tools: Internal new project template to evidence of need
D) HWCoL provides advice about local health and social care services to the public.	Provides the public with accurate, reliable, relevant and useful information about local services, when they need it, in a format that meets their needs. 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.	Number of patients supported to raise complaints.
E) HWCoL works with Healthwatch England to enable people's experiences to influence national		The number of reports shared with Healthwatch England (and CQC if

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.	necessary) as well as involvement with Healthwatch England projects Quarterly performance framework reports.

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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Facebook: @CoLHealthwatch

GLOSSARY

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	Sub-action	Date
A1) Review the success of HWCoL's recruitment drive on broadening the diversity and skills of the Board	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.	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 2022
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

	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.	November 2021 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

	1.2.1g) Arrange a workshop with CoL public representatives to the ICP on how HWCoL can support it.	October 2021
1.3.1) Organise and deliver a workshop on co-production in the NHS for City residents and voluntary organisations.	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.	July 2021 October 2021 November 2021 November2021 December 2021 January 2022 February 2022
1.3.2) Work with partner organisations to understand the impact of the new ICP with the communities they support.	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.	November 2021 December 2021 January 2022
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.	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.	February 2022 March 2022 April 2022

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. 2.1.1b) Provide volunteers with job profiles and project briefs for those volunteers involved in project work. 2.1.1c) Provide regular and scheduled support for the duration of their time volunteering with HWCoL. 2.1.1d) Agree any training and support required to deliver their role. 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. 2.1.1f) Ensure that HWCoL staff provide a quarterly report to the volunteer subgroup on volunteering activity.	May 2021 ongoing June 2021 June 2021 July 2021 June 2021 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. 2.1.2 b) Present revised strategy to Board.	July 2021 November 2021
2.2.1) Embedding the volunteer charter.	2.2.1a) Board to approve the volunteer charter. 2.2.1b) Publicise the charter via website, social media and volunteer recruitment activity.	June 2021 June 2021

	2.2.1c) Embed the charter in HWCoL work practices. 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 June 2021
2.3.1) Building a diverse team of volunteers.	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. 2.3.1b) Work with our communities to address barriers to volunteering. 2.3.1c) Hold a recruitment fair for volunteers in the east of the City. 2.3.1d) Establish a Project Management Team to deliver the fair. 2.3.1e) Draft a project plan 2.3.1f) Recruit a volunteer to support the project.	July 2021 August 2021 November 2021 June 2021 July 2021 July 2021
2.4.1) Valuing the work of volunteers.	2.4.1) All volunteers will be provided with information on Tempo time credits and a digital link to their own account. 2.4.2) Work with HWCoL volunteers to identify how their project work can provide benefit to them.	April 2021 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. 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. 3.1.1c) Completed framework to be reviewed by Healthwatch England and the action plan signed off.	June 2021 July 2021 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. 3.2.1b) Organise webinars on key health and social care campaigns and changes to enable residents to question service providers and provide feedback. 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. 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.	May 2021 ongoing July 2021 April 2021 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. 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. 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.	December 2021 December 2021 March 2022

3.4.1) Place patients at the centre of the decision-making process about their health and care needs.	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. 3.4.1b) Develop a template for reports from volunteers involved with this project. 3.4.1c) Produce an overall report with recommendations for stakeholders, publicising on website and sharing with Healthwatch England. 3.4.1d) Review and comment on stakeholder response to HWCoL's report. 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.	November 2021 December 2021 December 2021 January 2022 January 2022
3.5.1) Use the Joint Strategic Needs Analysis (JSNA) for the City to identify the public health campaigns that HWCoL will deliver.	3.5.1a) Develop a public health campaigns calendar from the JSNA as part of the communication strategy. 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.	May 2021 June 2021
3.5.2) Support the Covid-19 recovery programme.	3.5.2a) Provide updates on the Covid-19 recovery programme via newsletters, bulletins, and social media. 3.5.2b) Provide weekly advice on the vaccination programme via newsletters, bulletins, and social media. 3.5.2c) Provide information and advice on test and trace via newsletters, bulletins, and social media	April 2021 ongoing April 2021 ongoing April 2021 ongoing
3.5.3) Work with public health and voluntary sector partners to address the health and social inequalities among City residents, workers, and students.	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. 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.	November 2021 December 2021
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.	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. 3.5.4b) Use the project report to inform partners and City residents of all engagement opportunities to influence North East London CCG. 3.5.4c) Work with local partners in the City to ensure their service users are aware of North East London CCG engagement structures. 3.5.4d) Promote opportunities for engagement through HWCoL's newsletters, bulletins, and social media.	October 2021 October 2021 February 2022 March 2022
3.6.1) Carry out market research on the health and wellbeing priorities of the City of London workforce.	3.6.1a) Develop, with the support of volunteers, an engagement strategy for City of London workers. 3.6.1b) Deliver a project identifying the key health and social care issues for City workers. 3..6.1c) Work with CoL on a delivery plan to address the issues identified in the report.	July 2021 October 2021 January 2022
3.7.1) Respond to CoL consultations using the insight gained from public engagement.	3.7.1a) Review the CoL Draft City plan responding to the elements pertinent to the work of Healthwatch. 3.7.1b) Use the insight from resident engagement, where possible, to inform HWCoL's response.	May 2021 May 2021
3.7.2) Respond to local NHS consultations by seeking residents' views to shape HWCoL's response.	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.	May 2021

3.7.3) Respond to national consultations by seeking residents' views to shape HWCoL's response.	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. 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.	May 2021 April 2021 ongoing April 2021 ongoing

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. 4.4.1b) 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). 4.4.1e) Evaluate the success and the impact of reports through discussion and monitoring.	August 2021 September 2021 October 2021 January 2022 January 2022
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	Sub-Actions	Completion
5.1.1) Agree financial governance procedures.	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.	September 2021
	5.1.1b) Review Management accounts template and financial reporting template.	June 2021
5.1.2) Produce annual accounts.	5.1.2a) Prepare draft annual accounts.	June 2021
	5.1.2b) Trustees approve annual accounts and prepare annual return for submission to the Charity Commission.	September 2021
5.2.1) Fundraising.	5.2.1a) Produce a fundraising strategy and supporting activities	July 2021
	5.2.1b) Implement fundraising strategy and activity. Review effectiveness of activities	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.

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Actions	Sub-Actions	Completion by
1.1.1) Identify key successes of delivery over the last two years as part of contract review.	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.	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

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Committee(s)	Dated:
Procurement Sub-Committee Health & Wellbeing Board – for information Finance Committee Court of Common Council	25.11.21 26 Nov 2021 07.12.21 13.01.21
Subject: An extension to the contract for the provision of E-Services relating to the Pan London Sexual Health Transformation Programme.	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly? People enjoy good health and wellbeing	**Outcome 2**
Does this proposal require extra revenue and/or capital spending?	**Y**
If so, how much?	**£75-100k**
What is the source of Funding?	**The Public Health Grant**
Has this Funding Source been agreed with the Chamberlain's Department?	**Y**
Report of: Joint report of the Director of Community & Children's DCCS and the Director of Commercial Services	**For decision**
Report author: Monica Patel, Commercial Contract Manager, Commercial Services Adrian Kelly, Lead Commissioner, DCCS	

Summary

The purpose of this report is to seek Member approval for the recommended procurement strategy to extend the existing contract with Preventx Ltd for 3 years at an additional value of c£50m. Approval from Procurement Sub Committee is required as the total contract value exceeds £2m as per rule 25 [Compliant Waivers] and rule 16 [Contracts Letting Thresholds]. The City of London's exposure to the cost of the 3-year extension in respect of its residents is estimated at £75-100k.

The initial term of this contract ends 14th August 2022 and a decision to extend this service is required. The contract contains provision to extend the contract, to a maximum of four years. The Corporation is obliged to serve notice to the supplier of an intention to extend the contract by February 14th, 2022.

The need for this variation is to secure the continuation of the service for the benefit of the 30 participating authorities after the initial term which ends 14th August 2022.

This is necessary because the participating authorities have decided to not initiate a procurement leading to a new award and have recommended that the Corporation of London, in its capacity as the Lead Authority, extend the contract as was envisaged at the outset. The authorities have also recommended that the Corporation varies the contract extension period, from four extensions of a single year to an initial extension of 3 years with the option for a final extension of one year. For the avoidance of doubt, no change to the maximum term provided for under the contract is proposed.

Recommendation(s)

Members are asked to:

- Approve a variation to the contract in respect of the duration of the initial extension period, from one year to three years with a subsequent option of a further extension of one year
- Approve an extension of the contract for the provision of E-Services relating to the Pan London Sexual Health Transformation Programme.

Main Report

Background

1. London's Sexual Health E-Service is part of the Pan London Sexual Health Transformation Program (LSHTP) that aims "to manage and deliver an efficient virtual service as part of a wider healthcare system that responds effectively to the sexual and reproductive health needs of London's residents."

2. The contract for the provision of the e-service valued at £204m. It was awarded to Preventx Ltd on August 15th, 2017, for a minimum 5-year term with options to extend by 1 year at a time for a maximum of 4 years.

3. The contract provides online assessment for self-sampling, sexual health testing by post with remote treatment of chlamydia infections. The e-service is partnered with London's NHS Trusts who provide ongoing care to e-service users who need further tests or treatment. The e-service also provides contraception to residents of 11 authorities who have called off this optional service line.

4. The contract is delivered through a consortium of providers with Preventx Ltd being the lead provider, Chelsea and Westminster NHS Trust providing clinical care and Lloydsonlinedoctor providing medical treatment remotely.

5. A program team, hosted by the City of London Corporation, manages the contract on behalf of 30 participating authorities via inter-authority agreements. This includes the recharging local authorities for their residents' usage in a timely manner so that financial risk for the Corporation is managed. An E-Service Management Board (ESMB), comprising of representatives from each participating authority, provides strategic oversight for the contract.

6. The service has performed well against the key performance indicators and the supplier has been responsive to the need for individual authorities to control their expenditure or mitigate against capacity issues in their local clinics. Service user feedback is consistently positive, and the supplier has delivered service improvements at no additional cost.

7. When compared with providing similar care pathways in a traditional clinic setting, the e-service provides value for money to the participating authorities and convenience for their residents.

Options

8. Approve an extension to the contract for the provision of E-Services relating to the Pan London Sexual Health Transformation Programme contract from 15th August 2022 to 14th August 2025 for an additional £50m.

9. Approve and extension to the contract of only one year, and not accept the recommendation of the authorities to vary the period of the initial extension by increasing it from one year to three years.

10. Not approve an extension to the contract.

Recommended Option

11. Extending the contract by 3 years is recommended as this option fulfils our obligations to the participating authorities for whom we host the contract. There is significant risk for London's sexual health system if the Corporation does not implement the recommendation on behalf of the authorities.

12. The option of extending the contract by a single year is not recommended as the authorites have fully considered this option and concluded that their ambition for service developments, aligned to Integrated Care System will take time to develop, embed and evaluate.

13. The proposed strategy for extending this contract has been approved by a meeting of the DCCS Category Board 4th November 2021 chaired by Andrew Carter, Director of Community & Children's Services

Considerations

14. The Programme's governance allows for the E-Service Management Board to recommend that the Corporation, as Lead Authority, extends the contract after the initial term. The Strategic Board, with Director-level representation, can recommend to authorities that a procurement is initiated instead of an extension.

15. The Strategic Board agreed a report on 26th April 2021 recommending a procurement was not initiated as no consensus for this emerged. A consensus to continue with the current provider was clearly articulated by the authorites represented. It recommended that the E-Service Management Board engage the supplier about pricing and service improvement for the extension period.

16. Partner authorities considered the implications of the extension period in light of market conditions and noted:
    - A National Framework for commissioning online sexual health services led by Public Health England in response to the COVDI19 pandemic, saw no new entrants to the market who can provide the breadth of services required.
    - A review of the pricing achieved in the National Framework confirmed that ALL prices London enjoyed with the current contract remained highly competitive.

17. Authorities also agreed that an annual cycle of contract extensions undermines our ability to enjoy the benefits described above to their maximum potential, particularly for the supplier who will be making investments which they will need to see returned through activity during the extension period.

18. Overall, the authorities concluded that an annual cycle of contract extensions provided no clear economic benefit, created continuous uncertainty for our stakeholders, and would dampen the supplier's appetite for investment in service improvements that would need to be recovered through the existing pricing.

19. Furthermore, the authorites felt that the Programme's priority over the medium term will be working with NHS providers in recovery and remodelling, required due to the ongoing impact of COVID19 on the NHS and on resident's for accessing care remotely where possible.

20. Legal advice has confirmed the proposal to change the initial period of the extension is a non-substantial change.

21. This proposal was made in a report to the E-Service Management Board which asked them to make two decisions: to change the initial period of the extension and to extend the contract in accordance with the outcome of the first decision. Both proposals were passed at a meeting on 19th October 2021 in accordance with the requirements detailed in the terms of reference for the Board.

Results Savings, efficiencies and benefits

22. The online service provides value for money to the participating authorities when compared with providing similar care pathways in a traditional clinic setting. The greater the proportion of activity that happens online, the greater the efficiencies for the authorities. The price breakthrough achieved at the procurement does not appear to have been beaten.

23. The supplier has submitted a set of proposals for continuous service improvement and development of the online service and how it works with NHS trusts. These proposals do not include any reduction in the pricing agreed at procurement because of inflationary pressures within their supply chain. The upgrading of return postage to next day delivery, with tracking, represents added value for the pricing.

24. The Supplier is committed to piloting alternative models for the clinical management of patients in one or two sub-regions. This requires significant investment on technical development and deeper cooperation between the Supplier's team at Chelsea and Westminster NHS Trust and the clinical teams in the trusts participating in the pilot.

Financial Implications

25. The value of the monthly invoices from the supplier requires enhanced approval processes involving the City Treasurer and the Director of Community & Children's Services. The programme team includes a dedicated resource for recharging the partner authorites each month according to usage by their resident's usage. Regular meetings are held with Finance colleagues through the year to review the level of liquidity in the accounts and to agree any new measures to manage risk for the Corporation.

Legal Implications

26. The requirements of the Programme's governance for this decision have been followed and the option for extending the contract by up to 4 years was included in the original OJEU notice. Therefore, no consequential legal implications arise from this decision.

27. The Programme's specialist law firm will prepare the paperwork for implementing the decision and the Corporation's Chief Lawyer will be notified ahead of execution.

Risk Implications

28. The e-service has demonstrated, through the pandemic, that it is a vital component of resilient sexual healthcare system for London.

29. If the extension of the current contract is not approved, as recommended by the related authorities, the ensuing uncertainty would create significant risk of major reputational damage for all authorities.

30. The Corporation of London, as the Lead Authority, has made legally binding commitments to manage the contract according to the original procurement which included the option for contract extensions up to a maximum of 4 years.

31. If the extension periods remain as a single year, a secondary risk arises: The Supplier's investment in further development of the service is curtailed and the service does not develop in line with service user's high expectations.

Conclusion

32. After consideration of the operating environment, our partner authorities have concluded that an extension to the current contract provides continuity and stability for our residents, key stakeholders, and financial planning.

33. An initial extension of 3 -years is preferred by our partner authorites to enable longer term service improvements related to the clinical model.

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