



## Health and Wellbeing Board

**Date:** FRIDAY, 25 NOVEMBER 2022  
**Time:** 11.00 am  
**Venue:** COMMITTEE ROOMS - 2ND FLOOR WEST WING, GUILDHALL

**Members:**

Mary Durcan, Court of Common Council (Chairman)	Steve Heatley, City of London Police
Deputy Marianne Fredericks, Court of Common Council (Deputy Chairman)	Dr Sandra Husbands, Director of Public Health
Gail Beer, Healthwatch	Ruby Sayed, Chairman, Community and Children's Services Committee
Matthew Bell, Policy and Resources Committee	Gavin Stedman, Port Health and Public Protection Director
Claire Chamberlain, Executive Director of Community and Children's Services/Safer City Partnership	Deputy Randall Anderson, Court of Common Council
Nina Griffith, Clinical Commissioning Group	Helen Fentimen, Port Health and Environmental Services Committee

**Enquiries:** [Julie.mayer@cityoflondon.gov.uk](mailto:Julie.mayer@cityoflondon.gov.uk)

### Accessing the virtual public meeting

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<https://youtu.be/hsWW3qywU48>

A recording of the public meeting will be available via the above link following the end of the public meeting for up to one civic year. Please note: Online meeting recordings do not constitute the formal minutes of the meeting; minutes are written and are available on the City of London Corporation's website. Recordings may be edited, at the discretion of the proper officer, to remove any inappropriate material.

**John Barradell**  
Town Clerk and Chief Executive

# AGENDA

## Part 1 - Public Reports

1. **APOLOGIES FOR ABSENCE**

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

3. **MINUTES**

To approve the public minutes and non-public summary of the meeting held on 15<sup>th</sup> July 2022.

**For Decision**  
(Pages 5 - 10)

4. **A PRESENTATION FROM THE ALZHEIMER'S SOCIETY**

**For Information**

5. **ANNUAL REVIEW OF TERMS OF REFERENCE**

Report of the Town Clerk.

**For Decision**  
(Pages 11 - 12)

6. **IMPLEMENTING A 'HEALTH IN ALL POLICIES' APPROACH TO STRENGTHEN LOCAL ACTION TO REDUCE HEALTH INEQUALITIES**

Joint report of the Executive Director, Community and Children's Services and the Director of Public Health, City and Hackney.

**For Decision**  
(Pages 13 - 34)

7. **NORTH EAST LONDON INTEGRATED CARE STRATEGY**

Report of the Director of Strategic Development, NHS North East London.

**For Discussion**  
(Pages 35 - 48)

8. **HEALTHWATCH UPDATE**

Report of the Chair of City of London Healthwatch.

**For Information**  
(Pages 49 - 96)

9. **ADULT SOCIAL CARE TRANSFORMATION**  
Report of the Executive Director, Community and Children's Services.  
**For Information**  
(Pages 97 - 104)
10. **COMMISSIONING UPDATE AND DEPARTMENTAL CONTRACTS REGISTER**  
Report of the Director of Community and Children's Services.  
*Members are asked to note a non-public appendix at agenda item 18.*  
**For Information**  
(Pages 105 - 110)
11. **REPORT OF ACTION TAKEN**  
Report of the Town Clerk.  
**For Information**  
(Pages 111 - 112)
12. **JOINT HEALTH AND WELLBEING STRATEGY UPDATE**  
Strategy and Performance Officer to be heard.  
**For Information**
13. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
14. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
15. **EXCLUSION OF PUBLIC**  
MOTION - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.  
**For Decision**

## **Part 2 - Non Public Reports**

16. **NON-PUBLIC MINUTES**  
To approve the non-public minutes of the meeting held on 15<sup>th</sup> July 2022.  
**For Decision**  
(Pages 113 - 114)

17. **SECURE CITY PROGRAMME - PROJECT PROPOSAL**

Report of the Executive Director, Environment and the Commissioner, City of London Police.

**For Decision**  
(Pages 115 - 136)

18. **COMMISSIONING UPDATE AND DEPARTMENTAL CONTRACTS REGISTER**

*Members are asked to note a non-public appendix in respect of agenda item 10.*

**For Information**  
(Pages 137 - 144)

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

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

## HEALTH AND WELLBEING BOARD

Friday, 15 July 2022

Minutes of the meeting held at Guildhall at 11.30 am

### **Present**

#### **Members:**

Mary Durcan (Chairman)  
Deputy Marianne Fredericks (Deputy Chairman)  
Gail Beer  
Matthew Bell  
Andrew Carter  
Sandra Husbands  
Gavin Stedman

#### **In Attendance:**

Helen Fentimen – Deputy Chair of Community and Children’s Services Committee  
Jonathan McShane - NHS  
Umer Khan – City of London Police

#### **Officers:**

Simon Cribbens - Assistant Director, Partnerships and Commissioning, Community and Children’s Services  
Xenia Koumi - Community and Children’s Services  
Chris Lovitt - Deputy Director of Public Health – City and Hackney  
Andrew Trathen - Public Health – City and Hackney  
Angela Birch - Public Health – City and Hackney  
Dianna Divajeva - Public Health – City and Hackney  
Philip Saunders - Remembrancer’s Department  
Chris Rumbles - Town Clerks

### **1. APOLOGIES FOR ABSENCE**

Apologies were received from Ruby Sayed (Chair of Community and Children’s Services Committee) – represented by Helen Fentimen; Nina Griffiths (NHS) – represented by Jonathan McShane and Steve Heatley – (City of London Police) – represented by Umer Khan.

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

There were no declarations.

### **3. MINUTES**

RESOLVED, that – the public minutes and non-public summary of the meeting held on 6<sup>th</sup> May 2022 be approved.

4. **SUMMARY AND IMPACT ASSESSMENT OF THE NEW HEALTH AND SOCIAL CARE ACT**

The Board received a report of the Remembrancer in respect of the Health and Social Care Act 2022, which will introduce Integrated Care Systems (ICSs). Members noted that the ICSs will be partnerships of providers and commissioners of NHS services across a geographical area, together with local authorities and other local partners.

During the discussion and questions, the following points were noted:

- a) It might be timely to review the Board's Terms of Reference, possibly including a representative from Tower Hamlets.
- b) Under the previous arrangement, decisions were taken by the Integrated Commissioning Partnership Board (ICPB) on behalf of each statutory organisation, and not just the NHS. There was a general agreement that this model, with 3 Members and Deputies, had worked well.
- c) A meeting had been scheduled to consider governance matters further, with the Director of Community and Children's Services in attendance. Officers agreed to circulate the draft membership to the Board, noting that not all places had been confirmed.
- d) The Director of Public Health expressed concern about the changes being communicated at such a late stage. It was noted that the secondary legislation guidance had been delayed and, officers had received it, the Board would be able to review its Terms of Reference.
- e) Healthwatch would like to have more information in terms of how it will impact on service users and patient involvement and felt that the current structure lacked some clarity in terms of decision making and accountability.
- f) NHS England have indicated that there will be no delegations in the first year, whilst the new structures bed in.
- g) The Department of Community and Children's Services are seeking advice from the City Solicitor in terms of governance and representation of City Members, given the City's unique position in that it does not have Members with executive decision making powers.

RESOLVED, that – the report be noted.

5. **PRESENTATION FROM ALZHEIMER'S AND DEMENTIA UK**

This presentation was deferred to the next meeting of the Board On 16<sup>th</sup> September 2022.

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

The Board received a report of the Chair of Healthwatch, City of London, which updated Members on progress against contractual targets and the work of Healthwatch City of London (HWCoL) in Quarter 1 - 2022/23. Members noted that the service relies on volunteers and thanked Healthwatch for an excellent report and their positive impact on the local community.

RESOLVED, that – the report be noted.

7. **PROPOSAL FOR A JOINT CHILDREN'S & FAMILIES HEALTH AND WELLBEING FRAMEWORK**

The Board considered a joint report of the Director of Public Health (City and Hackney) and the Director of Community and Children's Services, which outlined a proposal to develop a Joint Children & Families Health and Wellbeing Framework (the Framework), which will align with the City and Hackney's Vision and the integrated outcomes framework, which may include NHS, public health, social care and educational outcomes, where relevant. Members noted that the London Borough of Hackney's Cabinet had approved this report as a key decision on 27 June 2022.

During the discussion on this item, the following points were noted:

- a) It would be helpful to Members of the City of London Corporation if more information could be provided about Hackney's vision and strategic priorities. The Director of Public Health agreed to include this in appendices to future reports.
- b) Officers agreed to engage with the City Corporation's Young People's Portfolio Holder.
- c) The Assistant Director, Commissioning and Partnerships, assured Members of the high level of engagement in drafting this report. The City of London Corporation's views were being included, to ensure alignment with the City Corporation's strategic priorities and direction.
- d) In respect of those City residents who use Tower Hamlets Primary Care Services, school nursing and health visiting will continue to be delivered in the City, regardless of where a resident's GP is located. Members noted that the London Borough of Tower Hamlets had been working on a similar framework.

In concluding, the Board generally supported the principles, noting that the report seeks to endorse a direction of travel. It was suggested that future iterations of should be more specific in terms of outcomes for both the City and Hackney. The Deputy Director of Public Health confirmed that the report is a first step in the development of the framework and the Board will have more opportunities to provide input. Members noted that, if they are minded to approve the recommendations, the City Corporation's Community and Children's Services Committee would receive the report for information at their next meeting.

RESOLVED, that:

- a) The continued direction of travel, in terms of partnership and integration across the breadth of children’s health, be noted and endorsed; mirroring current integration of children’s social care and education, and progressing integrated children’s health work
- b) The establishment by the City of London Corporation (with Hackney Council and other applicable partners) of a Joint Children and Families Health Framework be endorsed and approved as a mechanism to support this.
- c) The development of several key partnership principles, which will underpin all children’s health work going forward, be endorsed and approved, noting that they will need to be formally agreed and signed off by all relevant partners.

8. **BUSINESS HEALTHY ANNUAL UPDATE REPORT AND FORWARD PLAN**

The Board considered a joint report of the Director of Public Health and the Director of Community and Children’s Services, which provided an update on the key achievements of the Business Healthy Network from May 2021 to June 2022, including progress against its strategic objectives. The report also outlined a proposed forward plan for activities to be undertaken by the Business Healthy Network in 2022/23 and beyond, to achieve its aim and objectives, and support the City Corporation in its statutory duties regarding public health. It also reviewed the priorities of the Business Healthy strategic plan (2012-2020). Xenia Koumi, Public Health Specialist, was commended for her tenacity in this project.

RESOLVED, that

1. The role Business Healthy has continued to play throughout the pandemic and “recovery” phases be noted.
2. The promotion of the Business Healthy network to employers within their wards and other key stakeholders be supported.
3. The proposed strategic priorities for the Business Healthy programme be approved.
4. The proposals for the Business Healthy forward plan, as set out in Appendix 1 to the report, be approved.

9. **JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)**

The Board received a presentation from the Principal Public Health Analyst in respect of the JSNA.

In response to a question about whether incidents of substance misuse occurred amongst people entering the City or its residents, the officer advised that this data set was not yet available but both groups would be captured. The Director of Public Health advised that the JSNA is a ‘needs assessment’, which seeks to understand the burden of disease, in terms of what is being experienced and what is being provided. Whilst it makes recommendations in terms of how to meet requirements, it doesn’t specify or review delivery or commissioning of services. The Director further explained that a transformation team will look at this

data, working with partners, to consider whether need and projected need is being met and, if not, whether pathways need to be changed or increased.

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

A Member asked about the Smoking Cessation Service and the use of vapes, noting that one particular brand is equivalent to smoking 60 cigarettes. The Director of Public Health advised that the service works with vape shops in supporting the use of the devices to wean smokers off cigarettes. The Public Health Team frequently review and evaluate evidence and, whilst E-cigarettes are less harmful than tobacco, it maintains a nicotine habit. Whilst not promoting vaping, it is a pathway to eventually quitting. The Member raised concerns about young people taking up vaping, rather than smoking, as it is a lot cheaper than cigarettes, and whether shop owners should be permitted to hand out testers. The Port Health and Public Protection Director advised that the sale of underage vaping products had been brought to the attention of National Trading Standards. The Director agreed to link up with the Director of Public Health's Team in terms of investigating this further and bringing a report to a future meeting of the Health and Wellbeing Board.

**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 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.

<b>Item no</b>	<b>Para no</b>
13 – 15	3

**13. NON PUBLIC MINUTES**

RESOLVED, that – the non-public minutes of the meeting held on 6<sup>th</sup> May 2022 be approved

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

**15. 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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Chairman

Contact Officer: [chris.rumbles@cityoflondon.gov.uk](mailto:chris.rumbles@cityoflondon.gov.uk)

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# Agenda Item 5

<b>Committee(s):</b> Health and Wellbeing Board	<b>Dated:</b> 25 <sup>th</sup> November 2022
<b>Subject:</b> Annual Review of Terms of Reference	<b>Public</b>
<b>Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?</b>	3, 8, 10
<b>Does this proposal require extra revenue and/or capital spending?</b>	N/A
<b>If so, how much?</b>	
<b>What is the source of Funding?</b>	
<b>Has this Funding Source been agreed with the Chamberlain's Department?</b>	
<b>Report of:</b> Town Clerk	
	<b>For Decision</b>

## Summary

The Annual Review of the Committee's Terms of Reference enables any proposed changes to be considered in time for the annual reappointment of Committees by the Court of Common Council. The Terms of Reference for the Markets Board are attached at Appendix 1.

## Recommendations:

1. The terms of reference of the Board (**set out at Appendix 1, paragraph 4**) be approved, subject to any comments, for submission to the Court in April 2023; and,
2. Members consider whether any change is required to the frequency of the Board's meetings.

**Contact:** [julie.mayer@cityoflondon.gov.uk](mailto:julie.mayer@cityoflondon.gov.uk)

# HEALTH AND WELLBEING BOARD

## Terms of Reference

1. **Constitution**

A Non-Ward Committee consisting of,

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

2. **Quorum**

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

3. **Membership 2022/23**

6 (3) Marianne Bernadette Fredericks, Deputy

4 (2) Mary Durcan

1 (1) Randall Anderson, Deputy

Together with the Members referred to in paragraph 1 above and one Member to be appointed this day.

**Co-opted Members**

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

4. **Terms of Reference**

To be responsible for:-

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

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

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

5. **Substitutes for Statutory Members**

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

<b>Committee(s):</b> Health and Wellbeing Board	<b>Dated:</b> 29/11/2022
<b>Subject:</b> Implementing a 'health in all policies' approach to strengthen local action to reduce health inequalities	<b>Public</b>
<b>Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?</b>	2,3
<b>Does this proposal require extra revenue and/or capital spending?</b>	<b>N</b>
<b>If so, how much?</b>	<b>N/A</b>
<b>What is the source of Funding?</b>	
<b>Has this Funding Source been agreed with the Chamberlain's Department?</b>	<b>N/A</b>
<b>Report of:</b> Dr Sandra Husbands, Director of Public Health; Clare Chamberlain, Executive Director, Community and Children's Services	<b>For decision</b>
<b>Report author:</b> Jayne Taylor, Consultant in Public Health	

## Summary

In September 2020, Health and Wellbeing Board Members resolved to provide strategic oversight of actions to tackle health inequalities in the City of London, and restated their commitment to adopt a 'health in all policies' approach.

This paper provides an update on the work of the City & Hackney Health Inequalities Steering Group in leading the development and implementation of a local framework for action. In the context of progress with this work over the past two years, the Board is asked to reaffirm its previous commitment to adopt a 'health in all policies' approach, and consider how it can maximise its strategic influence to strengthen collective local efforts to reduce health inequalities and improve population health.

## Recommendation(s)

Members are asked to:

- Note the report, including progress over the past two years to implement a programme of work to reduce health inequalities and improve population health across the City and Hackney.
- Reaffirm the Board's commitment to adopting a 'health in all policies' approach.
- Define the tools, resources and other support that would help the Board to (more) explicitly incorporate consideration of health inequalities in its work.

- Consider further actions that the Board can take to ensure it is using all levers at its disposal to influence wider Corporation strategies and plans to improve population health and reduce health inequalities.

## Main Report

### Background

1. Health inequalities are avoidable and unjust differences in health outcomes between groups of people or communities and are defined according to a number of different dimensions (see Box 1 below). Taking action to reduce health inequalities is a matter of social justice.

#### ***Box 1: 'Dimensions' of health inequalities***

**Protected characteristics:** age, disability, sex, gender reassignment, ethnicity/race, religion or belief, sexual orientation, marriage and civil partnership, pregnancy and maternity

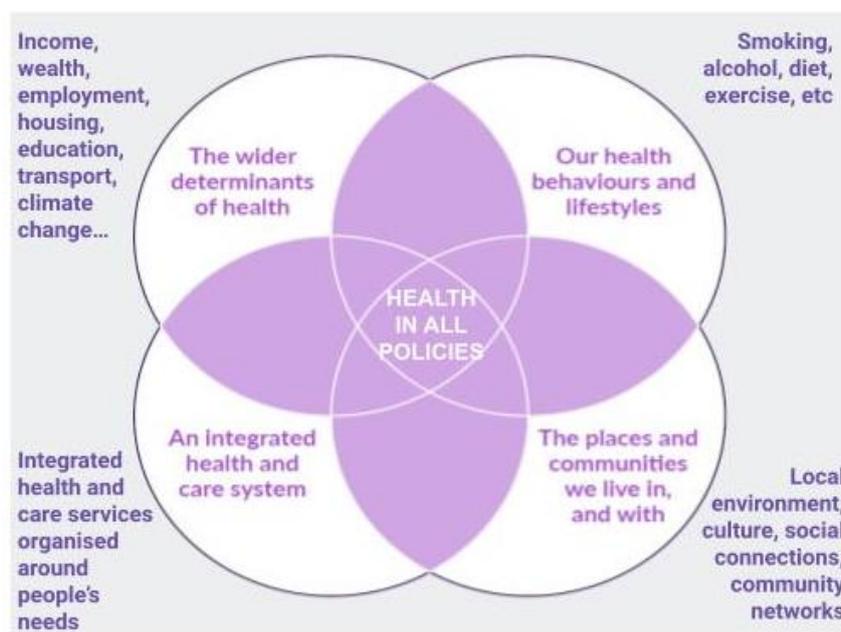
**Social inequalities:** poverty, housing, education, unemployment, etc

**Geographical inequalities:** urban vs rural, local area deprivation, etc

**Vulnerability:** carers, rough sleepers, care leavers, people with no recourse to public funds (NRPF) etc

2. The unequal distribution of population health outcomes is driven by a complex interaction of individual, community and structural factors. Tackling health inequalities and improving population health requires action at multiple levels and across all sections of society. This means addressing all four 'pillars' of a population health system (see figure 1 below).

**Figure 1: Population Health Framework<sup>1</sup>**



3. At the heart of this population health framework is a **'health in all policies' (HiaP) approach**, which is based on the recognition that our greatest health challenges cannot be resolved through the health and care system alone, but are highly complex and most commonly driven by social, economic and environmental factors. A HiaP approach systematically and explicitly incorporates health improvement and health equality objectives into decision-making across sectors and policy areas, seeking to avoid harmful impacts of policies and practice and improve population health and reduce health inequalities. HiaP is built on the principles of co-benefits: a healthier population, and greater health equality, brings longer-term social and economic benefits for the local community.
4. A 'health in all policies' approach implies a clear strategic role for the Health and Wellbeing Board in coordinating system-wide action, with a specific focus on activity in the areas of overlap and intersection of the four 'pillars' - where the greatest opportunities to reduce underlying inequalities are expected to lie.
5. In September 2020, Health and Wellbeing Board Members resolved to provide strategic oversight of actions to tackle health inequalities in the City of London, and restated their commitment to adopt a 'health in all policies' approach in support of this.

### **Current Position**

6. In the context of the coronavirus pandemic and the stark injustices this exposed, the City and Hackney Health Inequalities Steering Group (HISG) was formed in November 2020. The HISG was convened to provide a focal point for work being

<sup>1</sup> Adapted from, Buck et al (2018), [A vision for population health: towards a healthier future](#), King's Fund

done locally to reduce unfair and avoidable differences in health outcomes between groups and communities.

7. Membership of the group is designed to represent all four 'pillars' of a population health system - the 'wider determinants' of health, health behaviours, places and communities, and an integrated health and care system. Members are drawn from the VCS, Healthwatch, City of London Corporation, Hackney Council, North East London ICB, NHS trusts, and PCN clinical directors/health inequalities leads. The Corporation is currently represented by Saida Bello (Director of Equality, Diversity and Inclusion), mirroring representation from Hackney Council (a senior manager holding the equivalent portfolio). The steering group is chaired by Dr Sandra Husbands, City & Hackney's Director of Public Health.
8. The purpose of the group is to ensure our collective efforts have maximum impact, and that we make best use of our combined resources to tackle long-standing health inequalities, through collaboration and partnership. It strives to do this by:
  - collecting and monitoring information about health inequalities in the City and Hackney and the actions being taken to address these
  - helping to prioritise further measures needed to prevent and reverse existing health inequalities (in the short and long-term)
  - mobilising local action, by working in partnership to influence decisions and empower others to act
  - using our collective resources to support the effective delivery of priority actions to reduce health inequalities
  - challenging, and taking collective action to address, institutional cultures and practices that act to perpetuate health inequalities
  - empowering local communities and our workforce to take positive action to improve health and reduce inequalities.
9. Early in 2021, the HISG defined 10 cross-cutting areas for system-wide action to reduce local health inequalities, including 'health in all policies' (see below). The first four of these are being led by the HISG, in partnership with relevant teams across member organisations/networks. The steering group's role across the other six action areas is a mix of influence, advocacy, challenge and coordination.

**Box 2: 10 cross-cutting areas for system-wide 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 equality 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 & 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 that underpin health 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 address 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

10. In delivering on these priorities, the HISG works in close partnership with the City & Hackney Population Health Hub, also chaired by Dr Husbands. The Population Health Hub is a shared, system resource which aims to:

- lead specific projects to influence and support system partners to be more aware of what impacts population health, and their role in improving population health and reducing health inequalities
- develop practical tools to support this
- provide timely and actionable population health intelligence.

11. As part of its workplan, the Population Health Hub is leading the delivery of a number of projects in support of the HISG's cross-cutting strategic objectives. For example:

- a stocktake of equalities data across the health and care system (including a 'deep dive' of mental health and sexual health service data) and development of an equalities 'minimum dataset' [*1. equalities data & insights*]
- co-development of a resource pack to facilitate routine consideration of health inequalities in local decision-making and planning (collaboration with the City Libraries Service has been instrumental in developing this resource pack) [*2. tools & resources*]
- a series of workshops to co-develop a shared system framework for inclusive resident involvement to improve population health outcomes; plus completion of an equalities impact assessment of current resident engagement mechanisms [*4. Community engagement, involvement & empowerment*].

12. Another major programme of work that is being progressed by the HISG is the development of an action plan to embed an explicit anti-racist approach in tackling health inequalities across the City and Hackney. In addition, a scoping study is underway to identify opportunities for system-wide action to improve 'health literacy' across our diverse local communities, with agreed actions to be taken forward via the Population Health Hub.

13. The HISG has also hosted a number of conversations to review and offer support for work being led by wider system partners on a number of other priority areas, including: strengths-based approaches; staff health and wellbeing; digital inclusion; and anchor networks.

14. Finally, the steering group has been working closely with the North East London Population Health and Health Inequalities Steering Group from the outset, to ensure our focus is on action needed at local level, while working in partnership through the ICS where it makes most sense for action to be taken at a sub-regional level. The culmination of this partnership to date is the recent award of £900k from a NEL allocation of £6.6m (2022/23), as part of a national NHS fund for tackling health inequalities. Over half of the City and Hackney allocated funding will be used to develop and test approaches to embedding health equality in service plans and delivery, using the Marmot principle of 'proportionate universalism' (i.e. scale and intensity of interventions delivered in proportion to need), building on work already underway, including many of the initiatives being led by the HISG/Population Health Hub. The remaining local allocation will be used to fund specific projects being led by City & Hackney Place Based Partnership Transformation teams.

## **Proposals**

15. In its leadership role to improve population health and reduce health inequalities across the Square Mile, there is an opportunity for the Board to work more

closely with the City and Hackney Health Inequalities Steering Group and Population Health Hub.

16. Members are asked to consider the Board's unique contribution to local efforts to reduce health inequalities as described in this paper, specifically the 10 cross-cutting areas for action as defined by the HISG. In particular, there is an opportunity to review and refresh the Board's leadership role in embedding a 'health in all policies' approach across the Corporation and wider City partnership.

17. As a system resource, the Population Health Hub can provide practical support to the Board in undertaking its work. For example, by providing data, tools and prompts to help Members assess the health/inequalities implications of Corporation strategies and plans, and training in use of these tools. It is recommended that the Board works with the Population Health Hub to define the type of support that would be most helpful in this respect.

### **Corporate & Strategic Implications**

Strategic implications: Through a 'health in all policies' approach, and the principle of co-benefits this implies, the proposals set out in this report directly support achievement of a range of outcomes as set out in the City Corporation's Corporate Plan 2018-23. In particular, two core objectives lie at the heart of the proposals: that 'people enjoy good health and wellbeing' and 'people have equal opportunities to enrich their lives and reach their full potential' (*Contribute to a flourishing society*).

Financial implications: None

Resource implications: None

Legal implications: None

Risk implications: None

Equalities implications: The proposals contained within this report are focused entirely on mobilising collective action to reduce health inequalities, including on the basis of protected characteristics.

Climate implications: None

Security implications: None

### **Conclusion**

18. This report provides an update on work to develop and implement a framework for reducing long-standing health inequalities across the City and Hackney. It sets out how the work of the Board contributes to these objectives through the 'health in all policies' approach previously adopted.

19. Members are invited to consider how the Board's leadership role can be further strengthened to contribute to collective local action to improve population health, and the support that might be needed to do this most effectively.

## **Appendices**

- Appendix 1 - Covid-19 Health Inequalities: evidence update August 2022

## **Jayne Taylor**

Consultant in Public Health

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# **HEALTH INEQUALITIES IMPACTS OF COVID-19**

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A summary of local evidence

City & Hackney Health Inequalities Steering Group  
Update - August 2022

# OVERVIEW | what this evidence pack covers

This slide set provides a summary of [current evidence on the impacts of COVID-19](#) on health inequalities - both the **direct** effects of coronavirus infection and COVID-19 disease and the **indirect** effects of the pandemic response.

It draws on national and local data and insight, including:

- Community insight gathered by various local partners during the course of the pandemic
- Local data on the distribution of coronavirus infection and COVID-19 disease outcomes
- Local/North East London (NEL) data on inequalities in service use during the pandemic
- A Public Health rapid review of the evidence of COVID-19 inequalities impacts
- National data and evidence (including from ONS, OHID, the Health Foundation, the King's Fund the Institute for Fiscal Studies...)
- insight and evidence reports produced by the GLA

The evidence presented is not a comprehensive description of all health inequalities impacts of COVID-19, and we are aware of some gaps in local insight for some vulnerable groups. This evidence base is constantly evolving and we will continue to review and update on an ongoing basis.

The evidence presented here describes COVID-related health inequalities by protected characteristics as well as socio-economic conditions. Clearly, considering these inequalities characteristics in isolation is far too simplistic to guide a meaningful and impactful local response - central to our plans must be a recognition and nuanced understanding of the **'intersectionality'** of multiple risks and impacts that interplay and reinforce each other to shape individual experiences.

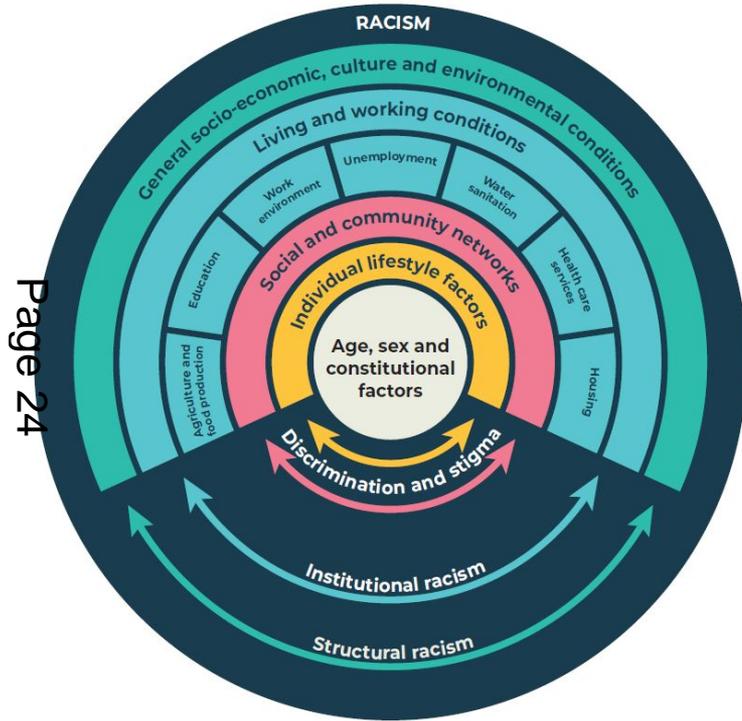
# CONTEXT

The COVID-19 pandemic is having an unprecedented, and disproportionate, impact on the health and wellbeing of people in the UK and across the world. The vaccine rollout, while changing the course of the pandemic by significantly reducing the risk of serious illness and death, is further compounding inequalities in some communities where uptake is low.

At the time of writing, [in the UK](#) just over 22.2 million cases of coronavirus have been recorded, and more than 177,000 deaths (within 28 days of a positive test). In [Hackney and the City of London](#), over 93,000 cases and 640+ deaths had been recorded.

Nationally, the pandemic is estimated to have caused a [9.4% drop in GDP in 2020](#), with long-term implications for population health and inequalities.

# WHAT AFFECTS OUR HEALTH | a reminder



Health inequalities are avoidable, unfair differences in health status between different groups of people or communities.

COVID-19 interacts with underlying health conditions and unequal living and working conditions to deepen pre-existing inequalities.

Underpinning these unequal living, working conditions and racism are structural and systemic inequalities embedded in institutions, policies and across society - biases which provide advantages for some groups while marginalising others.

Source: Yip and De Souza Thomas: [Beyond the conversation about race | Better Health For All](#)

Ref: Dahlgren and Whitehead: The Dahlgren-Whitehead model of health determinants: 30 years on and still chasing rainbows. [Public Health](#)

[Volume 199](#), October 2021, Pages 20-24

# AGE | older adults

DIRECT

- Older adults faced an increased risk of hospitalisation and of mortality because of the COVID-19 virus
- In England and Wales, **78% of COVID-19 related deaths occurred in people aged 70+**
- The **hospital admission** rate for COVID-19 is also much higher for older people
- % over 70s sharing a household with people of working age a significant factor in accounting for variation between areas in number of coronavirus cases
- From January 2021, the COVID-19 vaccine protected many older people from poor COVID-19 outcomes
- Older people are at increased risk of **social isolation, loneliness** and associated **poor mental health** - all exacerbated by lockdowns and social distancing; 57% of older people who answered City and Hackney Older People's Reference Group survey in May 2020 responded that they were lacking social contact
- Older adults, especially those living in more deprived circumstance **less likely to be physically active** before, during and after lockdown
- Infection control measures in **care homes** have had a significant impact on older residents - lack of visits from family can accelerate **cognitive and functional decline**, unsettling effect of staff and visitors wearing masks
- Older members of the **LGBTQ+ community 2x as likely to live alone** as heterosexual cis-gender people and likely disproportionately impacted by lockdown measures
- An estimated 21,000 people age 65+ in Hackney are not online and therefore **unable to access online support and information**; closure of libraries exacerbated digital divide during lockdown
- Older people from migrant communities more likely to face **language barriers** in accessing services and information as reported by local VCS organisations

Page 25  
INDIRECT

# AGE | children and young people

## DIRECT

- Younger residents were more likely to be reinfected with coronavirus (in both the pre-Omicron and the Omicron dominant variant period)
- Most children and young people have not experienced severe illness as a consequence of a COVID-19 infection; mortality has also been low in comparison to older age groups

## INDIRECT

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- A 48% increase in probable **mental health** problems was reported among 5 to 16 year old in England between 2017 and 2020
- Impact of **closure of education settings**
  - reduced access to pastoral care and mental health support
  - disrupted formal education, impacts of which expected to be greatest among children living in deprived circumstances more dependent on face-to-face teaching - potential impact on future social mobility
  - Paused school-based sports activities - physical activity decreased by 2.4% for girls aged 5 to 16 in 2020 compared to 2019
- Impact on **young adults**
  - more likely than older adults to lose their jobs; young Black people 3x more likely to be unemployed than young White people during pandemic
  - adults aged 18-25 years at risk of poor mental health due to financial instability and job loss
- **LGBTQ+ young people**
  - increased risk of being in unsupportive/hostile home environments during lockdown, with reduced access to peer support
  - twice as likely (compared to non-LGBTQ+ young people) to report worrying about their mental health on a daily basis during lockdown.

# ETHNICITY, RACE & RELIGION

## DIRECT

- National and local data show a **disproportionate impact** of COVID-19 by ethnic groups and religion in terms of **mortality, morbidity and exposure** to COVID-19
- Living in overcrowded housing increases risk of coronavirus transmission - a much higher proportion of Bangladeshi households experience overcrowding than average; overcrowding is also more common amongst Pakistani and Black households compared to White British households

### Mortality

- **Death rates** from COVID-19 were **highest among people of Black and Asian ethnic groups** in the first wave and **Pakistani and Bangladeshi populations** from the second wave. In addition, **high mortality rates were recorded among Black African and Black Caribbean populations in the first wave**. In the Omicron wave, where the number of deaths rates was lower than in the two first waves, there was no association between risk of death involving COVID-19 and ethnicity, except for those of Indian ethnicity, who were at slightly higher risk than the White group.
- Excess COVID-19 mortality was also reported for **NHS and social care staff** from Black, Asian and other global majority groups (only partly 'explained' by clinical factors and social deprivation)
- **Muslim, Jewish, Hindu, and Sikh** people have been at greater risk of COVID-19 related mortality compared with Christian people; age standardised data reveals that highest COVID-19 related mortality rates are among **Muslim** and **Jewish** communities.

### Morbidity

- **People from Black ethnic groups** have been the **most likely to be diagnosed with COVID-19**
- In City and Hackney, while the risk of reinfection was lower in the pre-omicron dominant period (before 20 December 2021) for South Asian, Black African and Black Caribbean residents compared to White British, this risk increased for some South Asian groups and Black residents in the omicron period.

### Long Covid

- Local data shows that White patients with Long COVID are over represented in Homerton Hospital's rehabilitation service compared to patients from Asian, Black and other ethnic groups (based on 186 patients in 2021)

### Vaccination

- The lowest vaccination rates are among residents from Black communities; vaccination rates are also relatively low in areas in Hackney with a large Charedi population.

# ETHNICITY, RACE & RELIGION

INDIRECT

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- **Racism and discrimination:** local concerns about lockdown being enforced unfairly, linked to historic discriminatory impact of Stop and Search; early in the pandemic, reported incidents of racist abuse threatened community cohesion (300% increase in hate crimes in London targeted at people characterised as “IC5 - Oriental” in March 2020)
- National evidence of higher levels of **depression and anxiety**, and lower levels of happiness and life satisfaction among minority ethnic people during lockdown.
- Ethnic minority people more likely to **work in industries impacted by lockdown** (transport & delivery, self-employment, hospitality) and less likely to have savings to fall back on
- Closure of places of worship and other community venues **disrupted access to social support** for some communities, with potentially long-lasting impacts
- Food parcels did not always consider cultural or religious requirements
- People from minority ethnic communities are less likely to have **access to a garden** for recreation and wellbeing benefits during lockdown and self-isolation
- Adults from some ethnic minority communities **less likely to be physically active** before, during and after lockdown
- A quarter of Hackney’s population speak English as a second **language**, which may affect their access to needed information and support; local insight suggests COVID-19 resources in different languages have been of great value
- Some ethnic and religious groups **may have struggled, or be reluctant, to access digital information**, services and other support.

# SEX

## DIRECT

- Local data confirms that the **risk of testing positive** for coronavirus is **roughly equal** for women and men
- **Males were less likely** than women **to be reinfected during the Omicron period (from 20 December 2021)**
- **Men** are more likely than women to experience poor COVID-19 outcomes - **2.4x more likely to be hospitalised, 1.9x times more likely to die**; Locally (NEL), the gender gap in acute admissions closed between the first and the second wave
- The age standardised mortality rate has been higher for men throughout

## INDIRECT

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- Self-isolation and social distancing has had a disproportionate effect on **women's mental health**
- Pandemic has widened disparity in **sleep deprivation** - women with young children particularly affected, with consequent impacts on physical health and wellbeing
- **Support during pregnancy significantly disrupted** due to exclusion of birthing partners from antenatal checks, delivery and postnatal checks
- **Access to reproductive care**, including abortion services, was also affected by changes to health care services during pandemic. Local provision of long acting reversible contraceptives decreased significantly during the first lockdown, but has increased since.
- **Women are over-represented in the care sector and in low-paid employment**, where risk of contracting coronavirus has been high throughout the pandemic.
- A greater number of women than men were furloughed because of the pandemic, and **women were 15 times more likely to have quit or lost their jobs** during lockdowns than men
- Women spent more time on **unpaid household work** and **unpaid childcare** than men between April to January 2021; after returning to work, the unequal distribution of unpaid labour persisted
- Women and girls **less likely to be physically active** than men before, during and after lockdown
- Charities supporting women victims of **violence** saw an increase in calls and online requests; more women living with their abuser reporting that they experienced **abuse** during lockdown

# SEXUAL ORIENTATION, GENDER IDENTITY, GENDER EXPRESSION

## DIRECT

- No conclusions can be drawn on the level of risk of coronavirus infection or COVID-19 related mortality and morbidity among LGBTQ+ people due to lack of data, but a number of studies have revealed how COVID-19 has exacerbated LGBTQ+ inequalities

## INDIRECT

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- COVID-19 had a negative impact on the mental health of LGBTQ+ people living in the UK, with many studies highlighting **increased anxiety, depression, feelings of isolation and loneliness**
- 55% of **LGBTQ+ young people** reported worrying about their **mental health** on a daily basis during lockdown, compared to 26% of non-LGBTQ+ young people; Black youth LGBTQ+ were more likely to worry about their mental health than white LGBTQ+ youth
- Surveys of young LGBTQ+ people suggest that they have commonly been estranged from usual support structures during the lockdowns (and unable to fully express themselves at home) and also experienced **violence and abuse**; Black and Asian LGBTQ+ people were twice likely to have experienced violence or abuse during lockdowns
- **Self-harming** among gender diverse people increased by 7% after the first lockdown, compared with 2% in cis-gendered people; these numbers decreased in 2021
- **Difficulties accessing sexual health services** when clinics were operating at reduced capacity have been particularly harmful to LGBTQ+ people
- The **deferral of gender-affirming medical treatments** is thought to have posed a particular risk to the mental health of transgender and gender non-conforming people awaiting such procedures; the number of children seeking counselling in relation to their gender identity and sexual orientation increased significantly during lockdowns

# DISABILITY & PRE-EXISTING HEALTH CONDITIONS

## DIRECT

- Disabled people more likely to have **underlying health conditions**, and to **live in socially deprived circumstances**, that increase their risk of being infected by and dying of COVID-19
- Disabled people more likely to live in **care settings** than non-disabled people, especially at older ages - high numbers of deaths in care homes during pandemic
- In England, the risk of mortality from COVID-19 (January 2020 - March 2022) was 1.4 times greater for disabled men and 1.6 times greater for disabled women than non-disabled men/women; the death rate of people with learning disabilities was 6.3 times higher than the rest of the population
- **Cardiovascular disease, high blood pressure, obesity, diabetes, current and previous smoking, and renal and liver disease** were associated with a higher likelihood of more severe outcomes from COVID-19 - these conditions increase with age and are more common in some minority ethnic communities and among socially deprived communities
- People with **obesity** who contracted COVID-19 were much more likely to be hospitalised, admitted to an ICU and die than average - local data showed obesity to be a significant risk factor for coronavirus **infection (2x risk)** and **hospitalisation (1.5x risk)**; obesity is associated with other clinical risk factors for severe COVID-19, such as heart disease and diabetes and is similarly socially patterned

# DISABILITY & PRE-EXISTING HEALTH CONDITIONS

INDIRECT

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## Disability

- Digital exclusion, impact on employment and access to support and care and home have all had a significant impact on disabled people during the pandemic
- Disabled people were twice as likely, compared with non-disabled people) to report that their **access to healthcare and treatment for non COVID-19** related issues had been affected
- Disabled people reported that **information and guidance** about COVID 19 restrictions was **not always accessible** to people with all types of disability
- COVID-19 has had significant impacts on the self-reported well-being of disabled adults, who are also **more likely to feel lonely** than average (exacerbated by living in socio-economically deprived circumstances)
- Mental wellbeing of disabled residents in **care homes** affected by restrictions on family visits
- **Families of children with disabilities**, including autistic spectrum conditions, have suffered from **reduced access to support services** as mentioned by research and by local VCS partners
- **Parents and carers of children with SEND** are more likely to have experienced **mental health issues** during the pandemic

## Physical health

- **Access to routine healthcare** for people with long-term conditions **significantly reduced during lockdowns** - patients with diabetes, heart disease and mental illness amongst the least likely to access care
- People with long-term conditions **less likely to be physically active** before, during and after lockdown
- Significant impact on cancer treatment - 73 % of patients with a cancer diagnosis were seen within two months for their first treatment in April 2022, which is below the 90% national target

# SOCIO-ECONOMIC CONDITIONS

DIRECT

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## Morbidity

- In the **second wave** (1 September 2020 to 22 May 2021), [COVID-19 case rates](#) were highest in the **most deprived areas** whilst in the third wave (started on 23 May 2021) rates were highest in the least deprived areas
- People in **lower status jobs** who are less able to work from home may have **increased exposure** to the virus
- Lower income households are more likely to live in **overcrowded housing**, which increases the **risk of virus transmission**
- **Health conditions** that increase the [severity and mortality of COVID-19](#) including hypertension, diabetes, asthma, chronic obstructive pulmonary disease (COPD), heart disease, liver disease, renal disease, cancer, cardiovascular disease, obesity and smoking **are more common among socio-economically deprived communities**

## Mortality

- Nationally, in 2021, COVID-19 **mortality rates** were more than **2.5x as high in the most deprived** vs the least deprived **parts of the country**.
- By May 2021, **care workers** had an **increased risk of dying from COVID-19**, especially males (50.1 per 100,000 pop vs 19.1 whole male working population)
- Men working in construction, security, taxi services, and as bus/coach drivers, also at significantly increased risk of COVID-19 mortality
- In Hackney, **35% of all deaths involving COVID-19** up to 21 May 2021 were among people who had worked **in routine and manual occupations** despite 30% of residents falling into this occupation. The second highest was intermediate occupations at 25%.

# SOCIO-ECONOMIC CONDITIONS

## INDIRECT

- People living in **overcrowded accommodation** are **less able to** easily and safely **work or study from home**, increasing their risk of exposure to infection
- People in **lower status jobs** that cannot be done from home may be at greater risk of **furlough or job loss**; the sector that had the highest proportion of employee jobs furloughed was accommodation and food services, followed by wholesale, retail, and manufacturing
- Disadvantaged families are more likely to be **digitally excluded**, with implications for children's ability to engage in remote learning (during school closure or self-isolation), as well as access to online services, support and advice
- Poorer students are **less able to complete school work at home** and the quality of their work suffers as a result
- The number of people on **Universal Credit** in the UK **doubled** between April 2020 and March 2021; since then there was a **gradual fall** of 6.3% between March 2021 and April 2022
- According to the [Food Foundation](#), the COVID-19 pandemic has quadrupled the number of adults who experience food poverty
- **Children in poorer families** are at increased risk of **food poverty** and living with parents with **mental ill-health, substance misuse, domestic abuse** - exposure to all of these risks increased during lockdowns
- People from lower socioeconomic backgrounds were less likely to have **access to a garden** for recreation and wellbeing benefits during lockdown and self-isolation
- People from lower socio-economic groups **less likely to be physically active** before, during and after lockdown
- Significant impact on **mental wellbeing of care workers**, especially those working in care homes
- National evidence to suggest that **reduced access to routine healthcare** during the pandemic has affected people living in socially deprived circumstances the most

<b>Committee(s):</b> City Health and Wellbeing Board – For information and discussion	<b>Dated:</b> 25/11/2022
<b>Subject:</b> North East London Integrated Care Strategy	<b>Public</b>
<b>Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?</b>	1,2,3,4,10
<b>Does this proposal require extra revenue and/or capital spending?</b>	<b>N</b>
<b>If so, how much?</b>	<b>£0</b>
<b>What is the source of Funding?</b>	<b>N/A</b>
<b>Has this Funding Source been agreed with the Chamberlain’s Department?</b>	<b>N/A</b>
<b>Report of:</b> Hilary Ross, Director of Strategic Development, NHS North East London	<b>For Information</b>
<b>Report author:</b> <b>Emily Plane</b> , Head of Strategy and System Development, Barking and Dagenham, Havering and Redbridge, NHS North East London	

**City’s Corporate Plan**

***Contribute to a flourishing society***

1. *People are safe and feel safe.*
2. *People enjoy good health and wellbeing.*
3. *People have equal opportunities to enrich their lives and reach their full potential.*
4. *Communities are cohesive and have the facilities they need.*

***Support a thriving economy***

5. *Businesses are trusted and socially and environmentally responsible.*
6. *We have the world’s best legal and regulatory framework and access to global markets.*
7. *We are a global hub for innovation in finance and professional services, commerce and culture.*
8. *We have access to the skills and talent we need.*

***Shape outstanding environments***

9. *We are digitally and physically well-connected and responsive.*
10. *We inspire enterprise, excellence, creativity and collaboration.*
11. *We have clean air, land and water and a thriving and sustainable natural environment.*
12. *Our spaces are secure, resilient and well-maintained*

## Summary

- 1.1 Considerable progress towards integration has taken place across North East London. Places have been working with their health and wellbeing boards through preparation of Better Care Fund plans, or the previous non-statutory Integrated Care Systems (prior to the Health and Care Act 2022) to develop strategies and approaches that support more integrated health and care.
- 1.2 The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007, and requires integrated care partnerships (ICPs) to write an integrated care strategy.

- 1.3 The Integrated Care Partnership strategy will need to set out how the assessed needs (building on place joint strategic needs assessments) can be met through the exercise of the functions of the integrated care board, partner local authorities or NHS England (NHSE).
- 1.4 In City partners identified five key priorities through their joint health and wellbeing strategy, based on local insights:
  - 1.4.1 Good mental health
  - 1.4.2 A healthy urban environment
  - 1.4.3 Effective health and social care integration
  - 1.4.4 All children have the best start in life
  - 1.4.5 Promoting healthy behaviours
- 1.1 Development of the North East London Integrated Care System Strategy provides partners in City with the opportune moment to ensure that the strategy of the Integrated Care System reflects their locally agreed priorities (which may evolve as local strategies are refreshed).
- 1.2 The development of the integrated care strategy can be used to agree the steps that partners, working closely with local people and communities, will take together to deliver system-level, evidence-based priorities in the short-, medium- and long-term. These priorities should drive a unified focus on the challenges and opportunities to improve health and wellbeing of people and communities throughout the area of the integrated care partnership.
- 1.3 This paper provides an update on the approach and proposed content of the development of the North East London Integrated Care System Strategy.

### **Recommendation(s)**

It is recommended that the Board:

- Consider, discuss and comment on the proposed approach to develop the North East London Integrated Care Strategy
- Support identification of your key priorities and challenges locally, particularly based on your local knowledge and insights, to feed into development of the strategy

### **Main Report**

## **2. Background**

- 2.1 Considerable progress towards integration has taken place across North East London. Places have been working with their health and wellbeing boards and local partners, through preparation of Better Care Fund plans, or the previous non-statutory Integrated Care Systems (prior to the Health and Care Act

- 2022) to develop strategies and approaches that support more integrated health and care.
- 2.2 The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007, and requires integrated care partnerships (ICPs) to write an integrated care strategy.
  - 2.3 The Integrated Care Partnership strategy will need to set out how the assessed needs (building on place joint strategic needs assessments) can be met through the exercise of the functions of the integrated care board, partner local authorities or NHS England (NHSE). It will build on existing work and momentum to further the transformative change needed to tackle challenges such as reducing disparities in health and social care; improving quality and performance; preventing mental and physical ill health; maximising independence and preventing care needs, by promoting control, choice and flexibility in how people receive care and support.
  - 2.4 The integrated care strategy will set the direction of the system across the area of the integrated care board and integrated care partnership, setting out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life. It presents an opportunity to firmly ground the approaches of our Place based Partnerships to do things differently to before, such as reaching beyond 'traditional' health and social care services to consider the wider determinants of health or joining-up health, social care and wider services.
- 1.5 In City partners identified five key priorities through their joint health and wellbeing strategy, based on local insights:
    - 2.4.1 Good mental health
    - 2.4.2 A healthy urban environment
    - 2.4.3 Effective health and social care integration
    - 2.4.4 All children have the best start in life
    - 2.4.5 Promoting healthy behaviours
  - 2.5 Development of the North East London Integrated Care System Strategy provides partners in City with the opportune moment to ensure that the strategy of the Integrated Care System reflects their locally agreed priorities (which may evolve as partners refresh their local strategies).
  - 2.6 This paper provides an update on the approach and proposed content of the development of the North East London Integrated Care System Strategy.

### **3.0 Proposed approach to develop the North East London Integrated Care Strategy**

- 3.1 We are proposing to sign off the interim North East London Integrated Care System Strategy at a full meeting of the integrated care partnership in January 2023.
- 3.2 To achieve this tight deadline, we will work closely with the North East London Place based Partnerships, city
- 3.3 Wellbeing Boards, Overview and Scrutiny Committees and partners over the next several months to co-develop the content of the strategy, building on the significant engagement work that has already taken place across the system to identify our key priorities (babies, children and young people; mental health; long term conditions; and workforce and employment).
- 3.4 There is a requirement for the strategy to be refreshed annually and we intend for the strategy to support an ongoing process of system development, learning and improvement as opposed to production of a one-off static document.
- 3.5 **Appendix 1** sets out a proposed timeline for engagement over the next several months with key groups and partners. We are in the process of engaging with key groups within each Place based Partnership to get slots on agendas.

### **4.0 Proposed content of the strategy**

- 4.1 We have established a range of workstreams to support development of the strategy. There is a workstream on data and analytics which is meeting fortnightly with whole system representation. In addition to producing a Population Health Profile for NEL, we have undertaken rapid reviews of local JSNAs and health and wellbeing strategies. The Healthwatch team has also undertaken an analysis of insights in relation to the four ICS priorities which will inform the workshops.
- 4.2 A series of stakeholder workshops are currently taking place aimed at progressing the four Integrated Care System priorities. Stakeholder events have taken place during October and November focusing on our priorities of babies, children and young people; mental health; long term conditions; and workforce and employment. Over 120 people from across the system attended a workshop on our system response to the cost of living increase on 6 October.
- 4.3 **Appendix 1** sets out in more detail the proposed content of the strategy, which we are keen to seek feedback and input from partners on to further shape.

## **5.0 Risks and mitigations**

5.1 Timescales are short ahead of the submission of the first draft of the strategy, however, the Partnership is dedicated to developing the content of the strategy locally with our Places, Health and Wellbeing Boards and partners and are keen for them to shape and own it, ensuring that it reflects our key challenges, and agreed direction of travel. Our intention for this to be an ongoing process, rather than a one off document, should help to mitigate the risk around the short timeframe that we have to develop the initial draft.

## **6.0 Financial Impact**

6.1 None identified at this stage

## **Appendices**

### **Appendix 1 – North East London Integrated Care Strategy Development**

#### **Report Author**

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<b>Position</b>	Head of Strategy and System Development, Barking and Dagenham, Havering and Redbridge
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# North East London Integrated Care Strategy development

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City Health and Wellbeing Board

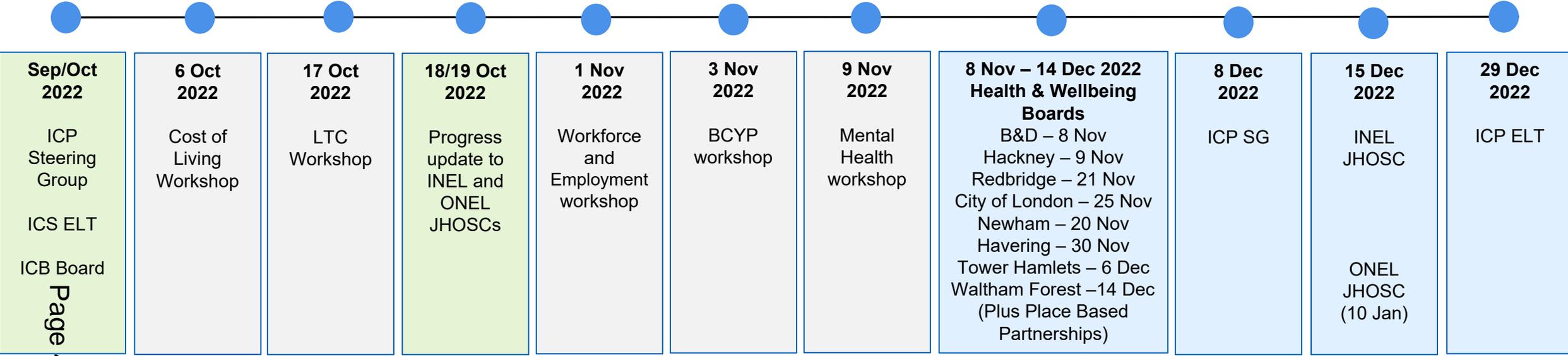
November 2022

# Summary of key points

- In July our **Integrated Care Partnership** was formally established. This is a statutory committee that brings together a broad set of system partners (including local government, the voluntary, community and social enterprise sector, NHS organisations and others) to develop an integrated care strategy for the area.
- System partners across the North East London Health and Care Partnership have already reached collective agreement on **our ICS purpose and four priorities** to focus on together as a system . These priorities will be at the heart of our integrated care strategy in NEL.
- The Department for Health and Social Care has issued **guidance for integrated care strategies** with a suggestion that partnerships might aim to produce an interim strategy around December 2022 ahead of further guidance in June 2023.
- As per the timeline in the next slide, the intention in NEL is to **sign off the interim strategy** at a full meeting of the integrated care partnership in **January 2023** following a period of engagement. There is a requirement for the strategy to be refreshed annually and we are keen to position the strategy in NEL as an **ongoing process of system development, learning and improvement** as opposed to production of a one-off static document.
- Our current focus is on **developing content** for the strategy and engagement. There is a workstream on data and analytics which is meeting fortnightly with whole system representation. In addition to producing a Population Health Profile for NEL, we have undertaken rapid reviews of local JSNAs and health and wellbeing strategies. The Healthwatch team has also undertaken an analysis of insights in relation to the four ICS priorities.
- A series of **stakeholder workshops** are taking place during October and November focused on progressing our priorities of *babies, children and young people; mental health; long term conditions; and workforce and employment*. Over 120 people from across the system attended a further workshop on our system response to the cost of living increase on 6 October.
- The **engagement plan** in North East London includes discussions with local health and wellbeing boards and joint overview and scrutiny committees as well as place based partnerships ahead of sign off by the full partnership in January 2023.

# Integrated care strategy timeline and key milestones

September / October 2022      November 2022      December 2022



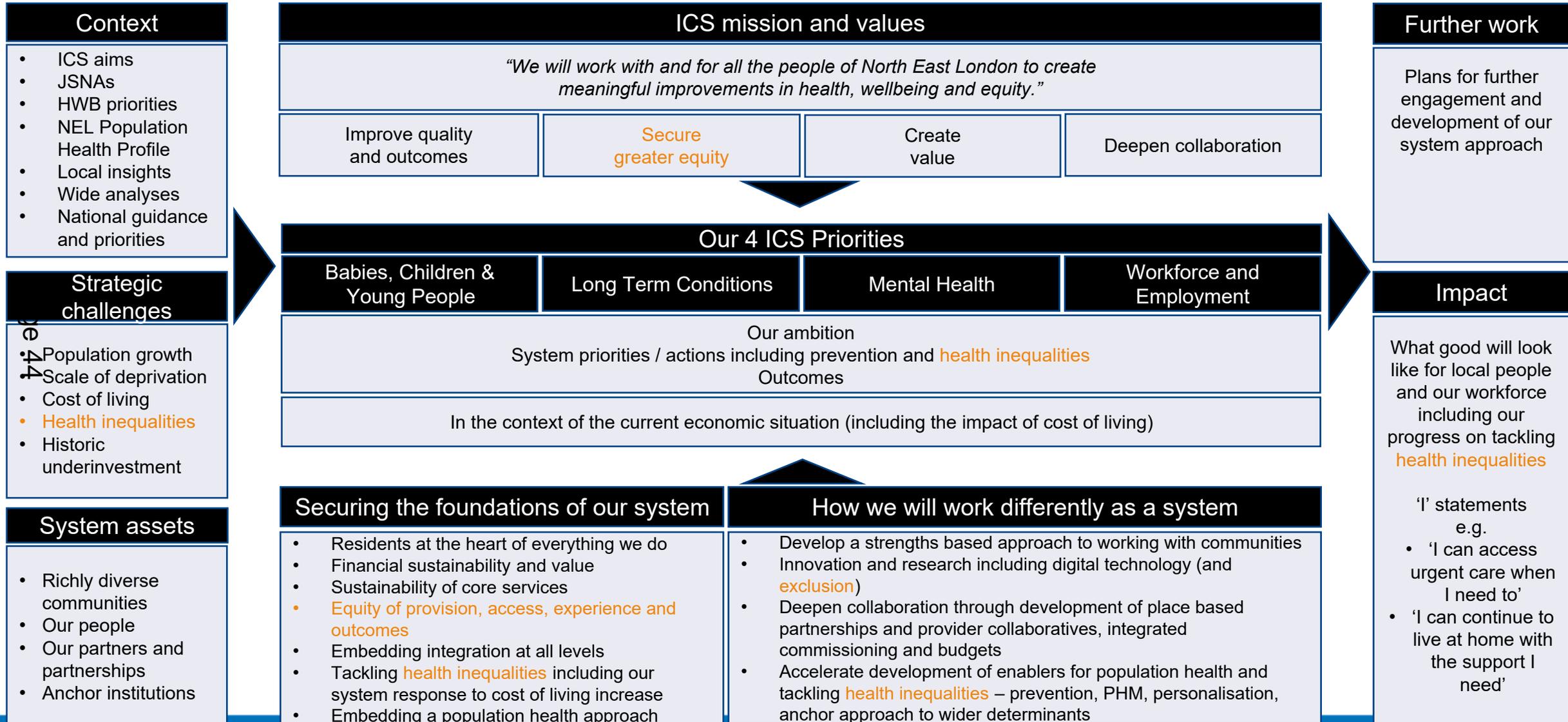
Agree principles and approach      Content development      Engagement

**Interim Integrated Care Strategy Sign Off:**  
**Full Meeting of Integrated Care Partnership**  
**11 January 2023**



The ICB Board will be meeting on 25 January 2023 and will need to consider the Integrated Care Strategy in development of the NHS Joint Forward Plan due before April 2023

# Draft outline structure



# Example content development: key themes and actions from the Cost of Living Workshop

Over 120 stakeholders from all parts of our system attended a workshop on 6 October – attendees represented a wide range of backgrounds and seniority.

Stakeholders across the system in NEL share motivation and a sense of urgency to address this key challenge for staff and residents.

There was broad agreement on some key priorities that would benefit from urgent action at the system level as well as recognition of the need for sustained action.

Next steps were agreed at a meeting of the NEL Clinical Advisory Group on 12 October and included further follow up discussions with clinical and care professional leads about how we can improve support for vulnerable people through our frailty pathways.

## Key themes / priorities from the workshop

- Develop platform / mechanisms for sharing practice and ideas across the system
- Establish system wide group to share and develop workforce initiatives – potential priorities discussed included opening up work places across NEL to wider groups of staff across the partnership, increasing access to support for care staff, support for emotional wellbeing
- Use our collective voice to influence regional and national policy (eg travel concessions/support for health and care staff)
- Sustained support for community and voluntary sector through the new collaborative
- Development of proposals to support people with cost of prescriptions, particularly those with multiple long term conditions
- Identification and targeted support for those most vulnerable and/or at risk of hospital admission in our communities

# New system strategy and planning landscape



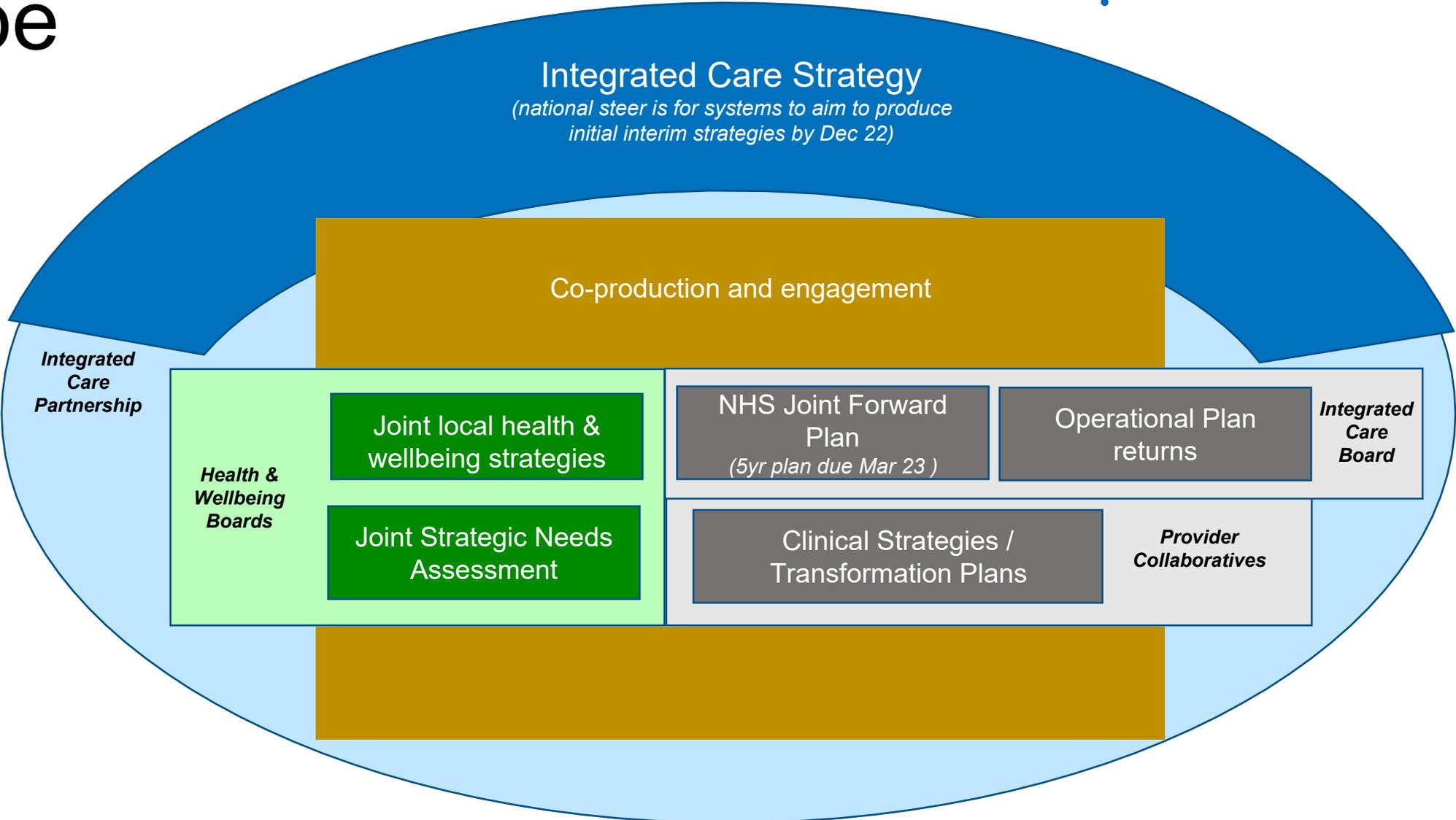
**Assumptions**

The ICP Integrated Care Strategy will be the overarching strategy for the system.

It will set direction for the system including the new NHS Joint Forward Plan required in March 23 and our operational plan (now covering two years).

The strategy must address local JSNAs and there will need to be alignment with local health and wellbeing strategies.

Co-production and engagement with the full range of stakeholders including local people will be key.



# Integrated Care Strategy



- The integrated care strategy is an opportunity to work with a wide range of people, communities and organisations to develop evidence-based system-wide priorities that will improve the public’s health and wellbeing and reduce disparities.
- The integrated care strategy must set out how the assessed needs (identified in the joint strategic needs assessments) of the integrated care board and integrated care partnership’s area are to be met by the exercise of functions by the integrated care board, partner local authorities, and NHSE.
- These commissioners must have regard to the relevant integrated care strategy when exercising any of their functions, so far as relevant.

## Statutory Requirements – Must do’s

- 1 Must set out how the assessed needs’ from the joint strategic needs assessments in relation to its area
- 2 Must consider whether the needs could be more effectively met with an arrangement under section 75 of the NHS Act 2006
- 3 Must have regard to the NHS mandate in preparing the integrated care strategy
- 4 Must involve local Healthwatch organisations and people who live and work in the area
- 5 Must consider revising the integrated care strategy whenever they receive a joint strategic needs assessment

### Key risk and issues:

- JSNAs across NEL are not always consistent in approach.
- Some of our JSNAs are significantly out of date.

### Mitigation:

- Engage with our place based partnerships to confirm key local priorities

## Localising the strategy - reflecting our key challenges and context

- 1 Further insight beyond JSNAs (eg NEL Population Health Profile) and resident feedback / population insights
- 2 Demand forecasting based on population size and growth
- 3 Focusing on our four key NEL system priorities
- 4 Inequalities a thread across our strategy

We will be engaging with Health and Wellbeing boards, Place based Partnerships, Overview and Scrutiny Committees and other partners over the coming weeks , and are particularly keen to get input on the following:

## Reflecting local priorities

Based on your JSNA's, and local insights - what are the local priorities and outcomes you would like to see reflected in the system-wide strategy?

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## Developing system enablers

Where could the system add value to your local priorities?

What are the key outcomes you would like to see within the 4 system priorities -

- *Babies, Children and Young People*
- *Long Term Conditions*
- *Mental Health*
- *Workforce and Employment*

## Tackling health inequalities

What are your key wider determinants of health that are impacting on poorer outcomes for your residents?

What are your priorities for addressing health inequalities locally?

<b>Committee:</b> Health and Wellbeing Board - For information	<b>Dated:</b> <b>10 November 2022</b>
<b>Subject:</b> Healthwatch City of London Progress Report	<b>Public</b>
<b>Report author:</b> Gail Beer, Chair, Healthwatch City of London	

## 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 2 and part Quarter 3. 2022/23

## 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

Since the last report, the HWCoL team has continued to operate from the new office premises at the Portsoken Community Centre. Through hybrid working – both at the office and home working – we have maintained output of up-to-date information in a rapidly changing environment.

Our communication platforms continued to provide residents with relevant information on Health and Social care services via the website, newsletters, bulletins and social media.

The stand-up of the Integrated Care System has been a key focus for us, with involvement in meetings and workshops to ensure that patients and residents voices are heard.

Rachel Cleave has now been appointed as the permanent General Manager and officially took up the post on 1<sup>st</sup> November, having been the Acting General Manager since March. A full recruitment process took place.

Discussions were held with City of London Corporation on our current contract which is due to end in September 2022. Additional funding has been agreed and amendments to the deliverables made. The contract has been extended to September 2023. Quarterly performance meeting took place with City of London Corporation.

Work is underway to reshape the team to ensure delivery of the contract and discussions are currently underway to determine next steps.

Following HWC<sup>o</sup>L's work with the Neaman Practice and Barts, the Practice now offer ECG and Echo cardiograms on a monthly basis. The service is run by Barts at the Practice.

## **2 Extension of the HWC<sup>o</sup>L contract**

As stated above Trustees at HWC<sup>o</sup>L have been working with officers at the CoL to agree terms to extend the current contract. The initial contract was for three years with an option to extend on annual basis for a further two years. Contract value has been uplifted to cover a payrise for staff and the increase in non-pay costs in a number of areas. The Trustees are grateful for the continued support of the Children and Communities Team and Healthwatch England.

## **3 Areas of concern**

HWC<sup>o</sup>L are increasingly concerned about the engagement with City residents and subsequently in the decision-making process from NHS North East London and the ICB. Events that are badged for city residents are held outside the city. It is not easy to find out how decision making about services for city residents is being made and to establish how city residents are inputting into the decision making. Given that many of the structures in the ICS and the ICB are new HWC<sup>o</sup>L will continue to monitor the effectiveness of engagement and participation in the city and support the work of partners in health and social care through promoting events and advising on engagement opportunities.

Section 3.1 highlights a specific area of concern, but our concerns are not limited to this role. This example highlights both the issues that City residents face and some of the issues those trying to engage in the City also face.

### **3.1 Community Voice Manager**

A meeting was held with NHS North East London ICP which funds a Community Voice Manager post, hosted by Healthwatch Hackney. They are funded to deliver, amongst other things:

- Regular Community Voice activities in City and Hackney to help local people be more informed about local services and health and care and influence their development with a funder focus on local integrated commissioned services
- Collect information and feedback and share findings with the North East London Health and Care Partnership, Hackney Council and the City of London Corporation (conducting surveys, questionnaires and taking part in consultations)

There are some concerns that there is limited evidence to demonstrate how successfully the team have been able to engage in the City. A subsequent meeting has been set up to discuss what role HWCoL can play to support engagement.

This post has now been filled. An initial introduction meeting has taken place, with further discussions on the role and how we can ensure HWCoL's engagement and work can be supported.

### **3.2 St Leonards Hospital site Redevelopment**

HWCoL were involved in the scrutiny of the St Leonards redevelopment project. As reported this project was put on hold earlier in the year, and we are yet to receive an update on its status. The services offered at St Leonards play an important part in the delivery of care to City residents.

## **4 Public Board Meeting**

HWCoL held a Board meeting in Public in July. Darren Barnes from Barts Health NHS Trust gave an update on the Barts Engagement, Participation and Experience 2022-25 Strategy. Jonathan McShane, NHS North East London Integrated care convener gave an update on the new ICS.

## **5 Projects**

### **Shoreditch Park and Neighbourhoods Forum**

HWCoL attended the first Shoreditch Park and City Neighbourhoods forum where a pilot on anticipatory care was discussed. Concerns were raised about the Terms of Reference of the forum and its jurisdiction. The Terms of Reference for the forum have yet to be agreed. HWCoL will attend the VCS Leadership group meetings where the ToR will be discussed and subsequently taken back to the Forum for discussion and agreement. HWCoL will attend both the Forum and the Leadership group. A good representation from the voluntary sector was acknowledged at the Forum, but it was felt that more statutory providers should be in attendance.

## 6 Communications and Engagement

HWCoL's annual survey was launched in June and closed at the end of July, this included a questionnaire for the public and one for key stakeholders. The survey was delivered both digitally, with the option for a postal questionnaire to be sent via calling the office, and via paper questionnaires made available in estate offices, GP surgeries and local libraries. A preliminary collation of the results from the survey has been undertaken, detailed analysis will now take place and the findings will be published at our APM.

The preliminary findings show 60% of respondents to the community survey thought that HWCoL is effective in its role, however many of the comments highlight the complexities of the Health and Social system and the difficulties faced in effecting change.

It is noted that 85% of respondents receive the newsletter/bulletin produced with over 80% stating they trust the information contained within them.

As with last year, the majority of respondents cited access to GPs and the ability to book (both via the booking systems and obtaining) an appointment as a pressing concern.

Over 70% of respondents are aged 55+

In the stakeholder survey 85% state that HWCoL is effective in its role. The need for more resident involvement is highlighted as an area of concern, training of volunteers to attend meetings and greater representation of City residents with volunteering opportunities.

There was recognition from stakeholders of the work carried out especially in consideration of the small team.

A refresh of the Communications and engagement strategy has commenced and will dovetail with the new business plan. The aim will be to reach a wider group of people in the City making Healthwatch more accessible to a larger group of stakeholders, addressing issues that matter to all.

A restructure of the team is underway now the GM position is filled. Focus is on delivery on our City of London Corporation, greater support to the recruitment and management of volunteers and increased engagement with City residents, with particular focus on lesser heard communities.

The team produces a fortnightly communication to ensure that residents receive up-to-date information on access to care and signposting and the shifting landscape of Health provision under the new ICS set up.

A Linked In platform has been set up for wider reaching communications to the business community.

HWCoL annual report has been produced and had been formally accepted at the Board meeting in Public in July.

## **6 Consultation**

### **Transport for London Bus review**

HWCoL responded to the Transport for London Bus review consultation raising concerns to cuts in services that would affect patients to Barts Hospital. Our response has been sent to Nickie Aitken MP.

### **North East London Maternity Services Survey**

HWCoL promoted the North East London Maternity Services survey that was developed with the NHS North East London. Responses are being collated by Healthwatch Redbridge who will report back.

### **Neaman Practice Patient Experience survey**

Advertised in HWCoL November newsletter. Responses will be collated and will be submitted in the next Health and Wellbeing Board report.

### **Access to services survey**

Survey launched in October to understand patients experiences of access to services, following the then Health and Social Care Secretary's Therese Coffey's announcement of the Governments 'Our Plan for Patients'. Responses will be collated and will be submitted in the next Health and Wellbeing Board report.

## **7 Business Planning**

The business plan has now been developed and this highlights the challenges to delivery of the contract. After supportive discussion with our commissioners extra funding has been secured. The business plan reflects this and determines how we meet contractual obligations. See Appendix A

## **8 Q2 & Q3 Performance Framework (Contractual Obligations)**

There has been no significant change in performance as measured by the Key Performance Indicators.

Note: Enter and View Training has now taken place therefore visits will commence in Q3.

A full KPI report attached in Appendix B for your information.

## **9 Planned activities in Quarter 3, 2022/23**

In support of the delivery of the business plan during Q3 the team at HWCoL will:

- Delivery of our Annual Public meeting which is scheduled for 9<sup>th</sup> December. Dr Chor (Neaman Practice) will present an update on the Practice. Susan Masters (Hackney CVS) will present on the Neighbourhoods project.

- Report back on the results of the Annual surveys and adjust our business plan accordingly.
- Refresh and reinvigorate the volunteer strategy
- Explore the use of patient journeys through systems of care to gain greater insights into people's experiences and to identify where attention needs to be focused. This has been set up as monthly Patient Panels, the first (held in October) focused on foot care which continues to be an issue for many residents both in City and Hackney. The next scheduled Patient Panel is with Charlotte Pomeroy, Chief Participation and Place Office at NHS North East London, on 23<sup>rd</sup> November. December the Patient Panel will highlight suicide awareness with colleagues from MIND and the Cit of London.
- Obtain further data re waiting lists to support users and signpost appropriately
- Ensure the voices of City people are heard in the emerging ICS
- Further develop the information on the HWCoL website including updates on adults and children's social care and ensure out of date information is removed.
- Attendance at the next Neighbourhood Forum scheduled for 15<sup>th</sup> November
- Patient Forum, in association with Healthwatch Hackney on Patient Transport
- Engagement project funded by London Ambulance Service on patient feedback to understand: What is LAS getting right? How can LAS improve emergency care?, How can LAS enhance urgent care?, How should LAS work with other parts of the healthcare system to improve care?, How can LAS do more to contribute to life in London? A report to be produced by the end of January which will shape the LAS new organisational strategy for 2023-28.
- Long Covid – Your experiences and barriers survey in association with City & Hackney COVID Rehabilitation (CoRe) Service and Healthwatch Hackney

## 10 Risks

Trustees review the Risks and Issues Log at Board meetings. The Risk Log identifies financial pressures, and some concerns over security in the new office as issues rather than risks along with data security, non-compliance General Data Protection regulations as key risks. HWCoL currently lack a Data Protection Officer (DPO) and HWCoL is in the process of securing access to a DPO. Advice has been sought from Healthwatch England, who are in the process of developing training for both officers and Board members, this however, will not be available until later in the year. HWCoL will explore online training in the meantime.

## 11 Conclusion

We are actively engaged in re-establishing our City presence, refreshing our social media, finalising our business plan reactivating forums and participating in new projects and consultations. We have increased our attendance at in person meetings and events and will hold our APM in December.

Gail Beer  
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**Appendix A:**  
Healthwatch City of London Business Plan 2022/23

**Appendix B:**  
Performance Framework Report Q2 prepared for City of London Corporation

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# **Healthwatch City of London**

## **Business Plan**

**June 2022 – August 2023**

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Welcome to Healthwatch City of London's third business plan. Building on our three-year plan which forms the contract with the City of London for the provision of Healthwatch services, this updated plan takes into consideration our experiences of the last two years and will support the development of the 2023/ 24 plan. The rapidly changing delivery of health and social care and access to services has meant we have been ever more vigilant in scrutinising how and where services delivered, making sure that residents have the access they required. The impact on care and access to services brought about by the Pandemic are of concern and requires us to ensure that all those requiring care have the access they need especially, looking out for those who are vulnerable and who may feel their voice is lost. The implementation of the Integrated Care System across North East London and the establishment of the Integrated Care partnership in City and Hackney including the development of Neighbourhoods and Primary Care Networks remains an issue and we will continue to be vigilant in ensuring that local needs and local issues are addressed.

This year's plan has a greater emphasis on local objectives, meeting the challenges described above and making sure that, as services continue 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.

As an organisation we have experienced our own challenges, not least in recruiting new Trustees to reflect the diversity of the population something we will need to address further this year, securing volunteers in an overcrowded market within the City, and recruiting and keeping staff on a very robust jobs market.

This year we have worked with our Commissioners in the City of London to secure additional funding for 2022/23 to enable us to continue to serve the people of the City of London and we are very grateful for their continued support.

I would like to commend this third 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**

**September 2022**

## 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 third business plan and building on the past two years, 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 three (pages 16-19) 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 third financial year of operation ending the 31 March 2022 show a surplus. HWCoL now agreed funding until September 2023 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 23)

The Business Plan is reviewed annually and referenced in the Annual Report, taking into consideration any contract changes, national and local policy changes, and feedback from stakeholders and service users.

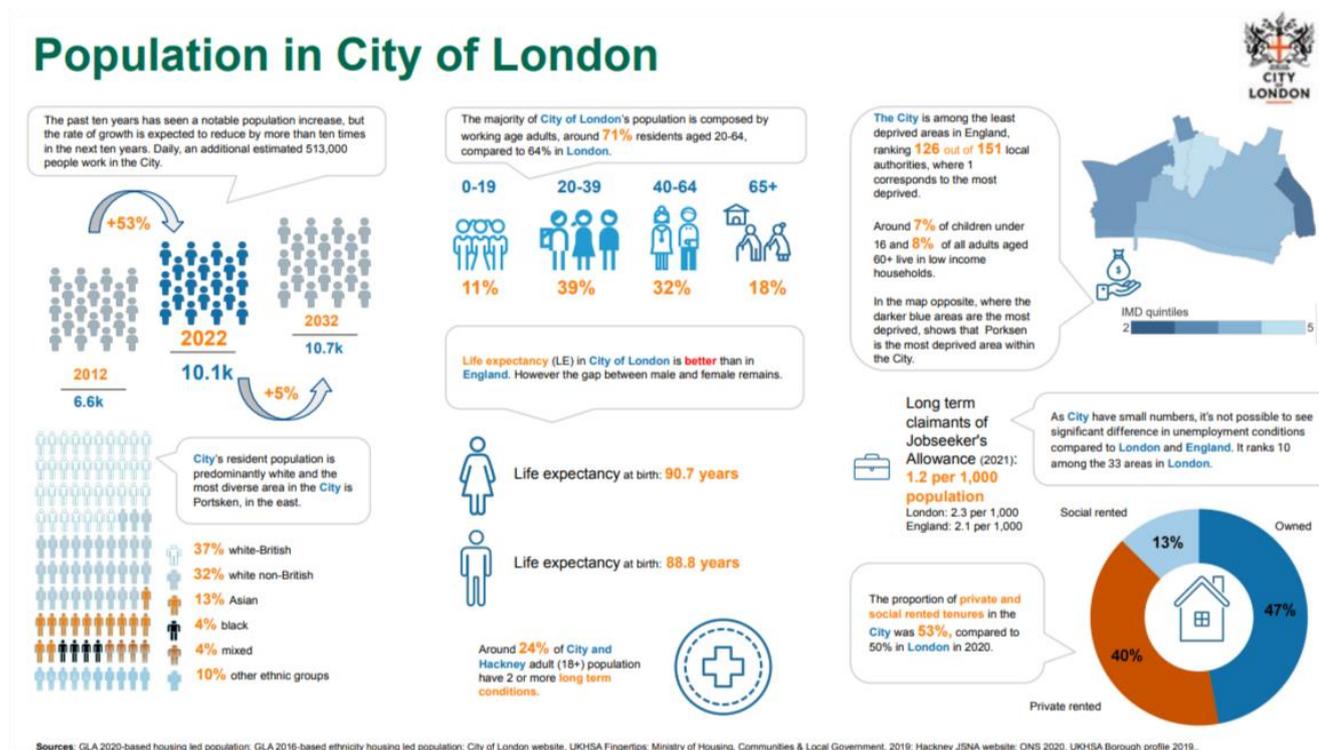
Finally, the activities detailed in this plan will be used to support the anticipated successful completion of the Quality Framework developed by HWE to support the delivery of the licensed activities of all Healthwatches in England.

This Business Plan covers year three of the three-year contract, (April 2022- August 2023). 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 16<sup>th</sup> 2022.

## ABOUT THE CITY OF LONDON

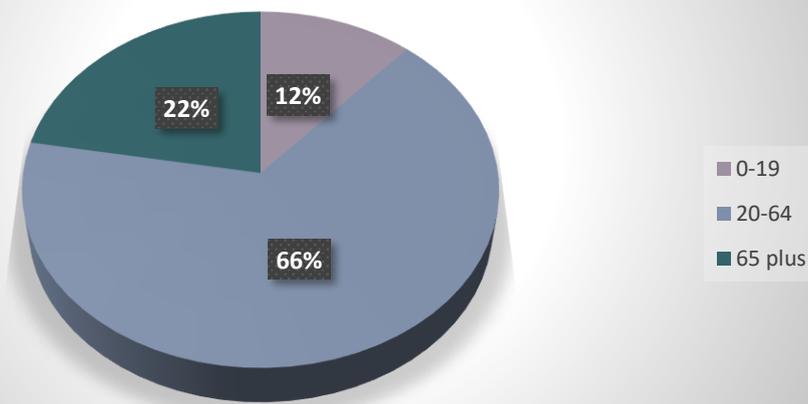
The City of London of London is a densely developed area with an estimated population of 10,100 people, with an estimated 513,000 working in the City. According to ONS figures published in 2021.



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."

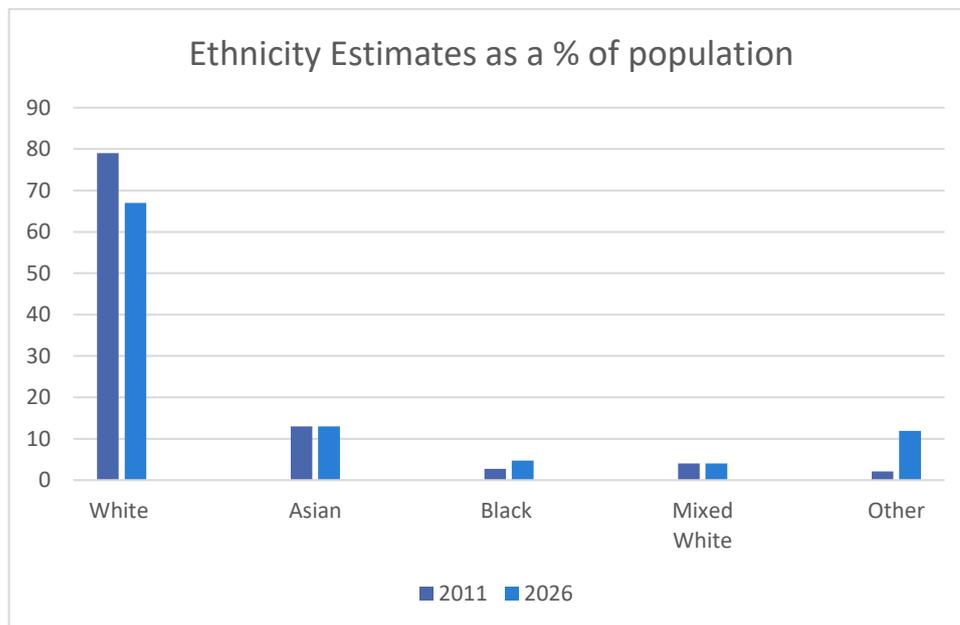
Using the CoL report, the population is 56% male and 34% female. The age profile is broken down as follows:

## Age of City of London Resident Estimate June 20



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 Integrated Care Board and 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, Lemman Street, opened in open in September 2021 and accommodates 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. The Department of Community and Children's Services (DCCS) has a wide remit to provide care and support to the residential and worker population of the City of London. It is responsible for public health, leisure and adult education for both residents and the 513,000 people working in the City of London

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

## VISION, MISSION AND VALUES

The vision, mission and value statements describe the purpose of HWCofL 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 has recently been extended for a further year until September 2023 with an uplifted budget which is non-recurring. 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 2021
- 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 2018 – 23
- City of London Department of Community and Children’s Services’ Business Plan and Outcomes Framework 2017 -2022
- Ambitions and priorities of North East London Integrated Care Board

### 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

<b>Political</b>	<b>Economic</b>
<ul style="list-style-type: none"> <li>• City and Hackney Integrated Care Partnership- changes to key personnel – potential loss of influence at a local level.</li> <li>• North East London ICB- challenge of engaging with the governance structures, City’s voice being lost.</li> </ul>	<ul style="list-style-type: none"> <li>• The impact on mental health and wellbeing of residents and workers because of the cost of living crisis.</li> <li>• Changes in the nature of poverty. Increased social isolation caused by digitalisation impacting those</li> </ul>

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

**SWOT ANALYSIS**

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Support of the City of London.</li> <li>• Engaged and motivated Board.</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Reliant on one funder.</li> </ul>
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<ul style="list-style-type: none"> <li>• Majority of Board are City of London residents.</li> <li>• We have a clear vision, mission and values.</li> <li>• Staff team.</li> <li>• Board is well networked.</li> <li>• Nimble and able to react quickly.</li> <li>• We understand our population.</li> <li>• Well established local networks</li> </ul>	<ul style="list-style-type: none"> <li>• Access to patient experience feedback outside of City &amp; Hackney ICP.</li> <li>• Control of office environment and access for the public.</li> <li>• Insufficient funding to carry out the work required.</li> <li>• Diversity of Board (age and ethnicity)</li> <li>• Staff understanding of the City.</li> <li>• City worker engagement.</li> <li>• Access to seldom heard groups.</li> <li>• Involvement and engagement with younger people.</li> <li>• Recruitment and retention of staff in a competitive market</li> <li>• Skilled volunteering team supporting our work.</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Generate new funding streams.</li> <li>• Engagement with seldomly heard groups.</li> <li>• Increased partnership work with local charities and Healthwatches.</li> <li>• New projects - develop our knowledge, grow the charity, increase our reach, gives us authority.</li> <li>• Research benefits us to influence change, build our reputation, develop our Unique Selling Point through City specific projects.</li> <li>• City workers' engagement to build our brand, through unique projects, research and funding.</li> <li>• Volunteers – ambassadors for HWCoL.</li> <li>• Work with the Shoreditch Park and City Primary Care Network on patient engagement.</li> <li>• Work with the Goodman's Field Health Centre to ensure residents are engaged in the development of the new centre.</li> <li>• Influence the development of the Neighbourhood forum for Shoreditch Park and City to responsive to the needs of local people.</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Rent-accommodation costs are too high for our budget.</li> <li>• Small budget - HWCoL not able to produce work to the standard expected.</li> <li>• Lack of transparency in the new Governance structures for City and Hackney ICP impacting on ability to Influence development of the ICP.</li> <li>• Local Healthwatches - if unable to work in partnership hinders our ability to carry out Enter &amp; View visits, marginalised in discussions with NEL ICB and local ICP.</li> <li>• Unable to recruit suitable team</li> <li>• Contract renewal - poor performance.</li> <li>• Not able to recruit volunteers and Board members impacting on HWCoL's local networking and knowledge.</li> <li>• Overextending ourselves.</li> <li>• Funding cuts and opportunities impacted on as a result of COVID-19.</li> <li>• Engagement - failure to engage across our local communities, resulting in us not delivering on our mission.</li> <li>• Lack of diversity in Board - our diverse community not seeing us as relevant.</li> </ul>

<ul style="list-style-type: none"> <li>• Work with Secondary Care partners especially Barts Health and University College Hospitals</li> <li>• Work with Healthwatch Hackney to influence the redevelopment of St Leonard’s Hospital in way which meets the aspirations of City residents.</li> </ul>	<ul style="list-style-type: none"> <li>• Primary Care Networks not responsive to the needs of City residents by locating services in GP practices not used by city residents.</li> <li>• The Shoreditch Park and City Neighbourhood governance structures marginalise City residents.</li> </ul>
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### STAGE 3: CONSULTATION

Uncertainty regarding the contract extension has delayed production of the annual plan and as such HWCOL have not been able to seek feedback on the 2022/23 plan in the way the team would have liked but as the plan remains largely unchanged from last year we have considered feedback previously received in previous years and incorporated changes. We will continue to refine the plan as new issues emerge and as partners scrutinise our work.

Key stakeholders include

- 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
- Local Acute Trusts
- Voluntary Sector partners including HCVS, Age UK and MIND

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 and monitor 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.
- Support the development of local services to be closer the people of the City of London including foot care, physiotherapy, and diagnostic services .

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

- During 2022/23 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 ICB.**

- HWCOL will participate in engagement opportunities as the NELICB develops, scrutinising the emerging governance forums, and championing the needs of City residents.
- HWCOL will understand and explain the impact of NELICB on the services received by City residents.
- HWCOL will work with the NELICB 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 campaign to ensure that the services currently provided by St Leonards continue to be provided locally in accommodation that is suitable for the needs of the population
- 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 any future 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](http://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.

**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 2023 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 16-19) The detailed actions, with specific, timed targets is available on request.

#### BUSINESS OBJECTIVE ONE 2022/23

**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 2023/23

**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 2023/23

#### **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 2022/23

**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 2022/23

**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 2023: SECURE CONTRACT EXTENSION

**Objective**

- 1) The City of London Corporation extends HWCOL's existing contract beyond August 2023.

**Target**

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

## FINANCIAL PERFORMANCE

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

## HWCOL BOARD TRUSTEES

### GAIL BEER, CHAIR

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

After working extensively in London Hospitals, including the Royal London, Gail moved into management, becoming an executive director on the board of Bart's and the London NHS Trust. Gail worked as an independent consultant before moving into 2020health, a Westminster-based think tank. During this time, she worked with policy makers and co-authored several publications endeavouring to create change. She has returned to the NHS and is currently at Guy's and St Thomas' as a director working on special projects.

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

### STEVE STEVENSON, TREASURER

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

#### LYNN STROTHER, TRUSTEE

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

#### MALCOLM WATERS, TRUSTEE

Malcolm retired in 2019 after 41 years in practice at the Chancery Bar in London. He was appointed a QC in 1997. In his professional life, he specialised in retail financial services and mutual institutions, taking a particular interest in the law relating to unfair contract terms and the various ways in which consumers can obtain redress if they have been treated unfairly by financial institutions. He has a flat in the Barbican and joined the Board in 2019.

#### SEAN LEE, TRUSTEE

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

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

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

#### HWCOL BOARD ASSOCIATES

#### JANET PORTER, BOARD ASSOCIATE

Janet has lived in the Barbican since 2005. She is a retired business journalist who now chairs the editorial board of the shipping publication Lloyd's List, as well as continuing to write about the maritime industry. Janet was born in London and has an economics degree from London University. As a resident of the City of London, she is keen to ensure that health and social care services in the Square Mile are world class and meet the needs of the local community. Janet is an authorised Enter and View representative.

## STUART MACKENZIE, BOARD ASSOCIATE

Stuart is retired, and a Barbican resident since 2005. He held principal consultant and senior European marketing roles in leading UK and US management, high technology, and product design consultancies. He is interested in improving the user/service provider interface and the quality of communications in the NHS and social care. Stuart is an authorised Enter and View representative.

## CYNTHIA WHITE, BOARD ASSOCIATE

Cynthia joined Healthwatch City of London as an Associate Board Member in January last year. She chairs the City & Hackney Older People's Reference Group, sits on the City of London Adult Safeguarding Sub-Committee, and represents the Neaman Practice on the CCG's Patient and Public Involvement Committee. Cynthia is a Barbican resident who is well known across the City for her voluntary work, dedication, and commitment in the improvement of Health and Social Care provision in the City.

## HWCOL STAFF

### GENERAL MANAGER

This post is currently vacant and will be advertised in September 2022 ,but is currently filled by Rachel Cleave as acting General Manager

### RACHEL CLEAVE, ACTING GENERAL MANAGER AND 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.

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

<p>D) HWCoL provides advice about local health and social care services to the public.</p> <p>E) HWCoL works with Healthwatch England to enable people's experiences to influence national commissioning, delivery, and the re-design of health and social care services.</p>	<p>Provides the public with accurate, reliable, relevant and useful information about local services, when they need it, in a format that meets their needs.</p> <p>Provides members of the public with appropriate advice and support if they need to raise a complaint about any part of the health and social care system.</p> <p>Consistently shares the views and experiences of local people with Healthwatch England (and CQC if necessary) to be reflected in national work.</p>	<p>Number of patients supported to raise complaints.</p> <p>The number of reports shared with Healthwatch England (and CQC if necessary) as well as involvement with Healthwatch England projects Quarterly performance framework reports.</p>
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## IDENTIFIED RISKS

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

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.
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**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'.

# PERFORMANCE FRAMEWORK REPORT Q2 2022/23

Healthwatch City of London

## Healthwatch City of London Performance Framework Q2 Report

### Summary

This report provides an update on the Quarter 2 performance of Healthwatch City of London (HWCoL) against the key performance indicators laid out in the Performance Framework for 2022/23.

In Q2, HWCoL continued to work closely with the North East London (NEL) Integrated care System (ICS), which is now in place, on their proposals for patient engagement.

The HWCoL team held a Board meeting in public in July. The speakers were Guest speakers: Darren Barnes - Barts Health NHS Trust who talked about the Barts Engagement, Participation and Experience 2022-25 Strategy and Jonathan McShane, NHS North East London, Integrated care convenor who gave an update on the new ICS and how it will deliver care.

The acting general manager continued to manage the team. An open recruitment campaign was launched to appoint a permanent post. Interview will take place in October.

Following the work of the Trustees the paper to outlining the additional income required to deliver the current contract and continue to provide Healthwatch services was approved, with the contract being extended.

The team continued to provide residents with up-to-date information about Health and Social Care news through the website, newsletters, bulletins, and social media.

The planned Annual General Meeting was, unfortunately, cancelled due to our booked speakers pulling out a week before the event. The team have rescheduled this for early December as an online event.

### Projects and ongoing work

#### Annual Survey

The annual survey results have been collated. The resident's survey was launched on 1<sup>st</sup> June in the June Healthwatch City of London newsletter and via direct mail to subscribers, and subsequently promoted again in the July newsletter. The stakeholder survey was sent via email on 7<sup>th</sup> June to 56 key stakeholders. Both surveys closed on 15<sup>th</sup> July. The residents survey totalled 17 responses an increase of 9 from last year. The stakeholder survey totalled 6 responses a decrease of 4 from last year.

The residents report shows a decline in residents' opinion of the effectiveness of us as a Healthwatch. However, the comments identify their opinion is based on the effectiveness of Neaman Practice and HWCoL's ability to influence change. All respondents acknowledged the necessity of having a Healthwatch dedicated to the City.

The stakeholder comments are more positive. Stakeholders agree that HWCoL's priorities and objectives are the right ones on which to focus. Positive comments were made about engagement and making sure there is consistency with meeting attendance and input. Acknowledgement of achievements is given, however both surveys give strong indications for further work when a full team is in place.

## Healthwatch City of London Performance Framework Q2 Report

### **NEL Communications**

The team continued to attend NEL communications working groups to ensure that the City's voice is heard in the establishment of the new Integrated Care Systems framework and decision making.

### **Patient Panels**

The team have launched a new initiative to engage the community, 'Patient Panels'.

The sessions, which will be held monthly are open sessions on a particular theme supported by a guest speaker and are selected based on areas of concerns. The public are invited to come along and meet the HWCOL team and the speaker and explore how the service is delivered or can be improved. Last month a lively discussion was held on foot health. This coming month members of the Integrated Care Board Engagement Team will be meeting members of the public. Outcomes from the events will be fed back to service providers and the relevant organisations with a short report and actions for HWCOL which will be shared with the public and HWE.

### **NEL Healthwatch Away day**

NEL Healthwatch held their first in person meeting since the set up of the ICS and HWCOL attended. Presentations on the day were on the new PCN areas, NEL ICS working with people and communities' strategy and the community insights system.

### **Other significant achievements and activities**

- Attendance at the BaLaCo festival in Aldgate Square
- Attendance at the Shoreditch Park and City Neighbourhoods forum. Representation of City charities/service providers were present.
- Private Board meeting took place in September where the annual business plan was formally signed off and will be shared at the next public board meeting.
- A payrise of 5% was given to the staff, taking effect from 1<sup>st</sup> September

### **Consultation**

Following the new Health Secretary, Therese Coffey's announcement of 'Our Plan for Patients', HWCOL compiled a survey asking the city residents to tell us of their experiences accessing care. We will run the surveys monthly to gauge changes in opinion and service access.

### **Performance highlights**

HWCOL produced 3 monthly newsletters during Q2. These mass mailings provide up-to-date advice and guidance to residents regarding Health and Social Care.

In Q2, HWCOL continued to add followers to the Twitter site increasing by 7 to 685.

Posts on Twitter, Facebook and Instagram focused on HWCOL's work during Q2, the annual survey, the AGM (subsequently cancelled) advertising surveys, the COVID and flu vaccination program and the establishment of the Integrated Care System.

Posts will continue to promote public health messages and the work of City of London partners.

The team continues to update the website regularly to make it more accessible and relevant to residents.

**Areas of underperformance**

The communications and engagement strategy had not progressed in Q2. A review needs to be undertaken with the return of face-to-face events the team aim to ensure they reach out to local community to recruit trustees and associate board members that reflect the local area. This strategy will go before the Board in the next private and public Board Meeting.

Enter and View activity - remains an area of underperformance since 2020. The Enter and View Programme has restarted post pandemic, training has been booked for volunteers and staff in Q2, this will take place in Q3.

The planned Enter and View with St Leonard's Hospital staff, in partnership with HWH, remains hold.

**Areas of significant underperformance**

HWCOL has one area of significant underperformance is the recruitment of volunteers.

**Areas of Concern**

Healthwatch City of London is currently without a permanent General Manager, with the team currently covering the majority of the duties supported by Trustees in areas such as finance and report writing. An open recruitment campaign has taken place, interviews will take place early in Q3.

Ongoing concerns a regarding public participation and engagement within new Health and Social care structures and the impact on the City voice. A new Community voice manager has been put in place, hosted by HW Hackney. One day a week will be dedicated to City engagement and projects.

Healthwatch City of London Performance Framework Q2 Report

Performance report

Indicator name/Description	Reporting period	HWE QF	CoLC Outcome	Annual Target	Quarterly Performance 2022-23				Annual Total to date	Progress	Comments on performance and progress update
					2022-23	Q1	Q2	Q3			
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	GREEN	HWCoL continues to advertise for new trustees. Now additional funding has been agreed a full poster campaign will take place.
Number of associate board members.	Quarterly	People		4	3	3			3	AMBER	The number of Board associates remains at three. Trustees are reviewing the role of Associate Board Members. Three people have submitted applications for ABM positions.
Number of volunteers attending decision-making committees	Quarterly	People		3	3	3			3	GREEN	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.



Healthwatch City of London Performance Framework Q2 Report

<p>Completion of Healthwatch's Quality Framework.</p>	<p>Annual</p>	<p>Influence and Impact</p>		<p>1</p>	<p>1</p>	<p>1</p>			<p>1</p>	<p>GREEN</p>	<p>Building on HWCoL's work on the HWE Quality Framework, a meeting with HWE has been arranged to review progress and sign off the action plan. This links in with the Annual Business Plan. The team will report back after meeting HWE.</p>
<p>Healthwatch City of London Board is representative of the City of London population.</p>		<p>People</p>	<p>B</p>								
<p>Page 89 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.]</p>	<p>Annual</p>	<p>People</p>		<p>1</p>		<p>0</p>			<p>0</p>	<p>GREEN</p>	<p>HWCoL has a volunteer recruitment campaign planned for the coming year. The recent return to face-to-face meetings will support this engagement. Now the team are back in the office two days a week they are in a position to undertake more face-to-face engagements focussing on increasing diversity.</p>

Healthwatch City of London Performance Framework Q2 Report

<p>Regular (frequency to be determined) survey of residents and stakeholders undertaken to determine the levels of awareness and engagement with Healthwatch City of London.</p>		<p>Engagement, Involvement and Reach</p>	<p>B, C, D</p>							
<p>Design and disseminate annual survey of residents and stakeholders. [Annual survey - reviewed and analysed and used as part of our plans for the next year -annual report, business plan and workplan.]</p>	<p>Annual</p>	<p>Engagement, Involvement and Reach</p>		<p>1</p>	<p>1</p>				<p>1</p>	<p>Completed in June. Report summarised above. Full report will be available in Q3 following Board sign off. Key messages are: to give clarity to residents on the role of HWCoL and to gain greater participation and feedback on experiences with services.</p>
<p>Evidence of active and increasing engagement with the public on social media (e.g., through number of website hits etc).</p>		<p>Engagement, Involvement and Reach</p>	<p>D</p>							

06 (Sept)

Healthwatch City of London Performance Framework Q2 Report

<p>Email bulletins – numbers of subscribers.</p>	<p>Quarterly</p>	<p>Engagement, Involvement and Reach</p>		<p>150</p>	<p>148</p>	<p>148</p>				<p>GREEN</p>	<p>During Q2, subscribers to email bulletins remained the same. HWCoL is actively promoting 'sign up' to the email newsletters and bulletins via social media. Bulletins are available in the Barbican Newsletter and through the Golden Lane website.</p>
<p>Page 91 Email bulletins sent.</p>	<p>Quarterly</p>	<p>Engagement, Involvement and Reach</p>		<p>12</p>	<p>5</p>	<p>3</p>			<p>5</p>	<p>GREEN</p>	<p>HWCoL sent 3 newsletters /bulletins in Q2. The team have recently reviewed the frequency of newsletters and bulletin in line with funding for this activity. The team are reviewing content and design to increase relevance and redirect focus to current issues including but not exclusively waiting times recovery, access to mental health and the development of the local services. Focus on patient journey and lived experiences will support this. The team are reviewing style and content of both bulletins and newsletters. Direct mails were sent to advertise the annual survey and Public Board Meeting.</p>

Healthwatch City of London Performance Framework Q2 Report

Mailchimp email bulletin open rates.	Quarterly	Engagement, Involvement and Reach		25% ave - industry standard	41.7%	43.1			42.4%	GREEN	The open rate during Q1 was 43.1 compared to 41.7 in Q1. The open rate remains stable and is currently higher than the industry average.
Twitter - numbers of followers.	Quarterly	Engagement, Involvement and Reach		650	678	685			685	GREEN	During Q2 HWCoL's Twitter account gained 7 new followers.
Facebook – number of followers (new account).	Quarterly	Engagement, Involvement and Reach		50	26	25			25	GREEN	In Q2 Facebook followers decreased slightly by 1. The team have been using Instagram recently as a more engaging social media platform. HWCoL has reviewed the contents posted on Facebook as part of the engagement strategy update. The strategy will focus on delivering different bespoke content for the platforms.
Website – Numbers of visitors.	Quarterly	Engagement, Involvement and Reach		1000	2,765	1,205			1,205	GREEN	Hits to the website averaged 401 per month in Q2
Website Numbers of pages visited.	Quarterly	Engagement, Involvement and Reach		1200						GREEN	Unable to access statistics for pages visited this quarter. This will be rectified in the next quarterly report

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Healthwatch City of London Performance Framework Q2 Report

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	0	0	RED	HWCoL is working on plans for Enter and View visits in the coming year. The team have contacted Healthwatch Hackney who run an Enter and View training programme. The team continue to work with HWE and local Healthwatches to invigorate E&V activity, exploring both virtual and face-to-face opportunities.
Number of Enter and View visits. Carried out Either by HWCoL or in partnership with other Healthwatch.	Quarterly	People		4	0	0	0	0	0	RED	The Enter and View planned with St Leonard's is not taking place.
Number of Tempo Time Credits volunteers are eligible for.	Quarterly	People		40		20			20	GREEN	Volunteers are not recording time credit and active encouragement and identification of the benefits would help. HWCoL will meet with the Tempo time credit team to explore how the scheme can be made more attractive to users.

Healthwatch City of London Performance Framework Q2 Report

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	1	1				GREEN	One HWBB held in Q2, attended by HWCoL's chair. A report on HWCoL's work is presented at each HWBB.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 24</p> 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		6				GREEN	HWCoL is attending the NEL working group on patient engagement, ensuring that the City's voice is heard and responded to as the model for engagement is developed. HWCoL attended a NEL update for Healthwatches. The team met with City and Hackney ICP to raise our concerns about the way in which the City voice is being included in the development of new governance structures. The team continue to work to establish the status of the PCN and Neighbourhood Forum development plans.
Events hosted by HWCOL: Quarterly focus group discussions, one of which is the Annual Public Meeting	Quarterly	Leadership and Decision Making		4	2	1			3	GREEN	HWCoL held one public board meeting in Q2

Healthwatch City of London Performance Framework Q2 Report

Volume of activity (feedback from local people, attributes of those feeding back, number of volunteers, members, outreach events, updates to community, complaints).		Engagement, Involvement and Reach	A, B, C								
Number of responses to surveys - responses referenced in report - along with demographics, when these have been obtained.	Quarterly	Engagement, Involvement and Reach		60	24	1			24	GREEN	In Q2 HWCOL carried out an access to services survey following the SOS for Health's announcement on GP appointment times. The results will be reported back at the next meeting.
Complaints and views (about others' services) – published in annual report.	Annual	Engagement, Involvement and Reach		4		0				GREEN	The issues were raised with service providers and members of the public fed back to. Complaints are mainly focused on the GP practice.
Number of members of public at HWCOL board meetings	Quarterly	Engagement, Involvement and Reach		100	18	15				AMBER	In Q2 attendance at the public board was low. Attendance is largely driven by the speakers and most interest is in GP services and the provision of Social Care. Despite an effort to return to face to face meetings there is still a concern amongst residents about this and an online offer is still the most preferred.

Healthwatch City of London Performance Framework Q2 Report

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	3	2				GREEN	One team member attended the email marketing course and equality and diversity training.
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	0	0		A HWCoL trustee continues to sit on the City of London Adult Safeguarding Sub-Committee
Number of complaints HWCoL received about their service	Quarterly				0	0	0	0	0		

<b>Committees:</b> Department of Community and Children’s Services Grand Committee – For Information Health and Wellbeing Board – For Information	<b>Dated:</b> 03/10/2022 25/11/2022
<b>Subject:</b> Adult Social Care Transformation	<b>Public</b>
<b>Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?</b>	1,2,3
<b>Report of:</b> Andrew Carter, Director of Community and Children’s Services	<b>For Information</b>
<b>Report author:</b> Ian Tweedie, Head of Service, Adult Social Care	

## Summary

The Department of Health and Social Care (DHSC) has set out to transform services.

A suite of reforms of the health and care system have been outlined in white papers and legislation. The implementation of the reforms will have a significant impact on the Adult Social Care service in terms of process, systems, and resources. The reforms include changes to local authority charging for adult social care services and reintroduce the assessment of local authority Adult Social Care by the Care Quality Commission (CQC).

A City of London Adult Social Care Transformation Board has been set up to oversee the implementation of the reforms, with work currently in progress. Implementation costs for this financial year are being fully met from existing grant funding. Uncertainty around the level of future central government reform funding for 2023/24 and beyond is causing concern across the wider Adult Social Care sector.

## Recommendation

Members are asked to:

- Note the report.

## Main Report

### Background

1. The early stages of the COVID-19 pandemic led to the Government postponing the implementation of the Mental Capacity (Amendment) Act 2019 in recognition of the pressure on health and social care services. As we emerged from the pandemic, the DHSC set out to transform services. A suite of reforms of the

health and care system have been outlined in the following white papers and legislation:

- *Health and social Care Integration: Joining up care for people, places, and population*
  - *Build Back Better: Our plan for health and social care*
  - Adult Social Care Reform white paper, *People at the Heart of Care*
  - Health and Care Act 2022
2. The Mental Capacity (Amendment) Act 2019 introduced the Liberty Protection Safeguards. Implementation was originally scheduled for 1 October 2020, however, it was postponed by the Government due to the COVID-19 pandemic. The safeguards are intended to ensure that people who lack the capacity to make decisions about their own care and treatment are not unlawfully deprived of their liberty.
  3. In September 2021, the Government published *Build Back Better: Our plan for health and social care*. This policy paper sets out a number of Government initiatives designed to strengthen the NHS and social care as we move forward and recover from the pandemic and its consequences.
  4. In December 2021, the white paper, *People at the Heart of Care*, was published, setting out a 10-year vision for the transformation of support and care in England. The vision puts people at its heart and revolves around three objectives:
    - People have choice, control, and support to live independent lives.
    - People can access outstanding quality and tailored care and support.
    - People find adult social care fair and accessible.
  5. February 2022 saw the publication of *Health and Social Care Integration: Joining up care for people, places, and population*. This white paper sets out measures to make integrated health and social care a universal reality for everyone across England, regardless of their condition and of where they live.
  6. The Health and Care Act received Royal Assent in April 2022 and introduces significant reforms to the organisation and delivery of health and care services in England, including:
    - return of CQC assessment of local authority Adult Social Care services
    - changes to Hospital discharge requirements
    - duty to co-operate between NHS bodies and local authorities
    - a cap on care costs (Amendment to the Care Act 2014)
    - information-sharing and standards across health and social care
    - Secretary of State's default powers in relation to Adult Social Care

## **Current Position**

7. An Adult Social Care Transformation Board has been set up to oversee the implementation of the reforms. There are three sub-boards in place, each chaired

by the relevant senior officers:

- **Finance:** has oversight of funding and budgeting as well as systems and data. This board oversees work on the delivering the 'Care Cap.'
  - **People:** oversees policy, practice and learning and development. This board is responsible for preparation for CQC Assurance on local authority Adult Social Care services.
  - **Commissioning and Partnerships:** has oversight of Care Markets, Equalities and Communications. This board has responsibility for the market sustainment plan.
8. Further details of the Transformation Programme Board and timeline can be found in Appendix 1.
  9. The reform will have a significant impact on the Adult Social Care infrastructure. The Transformation Programme Board will manage the requirements, realigning City of London Adult Social Care to meet the legislative change. A programme manager is in place to set out the delivery of the reform and identify the resources required.
  10. Capacity to implement the reforms is being sourced through a mixture of internal upskilling, as well as external expertise brought in as and when required. Implementation costs for 2022/23 are being met through existing grant funding. Uncertainty remains around the level of additional central government grant funding that will be allocated to the City of London for the reform implementation and delivery costs for 2024/24 onwards.
  11. A new CQC assurance framework will impact on systems and processes for recording and performance reporting. The associated CQC assurance reports will be published.
  12. The People Sub-group is overseeing a programme of CQC inspection preparation. A review of the draft criteria for CQC inspections has been undertaken and evidence is being collated against this. A full self-assessment will be completed following publication of the final framework, outlining plans to improve or enhance our evidence against the framework. A dedicated Principal Social Worker for Adults has been appointed in line with the Targeted Operating Model to lead on Quality Assurance for the service, using the Children's Social Care model.
  13. Charging reform and the introduction of the lifetime 'Care Cap' will bring increased complexity in the financial assessment process, necessitating new assessment and monitoring systems. Current modelling is being undertaken to estimate the level of expected increase in referrals to Adult Social Care, as people who fund their own care and support request Care Act assessments to register themselves for the cap on care.
  14. System options to meet the requirements of the care account are currently being researched, and an options paper is due in November 2022. Costs for the procurement of a solution are expected to be met from Government's grant

funding in 2022/23. Modelling data is currently being collated for an impact assessment of those unknown self-funded residents who may wish to open a care account. Policy and practice around the Care Act assessment and financial assessment is being reviewed in line with care account requirements.

15. Processes are being reviewed alongside the required data system changes to identify leaner, smarter ways of working, with a view to minimising additional resource requirements that reform may have on adult social care.
16. As part of their commitment to the reforms, the Government produced the policy document *Market Sustainability and Fair Cost of Care Fund: Purpose and conditions 2022 to 2023*. This outlined the grant funding available to meet the current implementation costs of reform and the conditions for further funding for the following three years. As part of the requirements, the City of London will complete a provisional three-year market sustainment plan by February 2023.
17. Work has been undertaken with the DHSC regarding the Market Position Statement, and with other local authorities to benchmark the fair cost of care and future sustainability of City's care market. A draft Market Sustainability Plan has already been submitted to the DHSC for initial feedback prior to completion in February for publication on the City of London website.
18. There is no new date set for the postponed implementation of the Liberty Protection Safeguards, which increase the scope of the original legislation. There will be a training requirement that will impact on resources, including the introduction of new registered role of Approved Mental Capacity Professional. The detail around the training and registration for this role will follow the Government's publication of a new Code of Practice, expected this coming winter. A City of London impact assessment undertaken in 2021 will be reviewed and updated following the publication.
19. The People sub-board is overseeing the finalisation of a City of London Hospital Discharge Model in line with Government guidance and based on local data. This is expected to be completed in November.
20. As the transformation programme progresses, update reports will be provided to the Committee as appropriate.
21. **Financial implications:** In September 2021, the Government announced the Health and Social Care Levy to fund increases in costs associated with Adult Social Care reform. In September 2022, the Government announced the cancellation of the Health and Social Care Levy. There is sector-wide concern around the financial implications of Adult Social Care reform and the level of future central government funding. As funding details currently remain unclear there is the risk of a shortfall in funding, this risk will be monitored by the Finance sub-board.
22. **Resource implications:** The extent to which the combined programme of reform will impact on Adult Social Care resources will be determined by the detail of forthcoming government publications and announcements.

23. **Legal implications:** This is a legislative change crossing the services of Adult Social Care, Children and Families, Education and Early Years alongside commissioned providers. City of London will need to ensure that there is legislative compliance.
24. **Risk implications:** The CQC assessment of local authority Adult Social Care services represents a potential reputational risk, subject to the publication of the final assessment framework.
25. **Equalities implications:** The Government has conducted Equalities Impact Assessments on all the reform. Additional Equality Impact Assessments will be completed as part of the City of London Transformation Programme.
26. Climate implications: N/A
27. Security implications: N/A

## Conclusion

28. The breadth of reform impacting on Adult Social Care carries with it a level of reputational, legal, and financial risk over the next few years. The City of London has put in place a programme structure to effectively deliver the reform. There remains a level of uncertainty across the Adult Social Care sector regarding future funding of the reform.

## Appendices

- Appendix 1 – Transformation Programme Board and Timeline.

## Background Papers

- [\*Health and social care integration: Joining up care for people, places and populations\*](#)
- [\*Build Back Better: Our plan for health and social care\*](#)
- [\*Adult Social Care Reform white paper, People at the Heart of Care\*](#)
- [\*Health and Care Act \(2022\)\*](#)
- [\*Mental Capacity \(Amendment\) Act 2019\*](#)
- [\*Market Sustainability and Fair Cost of Care Fund: Purpose and conditions 2022 to 2023\*](#)

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**ASC Transformation Board**  
*Director of Community & Children's Services*

Programme Office

**Finance Sub-Board**  
*Head of Finance*

**People Sub-Board**  
*Assistant Director People*

**Commissioning & Partnerships Sub-Board**  
*Assistant Director  
Commissioning & Partnerships*

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**BUDGETS & FUNDING**  
Programme Finance Group

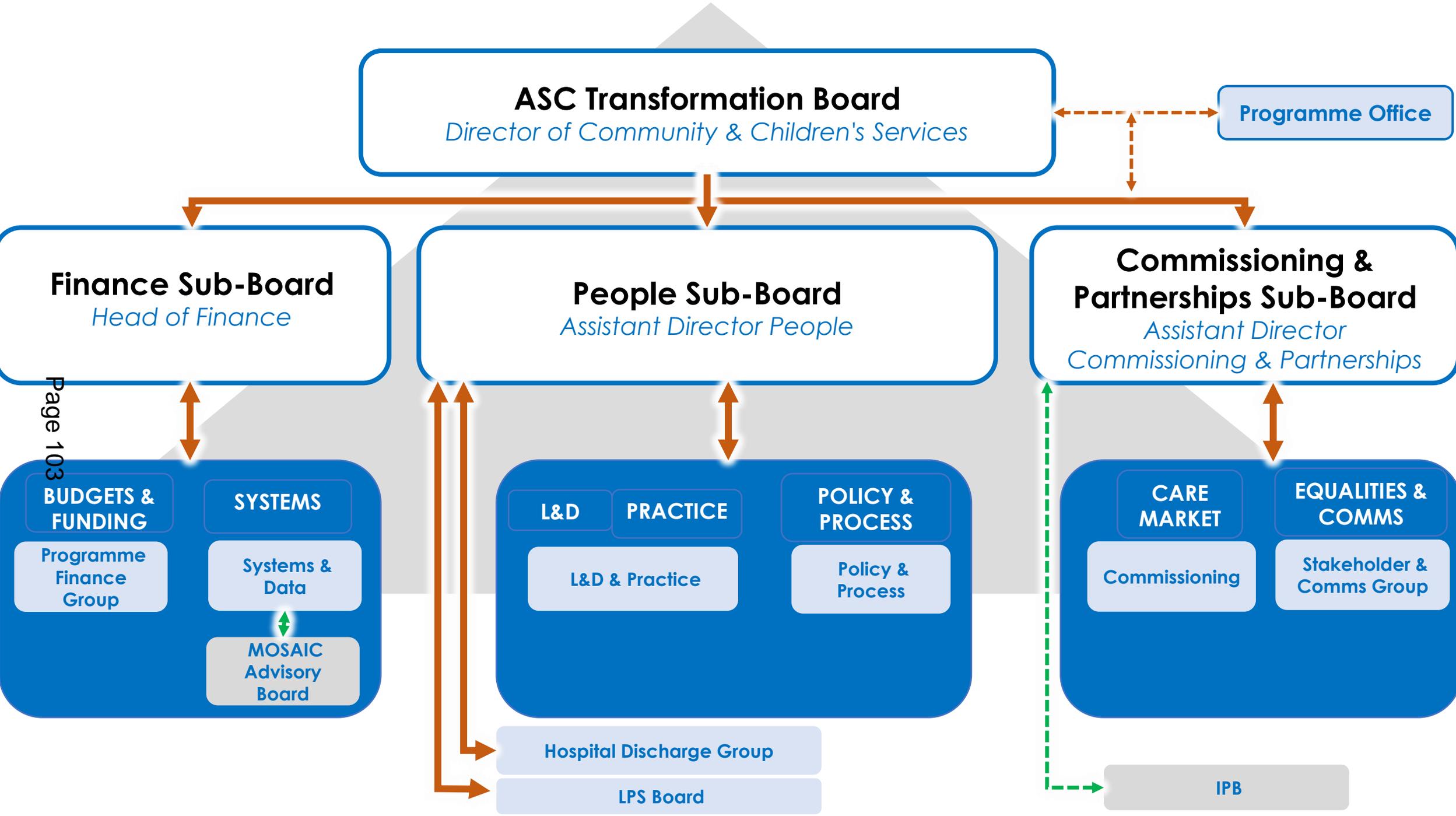
**SYSTEMS**  
Systems & Data  
MOSAIC Advisory Board

**L&D** **PRACTICE** **POLICY & PROCESS**  
L&D & Practice  
Policy & Process

**CARE MARKET** **EQUALITIES & COMMS**  
Commissioning  
Stakeholder & Comms Group

Hospital Discharge Group  
LPS Board

IPB

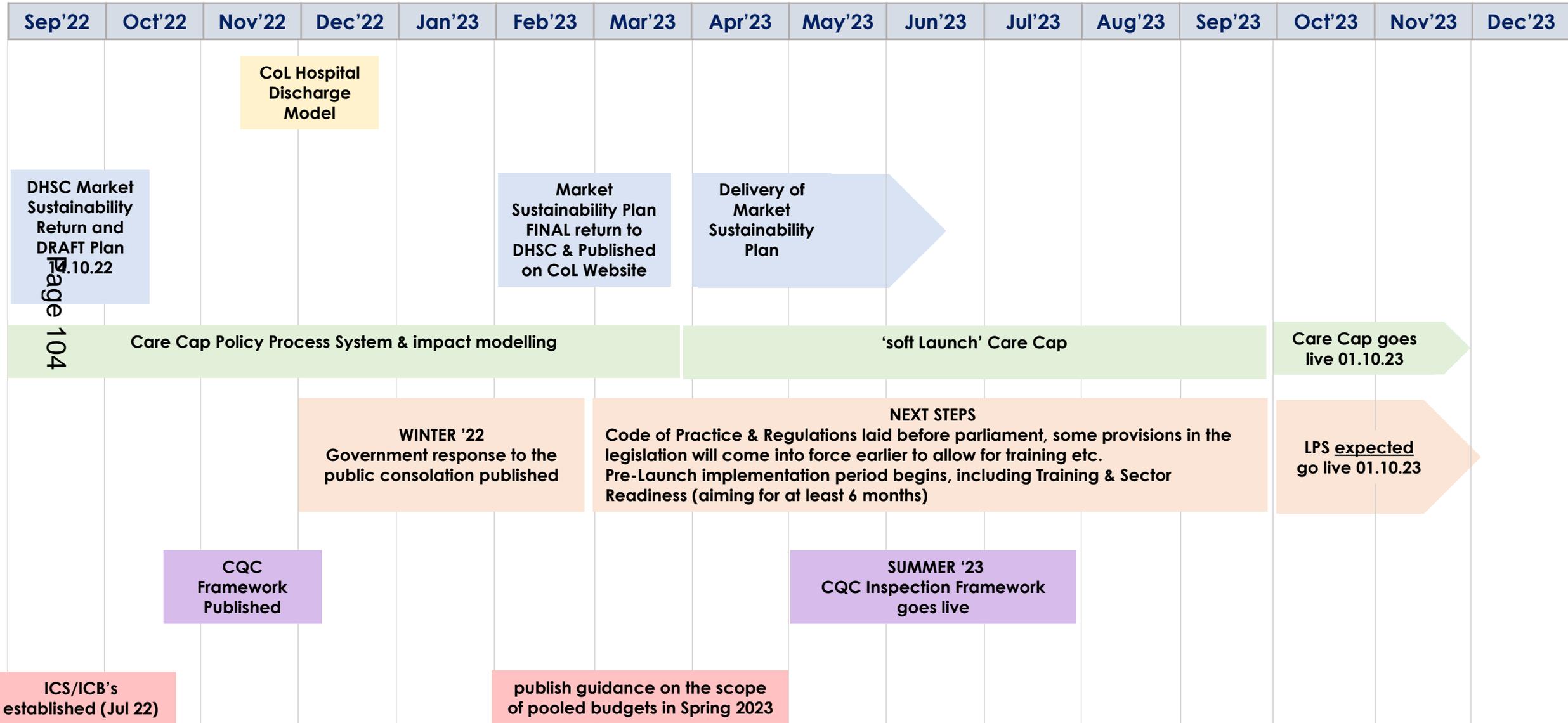


# Adult Social Care Transformation

## High level timeline

KEY:

Health & care Act	Liberty Protection Safeguards (LPS)-MC(A)A 2019
Market Sustainability Return	Assurance & CQC Inspections
Fair Cost of Care - 'Care Cap' (Care Act 2014)	Integration White Paper (ICP & ICB's)



<b>Committee:</b>	<b>Dated:</b>
Community and Children’s Services Committee	3/11/2022
<b>Subject:</b> Commissioning Update and Departmental Contracts Register	<b>Public</b>
<b>Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?</b>	1, 2, 3, 4
<b>Does this proposal require extra revenue and/or capital spending?</b>	N
<b>If so, how much?</b>	N/A
<b>What is the source of funding?</b>	N/A
<b>Has this funding source been agreed with the Chamberlain’s Department?</b>	N/A
<b>Report of:</b> Clare Chamberlain, Executive Director of Community and Children’s Services	<b>For Information</b>
<b>Report author:</b> Greg Knight, Head of Commissioning, Commissioning and Partnerships	

### Summary

This report provides Members with highlights of current activity, successes, issues and priorities for the Department of Community and Children’s Services (DCCS) Commissioning Team.

### Recommendation

Members are asked to:

- Note the contents of the report and the DCCS contracts register (see Appendix 1).

### Main Report

#### Background

1. The DCCS Commissioning Team leads on the key activities and procurements for most contracts within the department. The team manages all elements of the commissioning cycle, including the analysis, planning, implementing and reviewing of services.
2. The team is responsible for the completion and management of sourcing plans, commissioning timelines and maintaining the service’s contracts register. The team proactively manages contract performance against key performance indicators to deliver the service area aims. In doing so, it seeks to secure effective services and cost efficiency for the City of London Corporation and those who use and receive its services.
3. There is a Service Level Agreement between the Commissioning Team and Commercial Services: the Commissioning Team leads on

procurement activity under £100,000. Commercial Services lead on tenders above this threshold, within the DCCS Category Board governance process.

4. The Commissioning Team currently manages 144 contracts, not including social care placement contracts, with a total value of £25,474,612. Of those contracts, 89 (62%) are under £100,000 and 55 (38%) are over the £100,000 threshold.

### **Commissioned services highlights**

5. This section provides highlights of the current activity, successes, issues and priorities for the Commissioning Team and its work programme.

### Children's and Young People's Placements

6. The team continues to use the Commissioning Alliance's Care Place framework to source placements for looked-after children and young people. This allows access to a wide range of care provision areas such as fostering, residential care, special educational needs, and 16–25-year-olds' semi-independent accommodation. Use of the framework has resulted in gaining access to market-leading prices and delivering £160,000 savings per annum since its implementation this financial year. This represents a 34% saving on the previous average weekly placement costs.
7. The team continues to review placement processes with a view to improving service quality and outcomes. The team's contract monitoring and management approach, which includes a senior management visitors programme, is designed to dovetail and supplement the Commissioning Alliance's own programme and processes. The monitoring approach will be expanded further to include a young inspectors programme in partnership with City Children in Care Council.

### Adults and Children's Social Care – Out of Hours provision

8. The City's Service Level Agreements with Hackney Council – to provide the Adults and Children's Social Care Emergency Out of Hours Duty Teams – is in the process of being extended. The extension of both elements will enable service continuity in the short-to-mid-term while the Commissioning Team undertakes a service review and market exploration exercise.

### Universal Youth and Play Services

9. Society Links, the City's Universal Youth and Play Service provider have made excellent progress in increasing engagement in inclusive provision and supporting the development of young people, since being awarded the contract in April 2022. The service is expanding its core programme of weekly sessions delivered from Golden Lane and Portsoken Community Centres, to

include activities four days per week. The additional offer provides targeted sports and female-only sessions, in addition to a programme to support Afghan children and young people who are part of the resettlement programme. Society Links also managed a successful community fun day at Golden Lane estate in the summer, which was attended by 180 residents.

#### Holiday Activities and Food Programme

10. The Holiday Activities and Food Programme, which provides healthy food and activities for children and young people eligible for free school meals, ran over the summer holidays. Activities took place at the Aldgate School and at Golden Lane Leisure Centre and resulted in six eligible children attending 72 sessions. The Christmas programme is currently being finalised and will consist of a sports programme from Golden Lane Leisure Centre and provision delivered from the Portsoken Community Centre by Society Links.

#### City Youth Forum

11. The newly appointed Member of Youth Parliament (MYP) and the Deputy MYP for the City delivered campaigns throughout the summer holidays, in support of their manifesto commitments to improve the mental wellbeing of young people living, working and studying in the City of London. The campaign consisted of a series of talks and workshops delivered by mental health professionals, social media campaigns, sports and creative sessions at Golden Lane Leisure Centre, and a social gathering for the City Youth Forum. Prospects, the service provider, the MYP and the Deputy MYP are in discussions with the Commissioning Team to arrange a meeting with the Lord Mayor and Members to share successes and discuss future plans.

#### Homecare, Reablement and Rapid Response Services

12. Following the contract award in July 2022, the mobilisation phases for both the Homecare service, and the Reablement and Rapid Response services, are now complete, with the respective providers, Hartwig Care and OneCare. The team ensured that the commissioned services are fully operational by working with the providers and colleagues in Adult Social Care to ensure a seamless transition for residents using the services. The team are in regular communication with the providers and will complete the first quarterly contract monitoring in November 2022. Service users were given the choice of which care they receive throughout the implementation, with four people opting to receive direct payments and obtain their Homecare from alternative Care Quality Commission registered providers.

#### Homelessness and Rough Sleeping

13. The team are supporting the significant work programme within the Homelessness and Rough Sleeping service. Services being commissioned include elements funded through the Department for Levelling Up, Housing and Communities' Rough Sleeping Initiative. The team have recently commissioned and mobilised a coproduction and consultation development

project to increase service user participation, a tri-borough service with Hackney and Tower Hamlets Councils to provide psychotherapy support to rough sleepers, and a mobile intervention service which provides support to service users who have moved away from the streets to a range of temporary accommodation settings.

14. The team is progressing with the procurement to appoint a service provider for the new assessment service at Snow Hill Court and supporting the mobilisation of the High Support Hostel for single homeless adults, which is due to open imminently.

#### Registrar Service

15. The Registrar service is managed by the London Borough of Islington through an agreement with the City of London under section 113 of the Local Government Act 1972. The Proper Officer is appointed by each local authority to manage the registration service, and they have overall responsibility for the delivery of the statutory registrations of births, marriages, and deaths. The post of Proper Officer should be held by a senior officer in a position to make decisions and influence the provision of the local registration service at all levels, and is generally held by the Director of Community and Children's Services, or an Assistant Director under the Scheme of Delegations. The Home Office has agreed that, during the period of recruitment for the new Director of Community and Children's Services, the Director of Public Protection and Regulatory Services in Islington will fulfil this role on a temporary basis. Regular monitoring of the service will continue to be undertaken by the Commissioning Team.

#### City Connections Carers Pilot

16. A new nine-month pilot service for City Carers commenced on 17 October 2022. The service is led by the Carers Centre Tower Hamlets and includes weekly drop-in sessions, one-to-one support, and a new fortnightly carers group. It is one of the key actions from the Carers Strategy implementation group. The outcomes and uptake of the pilot will inform the future commissioning of the City Connections Service. Additional information on the pilot can be found on the City Connections website at: <https://cityconnections.org.uk/are-you-a-carer/carers-support-information/carers-connections>.

#### Healthwatch

17. The Healthwatch City of London contract has been extended for one of the possible two years and includes a one-off uplift in costs to enable the retention of additional staff. Additional funding opportunities are being sought to facilitate the continued funding envelope for the contract for the final potential year. Healthwatch England are in discussion with the Department of Health and Social Care regarding the funding of all Healthwatch offices on an ongoing basis. Recruitment for a new General Manager was completed in October.

## Golden Lane Leisure Centre

18. The team is exploring the implications and potential of a contract extension with Fusion Lifestyle for the management of Golden Lane Leisure Centre beyond 31 March 2023. The extension will need to provide adequate time for the Corporation's new sports strategy to be completed by the Town Clerk's Department throughout 2023, in order to inform the long-term vision for sport in the City, and the service at Golden Lane.
19. A contract extension may have additional revenue implications for the department, with provisional discussions identifying the need for the City to underwrite the financial risk of future energy prices. There may also be capital funding needs to renew mechanical and electrical equipment including the plant supporting the swimming pool. It may be that such investment aligns with the ambitions – and potential funding streams - of the Climate Action Strategy.
20. A report will be presented to this Committee in January 2023, setting out the options and implications of a contract extension with Fusion Lifestyle, and seeking Members' decision.

## New Responsible Procurement Requirements

21. The team will ensure that the recent policy changes within the Procurement Code are embedded within working practices from 1 January 2023. The changes include an increased 15% weighting allocated to responsible procurement within tenders, increased consideration to economic, environmental, climate and social aspects to minimise the negative impacts and maximise the potential benefits including social value.

## **Corporate & Strategic Implications**

22. The Commissioning Team's sourcing plans and work plan are centred around the delivery of the Corporate Plan and Departmental Business Plan objectives, most notably the aim to 'Contribute to a flourishing society'.

## **Financial implications**

23. The Commissioning Team's work will continue to focus on delivering value for money and savings within the department's budget in the financial year 2022/23.

## **Resource implications**

24. Not applicable.

## **Legal implications**

25. Not applicable.

## **Risk implications**

26. Not applicable.

### **Equalities implications**

27. Equalities considerations are included throughout the commissioning and management of services. Providers are required to report on the service's key performance indicators and assess the take-up and use of services from target groups.

### **Climate implications**

28. Not applicable.

### **Security implications**

29. Not applicable.

### **Conclusion**

30. The team continues to implement a strategic approach to commissioning, prioritising workload and effective partnership working across the range of services and contracts. The team aims to manage service performance and ensure high-quality outcomes for City residents.

### **Appendices**

- Appendix 1 – DCCS contracts register (Non-public)

### **Greg Knight**

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Commissioning and Partnerships  
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E: [greg.knight@cityoflondon.gov.uk](mailto:greg.knight@cityoflondon.gov.uk)

<b>Committee(s):</b> Community and Children's Services Committee – for information	<b>Dated:</b> 25th November 2022
<b>Subject:</b> Report of Action Taken	<b>Public</b>
<b>Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?</b>	As set out in the full reports presented for the urgent decision
<b>Does this proposal require extra revenue and/or capital spending?</b>	
<b>If so, how much?</b>	
<b>What is the source of Funding?</b>	
<b>Has this Funding Source been agreed with the Chamberlain's Department?</b>	
<b>Report of:</b> Town Clerk	<b>For Information</b>
<b>Report author:</b> Julie Mayer – Committee and Member Services Officer	

## Summary

This report sets out decisions taken under urgency provision, in accordance with Standing Order 41, since the last meeting of the Committee

### HEALTH AND WELLBEING BOARD: BETTER CARE FUND (BCF)

The Better Care Fund (BCF) programme was established in 2013 and supports local systems in successfully delivering the integration of health and social care in providing better outcomes for people and carers. The Fund is based on a pooled budget of funding from Clinical Commissioning Groups (CCGs) and Local Authorities.

Guidance for Plans for 2022/23 was published in July 2021, and all plans have to be approved by the local Health and Wellbeing Board (HWB). Although the plans are submitted after the start of the financial year, local areas are allowed to continue with schemes from the previous year. A range of schemes are funded through the BCF, and the City of London's schemes in the 2022-23 plan remain broadly the same as previous years, but with a change to elements of the hospital discharge scheme, to reflect changing requirements and guidance.

### Reason for Urgency

Following the death of HM Queen Elizabeth II on 8th September 2022, and the national period of mourning, the meeting of the Health and Wellbeing Board scheduled for 16th September 2022 was postponed. In order to meet the deadline for submission of 26th September 2022, to the Department of Health and Social Care, the report was progressed under urgency provisions.

### **Implications – Financial, Legal and Equality**

The City of London Corporation only contributes required funding to the pooled budget and does not contribute any additional funding. City Corporation schemes are funded above the minimum required from the pooled budget.

### **Action Taken – the Town Clerk, in consultation with the Chair and Deputy Chair of the Health and Wellbeing Board:**

1. Approved the Better Care Fund End of Year Submission for 2021 – 22.
2. Approved the proposed Better Care Fund Plans for 2022/23.
3. Noted that any changes to the repayment plan will require further Committee approvals in the usual way. This would still provide for consideration under urgency and should not prevent a delegated authority from being sought, should the opportunity present.

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