



Health and Social Care Scrutiny Committee

Date: WEDNESDAY, 18 JANUARY 2023

Time: 11.00 am

Venue: COMMITTEE ROOMS, WEST WING, GUILDHALL

Members: Deputy Christopher Boden (Chair) Andrew Mayer
David Sales (Deputy Chairman) Steve Stevenson, Healthwatch City of London representative

Enquiries: Ben Dunleavy

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Michael Cogher
Acting Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES**

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

3. **MINUTES**

To agree the minutes of the meeting held on 30 November 2022.

For Decision
(Pages 5 - 8)

4. **WORKPLAN**

To receive the Committee's workplan.

For Decision
(Pages 9 - 20)

5. **SERIOUS UNTOWARD INCIDENTS**

The Chair of Healthwatch City of London to be heard.

For Discussion
(Pages 21 - 34)

6. **ADULT SOCIAL CARE REVIEW OF EARLY INTERVENTION PILOT**

Report of the Interim Director of Community and Children's Services.

For Decision
(Pages 35 - 44)

7. **CITY AND HACKNEY PLACE-BASED PARTNERSHIP RESIDENT INVOLVEMENT**

Report of the Director of Delivery, City and Hackney Place-based Partnership.

For Discussion
(Pages 45 - 52)

8. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

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

10. **EXCLUSION OF THE PUBLIC**

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

Part 2 - Non-Public Reports

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

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

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HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE Wednesday, 30 November 2022

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at
Committee Rooms, West Wing, Guildhall on Wednesday, 30 November 2022 at
11.00 am

Present

Members:

Deputy Christopher Boden (Chairman)
David Sales (Deputy Chairman)
Andrew Mayer
Steve Stevenson

Officers:

Ben Dunleavy	- Town Clerk's Department
Kate Bygrave	- Community and Children's Services Department
Adi Cooper	- Chairman of the City and Hackney Safeguarding Adults Board (CHSAB)
Simon Cribbens	- Community and Children's Services Department
Kehinde Haastrup-Olagunju jnr	- Town Clerk's Department
Barbara Hamilton	- Community and Children's Services Department
Chris Lovitt	- Community and Children's Services Department
Ian Tweedie	- Community and Children's Services Department
Ellie Ward	- Community and Children's Services Department

1. APOLOGIES

There were no apologies.

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

There were no declarations.

3. MINUTES

3.1 Note of inquorate meeting - 27 September 2022

The note of the inquorate meeting on 27 September 2022 was noted.

3.2 Minutes - 21 July 2022

The minutes of the meeting held on 21 July 2022 were approved as a correct record.

4. **WORKPLAN**

Members reviewed the Committee's workplan for the meetings in 2023.

RESOLVED, that – the workplan be approved.

5. **ANNUAL TERMS OF REFERENCE REVIEW**

Members received a report of the Town Clerk relative to the annual review of the Committee's terms of reference.

Members noted the proposal from officers to include a reference to the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 in the terms of reference.

RESOLVED, that – the suggested revisions to the terms of reference be endorsed.

6. **EMPLOYMENT OPPORTUNITIES FOR PEOPLE WITH LEARNING DISABILITIES AND AUTISM**

Members received presentations from Officers in the Department for Community and Children's Services relative to employment opportunities for people with learning disabilities and autism.

The following points were noted:

- Following the signing of an agreement with the National Development Team for Inclusion and the Department of Education, officers from the Department for Community and Children's Services would be establishing local employment forums to secure work placement and supported internship opportunities for young people with educational needs.
- Officers have secured a grant of £50,000 to run a programme until the end of March 2023 with the aim of targeting up to ten young people. This grant also offers the chance for additional funding if there is an increase in the number of learners requiring support.
- The City Corporation, as a body exercising local authority functions, needed to ensure that the forums were in place, and that employers had knowledge of them, and access to them. Employers also needed to have detailed information as to the expectations of the employer, the young person and the local authority.
- The key element was to have active membership in the forums, and to have active involvement from the employers.
- The City Corporation had had to supply anticipated numbers of 10-12 participants as part of the grant application, but hoped numbers would rise to around 15-20. Officers wanted to ensure they had the time and resource to give participants as much as support as possible.
- There were 12 adults with learning disabilities known to the Adult Social Care team, aged between 29-60. Support schemes had been impacted by the pandemic, and the team were currently working restarting these.

The Chairman informed Members that he had requested for this topic to be included on the agenda as it was a problem across the country, and he wanted to congratulate officers on the work that was being done. He felt that this area was a real opportunity for the City. The Square Mile had the greatest concentration of employers in the country, and there was great scope for these employers to employ those with learning difficulties, for the potential benefit of both. He referred to studies that have been done on people with learning disabilities in employment, which showed that those with disabilities remain in jobs longer and provide a greater mutual advantage. He was concerned that there was not currently a coordinated attempt to develop these opportunities, and said that these concerns were shared with the Chairman of the Policy and Resources Committee. The Chairman said that he planned to ask a question of the Policy Chairman at the meeting of the Court of Common Council in January on this subject.

A Member asked if there was any information on what employers already do in this area, as they were concerned about the risks of an untargeted campaign. The Chairman said that the first place the city Corporation should begin with itself. The Chairman and officers both noted that there was a challenge in getting the requisite data, as many employees were wary of disclosing any disabilities, an issue which was not unique to the City Corporation.

RESOLVED, that – the presentations be received and their contents noted.

7. CITY AND HACKNEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021/22

Members received a report of the Independent Chair of the City and Hackney Safeguarding Adults Board, relative to that Board's Annual Report for 2021/22.

The Chairman commented that while the report covered both the City and Hackney, it was mainly focused on the latter. He asked if there were any supplementary processes for extra oversight of vulnerable individuals in the City of London population. Officers replied that the City and Hackney Safeguarding Board had a specific sub-board for the City of London, involving all the partner agencies.

The Chairman while the report included information on supporting the victims of modern slavery, he would also like to see more work done on the identification of cases. In reply, officers said that this was a priority for 2022/23. The Chairman requested that a follow-up on this work be brought to the Committee in twelve months' time.

RESOLVED, that – the report be received and its contents noted.

8. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE

There were no questions.

9. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

The Member representing City Healthwatch expressed his concerns regarding the concept of virtual wards. They approved of the idea but felt that it was the worst possible time for the initiative to be deployed. They asked if it was planned to use virtual wards in the City. Officers replied that City and Hackney were currently considering the use of virtual wards. The Chairman requested that an update on the issue of virtual wards be brought to the Committee at its meeting in May 2023. Officers suggested that it might also be beneficial to include information on anticipatory care in this report.

The meeting ended at 12.13 pm

Chairman

Contact Officer: Ben Dunleavy

ben.dunleavy@cityoflondon.gov.uk

Health and Social Care Scrutiny Committee

2023 dates

- 18 January 2023
- 9 May 2023
- 4 October 2023

Workplan

	Topic	Suggested Meeting
	Public Involvement and Transparency in the ICS	January 2023
	Early Intervention and Prevention Services	January 2023
	Untoward incidents within health providers which work with the City of London Corporation	January 2023
	Surgery capacity	June 2023
	Children in social care	June 2023
	Impact on older people of COVID and related government support measures	June 2023
	Government policy on adult social care	October 2023
	Making Every Contact Count Initiative Impact Report	October 2023
	Health Visiting Services for new born children	October 2023
	System Priorities for health and social care and NEL ICB intelligence	tbc

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AMHP	Approved Mental Health Practitioner	AMHPs are mental health professionals who have been approved by a local authorities to carry out certain duties under the Mental Health Act. They are responsible for coordinating assessment and admission to hospital if needed. They may be: social workers; nurses; occupational therapists; psychologists
ASC	Adult Social Care	<p>Although it can include medical help, social care offers more practical support to enable people to live independently. These services are usually provided in people's homes, care homes or elsewhere in the community, rather than at a GP practice or hospital.</p> <p>The City of London has its own internal Adult Social Care Team.</p>
BCF	Better Care Fund	<p>The BCF programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.</p> <p>The Health and Wellbeing Board are required to submit BCF Plans</p>
BIA	Best Interests Assessor	<p>BIA work under the Deprivation of Liberty Safeguards. The BIAs role is to look at the conditions surrounding the provision of care or treatment and decide whether or not those conditions deprive the relevant person of their rights to liberty and security of under Article 5 of the Human Rights Act 1998.</p> <p>Many BIAs are from the four qualifying professions (social work, occupational therapy, nursing, and psychology)</p>
CAF	Common Assessment Framework Assessment	Usually undertaken in Early Help Cases. The CAF is a process used by Children's Social Care to identify children's unmet needs and support them and their parents or carers to create an action plan to provide the best support possible. The CAF aims to streamline the process of helping at-risk children by

		allowing multiple agencies to communicate and work together as a team
C&FA	Child and Family Assessment	<p>Single Assessment undertaken by CSC. The purpose of a C&FA is to gather sufficient information about the child and family to understand its needs and make decisions about:</p> <ul style="list-style-type: none"> • The nature and impact of the concerns or needs described in the referral and what intervention or support is necessary; • Whether the child meets the criteria for ongoing services as a 'Child in Need'. <p>A maximum timescale of 45 working days from the point of referral to completion allows flexibility and individualisation of response, but the speed should be determined by the needs of the particular children and presenting risk. The assessment must include visits to the child</p>
	City and Hackney System	Colloquial term used as an umbrella term for organisations involved in the City and Hackney Integration system. Including; London Borough of Hackney, City of London Corporation, Homerton University Hospital NHS Foundation Trust, East London NHS Foundation Trust, City and Hackney GP Confederation
CFT	Children and Families Team	A Team within DCCS that Incorporates Duty, Children's Social Care and Early Help. First point of contact for a range of social work support for adults, children and families, asylum seekers and hospital patients.
CHSCB	City and Hackney Children Safeguarding Board	The City of London and Hackney Safeguarding Children Partnership (CHSCP) is established in accordance with the Children Act 2004 (as amended by the Children and Social Work Act 2017) and the statutory guidance issued within Working Together to Safeguard Children 2018 and identify and respond to the needs of children, commission and publish local child safeguarding practice

		reviews and provide for independent leadership and scrutiny.
CHS	Community Health Services	<p>Shifting more care out of hospital and into the community is one of the improvements outlined in the NHS Long Term Plan</p> <p>CHS cover a wide range of services and provide care for people from birth to the end of their life. Services involve partnership working across health and social care teams, made up of a variety of professionals including GPs, community nurses, allied health professionals, district nurses, mental health nurses, therapists and social care workers.</p> <p>Services are mainly delivered in people's homes, (this includes care homes) but also in community hospitals, intermediate care facilities, clinics and schools.</p>
CiCC	Children in Care Council	<p>The City of London Children in Care Council (CiCC) is for young people who have experience of being in care.</p> <p>Young people will meet throughout the year and talk about how children and young people are cared for by the City of London, make suggestions to make services better and get involved in making changes and improvements.</p> <p>When you are looked after by the City of London Corporation you are automatically a member of the CiCC.</p>
CIN	Child/Children in Need	<p>Children in need are a group supported by children's social care, who have safeguarding and welfare needs, including:</p> <ul style="list-style-type: none"> • children on child in need plans • children on child protection plans • looked after children • disabled children <p>All of these children have needs identified through a children's social care assessment or because of their disability, meaning they are expected to require services and support in order to have the</p>

		<p>same health and development opportunities as other children.</p> <p>A CIN Plan contains all the support which is provided to a child or family by Children's Services</p>
CLA – (Sometimes LAC)	Children Looked After (sometimes Looked After Children)	<p>Children that are looked after by a local authority. The local authority takes on the responsibility for the children as if it was a parent. Children in care are taken care of by the local authority.</p> <p>The City of London acts as "Corporate Parent" for our Looked After Children.</p>
CMHTs	Community Mental Health Teams	<p>Provide support to people with mental illness who are living in the community. They are made up of a range of professionals including Psychiatrists, community psychiatric nurses, occupational therapists and support workers.</p> <p>In the City and Hackney these include; CMHT (Older People), EQUIP</p>
	Community Navigation / Community Navigators	Delivered by Age UK to provide support to individuals to access activities and support from voluntary community organisations to support their personal and health aspirations
CPP	Child Protection Plan	A local Authorities plan with a family to support children who are subject to a child protection order
CQC	Care Quality Commission	The CQC is a register and monitoring body for care providers. They inspect and rate services in order to protect users. The CQC publishes independent reviews on major quality issues in Health and Social Care
CYP	Children and Young People	
DFGs	Disabled Facilities Grant	<p>Government benefit to help homeowners on low incomes fund essential adaptations</p> <p>The DFG aims to support disabled and older people to be independent, enabling carers to continue their role safely, preventing accidents and helping people to return from hospital.</p>

DHSC	Department of Health and Social Care	
DN	District Nurse	What do they do?
DoLS	Deprivation of Liberty Safeguards	
DToC	Delayed Transfer of Care	When a person is ready to be discharged from hospital to a home or care setting, but this must be delayed. This can be for a number of reasons.
EDT	Emergency Duty Team	Out of Hours Duty for what provided by Hackney
ELFT	East London Foundation Trust	
GP	General Practitioner	
HWB	Health and Wellbeing Board	Established under the Health and Social Care Act 2012 as a partnership forum where key leaders from the local health forum come together to improve health and wellbeing of the local population. They have a statutory duty with the local CCGs to produce a joint strategic needs assessment and a joint health and wellbeing strategy for the local population
IAPT	Improving Access to Psychological Therapy	Programme to improve access to mental health, particularly around the treatment of adult anxiety disorders and depression
ICB	Integrated Commissioning Board	The ICB has delegated decision making responsibility for the pooled budget. Hackney ICB and City ICB each make recommendations to their respective local authorities on aligned fund services. Each ICB will receive financial reports from it's local authority This needs a tweak or two
ICS	Integrated Care System	The ICS is an "evolved form of the Sustainability and Transformation Partnership that is working as a local integrated health system. They are systems in which NHS organisations in partnership with local authorities choose to take clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they get far more control and freedom over the total operations of the health system in their area Needs to say NEL
ICP	Integrated Care Partnership	Operate as a statutory committee, bringing together the NHS and Local Authorities as equal partners to focus

		more widely on health, public health and social care. ICPs include representatives from the ICB, the local authorities and other partners and NHS providers, public health, social care, housing services and voluntary and community sector organisation. They are responsible for developing an integrated care strategy that sets out how the wider health needs of the local population will be met.
IFA	Independent Fostering Agency	
IRO	Independent Reviewing Officer	
JSNA	Joint Strategic Needs Assessment	The process by which local authorities and partner organisations assess the current and future health, care and wellbeing needs of the local community to inform local decision making. JSNAs usually identify inequalities and illustrate trends in the local system. They also outline community views
LAC Note that sometimes expressed as CLA	Looked After Children	A child that has been in the care of a local authority for more than 24 hours
LSCB	London Safeguarding Children Board	
MASH	Multi Agency Safeguarding Hub	
MCA	Mental Capacity Act	
MDT	Multidisciplinary Teams	MDTs bring together staff from different professional backgrounds (e.g. social workers, community nurses, occupational therapists, GPs and any specialist staff) to support the needs of a person who requires more than one type of support or service. MDTs are often discussed in the same context as joint working, interagency working and partnership working
MECC	Making Every Contact Count	A programme across city and Hackney to improve people's experience of the service by ensuring all contacts with staff are geared towards their needs
MSP	Making Safeguarding Personal;	What does that mean? Do we really use the acronym
	Neighbourhood Programme	The neighbourhood model builds localised integrated care services across a population of 30,000-50,000 residents. It

		focusses on prevention as well as wider social and economic determinants of health. The City is in the Shoreditch Park and City (SP&C) neighbourhood
NEET	Not in Education, Employment or Training	
NEL	North East London	North East London is an arm of the East London Health and Care Partnership comprising of 7 CCG's in North East London (City and Hackney, Havering, Redbridge, Waltham Forest, Barking and Dagenham, Newham and Tower Hamlets)
NHSE	NHS England	Executive body of the Department of Health and Social Care. Responsible for budget, planning, delivery and operational sides of NHS commissioning
NHSI	NHS Improvement	Oversight body responsible for quality and safety
OT	Occupational Therapist	
	Primary Care	Primary Care services are the first step to ensure that people are seen by the professional best suited to deliver the right care and in the most appropriate setting. Primary care includes GPs, community pharmacy, dental and optometry services
PCN	Primary Care Network	Bringing together GP practises from the geographical area to work at scale to cover a population of 30-50,000 people. But map to our neighbourhoods – important point
	Place-based partnerships	Place-based Partnership involve organisations working together to improve care for a geographic population. Partnerships involve a broad range of agencies and sectors and are able to draw on a wider range of levers to deliver health outcomes. The City and Hackney is the local PBP.
	Provider collaboratives	Partnerships that bring together 2 or more NHS trusts to work together at scale to benefit their populations. Non-NHS providers and Voluntary and community sector organisations, and independent providers are offered the opportunity to take part where this will benefit patients
PPU	Public protection Unit	
QSW	Qualified Social Worker	
	Reablement	A service provided to anyone on leaving hospital that is most commonly delivered

		by adult social care with the aim of supporting people so that they are not readmitted to hospital
S17 Can we group Sections when they related to same group	Section 17 Enquiry	<p>Under Section 17 Children Act 1989, a child will be considered in need if:</p> <ul style="list-style-type: none"> • they are unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the Local Authority; • their health or development is likely to be significantly impaired, or further impaired, without the provision of services from the Local Authority; • they have a disability. <p>Children in need may be: children with SEND, young carers, children who have committed a crime;</p> <p>children whose parents are in prison; or, asylum seeking children.</p>
S47	Section 47 Enquiry	Part of a Child Protection Investigation. A Section 47 Enquiry is initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm.
SAR	Safeguarding Adults review	
	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.
SEND	Special Educational Needs and Disabilities	
	Social Prescribing	this enables GPs Nurses and other primary care professionals to refer people to a range of non-clinical services, support or activities, often provided by the voluntary and community sector. Social prescribing seeks to address people's needs in a holistic way, and to support individuals to take greater control of their own health
SSA	Supported Self Assessment	A needs or carer's assessment led by the individual and supported by the local authority. A self-assessment can only be

		offered if the individual is willing and able to carry it out. Local authorities should provide as much or as little support as the individual needs to do this. Local authorities collect the same information about the individual as they would through another assessment format (such as face to face) but they may wish to customise this so it is easier for the person to understand.
SW	Social worker	Social workers are professionals who support adults, children, families, and communities to improve their lives
TAC	Team Around the Child	A multidisciplinary team meeting of all workers who are involved with supporting a child or a family through Children's Social Care. This could include Social Workers, therapist's teacher sand GP's
TAF	Team Around the Family	
	Tertiary Care	Care for people needing specialist treatments. Patients may be referred to for tertiary care from either primary or secondary care. Bart's Hospital is the local provider delivering tertiary care services. Particularly referrals from specialist national centres
UASC	Unaccompanied Asylum Seeking Child	A young person under the age of 18 who is seeking asylum but does not have parents, carers or guardians with them
VCSE	Voluntary, Community and Social Enterprise	Volunteer involving organisations, charity sector and community groups, and social enterprises that provide support and services

Additional information and definitions can be found at

[Health and care defined | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/health-and-care-defined)

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Managing patient, staff and public safety in the NHS

Gail Beer, Chair, Healthwatch City of London
18th January 2023

Local and strategic management

- Patient safety systems are a fundamental foundation of the [NHS patient safety strategy](#). Each organisation in the English healthcare system (both NHS and non-NHS) has its own remit and responsibility for improving patient safety.
 - Hospitals, general practices and other providers are responsible for the safety of their patients and sharing local information about risks and best practice.
 - Patient safety is supported from neighbourhood and place to system, via integrated care systems (ICSs), to ensure the provision of safe care and help to tackle problems that cut across care settings.
- ICS are supported by NHS regional teams and ultimately the NHS England national patient safety team and other national colleagues who co-produce patient safety policy, advice, guidance, strategies and programmes designed to improve safety systems.
- The [National Patient Safety committee](#), established in 2021, brings key national healthcare organisations together to address complex patient safety issues that require cross-organisation effort and input, to make care safer within the

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Patient Safety Incident Response Framework (PSIRF) August 2022 (Implementation Autumn 2023)

General Principles

- The PSIRF is a contractual requirement under the NHS Standard Contract therefore mandatory for services provided under that contract, including acute, ambulance, mental health, and community healthcare providers.
- Primary care providers may also wish to adopt PSIRF, but it is not a requirement at this stage.
- Compassionate engagement and involvement of those affected by patient safety incidents
- Application of a range of system-based approaches to learning from patient safety incidents
- Considered and proportionate responses to patient safety incidents
- Supportive oversight focused on strengthening response system functioning and improvement

Categorising incidents

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Never Events

Serious Incidents

Clinical Incidents

Non –Clinical Incidents

Never events: What are they?

Never events- Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. May not result in death or serious harm but should not happen.

There is no financial penalty for never events.

Agreeing what is reportable as a never event nationally is agreed between the provider and the commissioner.

Examples:

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Wrong site surgery. Wrong implant/prosthesis retained foreign object post procedure.

Administration of medication by the wrong route. Mis-selection of high strength midazolam during conscious sedation.

Failure to install functional collapsible shower or curtain rails. Falls from poorly restricted windows chest or neck entrapment in bed rails, scalding

Transfusion or transplantation of ABO-incompatible blood components or organs . Misplaced naso- or oro-gastric tubes Scalding of patient. Unintentional connection of a patient requiring oxygen to an air flowmeter

All Never events must be reported: National Reporting and Learning System (NRLS)

Serious incidents: A definition

- Serious incidents: adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified.
- Serious incidents include acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm, abuse.

Investigating serious incidents

Discussions with partners (including the police or local authority for example) if other externally led investigations are being carried out. Ensures investigations are managed appropriately, that the scope and purpose is clearly understood (and those affected informed) and that duplication of effort is minimised wherever possible.

Root Cause Analysis (RCA), applied for the investigation of Serious Incidents.

Comprehensive investigations - suited to complex issues which should be managed by a multidisciplinary team involving experts and/or specialist investigators

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Independent investigations - for incidents where the integrity of the internal investigation is likely to be challenged or where it will be difficult for an organisation to conduct an objective investigation internally due to the size of organisation, or the capacity/ capability of the available individuals and/or number of organisations involved.

The level of investigation should be proportionate to the individual incident and completed within 60 days and independent investigations within 6 months of being commissioned.

Serious Incidents should be closed by the relevant commissioner when they are satisfied that the investigation report and action plan meets the required standard.

Incidents can be closed before all actions are complete but there must be mechanisms in place for monitoring on-going implementation.

Clinical and non-clinical incidents

An event that causes a loss, injury or a near miss to a patient, staff or others.

Example incidents that should be reported:

Clinical Issues – Medication, poor transfers of care, infection issues, medical device failure, delays in treatment, unexpected outcomes, pressure sores.

Environment Issues – Accidents, violence and aggression, staff ill health directly related to their work.

Professional Issues – Records, breaches of confidentiality, standards, registration. Services – loss of service, loss of data, performance issues, financial loss

All should be reported on Datix

Thematic causes of failure

- Poor leadership
- Lack of training
- Staffing levels and competence to carry out tasks
- Equipment/estate breaks down/staff not trained
- Poor environment
- Culture of an organisation

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What should we be encouraging?



- Culture of reporting incidents as need to understand what's happening and identify risks that can be prevented
- Transparency with those affected
- Supportive environment to do RCA and investigations
- Action to change
- Organisational and team learning
- Being open to take external scrutiny and action if required

What should we be looking for?



- Systemic failures
- Repetitive failures
- Failures with common themes
- Preventable failures
- Failure to learn the lessons and implement change
- Not reporting

Any questions?

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Committee(s): Health and Social Care Scrutiny Committee	Dated: 18/01/2023
Subject: Adult Social Care Review of Early Intervention Pilot	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1, 2, 3,
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	£
What is the source of Funding?	
Has this Funding Source been agreed with the Chamberlain's Department?	Na
Report of: Claire Chamberlain, Interim Director, Community and Children's Services	For Discussion
Report author: Kate Bygrave, Department of Community and Children's Services	

Summary

The City of London Corporation Adult Social Care Team developed and delivered a pilot early intervention programme, to allow Adult Social Care staff to access funds for one-off purchases that will improve the wellbeing of service users with creative and simple solutions. This report updates members on an evaluation of the programme.

In total during the pilot 46 purchases were made, ranging from household items like hair clippers and a microwave, to sports equipment, safety equipment and zoom licenses to improve connectivity for informal carers.

The Early Intervention project initially ran from July 2021 to April 2022 and has been extended for 2022/23 due to the positive feedback from staff and clients. The pilot was particularly successful for Rough Sleeping and Homelessness and a funded additional, separate budget has been obtained to support delivery in this area. It is anticipated by the Adult Social Care team that additional pressures due to the economic and energy pressure will see an increase in need for the Early Intervention work

Recommendation(s)

Members are asked to:

- Note the report.

Main Report

Background

1. Under the Care Act 2014, local authorities are required to actively promote individual wellbeing and independence. This involves providing early interventions to support adults and carers in order to either prevent, delay or reduce the need for care as much as possible. A new and innovative approach was developed to improving wellbeing and reducing care needs of adults with social care needs.
2. In April 2021 the City of London Adult Social Care team held a workshop to develop a new innovate approach to delivering Early intervention and to design a pilot.
3. The pilot of this work ran between July 2021 and April 2022, which supported the wider strengths-based approaches across the service.
4. The pilot aimed to identify low-cost, one-off interventions that would improve the wellbeing and independence of adults with care and support needs.
5. £10,000 was allocated, for the Adult Social Care team to use to support individuals, not as an individual budget or an entitlement to residents, but as a fund available to provide potential one-off interventions that would support the health and wellbeing of residents.
6. The fund was accessible to social workers, strength-based practitioners, and occupational therapists. Any intervention under £200 did not require management approval.

Current Position

7. Feedback from a resident who received a large button phone and dial operated Microwave showed how these items had made a positive difference to their independence.

Key Data

8. 26 individuals were supported through the pilot, with examples of purchases including a microwave, hair clippers and swimming vouchers. Each intervention was specific to the needs and aspirations of the individual from conversations with the staff. 2 additional non-specific interventions were also made
9. Of these 26 adults, 18 were not in receipt of costed adult social care services, and were considered “on the edge of care”
10. In total 46 purchases were made to a total value of £5,288 out of a budget allocation of £10,000

Corporate & Strategic Implications –

Strategic implications – This pilot and the continuing of this early intervention meet Corporate Plan by ensuring people are safe and feel safe, people enjoy good wellbeing, people have equal opportunities to enrich their lives and reach their full potential

Financial implications - None

Resource implications - None

Legal implications – Under the Care Act (2014) the City of London have a duty to provide early intervention support to promote wellbeing and prevent, delay or reduce care needs where necessary.

Risk implications - None

Equalities implications – Adults engaged with Adult Social Care can be defined as individuals in need, and some of those needs are likely to be a result of a protected characteristic. The Care Act combined with Equalities legislation provide a context and framework for improving the wellbeing of vulnerable adults.

Climate implications – None

Security implications – None

Conclusion

11. Positive qualitative feedback from service users and social care staff resulted in the decision to continue the programme for 2022/23.
12. The success of this pilot in supporting homeless and rough sleeping adults resulted in a successful bid to allocate specific funds available to the Social Worker for Rough Sleeping and Homelessness, that is being monitored by the Homelessness and Rough Sleeping Service.
13. It is anticipated that during the winter of 22/23 there will be an increased need for the Early Intervention programme due to the cost-of-living and energy crisis. Cold weather packs have been put together to offer to Adult Social care users and have created an offer to replace old heaters with more economical and safer electric oil heaters.

Appendices

- Appendix 1 – City of London Adult Social Care Review of Early Intervention Pilot.

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City of London Adult Social Care Review of Early Intervention Pilot

1. Background

Under the Care Act (2014) Local Authorities must actively promote individual wellbeing and independence and intervene early to support adults and carers in order to prevent, delay or reduce needs wherever possible. The City of London has been meeting this duty in a variety of ways including Occupational Therapy, Reablement, Commissioning and Social Work practice.

Following an Adult Social Care team workshop in April 2021 a new innovative approach to delivering this duty was designed and piloted. The Early Intervention Pilot ran from July 2021 to April 2022 supporting a wider strengths-based approach across the service.

2. Project Overview

The premise of the pilot is to trust in the expertise of the practitioner and the expressed outcomes of the of the adult with care and support needs to identify low-cost one-off interventions which may improve their independence and wellbeing.

A budget of £10k was identified which any ASC practitioner could draw upon if, together with the adult resident, they identified a low-cost one-off intervention which could help improve the adults Wellbeing and in turn prevent, reduce, or delay needs.

For interventions of £200 or less practitioners did not need to seek management authorisation. Any higher cost interventions would need to be agreed with relevant managers.

It was made clear to all practitioners that the money was not to be viewed as an individual budget, is not an entitlement for residents, and the money was not to be discussed with residents as such. Instead, it was viewed as a resource that workers could tap into should a potential intervention arise through their work with the resident.

3. Interventions

The project ran for 8 months ending in March 2022 during which,

- 26 individuals were supported by the pilot,
- 2 additional non-adult specific interventions were made,
- 46 purchases were made costing a total of £5,288.

The following table shows a breakdown of usage by role.

Role	Interventions	Percentage
Social Workers (ASC)	12	43%
Social Worker (Homeless)	6	21%
Strengths Based Practitioners	6	21%
Occupational Therapy	3	11%
Other	1	4%

The following are examples of purchases made for residents as part of the project,

Microwave / Mobile Phone / Hair clippers / Swimming Vouchers / Door locks / Flight to Italy / Headphones / Portable lights / Zoom license / Massage Gun / Boxing Gloves / Highway Code /

Cooking Starter Kit / Vacuum Cleaner / Winter Boots / Curtains / Fridge Freezer/ Telephone / Poster for room/ Fishing equipment/ Television / Narrow boat equipment /Kettle / Bedding/ Mattress

4. Impact

Practitioners were asked to record all interventions on a spreadsheet at the time of the intervention including,

- The desired impact of the intervention
- Cost of the intervention
- the cost of any current care
- The views of the resident and of the practitioners

They were then asked to revisit this at the end of the pilot noting any changes.

An analysis of the data showed that the interventions broadly fitted within the following categories,

Easy Operation Devices

These included easy to operate large-buttoned phones and a dial operated microwave for someone who was visually impaired. Feedback from residents was positive around the difference the items made for them in terms of independence, although one resident fed-back that they would have preferred a touch screen phone.

Leisure Activities

The purchase of fishing equipment was adjudged by the practitioner to be *'a really useful intervention for (a man) who was feeling suicidal and low and who recognised himself that going fishing would give him a distraction and something meaningful to do.'*

Sports equipment and a massage gun were purchased for a man with mental health disorder. He continues to engage with sport related community activities which are related to his long-term goals.

Swimming vouchers were purchased for a man with an opiate addiction. He reported that if he had more reasons to get out of the hostel this would reduce his temptation to use, and said he'd like to swim as a way to help his mental and physical health. He initially reported the intervention as very helpful but left the area prior to the end of the pilot.

Home Safety

Several interventions were made to improve safety at home for residents known to Adult Social Care. New locks were installed for one person who otherwise would have been *at immediate and significant risk*, while another had a fridge replaced which was broken and leaking water onto the floor creating a slip- hazard.

Following an accident while lifting a large kettle of boiling water, a resident was provided with a small cordless kettle.

A resident sleeping on a mattress on the floor was experiencing back pain and difficulty getting up. A bed frame was provided and when later asked for his feedback, he thanked the worker saying his back felt better and he was no longer struggling to get up off the floor.

Accessing the Community

Winter boots were provided to 2 people. One was a former rough sleeper who liked to walk every day. He expressed gratitude and said the boots enabled him to return to his accommodation at night, whereas previously he would sleep rough because his feet hurt too much to return home.

The other person was supported to choose the boots but for the rest of the pilot period chose not to wear them. Professional opinion suggested this was a behaviour indicative of the adult's mental health condition rather than anything specific with the boots.

Hair clippers were purchase for one man who could not afford to get his hair cut. He had been developing sores on his head, his mental health was affected, and he did not want to leave his accommodation. He was very grateful for the clippers - repeatedly said thank you, became more engaged and more optimistic in his life. He continues to use them.

Moving and Accommodation

General equipment was provided to several people who were either, moving into independent accommodation for the first time, returning to accommodation after being homeless, or to maintain their existing accommodation.

A flight to Italy was bought for one person who wished to return to his country of origin but did not have the means. He was discharged from a mental health section into hotel accommodation paid for by the City of London as he had no recourse to public funds. He wanted to say thank you to all involved and for enabling him to return to Italy and restart his life.

A homeless man who had been given a boat by a friend was provided with essential equipment to enable him to live in the boat, including recommended fire safety equipment.

Non adult specific Interventions

There were 2 interventions that were not specific to any individual. The first of these was to fund 2 year Zoom licenses to support connectivity of informal carers. While difficult to assess the individual impact of this, it enabled a group of people with similar needs to stay connected during the Coronavirus pandemic.

The other intervention was purchasing a stock of long handled equipment for distribution by Strengths Based Practitioners. This is a collection of low-level equipment that can be given out quickly and easily at the front door for those not going through formal equipment assessment routes. This results in greater number of people receiving independence maintaining equipment, immediate availability, reduction in cost per item and delivery costs.

Safeguarding

As mentioned above several interventions were made to keep people safe at home while it is also worth noting that many of the interventions were for adults had recently been discharged from hospital, whether recovering from physical or mental health issues.

In terms of formal safeguarding, of the 26 adults involved 5 have since been subject of a safeguarding concern, all 5 meeting the criteria for a s42 Enquiry.

Four out of twenty-six had been the subject of previous safeguarding concerns including 2 s42 enquiries. None of these have been a subject of a concern since the intervention.

Cost Analysis

While it is recognised that a cost analysis over such a short period may be of limited significance, the results are relatively positive. At the time of the review there were no increases and one decrease in costs of care. It is worth noting that the expediting of a flight out of the country represented significant savings in accommodation and subsistence costs.

Cost of Care at time of intervention	Number of residents	Number whose care had increased	Number whose care had decreased	Number whose care had stayed the same
0	16	0	0	16
< 200 pw	3	0	0	3
>200 pw	7	0	1	6

5. Conclusions

While it is difficult to draw meaningful conclusions from the quantitative data, the overall feedback from social care staff and the adults themselves has proved to be positive with one social worker commenting that the *'Early intervention fund meant I could look to offer support to clients in creative ways.'*

Assessing impact is always difficult in terms of preventative work but it is reasonable to conclude that interventions around home safety have reduced risk, while others have provided a means to maintain or increase independence.

Some of the feedback from residents clearly identifies positive impact, such as the example of the person with the hair clippers, but the feedback received was often limited and relied on the workers recording of verbal conversations. A more systematic and consistent approach to gathering feedback would be of greater use in assessing impact.

All the people supported in the pilot had identified social care needs although the many could be considered to be 'at the edge of care', where needs were either not judged to be significant within the meaning of the Care Act or who only had one significant need. Of the 26 people supported during the pilot 18 were not receiving a costed adult social care service, although some had needs met through accommodation provision.

It is interesting to note that in the early months of the pilot there was very low uptake from the Adult Social Care team. Although practitioners were very positive and engaged in the development of the project, they found it difficult to apply to case work, reverting to regular practice interventions. When the fund was used, practitioners almost always sought management approval for interventions less than £200.

Similar findings were highlighted by Tanya Moore (2021) following a project undertaken in Hertfordshire where she concluded that,

'Autotomy requires trust, confidence and an ability to tolerate a level of anxiety. It has been highlighted that in some teams, the removal of management endorsement from assessments has proved to be a sticking point.'

By contrast the Social Worker for Homelessness and Rough Sleeping consistently engaged with the project and used more of the budget than any other single worker. While it is easy to draw

conclusions that this is due to the needs of the client group, further reflections suggest other factors may include the worker being to an extent outside of formal Adult Social Care systems and influences, and that as the role itself is innovative this may foster an environment more conducive to new approaches.

The overall workforce view on the pilot was, without exception, positive and is summed up from the following feedback received from a practitioner,

‘Having the support from management to use my initiative and listen to what would be actually helpful to the service user led to improved outcomes for clients and improved relationships. I could show to clients that we actually do want to help in a person centred way, and prioritise what they need to make meaningful change.’

6. Moving Forward

Following positive feedback from the Adult Social Care team a decision was made to continue with the project within the service for 2022/23. Monitoring continues to be in place which will be reviewed by the service and a more consistent approach to gathering service user feedback is being developed.

A successful bid was made for funds under the Rough Sleeping Initiative for a separate budget to be made available to the Social Worker for Rough Sleeping and Homelessness. Oversight and monitoring will now come from within the Homelessness and Rough Sleeping service.

This year will see an additional pressures within the context of the cost of living and energy crisis especially over the winter period. The Adult Social Care Strengths-based Practitioners are putting together cold weather packs to be offered to all Adult Social Care service users. Fire prevention will also be a focus during the winter with an offer to replace any portable fan heaters or old-style gas heaters with electric oil heaters which are more economical and recommended by the London Fire brigade as lower risk options.

Ian Tweedie

Head of Service, Adult Social care

References

Tanya Moore (2021) Complex and conscious. Case study of a change programme in a UK local authority adult care service through a complexity and psychoanalytical lens, Journal of Social Work Practice, 35:1, 39-50, DOI: 10.1080/02650533.2019.1692806

<https://doi.org/10.1080/02650533.2019.1692806>

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Committee(s): City of London Health and Social Care Scrutiny Committee	Dated: 18/01/2023
Subject: City and Hackney Place-based Partnership resident involvement	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	2, 3,4
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	£
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: Nina Griffith (Director of Delivery, City and Hackney Place-based Partnership)	For Discussion
Report author: Nina Griffith (Director of Delivery, City and Hackney Place-based Partnership), Jonathan McShane (Integrated Care Convenor, City and Hackney Place-based Partnership), Eeva Huoviala (Head of Public Engagement, City and Hackney Place-based Partnership)	

Summary

The purpose of this report is to provide the City of London Health and Social Care Scrutiny Committee with an update on resident involvement within the City and Hackney Place-based Partnership with particular focus on how the Partnership seeks to involve City of London residents.

Recommendation(s)

Members are asked to note the report and share comments and thoughts.

Main Report

Background

1. On July 1st this year, NHS North East London Clinical Commissioning Group (CCG) was replaced by a new organisation with slightly different powers and responsibilities, NHS North East London Integrated Care Board (ICB). The new organisation is known as NHS North East London. The ICB will enable and support the work of the North East London Integrated Care System.

The reform does not have a direct impact on front line health and care services such as hospitals, mental health trusts and GP practices, which will continue to be provided by existing providers.

City and Hackney Place-based Partnership is one of seven Partnerships across North East London with a remit of ensuring that the health and care needs of people living in City and Hackney are met. The other six are Barking and Dagenham, Havering, Redbridge, Tower Hamlets, Newham and Waltham Forest.

All NHS organisations have a statutory duty to involve local residents in their decision making and in City and Hackney we have a long history of doing so, working closely with our statutory and community and voluntary sector partners as well as our local Healthwatch branches. Both NHS North East London and City and Hackney Place-based Partnership are committed to working with local residents. These commitments are outlined in the North East London [‘Working with People and Communities Strategy’](#) and [City and Hackney Co-Production Charter](#), which was endorsed by the Integrated Care Partnership Board.

For clarity, this paper focuses on resident involvement in the City and Hackney Place-based Partnership, with focus on City residents.

Current Position

2. People and Place Group

City and Hackney People and Place Group was established in 2020 as an assurance group for resident involvement, equality & diversity and sustainability. It has a remit around assuring the City and Hackney Health and Care Board (previously Integrated Care Partnership Board) that meaningful resident involvement is taking place and that equality, diversity and sustainability are considered as part of that activity. Healthwatch City of London are a member of the group and regularly attend the meetings. Membership also includes City of London Corporation with representatives attending on ad hoc basis. We would welcome any thoughts on who would be best placed to attend on more ongoing basis going forward.

The Chair of the People and Place Group has a place on the City and Hackney Health and Care Board. Agendas are planned so that the People and Place

Group can consider the business coming to the City and Hackney Health and Care Board and provide patient and resident feedback and assurance that meaningful resident involvement is taking place.

Communications and Engagement Enabler Group

As a Place based partnership we seek to work closely with resident engagement and communication teams from across the area to plan, coordinate and align work as well as share good practice and resources. City and Hackney Integrated Care Communications and Engagement Enabler Group holds monthly meetings bringing together colleagues from across the patch to share information and facilitate joint working. Membership includes Healthwatch City of London, two members of the City of London Corporation communications team and a member of the Public Health Team. We are keen to extend City representation at this group in particular around resident engagement.

Direct resident involvement

There are currently a number of ways in which residents living in City of London can get involved in decision making and shaping local services. These are outlined below. Residents can:

- Work with Healthwatch City of London who are a local partner and who we involve in all major resident involvement activities
- Become a Public Representative for the City and Hackney Place-based Partnership to represent the views of their local community and help co-produce services
- Attend open meetings like [Community Voice in Health and Care](#) or [Shoreditch Park and The City Neighbourhood Meetings](#) and share their experiences of local health and care services
- Join a special interest group like [City and Hackney Older People's Reference Group](#), City and Hackney Young System Influencers or City and Hackney Maternity Voices Partnership
- Join the Patient Participation Group at your local practice (for Neaman Practice see [here](#)) to take part in decision making about your GP practice
- Become a Public Health Community Champion and help share key health information with your networks and communities
- Get involved in the Patient Experience forums or become a member at your local hospital Trust like Bart's Health NHS Trust or Homerton Healthcare NHS Foundation Trust.

To find out more about any of these opportunities residents can contact the City and Hackney Communications and Engagement team at cah.communications@nhs.net

Sharing information

As well as seeking to involve residents in our work we routinely share information with local stakeholders including City Healthwatch and City of London Corporation communication colleagues through

- Regular NEL stakeholder newsletters
- City and Hackney Practitioner Bulletin
- Information sharing with key partners on topics like ongoing service consultations, engagement opportunities, key health messages and campaigns.

Options

3. During 22/23 we have been carrying out a review of how we engage local residents, in particular looking at where there are gaps in terms of methods or reach. The review is led by a task group consisting of members of the Communication and Engagement Enabler Group and progress to date includes:

- Mapping good practice at national, regional and local level
- Equality Impact Assessment including 46 interviews with local statutory and VCS organisations. This included speaking to City of London Corporation, Healthwatch City of London, Bart's Health NHS Trust Patient Experience Team and Bart's Health and Faith Forum
- Stakeholder engagement on what good looks like
- Stakeholder engagement on how we get there (ADD COL representation)
- Development of a logic model to identify the outcomes we would like resident involvement to deliver and the actions needed to get there

Recommendations from the review include:

- Development of a Place-based resident engagement model with focus on addressing the gaps identified in the review
- public facing engagement offer (ongoing)
- Setting up a Community of Practice for engagement to share good practice
- Training and development offer around inequalities and engagement
- Shared engagement planner and a public facing engagement offer/toolkit

One of the gaps identified in terms of population cohorts were City residents and in particular people living in the Portsoken area. While all our engagement activities are aimed at both City and Hackney residents and we proactively promote involvement opportunities via City of London stakeholders, we want to ensure that these opportunities are accessible and relevant to City residents in order to ensure meaningful engagement.

From discussions with Healthwatch City of London colleagues we are also aware that they have raised this as a concern and we are working closely with them to

identify ways of increasing City residents' participation. Some of these are outlined in the next section.

Proposals

4. In order to ensure that City residents are able to get involved in shaping the health and care services within the Place-based Partnership the following steps are proposed (not an exhaustive list):
 - Continue to proactively promote the existing involvement mechanisms outlined in section 2
 - Review and establish information sharing routes to ensure most effective reach into City of London residents
 - Identify a regular City of London Corporation representative to attend People and Place Group meetings and review representation at Integrated Care Communications and Engagement Enabler Group
 - City of London Corporation and Healthwatch City of London representatives to input into the development of the Place-based resident involvement model (ongoing)
 - Community Voice manager to meet with Healthwatch City of London Manager to discuss resident involvement (completed)
 - Community Voice manager to undertake a mapping exercise of City based VCS groups (ongoing)
 - Targeted recruitment for new Public Representative from City of London (planning ongoing)
 - In all resident engagement grants including Community Voice grant, a proportion of activity and KPIs to be ring-fenced for City specific engagement activity e.g. City specific public meeting (topic TBC) and City specific Long Covid focus group to take place in Q4 of 22/23
 - In all resident engagement grants the performance monitoring to include breakdown of City vs. Hackney residents in attendance.

Key Data

5. Some of the key activity during 22/23 so far includes:

People and Place Group

- 7 x meetings

Public Representatives

- 28 x public representatives meeting weekly, supported by Engagement and Coproduction Manager

Community Voice

- 3x steering group meetings
- 3x open forums (Living with Covid, Patient Transport and Festive Forum)
- 3 x surveys (Long Covid, Pharmacy First, Bowel Cancer Screening)
- 2 x focus groups (Virtual Wards, Prevention Investment Standard)

- 2x insight reports

Neighbourhoods resident engagement

- 2 x Neighbourhood forums per area (incl. two in Shoreditch Park and the City)
- 7x summer events
- Regular Neighbourhoods Resident Involvement Group meetings

Older People's Reference Group (Sept 21-Oct 22)

- 4x advisory group/planning group meetings
- Quarterly postal newsletter and regular e-newsletter
- 1x Open Forum meeting
- 1x survey (Living with Covid)
- 1x focus group (Virtual Wards)
- On-going IT support offer to members
- Input into
 - City of London Safeguarding Adults Board
 - Ageing Well Strategy and working groups
 - Dementia Alliance
 - Developing Community Diagnostic Centres
 - Engagement review
 - Healthwatch and City Connections Home care contract
 - NHS Health Checks
 - Accessible Information standard – Healthwatch Hackney and Healthwatch England
 - Age UK national 'Out and about: tackling social isolation' campaign

Young System Influencers

- Two system influencers aged 18-30 working on the following projects
 - Data analysis in Quality Improvement Programme, Homerton Hospital
 - Marketing and Communications in Quality Improvement Programme, Homerton Hospital
 - Physical Activity and Healthy Weight in CYP, Public Health
 - CYP Community Navigation Project, Neighbourhoods

Corporate & Strategic Implications

Strategic implications – none

Financial implications - none

Resource implications - none

Legal implications - none

Risk implications - none

Equalities implications - none

Climate implications - none

Security implications - none

Conclusion

6. City and Hackney Place-based partnership remains committed to meaningful resident involvement. There are a range of opportunities for people to get involved in shaping services and these are aimed at people from City and Hackney and routinely advertised across both areas. We do however recognise that there is a need to increase participation from City residents and in section 4 we have identified some proposed actions to achieve this. We are keen to understand more about the mechanisms that would ensure City residents are able to engage in a way that feels meaningful, accessible and relevant.

Appendices

None

Nina Griffith (Director of Delivery, City and Hackney Place-based Partnership)

Jonathan McShane (Integrated Care Convenor, City and Hackney Place-based Partnership)

Eeva Huoviala (Head of Public Engagement, City and Hackney Place-based Partnership)

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