



Health and Wellbeing Board

Date: FRIDAY, 24 MARCH 2023

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
Clare Chamberlain, Interim 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

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<https://www.youtube.com/@CityofLondonCorporation/streams>

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Ian Thomas
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 15th July 2022.

NB. The Board scheduled for 16.9.2022 was inquorate and did not take place.

The Board scheduled for 25th November was inquorate but went ahead and a set of inquorate minutes are attached here and at agenda item 15 in the non-public section of the agenda.

For Decision
(Pages 7 - 12)

4. **MINUTES OF INQUORATE MEETING**

To receive the public minutes and non-public summary of the inquorate meeting held on 25th November 2022.

For Information
(Pages 13 - 20)

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

Report of the Town Clerk.

NB. This report was deferred from the inquorate meeting held on 25th November 2022.

For Decision
(Pages 21 - 22)

6. **THE HEALTH AND WELLBEING OF THE CITY'S HIDDEN AND ESSENTIAL WORKERS**

Report of the Director of Public Health, City and Hackney.

For Decision
(Pages 23 - 28)

7. **UPDATE ON THE JOINT STRATEGIC NEEDS ASSESSMENT WORK PROGRAMME**
Report of the Director of Public Health, City and Hackney.
For Information
(Pages 29 - 34)
8. **DAMP AND MOULD IN OUR SOCIAL HOUSING STOCK - UPDATE REPORT**
Report of the Interim Executive Director, Community and Children's Services.
For Information
(Pages 35 - 50)
9. **HEALTHWATCH CITY OF LONDON PROGRESS REPORT**
Report of the Chair, Healthwatch City of London.
For Information
(Pages 51 - 58)
10. **JOINT LOCAL HEALTH AND WELLBEING STRATEGY UPDATE**
Strategy and Projects Officer to be heard.
For Information
11. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
12. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
13. **EXCLUSION OF PUBLIC**
MOTION - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.
For Decision

Part 2 - Non Public Reports

14. **NON PUBLIC MINUTES**
To approve the non-public minutes of the meeting held on 15th July 2022.
For Decision
(Pages 59 - 60)
15. **NON-PUBLIC MINUTES OF INQUORATE MEETING**
To receive the inquorate non-public minutes of the meeting held on 25th November 2022.
For Information
(Pages 61 - 62)

16. **FINDINGS AND RECOMMENDATIONS FROM THE CITY OF LONDON PUBLIC PROTECTION STUDY**

Report of the Deputy Town Clerk.

For Information
(Pages 63 - 78)

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

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

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HEALTH AND WELLBEING BOARD

Friday, 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 6th 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 16th 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.

Item no	Para no
13 – 15	3

13. NON PUBLIC MINUTES

RESOLVED, that – the non-public minutes of the meeting held on 6th 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

Chairman

Contact Officer: chris.rumbles@cityoflondon.gov.uk

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HEALTH AND WELLBEING BOARD

Friday, 25 November 2022

Minutes of the INQUORATE meeting of the Health and Wellbeing Board held at Committee Rooms - 2nd Floor West Wing, Guildhall on Friday, 25 November 2022 at 11.00 am

Present

Members:

Mary Durcan (Chairman)
Deputy Marianne Fredericks (Deputy Chairman)
Gail Beer, Chair Healthwatch City of London
Helen Fentimen

In Attendance (Observing Online)

Sandra Husbands

Nina Griffiths
James Riley
Ruby Sayed
Hilary Ross
Ruby Sayed
Steve Heatley
Clare Chamberlain

Officers:

Ian Hughes	- Environment Department
Zoe Dhami	- Community and Children's Services Department
Ruth Kocher	- Environment Department
Diana Divajeva	- Community and Children's Services Department
Emma Masters	- Community and Children's Services Department
Chris Pelham	- Community and Children's Services Department
Andrew Buckingham	- Deputy Town Clerk's Department

In Attendance Online

Luke Symons, Alzheimer's Society (for item 4)
Jayne Taylor, Public Health Consultant London Borough of Hackney (for item 5)

The Town Clerk confirmed the quoracy for Health and Wellbeing Board being five Members in attendance in person, at least three of whom must be Members of the Court of Common Council.

Having allowed five minutes from the start time of the meeting for a quorum to be established, the Town Clerk confirmed that a quorum had not been established through Board Members being in attendance in person. As such, and with the Chair's agreement, the Town Clerk confirmed the intention to consider items on the agenda on an informal basis. Any items requiring a decision could be considered following the meeting under urgency procedure through a decision of the Town Clerk, in

consultation with the Chair and Deputy Chair and taking into account any views expressed during the meeting today.

1. **APOLOGIES FOR ABSENCE**

Apologies were received from Randall Anderson.

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

There were no declarations.

3. **MINUTES**

The public minutes and non-public summary of the Health and Wellbeing Board meeting on 6th May were noted.

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

Members proceeded to receive a presentation of Luke Symons, Alzheimer's Society Regional Public Affairs and Campaigns Officer, London and South East.

Members were provided with a brief overview of dementia, the main challenges to dementia care including integration, diagnosing, supporting and living with it. Feedback was also provided on City of London local services, with the bulk of this focusing around four key areas:

Members were also talked through key feedback on local services through difficulty and confusion with referrals to memory clinics, lack of day centre-services, City Adult Social Care being responsive in dealing with carers when referred for an assessment but there being a lack of services and support for them, with there also being concern at a the difficulty in getting an appointment at the GP Neaman Practice.

Members were signposted to a number of resources including Alzheimer's Society's 'Increasing access to dementia diagnosis' series and a 'Left to Cope Alone' report examining support needs after a dementia diagnosis.

The Deputy Chairman conveyed her thanks for a comprehensive presentation, whilst noting it was very high level and proposing a further presentation in future brining it down to a local level and looking at what local services were available. Lack of support, particularly around carers, had been mentioned during the presentation; people getting support may not know there is more they can access, and it would be helpful having it explained what people were able to access.

The Deputy Chairman stressed a need to ensure actions become positive outcomes, with the ongoing discussion and talk on the issue translating into something tangible. There remains a fear around dementia, with people still reluctant to come forward. There was a need to get across why it was important people come forward, what support they can receive and signposting them to this, with it important to include this in the dementia strategy moving forwards.

The Chairman asked what Health and Wellbeing can do as a committee to support this area of work. The Alzheimer's Society representative asked Members to encourage people to join the dementia research programme wherever possible.

Members noted the presentation.

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

The Board received a report of the Town Clerk providing it terms of reference for annual review.

The Board proceeded to discuss the terms of reference. It was suggested the terms of reference would require updating to reflect NHS reforms, with the Clinical Commissioning Group no longer existing as an organisation. There was a broader consideration around NHS reforms when looking at the terms of reference. A Member referred to statutory guidance recently published referring to Integrated Care Board rather than Clinical Commission Group.

There was a need to discuss with the Integrated Care Board how they want to be represented at a local level, with Tower Hamlets potentially providing representation in the first instance.

Members noted that there was potential to broaden out the Membership of the Board to include neighbouring Boroughs, but with there being a need to talk to the Integrated Care Board to establish how they would be managing it a local level and how they would be held to account. The Chair suggested a first step would be to go the Integrated Care Board.

The Deputy Chairman remarked on a significant number of reports coming forward that were Hackney centric with very little about the city and stressed a need to ensure a balance of reporting. It was suggested looking the Membership of the Board once the legislation had come in and ensuring the right people were on the Board.

A Member added how one of the most important connections for the Health and Wellbeing Board was feed into the Integrated Care Board. There was a need to ensure Health and Wellbeing Board was properly represented through its Members and this was in the gift of Community and Children's Services Committee; there was a need to keep in mind getting the connection right.

The Health and Wellbeing Terms of reference were noted.

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

The Board received a joint report of the Executive Director of Community and Children's Services and Director of Public Health providing an update on the work of the City & Hackney Inequalities Steering Group in leading the development of a local framework for action.

The Board were reminded of their role in provided strategic oversight of healthcare in the City, with the report setting out what health inequality looks like and allow an opportunity to consider how to tackle it.

The Deputy Chairman referred to the Board considering the levers at its disposal when looking to incorporate consideration of health inequalities into wider Corporation strategies and plans. It was suggested this could be achieved through inclusion of a healthcare section being included within reports, within which it could set out how health inequalities would be addressed. It was further highlighted how inclusion of healthcare within reporting had been proposed in responding to the healthcare strategy, with it not always easy to understand or being clear how each area of work had been considering this. The Deputy Chairman proposed a section be included within reports moving forward making it clear how any proposals supported the City Corporation's health policy.

The Director of Public Health responded confirming she would welcome the Board taking more of a role in holding other parts of the City Corporation to account regarding the impact of their work planning on health and how we can amplify a positive impact and reduce inequality and a negative impact. This may be through bringing items to this Board and allowing an opportunity to question officers on the impact of health and explain the importance of taking healthcare into account. Inclusion of a section within the report template would be helpful, with officers coming to the Board to scrutinised and to consider health implications would add to this.

It was further highlighted how inclusion of healthcare within report templates was not sufficient; there was a need to examine and scrutinise and it was suggested officers could be brought in the Board to undertake a deep dive of their departmental remit and demonstrate how they were including health and achieving a positive impact in this area.

There was a proposal to include within Health and Wellbeing Board's terms of reference part of its role would be to invite department heads in to explain how their department was addressing impacts on health. Report writing could address health issues and impacts whether these were negative or positive.

The Deputy Chairman proposed officers be asked to prepare a report for the next meeting setting out why they were wanting healthcare included within report writing, with this being completed in time for inclusion from the beginning of the civic year.

A Member added how they were wanting to see a narrative included withing report moving forward setting out how proposals would impact health. The Chair added that whatever was being proposed would need to come back to this Group for consideration and approval. This would allow health to become part of department thinking and allow for it to be monitored and reviewed as part of reporting.

The Public Health Consultant welcomed the helpful discussion and stressed that it would help for people to have prompts to consider, with it being quite an ask for someone to consider health. Officers need to know what they were being

asked to think about in relation to health for inclusion within a report; there would then be an opportunity for them to come to the Board to be scrutinised.

Members noted that the next meeting of Health and Wellbeing Board was due to be held on 3rd February 2023; no decision was required between meetings to progress this area of work and with a further report to follow at the next meeting.

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

The Board received a report of the Director of Strategic Development, NHS North East London on development of strategies and approaches that support more integrated health and care.

There was reference to the high-level priority areas identified and whether sitting beneath each of these there would be a list providing detail of priorities within each area. There was a need to understand what was being delivered on the ground, through delivery tackling inequalities and looking at a shifting of resources to tackle longstanding issues.

The North East London Integrated Care Strategy was a system strategy with there being lots of detail within it that would set the direction of other plans e.g., delivery plan for NHS and annual operating plans for NHS. It would be important to know what success measures might look like that would underpin the strategy, with could be taken through Integrated Commissioning Board for consideration.

A Member referred to an issue around decision making and where these were taken, particularly around resource allocation. It was important for people to understand how they get their voice heard, how this gets fed back down and how it would make a difference on the ground.

The Deputy Chairman welcomed the opportunity for Health and Wellbeing Board being given sight of the report, not the short timescale ahead of submission of a first draft. The Deputy Chairman referred to the strategy wanting to reflect key challenges and stressed it would need to look to address issues on a North East London context and not just looking at national policy, but be rooted in local issues e.g., health inequality and population growth; talking about key strategic challenges and aligning it to a context in North East London.

The Chairman concluded the discussion and welcomed what she considered to be a very helpful report.

The report was noted.

8. **HEALTHWATCH UPDATE**

The Board received a report of the Healthwatch City of London providing a progress update against contractual targets and the work of Healthwatch City of London with reference to Quarter 2 and part Quarter 3 2022/23.

The Chair of Healthwatch talked the Board through a number of key areas. The Chairman remarked on how she considered it very good to have health watch to

offer a local view. The Deputy Chairman stressed the importance of Healthwatch and of not losing the expertise it offers.

Members noted the report.

9. **ADULT SOCIAL CARE TRANSFORMATION**

The Board received a report of the Director of Community and Children's Services providing an update on Adult Social Care Transformation of services.

The Director of Community and Children's Services explained how the report outlined the position in a national context, the scale and offered reassurance.

A Member referred to application of the Better Care Fund, discharges from hospital alongside winter pressures and whether there were any thoughts on how to do more at maximising remained ongoing monitoring data of those in hospital at any one time and reviewing potential winter care packages and this remaining an ongoing process.

The update was noted.

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

The Board received a report of the Director of Community and Children's Services providing a highlight of current activity, successes, issues and priorities for the Department of Community and Children's Services Commissioning Team.

The Deputy Chairman referred to a concern with Golden Lane Leisure Centre and money need to refurbishment this facility, with it considered to be lost opportunity in the City and needed to be brought up to the level it should be at and support health prevention. The Deputy Chairman suggested this was an area to watch.

In response, it was confirmed there remained ongoing discussion regarding the future of Golden Lane Leisure Centre, with all leisure centres currently struggling with increased costs. This is an area that remains under discussion.

The update was noted.

11. **REPORT OF ACTION TAKEN**

The Board received a report of the Town Clerk setting out decisions taken under urgency provision, in accordance with Standing Order 41, since the last meeting.

12. **JOINT HEALTH AND WELLBEING STRATEGY UPDATE**

The Board received a presentation on the City of London Joint Health and Wellbeing Strategy.

During the presentation, it was explained how data currently available through the Census 2021 and information put together at the start of the year through the Joseph Rowntree Foundation had been reviewed, with this showing residents

impacted by poverty. This would be an area to look at as a priority in looking to make sure there was improving health.

It was explained how endorsement was being sought to go ahead with consultation, bringing together a mixed group of stakeholders to discuss actions for the strategy.

The Chair added that it would be appropriate to allow more detailed discussion of the item at the next meeting, with it being an important area to understand it needing to be early on the agenda to allow sufficient time to discuss it.

The update was noted.

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

A Member suggested there would be a benefit in holding a learning event to allow a better understanding of Integrated Care Board resources available and how decisions great. Set up a learning event for Members of the Board and those Members who have an interest.

14. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

There were no additional items of business.

15. EXCLUSION OF PUBLIC

Under Section 100A(4) of the Local Government Act 1972, the public were 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.

16. NON PUBLIC MINUTES

The non-public minutes of the Health and Wellbeing Board meeting held on 15th July 2022 were noted.

17. SECURE CITY PROGRAMME - PROJECT PROPOSAL

The Board received a report of the Executive Director of the Environment Department providing a project proposal relating to the Secure City Programme.

18. COMMISSIONING UPDATE AND DEPARTMENTAL CONTRACTS REGISTER

The Board received a non-public appendix in respect of item 10.

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

There were none.

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

There were no additional items of business.

The meeting ended at 1.18pm.

Chairman

Contact Officer: Chris.Rumbles@cityoflondon.gov.uk

Agenda Item 5

Committee(s): Health and Wellbeing Board	Dated: 24 th March 2023
Subject: Annual Review of Terms of Reference	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	3, 8, 10
Does this proposal require extra revenue and/or capital spending?	N/A
If so, how much?	
What is the source of Funding?	
Has this Funding Source been agreed with the Chamberlain's Department?	
Report of: Town Clerk	
	For Decision

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

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.

Agenda Item 6

Committee(s) Health and Wellbeing Board	Dated: 24th March 2023
Subject: The Health and Wellbeing of the City's Hidden and Essential Workers	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	2) <i>People enjoy good health and wellbeing.</i> 3) <i>People have equal opportunities to enrich their lives and reach their full potential.</i> 5) <i>Businesses are trusted and socially and environmentally responsible</i>
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: Sandra Husbands, Director of Public Health, City and Hackney	For Decision
Report author: Froeks Kamminga, Chris Lovitt	

Summary

Since 2019 Business Healthy has been working to better understand the health and wellbeing needs of the so called "hidden workforce". The hidden workforce are those essential support staff such as cleaners, maintenance workers, construction workers and security staff who often work during anti-social hours and without whom businesses could not function. Published reports have highlighted that shift workers often have significantly worse health and wellbeing with increased health inequalities.

This report presents research into the lived experience of routine, manual and service work commissioned by Legal & General in 2022. This research makes recommendations for immediate and longer term changes: daily modifications, management and procurement considerations. The Health and Wellbeing Board is requested to consider how these recommendations could be implemented within the City of London in order to improve health and wellbeing of the hidden and essential workforce whilst reducing health inequalities.

Recommendations

Members are asked to:

- Note the Hidden Workers report
- Consider endorsing the recommendations of the Hidden Workers report
- Advise on how the recommendations can be promoted further for implementation

Main Report

1. Background

- 1.1. Business Healthy is an innovative partnership hosted and run by the City of London Corporation which aims to “bring together businesses in the City to ignite a positive change in the health & wellbeing of their workforce.”
- 1.1. In 2019 Business Healthy, together with the Greater London Assembly and the Lord Mayor’s Office, convened a conference on supporting the health and wellbeing of London’s “hidden” yet essential workforce.
- 1.2. The conference recommended a three-pronged approach:
 - 1.2.1. Raise awareness of the vital role that the “hidden and essential” workforce plays in the functioning of business in the City of London and elsewhere.
 - 1.2.2. Identify and share best practice of where businesses are working to promote the health of all of their workforce including the “hidden and essential” and reduce health inequalities among routine, service, and manual workers.
 - 1.2.3. Ensure that routine, service, and manual workers themselves are aware of free health and wellbeing services available, and that they are accessible including at times convenient to shift workers.
- 1.3. The Covid-19 pandemic proceeded to present those inequalities in an even starker light by showing how many people could not work from home, putting them at greater risk of exposure to Covid-19. The pandemic also highlighted how these were often the people already worse off in terms of their health and wellbeing.
- 1.4. In November 2021 a virtual event was convened by Business Healthy working with the City Mental Health Alliance, and new partners were involved including PwC, Legal & General and the Lord Mayor’s Appeal with Sir Michael Marmot of the UCL Institute of Health Equity and author of Fair Society, Healthy Lives, undertaking the keynote speech.
- 1.5. Following the virtual event a small project team convened by Business Healthy proceeded to take the work forward. This team initially included L&G and PwC as key businesses involved.

2. Current Position

- 2.1. In 2022, agreeing there was a need for better insight and evidence, Legal & General commissioned research into the “hidden” workforce that would combine facts with voice and visibility. The research was delivered by the Tavistock City Wellbeing Centre, in collaboration with the UCL Centre for Health Equity. The result is the report: Working Well: Delivering Better Health Outcomes for Hidden Workers (December 2022)¹.
- 2.2. The report presents lived experiences and recurring themes, including sleep, shift and night working/working hours, travel and transport, caring responsibilities, money and cost of living pressures, and health services.
- 2.3. The report makes a number of suggestions for immediate and longer term changes: daily modifications, management and procurement considerations. They include, among other things, introducing sick pay without a three day delay, guidance on real

¹ https://group.legalandgeneral.com/media/o1wfq1qp/2829476_hidden-workers-report_v9-0-22-final.pdf

Living Wage, death in service benefits, more predictable shift patterns, adequate space for breaks, and privacy for engaging with health services (online or by phone).

- 2.4. These recommendations align closely with the objectives as laid out in the City of London's Social Mobility Strategy², which promotes the real Living Wage campaign, equal opportunities for professional progression for people from all socio-economic backgrounds, and for businesses to be trusted organisations.
- 2.5. In moving this agenda forward, it is important to progress in tandem with, for example, the initiatives of the Living Wage Foundation³ and to build on work already undertaken by the UCL Health Equity Institute⁴.
- 2.6. Addressing health inequalities among hidden workers can be done in a variety of ways. Financial investment will be at the core of some. Equally important are 'business culture' considerations. For example, taking paid time off to go for cancer screening should be a normal and accepted practice that is protected in law. This is not the case in every workplace. The research report highlights that many people do not feel comfortable taking time off for such appointments, for fear of being seen as lacking commitment to their job.
- 2.7. A key area for initiating change is within procurement contracts, especially related to facilities management, such as cleaning and security. By stipulating a set of minimum requirements in procurement contracts, for example on Living Wage, no shifts in excess of 12 hours, and statutory sick pay, an organisation or company can ensure the services they procure will not exacerbate health and wellbeing inequalities, but rather allow outsourced workers a better income, better opportunities for work-life balance and improved health outcomes.
- 2.8. Within this, it is equally important to guard against 'wellbeing-washing'. For example, contractually granting outsourced staff access to a company gym may only be a tick-box exercise for the company in question that does not benefit those workers. They may not have the time and energy to access a company gym after their shift, and keeping in mind company culture, they may not feel comfortable accessing that gym.
- 2.9. Other areas to consider are professional mobility and training. People in routine, manual and service jobs may not have many options for career progression and in the research some report feeling stuck. As the research report also notes, managers often like to keep well performing and reliable staff in their posts. Yet it is through training and study that people would be able to progress into other workstreams with better rewards, both financially and other.
- 2.10. Addressing inequalities in health and wellbeing outcomes by providing better outsourcing contract terms, procurement policies and workplace improvements -both practical and cultural- is not only effective, it is also in line with Environment, Social and Governance (ESG) standards that most businesses try to aspire or adhere to. The City of London has a good reputation in this regard⁵ and the City of London Corporation may wish to consider taking a leading role in ensuring that fair pay, conditions and contracts became the guiding factor in outsourcing which will also improve health and wellbeing
- 2.11. Lastly, the research did not engage deeply on ethnic disparities in health inequalities within the hidden and essential workforce. During the Covid-19 pandemic these

² City of London Social Mobility Strategy

<https://democracy.cityoflondon.gov.uk/documents/s124692/Social%20Mobility%20Strategy%202018-28%20Potential%20today%20success%20tomorro.pdf>

³ <https://www.livingwage.org.uk/>

⁴ <https://www.instituteofhealthequity.org/resources-reports/the-business-of-health-equity-the-marmot-review-for-industry>

⁵ <https://news.cityoflondon.gov.uk/london-named-a-world-leader-in-environmental-social-and-governance-by-global-institutional-investors/>

disparities became more apparent. Further work should be considered as to how the commitment to tackling racism can be integrated into this work to improve the health and wellbeing of the hidden and essential workstream.

3. Recommendations for discussion

- 3.1. With the Hidden Workers report as a guide, there are several ways for the City of London Health and Wellbeing Board to respond. This report suggests the following approaches:
 - 3.1.1. Explore further opportunities to present and promote the report within the City of London business community and encourage businesses within the Square Mile to follow up on the recommendations within the report;
 - 3.1.2. Request the report's recommendations be considered by HWB board member organisations e.g City of London Corporation, City of London Police, NHS Trusts, Primary Care, Voluntary sector both within the City and across North East London;
 - 3.1.3. Initiate discussions with SMEs via the City of London SME Engagement Group on the real Living Wage and other contracting issues.
 - 3.1.4. Explore the intersectionality of poorer health and wellbeing of the hidden and essential workforce with ethnic disparities in health inequalities
 - 3.1.5. Consider how the proposed City of London Health and Wellbeing strategy on the economic determinants of health can highlight the need for a focus on the hidden and essential workforce.
 - 3.1.6. Guided by this report, as well as the Marmot Review for Industry and the work of the UCL Health Equity Institute, continue to work with Legal & General, PwC and other stakeholders to explore further ways of reducing health inequalities among 'hidden workers' by participating in the project team and/or task-and-finish groups taking on specific tasks (e.g. toolkit for business development), specific sectors (e.g. financial services), or specific topics (e.g. racial equality). This can be done by Business Healthy with further involvement from members and staff within the City of London.

4. Corporate & Strategic Implications

- *Strategic implications*

Following through on recommendations in the Hidden Workers report will contribute to the following strategic priorities:

Contribute to a flourishing society
*People enjoy good health and wellbeing.
People have equal opportunities to enrich their lives and reach their full potential.*

Support a thriving economy
Businesses are trusted and socially and environmentally responsible.
- *Financial implications*

None directly. Following through on recommendations may lead to review of contracting and procurement policies, especially for outsourced services, which may have financial implications.

- *Resource implications*

None

- *Legal implications*

None directly. Indirectly, following through on recommendations may lead to review of contracting and procurement policies, especially for outsourced services.

- *Risk implications*

None

- *Equalities implications*

The HWB is specifically tasked with promoting good health and wellbeing for its local population and for tackling health inequalities. Active follow up to the recommendations of the Hidden Workers report will contribute to addressing health inequalities among people working in routine, manual and service roles. Further work on the intersectionality of poorer health outcomes amongst the hidden and essential workforce with many of the workers being from ethnic minorities is needed.

- *Climate implications*

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

- *Security implications*

None

5. Conclusion

- 5.1. Business Healthy has facilitated a longstanding engagement with partners on inequalities in health and wellbeing among the 'hidden workforce'. Out of this engagement, research was commissioned by Legal & General to provide better insight into the lived experiences of people working in manual, routine and service roles.
- 5.2. The research report provides a number of practical recommendations for immediate and longer term change: daily modifications, management considerations and procurement considerations. This paper to the Health and Wellbeing Board provides five proposals to follow up on the research report: a) Promote the research report and actively follow up within the business community of the City of London, b) The City of London Corporation is requested reviews its own contracting and procurement policies in line with recommendation from the research report; c) Working with the SME Engagement Team on the Living Wage; d) Engage with private and public sector anchor institutions in NEL and the City of London on responsible procurement; e) Ensure ethnic disparities in health inequalities within the hidden workforce are considered in any work going forward; and f) Business Healthy and the City of London Corporation remain actively involved in the work around the hidden workforce and health inequalities.

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Committee(s): City of London Health & Wellbeing Board	Dated: 10 March 2023
Subject: Update on the Joint Strategic Needs Assessment Work Programme	Public
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?	2, 3
Does this proposal require extra revenue and/or capital spending?	No
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: Dr Sandra Husbands, Director of Public Health, City and Hackney	For Information
Report author: Diana Divajeva, Principal Public Health Analyst, City and Hackney Public Health Team	

[Report authors are required to state the financial impact of the report proposals, including confirmation of the source of funding. It is essential that you consult with the relevant contact in the Chamberlain’s Department to confirm the funding position before submission of the report. In those cases, where there is a fixed envelope e.g. the capital budget, it will also be necessary to identify what will be deprioritised to accommodate this extra spend/project.]

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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

Several Joint Strategic Needs Assessments (JSNAs) are on the way as per the 2022/23 work programme. This short report highlights the progress of this work, provides the rationale, timeframes and some of the key emerging findings from the ongoing work. The work programme for the financial year 2023/24 will be developed in due course.

Recommendation(s)

Members are asked to:

- Note the report.

Main Report

Background

The JSNA is an ongoing process which helps to identify the health and wellbeing needs of the local population. It is a statutory requirement for the Health and Wellbeing Board to produce the JSNA, through Local Authorities and their partners.

The following topics were proposed for the JSNA in the financial year 2022/23:

- Sexual health
- Alcohol
- Tobacco
- Cancer
- Substance misuse
- Homelessness

JSNA work programme 2022/23

Update to the Hackney Health and Wellbeing Board | 8 March 2023

Needs assessments currently in progress					
Topic	Purpose	Geography	Estimated delivery date	Progress	Emerging findings
Sexual health	Informing commissioning (priorities, inequalities, gaps) and strategic direction	City and Hackney	March 2023	Completed, pending final review	<ul style="list-style-type: none"> • High levels of STIs and reinfection, especially in young people: importance of adequate/comprehensive info and service, including school based sex and relationship education. • Variability in uptake of services by age, gender and sexual orientation: importance of a variety of pathways and appropriate tailoring/comms (e.g. heterosexual men underrepresented). • LARC uptake is relatively low but good user satisfaction.
Alcohol	To identify priorities to inform alcohol strategy	Hackney	May 2023	Delayed	Priorities identified from work to date: <ul style="list-style-type: none"> • Alcohol Treatment Successful Completions • Perinatal Women and their Partners • Over 60s and those not picked up by

					<p>Primary Care</p> <ul style="list-style-type: none"> ● Alcohol Services and Mental Health ● Increasing referrals and support within Educational Settings ● Work with Licensees, gather more insights, monitoring the measures in place to support a responsible drinking environment ● Work with particular ethnic groups ● Monitor YP drinking prevalence
Tobacco	To inform service redesign	City and Hackney	April 2023	Slightly delayed, but still should be able to meet timeline	Still in data analysis phase
Cancer	To inform understanding of cancer cases among the local population and use this to prioritise cancer-related work	City and Hackney	May 2023	On track; further progress dependent on data provision from the wider system	Still in the data analysis phase.
Healthy weight	Identify unmet needs and gaps as well as areas of good practice in the delivery and offer of services and wider system actions related to healthy weight in City and Hackney.	City and Hackney	June 23	Slightly delayed, but still should be able to meet timeline	Still in data analysis phase

Upcoming needs assessments (to be carried forward into FY 2023/24)					
Topic	Purpose	Geography	Estimated delivery date	Progress	Emerging findings
Mental health	Inform development of a strategic action plan that draws together existing priorities of the HWB, PBP and ICB	City and Hackney	August	Currently scoping and getting consensus on key questions from MH stakeholders	
Homelessness	To better understand the health needs of those with insecure housing; identify opportunities for better system working	City and Hackney	TBC	Not yet started	
Substance misuse	Priority setting for the newly established combating drugs partnership; meeting the objectives of the national 10 year drugs strategy	City and Hackney	Jan 2024	Not yet started; scoping exercise conducted	Emergent priorities from the scoping exercise: <ul style="list-style-type: none"> ● Improve data quality across the sector ● Address underrepresentation in services from different demographics ● Improve uptake of support for all substances where a need is evident ● Better partnership working with Young People services to tackle the high rate drug use in this group

Options

1. N/A

Proposals

2. N/A

Key Data

3. The issues around availability of the City of London data to inform needs assessments and other strategic and commissioning work are well known. Wherever possible, the Public Health Team works with service providers directly to procure local data and we continuously develop the relationships with providers to improve the ease of access to data.

Corporate & Strategic Implications – [*Please state 'none' if not applicable instead of deleting any of the sub-headings below*]

[Sub-headings]

Strategic implications – each of the JSNA reports has a potential to further the corporate objectives, especially those aimed at people enjoying good health and wellbeing and having equal opportunities to enrich their lives and reach their full potential, through informing policy and strategies.

Equalities implications – each of the reports will look into equity in local service provision and propose actions to reduce the unwarranted variations in outcomes among resident groups and communities.

Conclusion

4. The JSNA work programme is aimed at finding joint solutions to resolve inequity in outcomes for our residents and at providing the best services possible. It is therefore crucial that all relevant stakeholders and partner organisations are engaged with this work and are involved with it by providing their expert advice and support.

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Committee(s): Housing Management and Almshouses Sub (Community and Children's Services) Committee Health and Wellbeing Board	Dated: 30/01/2023 24/03/2023
Subject: Damp and Mould in our Social Housing Stock – Update Report	Public
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?	1, 2, 12
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain’s Department?	N/A
Report of: Director of Community and Children’s Services	For Information
Report authors: Paul Murtagh Assistant Director Barbican & Property Services	

Summary

The purpose of this report is to update Members on the work that we do to deal with damp and mould in the City of London Corporation’s Social Housing Stock and, our response to recent national concerns raised by government.

Recommendation

Members are asked to note the report.

Main Report

Background

1. In November 2022, Rochdale Coroner’s Court’s verdict on the tragic death of Awaab Ishak in 2020, concluded that the two-year old died as a result of a severe respiratory condition caused by prolonged exposure to mould in his home. The coroner’s verdict also noted a number of failures by his housing provider, Rochdale Boroughwide Housing (RBH) including:

- Poor or inappropriately provided advice to the family about how to manage damp and mould within the property.
- Despite survey evidence of insufficient ventilation, the landlord repeatedly failed to take sufficient action and incorrectly blamed the mould on ‘lifestyle issues’.

- RBH refused to act once a disrepair claim was made by lawyers representing the family. The verdict noted that this is common practice within the sector but, is not a legal requirement.
 - IT systems with critical household information were not accessible to all relevant staff.
2. This case has been identified as a ‘defining moment’ for the housing sector. It has significant implications for councils in delivering on their responsibilities as landlords and, for enforcing standards within private sector housing. The case raises questions and challenges for social housing providers (including local councils) about their assurance processes, particularly in the following areas:
- The extent to which landlords understand conditions within their housing stock.
 - Approaches to the safeguarding of tenants.
 - The accessibility of data and information held on IT systems about repairs and tenant vulnerabilities.
 - How landlords will deal with disrepair following engagement by legal bodies.
 - The extent to which councils can effectively deliver on their regulatory duties to enforce standards within the local private sector housing stock.
3. Damp and mould are a problem that disproportionately affects London. A report by the Housing Ombudsman in 2021, showed that 56% of damp and mould maladministration cases against social housing providers were in London, compared to 19% of the national social housing stock. The 2020 English Housing Survey found that 4.7% of all London properties suffer from damp problems, compared to the national average of 4%. The problem is greater in the private rented sector. Nationally, 5.4% of local authority properties suffer from damp, compared to 9.6% in the private rented sector.

Considerations

Housing Ombudsman

4. Published in October 2021, the Housing Ombudsman’s Report entitled ‘Spotlight on damp and mould – It’s not lifestyle’, says that social landlords should adopt a zero-tolerance approach to damp and mould. Addressing damp and mould needs to be a higher priority for landlords, states the report, with a change in culture from reactive to proactive, in order to improve the experience of residents.
5. The report examined 410 complaints, investigated 142 landlords over a two-year period, with maladministration found in 56% of cases, rising to 64% for complaint handling alone. As well as casework, the report also draws on more than 500 responses to the Housing Ombudsman’s call for evidence issued earlier in 2021. The failure rate was often the result of inaction, excessive delays, or poor communication.
6. During the Housing Ombudsman’s investigation, it found a general sense of frustration among residents, many saying they felt they were not being heard or that their landlords were not taking their repair reports or complaints seriously. The

impact on residents was clear, with distress and inconvenience reported together with concerns about health and well-being.

7. The report recognises the challenges for landlords in tackling the issues including, overcrowding, poverty, the age and design of homes but, it says that landlords should avoid inferring blame on residents due to 'lifestyle', when it is often not solely their issue, and take responsibility for resolving problems. In support of this, the report identifies best practice and makes 26 recommendations for landlords to implement, including:
 - greater use of intelligence and data to prevent issues.
 - adopting a consolidated policy for actions it may take based on diagnosis.
 - reviewing communications with residents to improve tone.
 - improve access to the complaints process to help resolve issues, including alongside disrepair claims, and learn from them.

Regulator of Social Housing (RSH)

8. In the aftermath of the Rochdale Coroner's Court verdict, the Department for Levelling Up, Housing and Communities (DLUHC) and the Regulator for Social Housing (RSH) wrote to local authorities about conditions in housing of all tenures, requesting information and assurance (Appendices 1 and 2). Responses to the RSH were due by 19 December and, the City of London Corporation (the Corporation) complied with the deadline. A summary of the Corporation's response is attached at Appendix 3 to this report.

Housing Health and Safety Rating System (HHSRS)

9. Housing standards are assessed using the HHSRS, which was introduced under the Housing Act 2004 and replaced the old Fitness Standard. The HHSRS is a risk assessment approach that considers whether defects identified within a property affect the health and safety of the current or future occupants of that property. It is applicable to all owners and landlords, including social landlords. Most Stock Condition Surveys undertaken by social housing providers will include an assessment of defects under the HHSRS.

10. The legislation lists 29 different hazards including:

- damp and mould growth
- excess cold
- crowding and space
- domestic hygiene and pests
- fall hazards
- fire and electrical safety
- collision and entrapment hazards.

11. The HHSRS provides a way that hazards can be assessed and identifies the best way of dealing with them. If a hazard is a serious and immediate risk to a person's

health and safety, it is classified as a Category 1 hazard. If a hazard is less serious or less urgent, it is classified as a Category 2 hazard.

The Corporation's Position

12. In 2018, Savills undertook a 100% internal and external Stock Condition Survey of the Corporation's social housing portfolio, which included an assessment of defects under the HHSRS. There were no properties identified with Category 1 or Category 2 damp and mould hazards.
13. Despite the findings of the Savills Stock Condition Survey, the Corporation does have homes that are affected by damp and mould and, reports and complaints we receive from tenants have always been given a high priority. We continue to raise tenants' awareness of the potential problems with damp and mould in their homes which, includes setting out what the Corporation is doing to address the problem and, the steps that tenants can take to help reduce the amount of moisture in their homes that can lead to condensation and problems with damp.
14. We positively encourage our tenants to let us know of any issues with condensation/damp/mould as soon as possible. Wherever possible, we will inspect within five working days (subject to access) to identify the possible causes and associated remedial works which, will be completed within seven working days of an order being placed. We will also discuss the matter with our tenants, providing advice and guidance as appropriate. Completed works are post-inspected by our Property Services Officers.
15. Most of our properties are regularly accessed by various contractors carrying out either day-to-day repairs (including gas servicing, electrical checks, general repairs etc) or major works such as replacement windows and replacement fire doors. Our contractors are instructed to look out for and report any issues relating to damp and mould.
16. Like most social housing providers however, we have been reviewing our processes and procedures for dealing with damp and mould and, we have introduced some new initiatives including:
 - Reviewing all previous cases of damp and mould reported in the last 12 months to ensure that the problem was effectively dealt with and has not recurred.
 - Carrying out independent specialist sample condition surveys of a number of homes to assess whether there are problems with dampness and mould that we are not aware of.
 - Further specific targeted communications with our tenants/residents to raise awareness of the potential problems (including health) caused by damp and mould in their homes.
 - Providing further specific training for housing and property staff on identifying and dealing with damp and mould.
17. The Corporation continues to make significant investment in its social housing stock to ensure it meets and exceeds the Decent Homes Standard. Major works

such as roof renewals, replacement windows, re-roofing, new heating and ventilation systems, will go some way to addressing potential sources of damp and mould.

Installation of new windows

18. With particular regard to the installation of new windows, it should be noted that, in isolation, new windows will not prevent damp and mould and, indeed, can, in certain circumstances, exacerbate the problem.
19. It is normal for condensation to form on the inside of new windows. This shows that the windows are performing as they should in that, they are helping to keep the home energy efficient. This is because the double glazing (or triple glazing) reduces the amount of heat transmittance from one side of the glass to the other. When it does this however, it creates a significant temperature difference from one side of the glass to the other. Condensation forms when warm air meets a cold surface, meaning that the warm air inside the home is meeting the cold surface of the glass.
20. This type of condensation on new windows is more common in winter because of the difference in temperature between the inside and outside of the home. Therefore, conditions for the formation of condensation are ideal, which is why many new windows have condensation in the colder months.
21. Whilst, as stated previously, condensation is a sign that the new windows installed are working properly, excessive moisture can cause mould to grow around the window frames. There are some important steps that our tenants can take to prevent excessive condensation and prolong the life of the windows including:
 - opening windows for at least 20 minutes a day, but preferably for longer periods.
 - ensuring that 'trickle' vents are open and not blocked.
 - drying washing outside wherever possible. If this is not an option, washing should be dried in a well-ventilated area.
 - where possible, using an extractor fan when cooking, showering, or bathing. These tasks are notorious for creating excess moisture in the home.

Specific current initiatives/works

22. Members attention is drawn to the following specific current initiatives/works that are being undertaken as part of our approach to dealing with damp and mould in our social housing stock:

Almshouses

We are currently undertaking a specific programme of damp surveys across the whole of the Corporation's Almshouses portfolio. All the Gresham and Rogers Almshouses are included in the survey programme and, approximately 20% of the Brixton Almshouses.

Golden Lane Estate

Members have raised concerns about the extent of damp and mould in properties across the Golden Lane Estate particularly, Crescent House. We are working with members to identify the extent of the problem and, to develop an appropriate strategy to tackle it.

New Technology

As part of the significant investment we are making in our social housing stock to ensure it meets and exceeds the Decent Homes Standard, we are installing humidity tracking mechanical extract fans in new kitchen and bathroom installations and, we are currently trialling the installation of environmental sensors that will provide real-time reports on air condition (including humidity and dampness) within our homes.

The environmental sensors have been fitted in several properties on a 'pilot' basis including, a number of the Almshouses.

Communication with Tenants

We are developing a dedicated 'newsletter' that will soon be delivered to all the Corporation's social housing tenants. The newsletter relates entirely to the issue of damp and mould and, sets out what the Corporation is doing about the problem, the extent of the problem and the potential health implications, what tenants can do to help us and themselves, encourages tenants to report any problems with damp and mould and, clearly sets out how tenants can communicate with us on this matter.

In addition to the above, we are developing a webpage on the Corporation's housing website that is entirely dedicated to the issue of damp and mould in our homes.

Private Rented Sector

We are working closely and collaboratively with colleagues in the Corporation's Environmental Team to ensure a comprehensive and co-ordinated approach to dealing with problems with damp and mould across all tenures within the Corporation's local authority area.

Whilst the Environmental Team has a responsibility for housing conditions across the private rented sector (as opposed to our responsibility for social housing), there are common themes that we can all benefit from including, training, guidance and best practice, policies, and procedures and, our responses to government.

23. Members will appreciate that the issue of damp and mould in social housing is a high priority for social housing providers (including the Corporation) and, will likely be so for some time to come. It is hoped that this report gives members some comfort and reassurance that the Corporation is taking this matter seriously and, is taking positive action to deal with the problem. It is intended that further reports

will be brought back to this Sub-Committee, setting out the progress we are making, the challenges we face and any further support we require from members.

Appendices

- Appendix 1: Letter from the Department for Levelling Up, Housing and Communities (DLUHC)
- Appendix 2: Letter from the Regulator for Social Housing (RSH)
- Appendix 3: Summary Response to the RSH

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Department for Levelling Up, Housing & Communities

Rt Hon Michael Gove MP
*Secretary of State for Levelling up Housing &
Communities*
Minister for Intergovernmental Relations

**Department for Levelling Up, Housing and
Communities**
4th Floor, Fry Building
2 Marsham Street
London
SW1P 4DF

19 November 2022

To: All providers of social housing

ENSURING QUALITY IN SOCIAL HOUSING

The tragic case of Awaab Ishak, who died at two years old as a direct result of mould in his family home, has rightly shocked people across the country. This is an appalling case of the utmost gravity, and it is abhorrent that anyone should have to live in such conditions in Britain today.

As I said in Parliament this week: every single person in this country, irrespective of where they are from, what they do, or how much money they earn, deserves to live in a home that is decent, safe and secure. I expect those who hold the high responsibility of managing people's homes to ensure that no family experiences such a tragedy again.

Together, we must raise the bar dramatically on the quality of social housing and empower tenants so that their voices are truly heard. I want to be clear about what this must mean in relation to damp and mould, as I have been made aware of many cases where this has gone unaddressed for far too long and am concerned that they are not treated with sufficient seriousness.

Treating damp and mould seriously

The coroner's report into Awaab's death is a litany of failure. As housing providers, I expect you to read it in full and absorb its lessons. All social homes must meet the Decent Homes Standard; you must be aware of any that do not and undertake rapid remedial works. However, in light of this case I expect you to go further than the letter of the Standard and have particular regard to damp and mould.¹ Damp and mould are not 'lifestyle issues' as the Housing Ombudsman Service underscored last year. Where people complain about damp and mould, you must listen; where you find them, you must take prompt action. To keep tenants safe, you must not hide behind legal process.

It is vital as we go into a challenging winter that you know the extent of damp and mould issues in your stock and that these are being addressed. To that end, I expect you to be undertaking assessments of:

¹ Specifically, as well as category 1 damp and mould hazards, to have regard to and take action on high scoring (bands D and E) category 2 damp and mould hazards, as outlined in the relevant guidance: <https://www.gov.uk/government/publications/housing-health-and-safety-rating-system-enforcement-guidance-housing-conditions>

- damp and mould issues affecting your properties, including the prevalence of category 1 and 2 damp and mould hazards;
- the action you have identified that may need to be taken in relation to damp and mould issues affecting your properties.

The Regulator of Social Housing will be writing to you imminently on this and you should respond promptly. You should also self-refer to the Regulator of Social Housing should you become aware through those assessments, or other means, that you may be in breach of its regulatory standards.

Taking responsibility

I am more determined than ever to deliver our drastic reforms to the housing sector, protecting the rights of tenants and ensuring social landlords do not put people's lives and livelihoods at risk. Our Social Housing Regulation Bill will enable a rigorous new regime that holds all landlords to account for the decency of their homes and the service they provide. The Regulator of Social Housing will proactively inspect landlords – and will have the power to issue unlimited fines. It will be able to intervene in those cases where tenants' lives are being put at risk because landlords are dragging their feet in actioning repairs. And in the very worst cases, it will have the power to instruct that properties are brought under new management.

We are bringing in these changes to rebalance the relationship between residents and landlords by enhancing the current system of regulation and redress, but there is already a well-recognised minimum quality standard, the Decent Homes Standard, and clear guidance from the Housing Ombudsman Service on how complaints should be handled. Landlords must ensure their homes meet this Standard and handle complaints in line with the Ombudsman's guidance.

It is vital that we learn from the mistakes that led to the tragic death of Awaab, and I look forward to working collaboratively with you to improve standards. I firmly believe in the right of everyone to feel safe in the place where they and their loved ones sleep at night. I hope you will join me in doubling down on our efforts to provide the high-quality social housing this country deserves.

Yours,

Rt Hon Michael Gove MP
Secretary of State for Levelling Up, Housing and Communities
Minister for Intergovernmental Relations



22 November 2022

Dear Chief Executive

Assurance on addressing risks relating to damp and mould in tenants' homes

The tragic case of Awaab Ishak, who died of a respiratory condition caused by mould in his home, has rightly focused attention on the responsibility of all registered providers – private and local authority – to ensure that the homes they provide are well-maintained and of a decent standard. It demonstrates the serious effects that having damp and mould in their homes can have on people's health and it has highlighted once again the importance of providers listening to their tenants' concerns, understanding their diverse needs, removing barriers to accessing services and responding promptly.

Damp and mould are potential hazards under the Housing Health and Safety Rating System; failing to address them could lead to failure of the Decent Homes Standard and our Home Standard. All providers should have systems in place to ensure that their homes are free from hazardous levels of damp and mould, and to identify and deal with cases promptly and effectively.

As we move into winter, cases of damp and mould are likely to increase. We are therefore seeking assurance from all providers that they have a clear understanding and strong grip on damp and mould issues in their homes and are addressing risks to tenants' and residents' health. Where we consider providers are not meeting the standards, including the Decent Homes Standard, we will take appropriate action.

To inform this work, please provide:

- Firstly, your approach to assessing the extent of damp and mould issues affecting your properties, including how you assess the prevalence of category 1 and 2 damp and mould hazards
- Secondly, and in the context of that approach, your most recent assessment of the extent of damp and mould hazards in your homes, including the prevalence of category 1 and 2 damp and mould hazards
- Thirdly, given those findings, the action you are taking to remedy any issues and hazards, and ensure that your homes meet the Decent Homes Standard
- Lastly, tell us how you ensure that individual damp and mould cases are identified and dealt with promptly and effectively when raised by tenants and residents

Explanations should be supported with recent data. If data are not available, this should be noted.

Submission of this information should be made through this MSForms survey <https://forms.office.com/r/ravGxEizWR> by 19 December 2022. We will review all the information provided and may request further information if necessary. Should you identify that your homes do not meet the relevant standards, you should self-refer immediately.

I look forward to receiving your data and working with you to improve conditions for tenants and residents – ensuring they are treated equitably and with respect, there are no barriers to reporting problems, and that their concerns are appropriately addressed.

Yours sincerely

Fiona MacGregor
Chief Executive

	Question	Response
1.	Please provide your registered provider code.	Provided
2.	Please provide your registered provider name.	City of London Corporation
3.	Please detail your approach to assessing the extent of damp and mould issues affecting your properties, including how you assess the prevalence of category 1 and 2 damp and mould hazards.	<p>The starting point for this is the (100% internal and external) Stock Condition Survey carried out on our social housing portfolio in 2018 by Savills. The survey identified that there were no Category 1 or Category 2 damp and mould hazards.</p> <p>We continue to raise our tenants awareness of the potential problems with damp and mould in their homes which, includes information on what the Corporation is doing to address the problems and, the steps that tenants can take to help reduce the amount of moisture in their homes that can lead to condensation and problems with damp.</p> <p>We encourage our tenants to let us know of any issues with condensation/damp/mould as soon as possible and, these are given a high priority. Wherever possible, we will inspect within five working days (subject to access) to identify the possible causes and associated remedial works which, will be completed within seven working days of an order being placed. We will also discuss the matter with our tenants, providing advice and guidance as appropriate. Completed works are post-inspected by our Property Services Officers.</p> <p>Many of our properties are accessed by various contractors carrying out either day-to-day repairs (including gas servicing, electrical checks, general repairs etc) or major works such as replacement windows and replacement fire doors. Our contractors are instructed to report any issues relating to damp and mould.</p>

<p>4.</p>	<p>In the context of the approach detailed in Q3, please provide details of your most recent assessment of the extent of damp and mould hazards in your homes, including the prevalence of category 1 and 2 damp and mould hazards.</p>	<p>Our most recent assessment of the extent of damp and mould hazards is based on the 2018 Stock Condition Survey, along with reports received from tenants, inspections carried out by our own Property Services Officers and, information passed to us from our contractors as set out in Question 3 above. All of this information is recorded and monitored on our asset management database.</p> <p>Whilst the Corporation does have cases of dampness and mould in its homes, there have been no Category 1 or Category 2 damp and mould hazards identified to date.</p>
<p>5.</p>	<p>Given the findings of the assessment outlined in Q4, please outline the actions you are taking to remedy any issues and hazards, and ensure that your homes meet the Decent Homes Standard.</p>	<p>The Corporation continues to make significant investment in its social housing stock to ensure it meets and exceeds the Decent Homes Standard. Major works such as roof renewals, replacement windows, new heating and ventilation systems, will go some way to addressing potential sources of damp and mould.</p> <p>Like most housing providers, we have been reviewing our procedures for dealing with damp and mould in our homes and, we have introduced some new initiatives including:</p> <ol style="list-style-type: none"> 1. Reviewing all previous cases of mould and damp reported in the last 12 months to ensure that the problem was effectively dealt with and has not recurred. 2. Carrying out independent specialist sample condition surveys of a number of homes to assess whether there are problems with dampness and mould that we are not aware of. 3. Further specific targeted communications with our tenants/residents to raise awareness of the potential problems caused by damp and mould in their homes. 4. Providing further specific training for housing and property staff on identifying and dealing with damp and mould. <p>As set out in Question 3 above, we encourage our tenants to let us know of any issues with condensation, damp or mould as soon</p>

		<p>as possible and, these are given a high priority. Wherever possible, we will inspect within five working days (subject to access) to identify the possible causes and associated remedial works which, will be completed within seven working days of an order being placed. We will also discuss the matter with our tenants, providing advice and guidance as appropriate. Completed works are post-inspected by our Property Services Officers.</p> <p>As part of the significant investment we are making in our social housing stock to ensure it meets and exceeds the Decent Homes Standard, we are installing humidity tracking mechanical extract fans in new kitchen and bathroom installations and, we are currently trialling the installation of environmental sensors that will provide real-time reports on air condition (including humidity and dampness) within our homes.</p>
6.	<p>Please tell us how you ensure that individual damp and mould cases are identified and dealt with promptly and effectively when raised by tenants and residents.</p>	<p>As set out previously, we continue to raise our tenants' awareness of the potential problems with damp and mould in their homes which, includes information on what the Corporation is doing to address the problems and, the steps that tenants can take to help reduce the amount of moisture in their homes that can lead to condensation and problems with damp.</p> <p>We encourage our tenants to let us know of any issues with condensation/damp/mould as soon as possible and, these are given a high priority. Wherever possible, we will inspect within five working days (subject to access) to identify the possible causes and associated remedial works which, will be completed within seven working days of an order being placed. We will also discuss the matter with our tenants, providing advice and guidance as appropriate. Completed works are post-inspected by our Property Services Officers.</p>

		Again, as stated previously, we are reviewing all previous cases of mould and damp reported in the last 12 months to ensure that the problem was effectively dealt with and has not recurred.
7.	Please provide the name of the person in your organisation that we can contact further queries.	Paul Murtagh
8.	Please provide the job title of the person provided in Q7.	Assistant Director, Housing and Barbican
9.	Please provide the email of the person provided in Q7.	Paul.Murtagh@cityoflondon.gov.uk
10.	Please provide the phone number of the person provided in Q7.	020 7332 3015

Committee: Health and Wellbeing Board - For information	Dated: 03/03/2023
Subject: Healthwatch City of London Progress Report	Public
Report author: 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 3 and 4. 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 Portsoken Community Centre. Through hybrid working – both at the office and home working – and maintained output of up-to-date information in a rapidly changing environment.

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

Following the departure of two part time members of staff Rachel Cleave, General Manager has restructured the team. Recruitment for two posts a Communications and Engagement officer and Volunteer and Project Officer has been completed and two appointments have been made, both are expected to start in late March. The team will now operate over four days a week, as has been agreed as part of the resourcing from the budget. The Communication and Engagement officer will refresh the communications and engagement strategy, looking to build upon and develop further engagement with residents across the City with particular focus on increasing engagement with lesser heard communities, they will increase face to face activities as well as expanding our social media and traditional media presence.

The volunteer and projects officer will review the volunteer strategy, focussing on increasing the volunteer base allowing greater reach into the community and involvement in relevant projects from across the system.

The increase in team members will allow the General Manager to focus on the strategic direction of HWCOL and delivery of the seven local objectives and the objectives laid out in the business plan.

2 Extension of the HWCOL contract

The current extended contract and financial uplift agreed in September 2022 will come to an end in September 2023. HWCOL are in discussions with the City of London Corporation regarding renewal of the contract. However, it should be noted that the increase in funding was for one year only as it was secured from non-recurrent funds.

3 Areas of concern

HWCOL are increasingly concerned about the engagement with City residents and subsequent decision-making processes and the impact on City residents by NHS North East London and the ICB. Events that are badged for city residents are held outside the city, although some meetings have now been held in the City in recent weeks. We hope that this marks a step change in engagement with City residents. Badged events do not always mention the City or provide City specific data. HWCOL continue to raise concerns. However, work is underway (see section 9 to remedy this situation.

Funding for engagement projects from NHS North East London is currently being reviewed with projects that receive non recurrent funding under threat. HWCOL are attending meeting to discuss the funding and the projects.

HWCOL will continue to monitor the effectiveness of on the ICP and ICB and have recently received a survey to complete for feedback.

3.1 Community Voice Manager

In our last report we raised a concern of the provision of the Community Voice manager, a post funded by the NHS North East London ICP, but hosted by Healthwatch Hackney. The post has now been filled with the agreement that the postholder will work with HWCOL from the Portsoken office on a monthly basis.

3.2 St Leonards Hospital site Redevelopment

HWCoL were involved in the scrutiny of the St Leonards redevelopment project, but as reported previously this project was put on hold earlier in the year, and there is yet to be an update on its status. The services offered at St Leonards play an important part in the delivery of care to City residents. Without a clear strategy there is some uncertainty of the future of the site and the services within it.

3.3 Neaman Practice

HWCoL continue to receive complaints regarding the Neaman Practice and work with the practice to address these. In quarterly meetings with the Practice HWCoL have raised the issue of attendance and advertising of their PPG meetings. It was agreed that all patients would receive information on the PPG and how to join. This has not been undertaken. The PPG dates have been advertised to those who already subscribe to the meetings but no wider.

There has also been a delay in setting dates for the quarterly meetings between the Practice and HWCoL. Initial requests for dates were submitted in December 2022 and are still not decided to this date.

4 Public Board Meetings

The HWCOL Annual Public Meeting was held in December. The guest speakers were Dr Chor from the Neaman Practice who gave an update Susan Masters from Hackney CVS giving an update on the Neighbourhoods Programme specifically the Shoreditch Park and City Neighbourhood, the forums and their terms of reference, and Victoria Ward from the London Ambulance Service with an overview of their service provision and the refresh on their organisational strategy 2023-28, for which Healthwatch City of London had been contracted to undertake some engagement activities.

In February HWCoL held a public Board meeting. Dr Dan Jones, Cardiology Consultant, Katrina Comer Senior Nurse, at the Barts Heart Centre presented on virtual wards and clinics and the success of their roll out so far. Alison Thompson, Senior Nurse at the Barts Cancer Centre talked us through the results of the Cancer Patient Experience survey and the resulting action plan.

5 Projects

Shoreditch Park and Neighbourhoods Forum

HWCoL attended the Shoreditch Park and City Neighbourhoods forum in November where the Terms of Reference were agreed, with our Trustee Steve Stevenson agreeing to be Deputy Chair for the City. The aim of the Neighbourhood project is to bring residents, voluntary sector, health, education, and care services together within City & Hackney's eight Neighbourhoods, to work together on what matters to local people and address health inequalities.

A good representation from the voluntary sector was acknowledged at the Forum, but it was felt that more statutory providers should be in attendance.

After a request by HWCoL the third Neighbourhood forum was held in the City at the Golden Lane Community Centre with speakers from City Connections talking about the current Carers project in the City and introducing a new project being led by Homerton on Digital Inequalities. The project was also presented at the Neighbourhood providers meeting where Hackney data was used as the basis for the project. HWCoL expressed concerns as the project is to cover City residents, data from the City should also be used. The project will look at ways the digital divide can be addressed across City and Hackney.

6 Communications and Engagement

The team have launched a new initiative to engage the community entitled '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. The objective of the panels is to give the residents a voice in raising issues with services providers with the aim of improving services to meet their needs.

In October a lively discussion was held on foot health with Hoxton Health. Concerns were raised around the referral process to the service, the lack of appointments at the Neaman Practice and the possible reinstatement of footcare delivered at home for vulnerable patients. As a result of this meeting and HWCoL continued campaigning, Hoxton Health have now been commissioned to provide additional clinics and home visits. An additional clinic will take place at the Neaman Practice, the Portsoken Community centre and home visits will commence in Q1.

In September Charlotte Pomeroy, Chief Participation and Place officer at NEL ICB and Nina Griffith, Director of Delivery attended a session in Golden Lane Community centre. The panel 'share your thoughts on your local NHS' discussed the introduction of the ICS and how they will engage with residents. Information was given on all of the opportunity's residents have to get involved from being a public health community champion, a public representative to attending Patient Participation Groups or joining special interest groups like the OPRG.

In December the team held the 'How to stay safe over Christmas' webinar sharing the support options for people over the Christmas period. Claire Giraud of CoL, and colleagues from MIND and the Samaritans supported the event.

A refresh of the Communications and engagement strategy will commence in Q4 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 refresh of the volunteer strategy will also commence in Q4, to provide greater support to the recruitment and management of volunteers.

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.

London Ambulance Engagement project

A number of activities took place to support this project, and these are outlined below.

In January HWCoL produced a report into resident engagement in the City of London on behalf of the London Ambulance Service.

Healthwatch City of London joined five other North East London Healthwatch (Hackney, Newham, Redbridge, Waltham Forest and Havering) to devise and publish an online survey. The survey aimed to better understand patients experiences of accessing urgent care.

To support the survey Healthwatch City of London invited LAS to attend their Annual Public Meeting in December 2022 and held a Patient Panel in January 2023 where members of the public joined us for a more detailed discussion.

For the full report please see Appendix one:

6 Consultation

Long Covid Access to Services Survey

In January 2021 City & Hackney COVID Rehab (CoRe) Service launched to support adults with Long COVID. It became clear health inequalities existed when accessing the service; of particular concern it was highlighted that residents that presented to GPs with Long COVID symptoms (all ages) were not equally from all ethnic backgrounds:

53% White; 14% Asian; 17% Black; 13% Other ethnic group

Amina Ed-Deen, Long COVID Engagement Lead, City & Hackney COVID Rehabilitation (CoRe) Service, with the support of Healthwatch Hackney and HWCoL have undertaken a project to look at addressing these inequalities, looking at the barriers to using the service, and to create sustainable support on discharge from the service. A focus group was held in the City and in Hackney with an online group scheduled for April.

7 Business Planning

The business plan will be reviewed for the new financial year 2023/2024 and brought back to the Health and Wellbeing Board in due course. An awayday with the team will take place in Q4/Q1 where the Seven Local Objectives will be reviewed. HWCoL will be consulting the public on the appropriateness and relevance of these objectives. The review of the business plan will take into account the JSNA, the new ICS structure, and the new post covid landscape. A budget will be set according to the plan and the deliverables within it.

8 Q3 Performance Framework (Contractual Obligations)

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

9 Work with NHS North East London ICB

In Q3, HWCoL continued to work closely with the North East London (NEL) Integrated care System (ICS), which is now in place, on proposals for patient engagement. A Memorandum of Understanding has now been agreed with North East London Healthwatch and the ICS on increased patient engagement at a system level in addition to the place based engagement as per Healthwatch original contract. Healthwatch City of London agreed to the terms and will receive additional funding in Q4 of the year 2022/23.

10 Planned activities in Quarter 1 2023/24

In support of the delivery of the business plan during Q4 the team at HWCoL will:

- Refresh and reinvigorate the communications and engagement strategy.
- 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.
- 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.
- Review and comment on the Health and wellbeing strategy consultation
- Review and comment on the Carers strategy consultation

11 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.

12 Conclusion

With the new team in place HWCoL will be actively increasing presence in the City, especially in the east of the City. The team will engage with GP Practices on the edge of the City who serve some City residents, namely Goodman's Fields Surgery and increase collaboration with Barts Health and UCLH.

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