



## Health and Wellbeing Board

**Date:** FRIDAY, 5 JULY 2024

**Time:** 11.00 am

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

**Members:**

Mary Durcan, Court of Common Council (Chairman)	Deputy Randall Anderson, Court of Common Council
Helen Fentimen OBE JP, Community & Children's Services Committee (Deputy Chairman)	Simon Cribbens, Safer City Partnership
Gail Beer, Healthwatch	Tony de Wilde, City of London Police
Nina Griffith, City and Hackney Place Based Partnership and North East London Integrated Care Board	Matthew Bell, Policy and Resources Committee
Deputy Marianne Fredericks, Port Health and Environmental Services Committee	Judith Finlay, Executive Director, Community and Children's Services
Dr Sandra Husbands, Director of Public Health	Ceri Wilkins, Court of Common Council
Gavin Stedman, Port Health and Public Protection Director	Vacancy, East London Foundation Trust
	Vacancy, Barts Health NHS Trust
	Vacancy, Homerton Healthcare NHS Trust

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

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

Whilst we endeavour to livestream all of our public meetings, this is not always possible due to technical difficulties. In these instances, if possible, a recording will be uploaded following the end of the meeting.

**Ian Thomas CBE**  
Town Clerk and Chief Executive



# AGENDA

## Part 1 - Public Reports

1. **APOLOGIES FOR ABSENCE**

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

3. **MINUTES**

To agree the minutes of the previous meeting held on 3 May 2024.

**For Decision**  
(Pages 5 - 12)

4. **PRESENTATION FROM DR MATT LIVERAS**

The Health and Wellbeing Board to receive a presentation from Dr Matt Liveras, Consultant Psychiatrist and Medical Lead at Klearwell.

**For Information**  
(Pages 13 - 28)

5. **BETTER CARE FUND Q4 RETURN**

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

**For Decision**  
(Pages 29 - 40)

6. **AIR QUALITY ANNUAL STATUS REPORT FOR 2023**

Report of the Interim Executive Director for Environment.

**For Information**  
(Pages 41 - 64)

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

Report of Healthwatch, City of London.

**For Information**  
(Pages 65 - 70)

8. **UPDATE ON STRATEGIES FOR GP, PCN, AND NEIGHBOURHOOD SERVICE PROVISION IN THE CITY**

Report of the North East London Integrated Care Board (NEL ICB).

**For Information**  
(Pages 71 - 88)

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

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

11. **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**

12. **ENHANCED SUICIDE PREVENTION INITIATIVE**

Report of the Interim Executive Director for Environment.

**For Information**  
(Pages 89 - 128)

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

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

## HEALTH AND WELLBEING BOARD

Friday, 3 May 2024

**Minutes of the meeting of the Health and Wellbeing Board held at Committee Rooms - 2nd Floor West Wing, Guildhall on Friday, 3 May 2024 at 11.00 am**

### **Present**

#### **Members:**

Mary Durcan (Chairman), Court of Common Council  
Helen Fentimen OBE JP (Deputy Chairman), Chairman of Community & Children's Services  
Gail Beer, Healthwatch  
Gavin Stedman, Port Health and Public Protection Director  
Deputy Randall Anderson, Court of Common Council  
Matthew Bell, Policy & Resources Committee  
Judith Finlay, Executive Director, Community & Children's Services

#### **Officers:**

Chris Lovitt	- City and Hackney Public Health Service
Emmanuel Ross	- City and Hackney Public Health Service
Ellie Ward	- Community and Children's Services Department
Chris Pelham	- Community and Children's Services
Simon Young	- Community and Children's Services
Ruth Calderwood	- Environment Department
Kate Doidge	- Town Clerk's Department

**It was moved by Mary Durcan and agreed that Deputy Randall Anderson takes the Chair until Item 4, Election of Chairman.**

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

Apologies were received from Dr Sandra Husbands (Director of Public Health). Chris Lovitt attended on her behalf.

Ceri Wilkins (Court of Common Council) and Chris Lovitt (attending on behalf of the Director of Public Health) observed the meeting virtually.

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

There were no declarations.

### **3. ORDER OF THE COURT**

The Board received the Order of the Court of Common Council dated 25<sup>th</sup> April 2024, which appointed the Board and approved its Terms of Reference.

4. **ELECTION OF CHAIRMAN**

The Board proceeded to elect a Chairman in accordance with Standing Order No. 29. The Town Clerk informed the Board that Mary Durcan, being the only Member expressing their willingness to serve, was duly declared Chairman of the Health and Wellbeing Board for the ensuing year and took the Chair for the remainder of the meeting.

RESOLVED – That Mary Durcan be elected Chairman of the Health and Wellbeing Board for the ensuing year.

5. **ELECTION OF DEPUTY CHAIRMAN**

The Board proceeded to elect a Deputy Chairman in accordance with Standing Order No. 30. The Town Clerk informed the Board that no expressions of interest were received ahead of the one full working day deadline and requested if there were any expressions of interest for the Deputy Chairman of the Health and Wellbeing Board. Helen Fentimen, being the only Member who indicated their willingness to serve, was duly declared to be Deputy Chairman of the Health and Wellbeing Board for the ensuing year.

The Town Clerk informed the Board that, although Helen Fentimen was a Member of the Board in her capacity as Chairman of Community and Children's Services Committee, this was not an ex-officio position within the Board's Terms of Reference, and it was therefore considered acceptable that she serve as Deputy Chairman for the ensuing year. The Town Clerk confirmed that there would be consideration of clarifying which members of the Board were able to serve as Chairman or Deputy Chairman at its annual review of its Terms of Reference.

RESOLVED – That Helen Fentimen be elected Deputy Chairman of the Health and Wellbeing Board for the ensuing year.

6. **MINUTES**

RESOLVED – That the public minutes and non-public summary of the previous meeting held on 2<sup>nd</sup> February 2024 be approved as a correct record.

7. **CITY OF LONDON JOINT LOCAL HEALTH AND WELLBEING STRATEGY 2024 - 2028**

The Board received a report of Executive Director of Community and Children's Services, concerning the approval of the City of London Joint Local Health and Wellbeing Strategy (JLHWS) 2024-2028.

The action plan for the JLHWS would be developed with a wide range of partners to deliver the priorities, with the timescales for action plan to be finalised with the partnerships. An update on this action plan could be reported back to the next meeting of the Board. The 'join' was with the partners on the Board and reflected the priorities within the Hackney Joint Health and Wellbeing Strategy. The Integrated Care Board (ICB) and other partners should be reflecting the priorities of the JLHWS.

A Member of the Board raised the need for a higher profile on men's health, and particular for the father's role within maternity services, and that fathers did not appear on the equality analysis on maternity services. The Board heard that these points would be raised with East London Foundation Trust and the local Place Based Partnership.

A Member of the Board asked what the difference with the aims would be to improve the Child and Adolescent Mental Health Services (CAMHS), as the environment has changed since the Covid-19 Pandemic. They further highlighted the Food Pantry to build financial resilience and commented that there was a proportion of the residential population of the City who could not afford the shops within the surrounding area, and that food bills had risen since the pandemic. The Member said that they were interested in what the Corporation could do to tackle this issue.

On social isolation, the Board heard that this required partnership work both inside and outside of the City, and to ensure that resident engagement had depth within the community. It was explained that social capital (or lack thereof) and social isolation were different, as social capital related to the depth and value of the connection rather than isolation. There was an action to pilot an innovative and impactful befriending service. It was suggested that the Barts League of Nurses might have suggestions for the befriending service.

RESOLVED – That Members approve the City of London Joint Health and Wellbeing Strategy.

8. **BETTER CARE FUND Q3 RETURN**

The Board received a report of the Executive Director of Community and Children's Services, concerning approval of the Better Care Fund Quarter 3 return. Following an introduction to the report, the Board heard that officers were considering that the Board receive the annual end-of-year report, and that the interim Better Care Fund reports be signed off under Delegated Authority.

It was raised that Members frequently commented on a need for residential nursing facilities in the City, and requested an explanation as to why this would not be feasible. The response was that the City's Better Care Fund priorities were dominated by managing hospital discharges, capacity, and demand, rather than nursing facilities. These priorities were made more difficult for the City due to its smaller numbers in comparisons to other Local Authorities. However, the Fund could still be used to meet some local priorities, including support to carers and its own discharge scheme. The Board also heard that although the City appeared to be spending more than the decreed amount for Local Authorities, this was often resolved in the negotiations with the ICB, and therefore it often commissioned services that exceeded the funding from the ICB.

RESOLVED – That Members approve the Better Care Fund Quarter 3 return.

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

The Board received a report from Healthwatch, City of London, to consider a progress update.

The Board heard from the Healthwatch representative who provided a summary of the progress update. This included updates regarding the concerns of the effectiveness of the Neighbourhoods Programme, their Public Board meetings, Patient Panels, and Digital Apps project.

Regarding the concerns raised by the Healthwatch representative on the Neighbourhoods Programme, the Board heard that these concerns and disappointment on effectiveness had been raised by officers at the City. The Programme had set up a board specifically for the City, including an evaluation of its neighbourhoods. Officers could look into this further and challenge what the model has actually delivered in the City.

The Board discussed an additional GP practice in the City to the Neaman Practice. The Board heard that the Hackney Health and Wellbeing Board has raised similar concerns on responsibility for GP practices and strategic priorities. It was agreed to request the ICB a session to discuss the specific needs of the City for members of the Board. It was noted that following a request at a previous meeting, the ICB had been contacted to bring a strategy on primary care to the Board before its approval, but that the ICB had pushed back on this until after a strategy had been approved.

On the Neaman Practice specifically, the actions that it required, such as drafting a business case, could be followed up. GP practices including the Neaman Practice had been caught in the difficulty of the ICB being unable to confirm any further investment. In terms of the Neaman Practice's business case, members raised whether this should be given more weight in the context of the wider need for primary care, and that this did require an effort and support from partners.

Following a point raised, it was agreed that data on where City residents registered their GP practices be shared with the Board.

The Board therefore agreed for the ICB to be re-contacted and to re-iterate its previous request on primary care, and that this be a priority for its next meeting in July 2024.

RESOLVED – That the report be received and its contents noted.

10. **COMBATING DRUGS PARTNERSHIP AND SUBSTANCE USE SUPPORT UPDATE**

The Board received a report of the Director of Public Health, concerning an update on the Combating Drugs Partnership (CDP) and Substance Use Support.

It was explained to the Board that the CDP had been trying to bring naloxone, an opioid antagonist used to reverse or reduce the effects of opioids, and



reduce the effects of harmful overdoses, into professional use, such as in frontline policing. There was a professional information network which was the route into the CDP's services if there was an identified heightened risk in certain areas and accessing support. The Board later heard that the Corporation had frontline staff who might be in scope for professional use of naloxone, including the City of London Police. This needed to be ensured that this progressed forward, and it was suggested to the Board that there be a report detailing the progress and action plan to maintain this momentum. The use of naloxone was a priority due for the potential fatal overdoses. The Board also heard that the Homelessness and Rough Sleeping Sub-Committee had recently received a report on drug use in rough sleeping and homelessness, and that the rough sleeping service carried naloxone. There was also weekly clinical mobile vehicle in the City, where naloxone was available.

A Member queried whether the approach was sensitive enough to target different substance user groups. The response was that there had been work to ensure that the different groups were targeted, such as the Incident Management Team to communicate the risks of drug use, ways to reduce harms, and engaging with recovery services.

It was commented those persons who had undiagnosed ADHD who took, or were addicted to, drugs, and it was questioned whether this had been considered in relation to their diagnosis. The response was that there was a workstream on the role of neurodiversity leading to continued harmful drug use, but this had not yet produced any findings to provide to the Board at this juncture.

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

**11. CITY AND HACKNEY OUTCOMES FRAMEWORK AND APPROACH TO IMPROVING OUTCOMES**

The Board received a report of the Head of Performance and Population Health for NHS North East London (NEL), to consider the City and Hackney Outcomes Framework, building on its strategic objectives and setting out its ambitions for partners and residents. It also included a proposal for the Local Government Association to support the development of the City of London Health and Wellbeing Board.

Members of the Board commented that they found the Outcomes Framework vague, and it should quantify the outcomes or goals, and demonstrate specific targets.

Members highlighted a development session for the Health and Wellbeing Board, which was suggested to use Members and would be hosted in the next few months. Officers noted the offer from the Local Government Association for a partnership action plan and would work with the Head of Performance and Population Health at NHS NEL for a proposal and dates for this session.

The Board heard that the follow up would be a summary of what 'good' looked like, what improvements had been made, and what could be done as a system to enable more improvements and outcomes for residents.

RESOLVED – That Members:

- Note the report and approach to improving outcomes.
- Agree the approach to report for City of London HWB.

12. **DRAFT AIR QUALITY STRATEGY 2025 TO 2030**

The Board received a report of the Interim Executive Director for Environment, concerning the draft Air Quality Strategy 2025 to 2030.

The polluting impact of generators, and of development in the City, generally was raised as a concern. The Board heard that a particular incident with a generator in the City had been resolved and was being monitored. There were officers who were funded through the construction levy who engaged with construction sites to ensure best practices and that the site met the latest standards and responded to any incidents.

A Member of the Board questioned how the draft Strategy would be presented and communicated to residents of the City of London. The response received was that the consultation would be hosted on Commonplace, an online platform. It was acknowledged that there was a high volume of complex data and information, and it was aimed to present this in a manageable and digestible manner.

It was queried whether the Corporation was working with neighbouring London Boroughs on air quality. The response was the affirmative, and that the Corporation chaired an air quality steering group and was involved in developing policy and work with its neighbours to drive projects, demonstrating leadership and innovation to influence those surrounding the City of London.

Members raised that the draft Strategy referenced an older version of the Health and Wellbeing Strategy which had an air quality priority, which was no longer the case. However, the Board agreed that it wished to endorse the sentiment, noting the health benefits for improved air quality.

The levels of nitrogen oxide produced by river vessels was highlighted. The Board heard that the data was provided by the Greater London Authority and could never be absolute. The Corporation worked with the Port of London Authority, including a trial of retrofitting diesel engines on river vessels to reduce pollution, albeit it was more difficult to retrofit boats than road vehicles. There had also been work to encourage industries based along the Thames to enable the most up to date machinery. It was said, however, that it could be expected that as road traffic reduced, the relative proportion of pollution would increase for other modes of transport such as the river.

Members of the Board referenced the levels of pollution around Smithfield Market shown on the maps within the Strategy. The Board heard that this was most likely due to the vehicles around the market rather than the machinery. It

was noted that refrigeration was not governed by the same euro standards as construction equipment, and this had yet to be addressed.

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

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

There were no public questions.

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

There were no public items of urgent business.

**15. EXCLUSION OF PUBLIC**

RESOLVED – That under Section 100(A) 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.

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

There were no non-public questions.

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

There were no non-public items of urgent business.

**The meeting ended at 12.50 pm**

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Chairman

**Contact Officer:**

**emmanuel.ross@hackney.gov.uk - Agenda Planning**

**kate.doidge@cityoflondon.gov.uk - Governance Officer/Clerk to the Board**

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# Agenda Item 4

<b>Committee(s):</b> City of London Health & Wellbeing Board	<b>Dated:</b> 05 July 2024
<b>Subject:</b> <b>Presentation from Dr Matt Liveras</b>	<b>Public</b>
<b>Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?</b>	n/a
<b>Does this proposal require extra revenue and/or capital spending?</b>	<b>N</b>
<b>If so, how much?</b>	n/a
<b>What is the source of Funding?</b>	n/a
<b>Has this Funding Source been agreed with the Chamberlain's Department?</b>	n/a
<b>Report of:</b> Dr Matt Liveras, Consultant Psychiatrist and Medical Lead, Klearwell	<b>For Information</b>
<b>Report author:</b> As above	

## Summary

Dr Liveras comes at the invitation of Health & Wellbeing Board to present on the effects of ketamine-assisted therapy.

## Recommendation(s)

- Members are asked to note the report.

## Main Report

### Background

The presentation (appendix 1) sets out some of the background to the use of ketamine in therapy and current uses.

### Current Position

N/A

### Options

N/A

### Proposals

N/A

### Key Data

N/A

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

N/A

**Conclusion**

N/A

**Appendices**

- Appendix 1 – Slide deck: [Ketamine-assisted therapy at Klearwell](#)

**Emmanuel Ross**

Programme & Projects Officer, City & Hackney Public Health Service

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# Ketamine-assisted psychotherapy at Klearwell

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Dr Matt Liveras, Consultant Psychiatrist

# What are psychedelics?

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'Mind manifesting' compounds

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**Classical psychedelics** (5-HT<sub>2A</sub> receptor partial agonists)

E.g., LSD, Psilocybin, DMT

**Entactogens** (Serotonin receptor agonists)

E.g., MDMA

**Dissociative anaesthetics** (NMDA-antagonists)

E.g., Ketamine, Nitrous Oxide

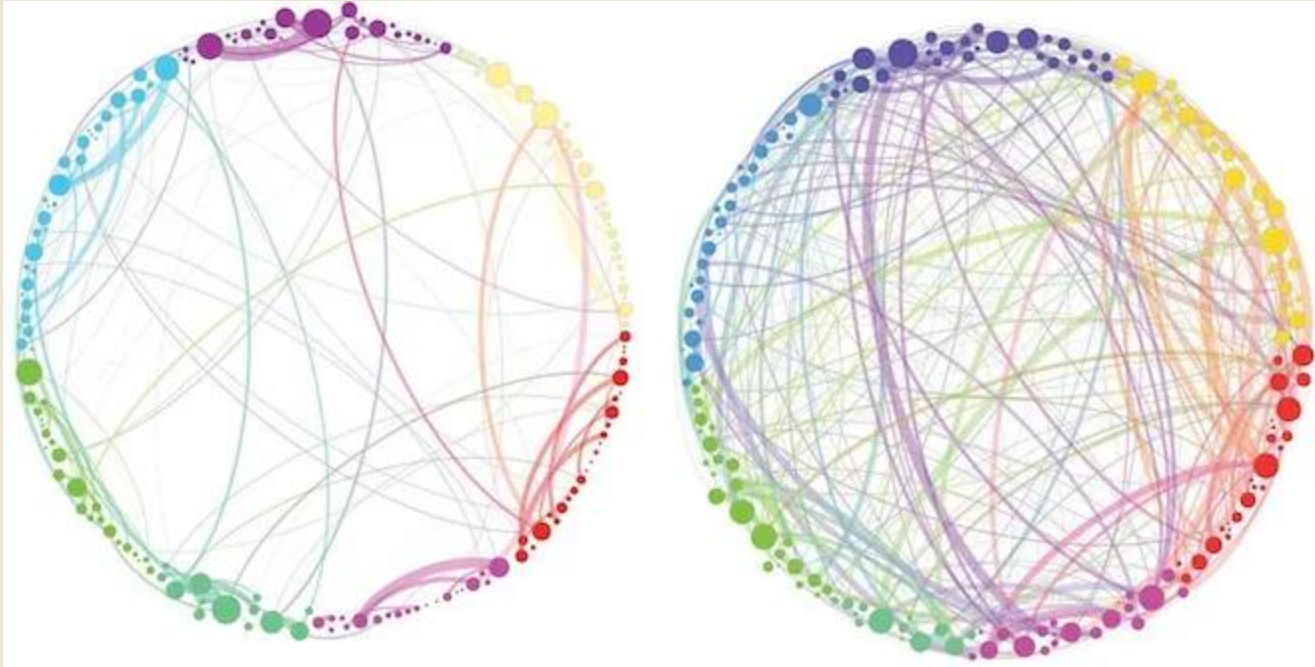




# The brain on psychedelics

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*Klearwell*

# What about ketamine?

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- Licensed as an anaesthetic
- In more recent years, used (off licence) as an antidepressant
- Stimulates neuron growth and connectivity between neurons
- Enhances psychological flexibility

# What difficulties do we treat at Klearwell?

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- Depression
- Anxiety
- PTSD
- Eating problems
- Alcohol use disorder
- Other substance use disorders



# Eligibility considerations

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- Have tried at least 2 other treatments
- Aged 18 +
- Physical health factors
- Mental health factors
- Ketamine addiction

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# The medical model

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- Treatments typically clustered close together e.g., over 2-3 weeks. Maintenance treatment often needed.

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Aim to get enough ketamine into the patient without inducing psychedelic experience

- Targets symptom reduction



# The Klearwell model: Emphasis on the therapeutic process

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- Embedded within ongoing psychotherapy

Page 22 Client is actively participating towards wellness

- Psychedelic experience as a useful therapeutic tool rather than an unwanted side-effect.

# Ketamine-assisted Psychotherapy at Klearwell

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- Self-referral via our clinics website [klearwell.com](https://klearwell.com)
- Triage process- GP records
- 'KAP' protocol- client offered individualised treatment within 11 therapy sessions (4 with ketamine)
- 'KARE' therapy for AUD- based on an RCT combining ketamine and mindfulness-based relapse prevention therapy (7 sessions, 3 with ketamine)
- Dose range planned in collaboration with client

# Therapy structure

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Preparation

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Ketamine-assisted session

Integration

*Klearwell*





# Integration: Enhancing psychological flexibility

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- An opportunity for reflection- meaning making.
- **Opening up** to new insights and perspectives

Page 25:

Supporting connection with self, others and **present moment**

Exploring **self concept** (e.g., taking an observer perspective- 'I am not my depression)

- Any goals or actions they would like to make in line with what's important (**doing what matters**)
- Ensuring realistic expectations of change and maintenance of change.

*Klearwell*

# What our clients say

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"I worked as a psychiatrist for over 30 years, I have had hundreds of hours of therapy as a client as well, but Klearwell's treatment was like having 4 years of therapy in as many weeks. Klearwell's therapy was able to address deep childhood issues that talking therapy previously had not been able to address."

**- Female client, complex PTSD**

Page 2  
This has been a paradigm shift for me. I have realised how my trauma had its reigns on me my whole life and withheld me from being the full 'me'...now I have pride in allowing me to be my fullest sense of self'

**-Female client, alcohol use disorder**

"I have spent 15 years in various forms of trauma therapy, nothing has helped. Ketamine treatment has repaired from within. I feel like a human being for the first time in my life. Now i can hold my own." - **Male client, complex PTSD**

# Client Outcomes – Average Scores

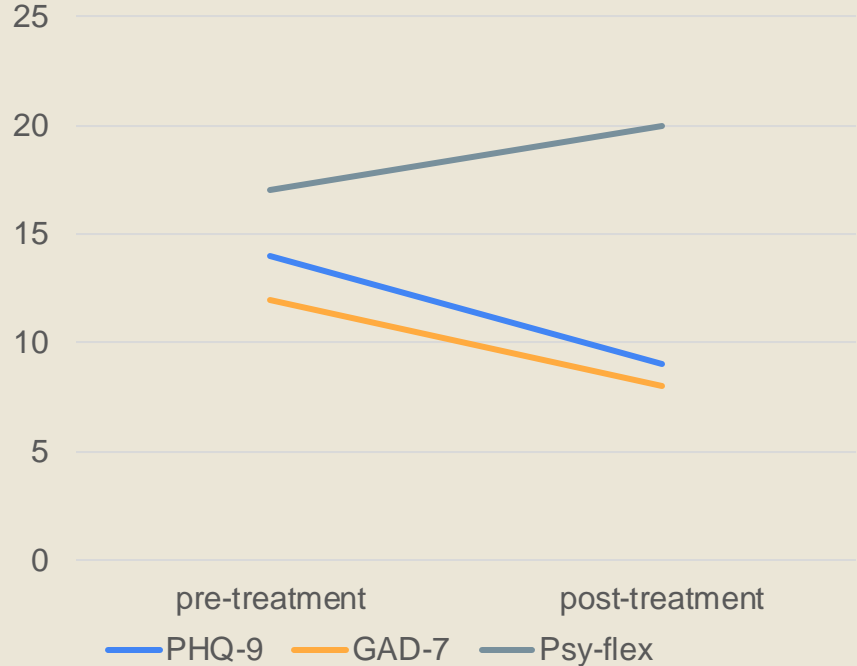
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Overall, 88% of clients show some improvement across any measures.

The average pre-treatment PHQ9 score is 14, and the average post-treatment score is 9. This shows an improvement of 38%.

The average pre-treatment GAD7 score is 12, and the average post-treatment score is 8. This shows an improvement of 37%.

The average pre-treatment PsyFlex score is 17, and the average post-treatment score is 20. This shows an improvement of 19%.



# Client Outcomes – KSET Side effects and risks

	Pre-treatment	Mid-point	End
1. Dissociation	1.1	0.7	0.5
2. Hallucinations	0.1	0.1	0.1
3. Problems with memory and/or concentration	1.6	1.1	1
4. Anxiety	2.4	2	1.6
5. Restlessness and/or agitation	1.8	1.1	1
6. Elevated/irritable mood	0.9	0.6	0.8
7. Insomnia, nightmares and/or unusual dreams	1.4	1.2	1
8. Drowsiness, fatigue, and/or weakness	1.8	1.5	1.1
9. Headache	0.8	0.5	0.6
10. Abnormal movements	0.4	0.3	0.3
11. Vision or hearing changes	0.2	0.1	0.1
12. Cardiovascular	0.5	0.2	0.2
13. Diarrhoea and/or constipation	0.8	0.7	0.4
14. Abdominal pain and/or cramps	0.4	0.4	0.3
15. Nausea and/or vomiting	0.4	0.2	0.2
16. Skin changes	0.2	0.1	0.1
17. Problems passing urine	0.1	0.2	0.1
18. A craving for ketamine	0	0.1	0.1
19. Seeking and/or using non-prescribed ketamine	0	0	0
<b>TOTAL AVERAGE SCORES</b>	<b>0.8</b>	<b>0.6</b>	<b>0.5</b>

The KSET form consists of 19 questions asking for clients to rate their severity of symptoms on a scale of 0 to 3, rated as follows:

- 0 = Never
- 1 = Mild
- 2 = Moderate
- 3 = Severe

This table shows that the only two areas where side effects seemed to increase after starting treatment are

- 17. Problems passing urine
- 18. A craving for ketamine

# Agenda Item 5

<b>Committee(s):</b> Health and Wellbeing Board	<b>Dated:</b> 05/07/2024
<b>Subject:</b> Better Care Fund Q4 Return	<b>Public</b>
<b>Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?</b>	Providing Excellent Services
<b>Does this proposal require extra revenue and/or capital spending?</b>	<b>N</b>
<b>If so, how much?</b>	<b>N/A</b>
<b>What is the source of Funding?</b>	
<b>Has this Funding Source been agreed with the Chamberlain's Department?</b>	<b>N/A</b>
<b>Report of:</b> Judith Finlay, Executive Director, Community and Children's Services	<b>For Decision</b>
<b>Report author:</b> Ellie Ward, Head of Strategy and Performance, Community and Children's Services	

## Summary

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

The Fund is based on a pooled budget of funding from Integrated Care Boards and local authorities. Local systems are required to produce plans for the BCF which must be signed off by local Health and Wellbeing Boards.

The plans are governed by a policy framework and requirements set out by the Department of Health and Social These were submitted in June 2023 and received approval from the Department in September 2023.

Quarterly reports on progress of the plans and metrics are required and these must be signed off by the Health and Wellbeing Board. This report seeks approval for the Q4 Better Care Fund return.

## Recommendation(s)

Members are asked to:

- Approve the Better Care Fund Quarter 4 return

## **Main Report**

### **Background**

1. The Better Care Fund (BCF) was established in 2013 and encourages integration by requiring Integrated Care Boards (ICBs) and local authorities to enter into pooled budget arrangements and agree an integrated spending plan.
2. Every year, local systems agree how the money will be spent within criteria set out by the Department of Health and Social Care (DHSC) and produce plans in accordance with BCF policy and requirements. A key component of the requirements focus on supporting hospital discharge and out of hospital care.
3. City of London Corporation BCF plans were submitted in June 2023 and approved by the DHSC in September 2023.
4. The City Corporation is required to report quarterly on progress with the plans and these progress reports must be approved by the Health and Wellbeing Board (HWBB).

### **Current Position**

5. For 2023/24, the pooled budget was £1,303,408, consisting of an NHS contribution of £897,282 and a City of London Corporation (City Corporation) contribution of £406,126. This increases for 2024/25 to £1,435,838. The City Corporation does not put in any additional funds.
6. A range of schemes are funded through the BCF and of the pooled budget for 2023/24, £347,597 is being spent on City Corporation Adult Social Care Services (not including the Improved Better Care Fund (iBCF) and Disabled Facilities Grant (DFG)), above the £163,508 required.
7. The BCF Quarter 4 report can be found at Appendix one and sets out progress against certain mandatory conditions and metrics. All the mandatory conditions are met. With regard to the metrics, all were on target apart from avoidable admissions (NHS indicator 2.31) and number of people aged 65+ who were still at home 91 days after hospital discharge – this relates to 16 out of 17 people. In terms of avoidable admissions, this is an improvement on the previous year and requests have been made to get further detailed data on this to really understand the issue.
8. There is a section on expenditure but the pre-populated template only contains schemes where there are designated output measures. However, it is confirmed that for all City of London schemes, the funding is being utilised and will not be overspent.
9. Members of the Health and Wellbeing Board are asked to approve the return.

### **Corporate & Strategic Implications**

### *Strategic implications*

The BCF aligns with our corporate priorities of:

- Providing Excellent Services

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

### *Financial implications*

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

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

### *Resource implications*

None

### *Legal implications*

None

### *Risk implications*

None

### *Equalities implications*

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

### *Climate implications*

None

### *Security implications*

None

## **Conclusion**

10. The City of London HWBB is asked to approve the BCF Q4 report.

## **Appendices**

- Appendix 1 – BCF Q4 report

**Ellie Ward**

Head of Strategy and Performance  
Department of Community and Children's Services

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**Better Care Fund 2023-24 Year End Reporting Template**

**2. Cover**

Version 2.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes

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Health and Wellbeing Board:	City of London	
Completed by:	Ellie Ward	
E-mail:	<a href="mailto:ellie.ward@cityoflondon.gov.uk">ellie.ward@cityoflondon.gov.uk</a>	
Contact number:	020 7332 1535	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Fri 05/07/2024	<< Please enter using the format, DD/MM/YYYY

When all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'.



	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. I&E actual	Yes
6. Spend and activity	Yes
7.1 C&D Hospital Discharge	Yes
7.2 C&D Community	Yes
8. Year End Feedback	Yes

[<< Link to the Guidance sheet](#)

^^ Link back to top

## Better Care Fund 2023-24 Year End Reporting Template

### 3. National Conditions

Selected Health and Wellbeing Board:

City of London

Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes	
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off		
Confirmation of National Conditions		
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the year:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

**Checklist**  
Complete:

Yes

Yes

Yes

Yes

Yes

Yes

**Better Care Fund 2023-24 Year End Reporting Template**

**4. Metrics**

Selected Health and Wellbeing Board:

City of London

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

**Challenges and Support Needs** Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

**Achievements** Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4			
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	25.8	38.0	38.0	77.0	Not on track to meet target	The total for the year was 232.5 (18 spells) which is above the plan of 178.8 but below the figures seen in 2022-23 (rate 271.2/21 spells).	N/A
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.7%	94.2%	94.2%	93.3%	On track to meet target	N/A	The average across the year was 93.49%, just above the plan average of 93.34%.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				847.7	On track to meet target	N/A	The rate was 665.8 (7 spells). This is a significant decrease in the figures from 2022-23 (rate 1,199.1/14 spells).
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				410	On track to meet target	N/A	There were 11 permanent admissions to residential care in 2023-24. This equates to 128 admissions per 100,000 population
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				96.0%	Not on track to meet target	94% - 16/17 people	N/A

**Checklist**  
Complete:

Yes

Yes

Yes

Yes

Yes

**Better Care Fund 2023-24 Year End Reporting Template**

**5. Income actual**

Selected Health and Wellbeing Board:

City of London

Income			
2023-24			
Disabled Facilities Grant	£40,327		
Improved Better Care Fund	£323,659		
NHS Minimum Fund	£893,101		
<b>Minimum Sub Total</b>		<b>£1,257,087</b>	
	<b>Planned</b>		<b>Actual</b>
NHS Additional Funding	£0		Do you wish to change your additional actual NHS funding? No
LA Additional Funding	£0		Do you wish to change your additional actual LA funding? No
<b>Additional Sub Total</b>		<b>£0</b>	
	<b>Planned 23-24</b>	<b>Actual 23-24</b>	
<b>Total BCF Pooled Fund</b>	<b>£1,257,087</b>	<b>£1,257,087</b>	
Additional Discharge Fund			
	<b>Planned</b>		<b>Actual</b>
LA Plan Spend	£45,376		Do you wish to change your additional actual LA funding? No
ICB Plan Spend	£4,181		Do you wish to change your additional actual ICB funding? No
<b>Additional Discharge Fund Total</b>		<b>£49,557</b>	
	<b>Planned 23-24</b>	<b>Actual 23-24</b>	
<b>BCF + Discharge Fund</b>	<b>£1,306,644</b>	<b>£1,306,644</b>	
Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2023-24			

Expenditure	
2023-24	
Plan	£1,303,408
Do you wish to change your actual BCF expenditure?	Yes
Actual	£1,259,845
Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2023-24	The DFG allocation plus DFG uplift (total £43,563) was unspent. This will be carried over to 2024/25 BCF.

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes

## Better Care Fund 2023-24 Year End Reporting Template

### 6. Spend and activity

Selected Health and Wellbeing Board:

City of London

#### Checklist

Yes

Yes

Yes

Yes

Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Q3 Actual expenditure to date	Actual Expenditure to date	Planned outputs	Q3 Actual delivered outputs to date	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
2	CoL-Carers' support	Carers Services	Other	Minimum NHS Contribution	£14,352	£10,764	£14,352	50	80	80	Beneficiaries	No	
3	Brokerage pilot (one-year)	Residential Placements	Other	Minimum NHS Contribution	£50,000	£37,500	£50,000	12	NA	11	Number of beds/placements	No	
5	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG	DFG	£37,091	£0	£0	10	-	0	Number of adaptations funded/people	No	Ongoing issues about people accessing DFGs - many people will be above the financial threshold and therefore do not approach. However, we have developed a Housing Assistance Policy (to be signed off later in the summer) which includes measures to support those who may not be eligible

Better Care Fund 2023-24 Capacity & Demand EOY Report

7.1. Capacity & Demand

Selected Health and Wellbeing Board:

City of London

Estimated demand - Hospital Discharge		Prepopulated from plan:								Q2 Refreshed planned demand				
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Reablement & Rehabilitation at home (pathway 1)	Planned demand. Number of referrals.	0	0	1	1	0	2	4	3	6	4	3	2	
Short term domiciliary care (pathway 1)	Planned demand. Number of referrals.	0	0	0	0	0	1	3	4	6	4	2	1	
Reablement & Rehabilitation in a bedded setting (pathway 2)	Planned demand. Number of referrals.	0	0	0	0	0	0	0	2	3	2	2	0	
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	4	2	0	0	

Actual activity - Hospital Discharge		Actual activity (not spot purchase):											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	2	3	3	2	2	2	2	1	2	2	2	2
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Actual activity - Hospital Discharge		Actual activity in spot purchasing:											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	3	2	3	0	1	3	2	1	4	2	0	3
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	1	0	0	0	1	0	2	0	1	1	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	1	0	0	4	0	0	1	0	1	0	0	1
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	1	1	0	0	1

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

7.2 Capacity & Demand

Selected Health and Wellbeing Board:

City of London

Demand - Community		Prepopulated from plan:							Q2 refreshed expected demand				
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Planned demand. Number of referrals.	0	0	0	0	0	0	0	4	4	4	4	4
Reablement & Rehabilitation at home	Planned demand. Number of referrals.	0	0	0	0	0	0	0	1	1	1	1	1
Reablement & Rehabilitation in a bedded setting	Planned demand. Number of referrals.	1	0	1	0	1	1	0	0	0	0	0	0
Other short-term social care	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0

Actual activity - Community		Actual activity:											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly activity. Number of new clients.	4	5	5	4	4	5	5	5	5	5	5	5
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Checklist Complete:

- Yes
- Yes
- Yes
- Yes
- Yes

**Better Care Fund 2023-24 Year End Reporting Template**

**8. Year-End Feedback**

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

City of London

**Part 1: Delivery of the Better Care Fund**

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	There have been well established and strong joint working arrangements within the City of London and Hackney locality for a number of years and the BCF has been part of that. These established relationships have continued to be built upon with the development of the ICB and the local place based partnership.
2. Our BCF schemes were implemented as planned in 2023-24	Strongly Agree	Yes, this is correct.
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality	Agree	As response 1 which has lead to more closer working and integrated initiatives

**Part 2: Successes and Challenges**

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing. Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	Working together to respond to the pandemic strengthened systems leadership (which was already well developed) and created agility in working across organisational boundaries. This has been maintained and built upon as the Integrated Care Partnership and the Place Based partnership became established locally. The City of London is actively involved in these leadership structures.
Success 2	5. Integrated workforce: joint approach to training and upskilling of workforce	Across City and Hackney 8 neighbourhoods were established which Primary Care Networks then aligned with when they were established. The neighbourhoods are a model for providing out of hospital care in a personalised and holistic way. Transformation of services has included the development of new blended community health teams, a new model of delivery for community nursing and neighbourhood MDTs to manage complex cases across a number of disciplines. One of the overall objectives of the model is to increase staff satisfaction and provide high quality services to residents.
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	A challenge for the City of London is that there are no care homes within the City boundaries and residents attend hospitals in two different ICS areas (NEL and NCL) which means working across two systems. Although challenging, our small size gives us some agility and we have good performance in terms of hospital discharge.
Challenge 2	6. Good quality and sustainable provider market that can meet demand	As noted above, the provider market within the City boundaries is more limited especially for residential and nursing care. We often spot purchase these placements which places us into competition with other local authorities. A piece of work is being undertaken to further develop the brokerage function and potentially join a dynamic purchasing vehicle to purchase placements.

**Footnotes:**

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
  2. Strong, system-wide governance and systems leadership
  3. Integrated electronic records and sharing across the system with service users
  4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
  5. Integrated workforce: joint approach to training and upskilling of workforce
  6. Good quality and sustainable provider market that can meet demand
  7. Joined-up regulatory approach
  8. Pooled or aligned resources
  9. Joint commissioning of health and social care
- Other

**Checklist Complete:**

Yes
Yes
Yes
Yes
Yes
Yes
Yes



# Agenda Item 6

<b>Committees:</b> Port Health and Environmental Services Health and Wellbeing Board	<b>Date:</b> 9 July 2024 5 July 2024
<b>Subject:</b> Air Quality Annual Status Report for 2023	<b>Public</b>
<b>Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?</b>	Leading Sustainable Environment. Providing Excellent Services. Diverse Engaged Communities.
<b>Does this proposal require extra revenue and/or capital spending?</b>	<b>N</b>
<b>Report of:</b> Bob Roberts, Executive Director (Interim), Environment	<b>For information</b>
<b>Report author:</b> Ruth Calderwood, Air Quality Manager	

## Summary

As part of its statutory duties for London Local Air Quality Management, the City of London Corporation is required to produce an Annual Status Report and submit the report to the Greater London Authority and the government.

The report is designed to demonstrate progress with actions contained within the current Air Quality Strategy and to present air quality monitoring data. A copy of the full report, which is produced using a prescribed template, is available on the City Corporation web site. A summary of the monitoring data is attached to this report as Appendix 1.

The City Corporation runs a dense and comprehensive air quality monitoring network. In 2023, data was collected using three nitrogen dioxide (NO<sub>2</sub>) continuous monitors, three particulate PM<sub>10</sub> monitors, two particulate PM<sub>2.5</sub> monitors and one ozone monitor. Nitrogen dioxide data was also collected at 86 sites in the Square Mile using low-cost diffusion tubes.

Over the past 5 years there has been a significant drop in annual average concentrations of NO<sub>2</sub>. In 2023, 95% of the locations measured met the national standard of 40µg/m<sup>3</sup>. Particulate matter is presented as PM<sub>10</sub> or PM<sub>2.5</sub> and is made up of many sources. All PM<sub>10</sub> monitoring sites have complied with the annual mean standard for the past seven years. In 2023, PM<sub>2.5</sub> concentrations at Farringdon

Street and the Aldgate School met the new national standard of 10µg/m<sup>3</sup>. This is ahead of the 2040 deadline.

The improvements in air quality measured in the Square Mile are set to continue as further measures in the City Corporation's Air Quality Strategy are implemented. The existing Air Quality Strategy runs to the end of 2024. A draft Air Quality Strategy for 2025 to 2030 has been published for consultation until 26<sup>th</sup> July 2024. The proposed aims of the new strategy are to go beyond our statutory obligation and continue to take action to improve air quality in pursuit of the 2021 World Health Organisation Air Quality Guidelines. This will deliver better health outcomes for our communities as the WHO guidelines are tighter than the national standards.

## **Recommendation**

Members are asked to:

- Note the contents of the Air Quality Annual Status Report for 2023

## **Main Report**

### **Background**

1. The City of London Corporation has a statutory duty to assist the Mayor of London and the UK government in taking action to reduce levels of air pollution so that concentrations of pollutants meet health-based standards. The City Corporation also has a responsibility to protect public health.
2. The City Corporation's current Air Quality Strategy 2019 – 2024 was adopted in September 2019. It outlines actions that will be taken to fulfil the City Corporation's statutory responsibility for Local Air Quality Management, and for reducing the health impact of air pollution on residents, workers, and visitors to the Square Mile.
3. The City Corporation has a statutory obligation to submit an Annual Status Report to the Mayor of London and the government. The report must outline progress towards actions within the Air Quality Strategy and provide the results of air quality monitoring undertaken over a seven-year period. A copy of the full report, which is produced using a prescribed template, is available on the City Corporation web site at: [Air Quality Report](#) . A summary of the air quality data is attached as Appendix 1.

### **Air Quality Data**

4. In 2023, data was collected using long-term continuous monitors at three nitrogen dioxide (NO<sub>2</sub>) sites, three particulate PM<sub>10</sub> sites, two particulate PM<sub>2.5</sub> sites and one ozone site. These monitors provide hourly readings with up-to-date data being available on the web site [Air quality in England \(airqualityengland.co.uk\)](http://airqualityengland.co.uk). Data collected over the past five years for these sites, where available, is presented in Table 1.
5. An ozone (O<sub>3</sub>) analyser was installed in the Guildhall in January 2022. Ozone is what is known as a regional pollutant over which we have no direct control. However, by measuring it, we can issue health warning alerts if concentrations are forecast to be high.
6. Concentrations of air pollution are compared to health-based standards. The national standards for nitrogen dioxide and fine particles are taken from those set by the European Union. These standards were based on 2005 World Health Organisation (WHO) Air Quality Guidelines. The Guidelines were updated in 2021 and, in most cases, tightened. The new WHO guidelines have not been incorporated into domestic legislation but are presented in Table 1 alongside the national standards for comparison. The existing annual average standard for PM<sub>2.5</sub> is 20mg/m<sup>3</sup>. Given the particular health impact of this pollutant, the UK government has recently adopted a new PM<sub>2.5</sub> standard of 10mg/m<sup>3</sup> to be achieved by 2040.

Location	Pollutant (annual average unless specified)	UK standard (µg/m <sup>3</sup> )	2021 WHO Guideline (µg/m <sup>3</sup> )	2019 (µg/m <sup>3</sup> )	2020 (µg/m <sup>3</sup> )	2021 (µg/m <sup>3</sup> )	2022 (µg/m <sup>3</sup> )	2023 (µg/m <sup>3</sup> )
<b>The Aldgate School</b> (background)	NO <sub>2</sub>	40	10	33	22	23	23	22
	PM <sub>10</sub>	40	15	19	16	16	17	15
	PM <sub>2.5</sub>	10	5	12	12	11	12	10
<b>*Upper Thames Street</b> (roadside)	NO <sub>2</sub>	40	10	73	45	46	52	-
	PM <sub>10</sub>	40	15	27	24	19	19	-
<b>Bell Wharf Lane</b> (roadside)	NO <sub>2</sub>	40	10	-	-	-	-	32
	PM <sub>10</sub>	40	15	-	-	-	20	17
<b>Beech Street</b> (roadside)	NO <sub>2</sub>	40	10	62	29	31	41	36
	PM <sub>10</sub>	40	15	22	18	15	17	15
<b>Farringdon Street</b> (roadside)	PM <sub>2.5</sub>	10	5	14	12	12	12	10
<b>Guildhall</b> (background)	O <sub>3</sub> (max. daily mean)**	100	100	-	-	-	153	120

\* the UTS monitors were relocated to Bell Wharf Lane due to forthcoming changes to office accommodation and an issue with the electricity supply

\*\* the target for ozone is 100 µg/m<sup>3</sup> as an 8 hour mean, not to be exceeded more than 10 times a year. It was exceeded on 19 occasions in 2023.

Table 1

7. There was a significant drop in levels of nitrogen dioxide across the City in 2020, when compared to 2019, largely due to the impact of the country's response to the COVID 19 pandemic. As workers have returned to the City, levels have increased but remain well below pre pandemic levels. In 2023 nitrogen dioxide was measured at 86 sites using low-cost diffusion tubes. 95% of the locations measured were at or below the annual standard of  $40\mu\text{g}/\text{m}^3$ .
8. The roads that breached the nitrogen dioxide standard of  $40\mu\text{g}/\text{m}^3$  in 2003 were:
  - Old Bailey (north end) junction with Newgate Street
  - St Marins Le Grand (north end) junction with Aldersgate Street
  - Seething Lane/ Byward Street junction
  - Upper Thames Street at Walbrook Wharf

The data for all sites is presented in the full report and summarised in Appendix 1.

9. One of the main aims of the current Air Quality Strategy is for over 90% of the Square Mile to meet the target for nitrogen dioxide by 2025. An area compliance assessment for 2023 is underway. The area of the Square Mile to comply with the nitrogen dioxide standard in 2022 was 93%, this is a significant increase from 2019 when it was 67% and just 33% in 2018.
10. PM10 concentrations have declined since before the pandemic, with levels in 2023 being lower than 2022. PM2.5 also went down in 2023 and met the new UK annual average standard of  $10\mu\text{g}/\text{m}^3$ . This is likely to be due, in part, to 2023 being wetter than average.
11. The national standard for ozone is  $100\text{ mg}/\text{m}^3$  as an 8-hour average, not to be exceeded more than 10 times a year. It was exceeded on 19 occasions in 2023.

## **Progress with Actions**

12. The Air Quality Annual Status Report includes progress with each action in the City Corporation's Air Quality Strategy. Examples of action taken during 2023 are given below:
  - Used the contents of the Emissions Reduction (Local Authorities in London) Private Members Bill to influence discussions with Defra about options for new powers for local authorities;
  - Reviewed air quality action plans for five City schools and four nurseries;
  - Hosted and chaired four meetings of the London Air Quality Steering group;
  - Responded to complaints of unnecessary engine idling. In 2023, 11 warning notices and 4 Penalty Charge Notices were issued;
  - Undertook 29 audits of construction sites to ensure compliance with emission requirements for on-site equipment;
  - Inspected all shops likely to sell solid fuel to check for compliance with new Solid Fuel Regulations;

- Partnered with Clean City Award Scheme to deliver an ‘Air Quality and Climate Change’ award for business;
- Developed and promoted a new web-based tool that helps users to better manage their health by providing information about air pollution and easy access to the latest monitoring data;
- Trained healthcare professionals and pharmacists and created patient resources to provide advice on managing exposure to air pollution;
- Part of the working group that developed the British Standard Institute Code of Practice 2023 ‘Selection, deployment and quality control of low-cost air quality sensor systems in outdoor ambient air’;
- Sat on the Air Pollution Research in London (APRIL) committee which identifies priority areas for research to improve air quality in London, supports the development of new scientific research and communicates the latest research findings;
- Commissioned a case study to understand the operating regime of back-up generators used within the Square Mile;
- Hosted an event to launch the Environmental Policy Implementation Community (EPIC), which is part of the Institution of Environmental Sciences. The City Corporation chairs the EPIC steering committee;
- Detailed monitoring to assess the impact of proposed changes to the road layout around St Martin’s Le Grand including particulate monitoring adjacent to a London underground vent shaft in the locality to assess the potential impact on future users of the space;
- Provided advice through a monthly air quality e-newsletter, Twitter and LinkedIn.

## **Corporate & Strategic Implications**

### **Strategic implications**

13. Air quality policy and action at the City Corporation is framed in the Air Quality Strategy 2019 – 2024. It is supported by the Climate Action Strategy, Transport Strategy, Procurement Strategy, and draft City Plan.

14. The work on air quality supports the Corporate Plan outcomes:

- Leading sustainable environment
- Providing excellent services
- Diverse engaged communities

### **Financial implications**

15. None.

### **Resource implications**

16. None

### **Legal implications**

17. None

### **Risk implications**

18. Air quality is listed as a Corporate risk. The most recent Deep Dive into the risk was presented to Audit and Risk Management Committee in January 2021.

### **Equalities implications**

19. Action to improve air quality has a positive impact on all sections of the population. The benefit is greatest for children and the elderly as they are more susceptible to the health impacts of air pollution. There is also a positive impact on individuals whose lives are affected by asthma and other respiratory and cardiovascular conditions.

### **Security implications**

20. None

### **Conclusion**

21. The City Corporation has completed its 2023 Air Quality Annual Status Report. This fulfils part of the City Corporation's statutory obligations for Local Air Quality Management.

22. In 2003, the national standards for particulates PM<sub>10</sub> and PM<sub>2.5</sub> were met everywhere. Of 89 locations monitored for nitrogen dioxide, 4 were above the 40µg/m<sup>3</sup> annual standard. The new draft Air Quality Strategy includes a specific action to consider additional action that can be taken in locations that continue to breach the standard.

23. Action to improve air quality is strongly supported across the organisation by a wide range of policies and strategies. This is most notable in planning policy, the Transport Strategy, and the Climate Action Strategy. The existing Air Quality Strategy runs to the end of 2024. A draft Air Quality Strategy for 2025 to 2030 has been published for consultation until 26<sup>th</sup> July 2024.

### **Appendices**

- Appendix 1 – Air Quality Annual Status Summary Report for 2023

Ruth Calderwood,  
Air Quality Manager

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## Appendix 1 Air Quality Annual Status Summary Report for 2023

### Air Quality Monitoring Data

#### 1. Nitrogen Dioxide (NO<sub>2</sub>)

The current UK standard is an annual average (mean) of 40µg/m<sup>3</sup>.

#### Continuous analysers

Site	Site type	Annual Mean (µg/m <sup>3</sup> )						
		2017	2018	2019	2020	2021	2022	2023
The Aldgate School	Urban Background	38	32	33	22	23	23	22
Beech St	Roadside	80	69	62	29	31	41	36
Walbrook Wharf	Roadside	92	87	73	45	46	52	-
Bell Wharf Lane	Roadside	-	-	-	-	-	-	32

NO<sub>2</sub> monitoring ceased in Upper Thames Street in 2022 due to forthcoming changes to office accommodation. A new site was set up in 2023 in Bell Wharf Lane

#### Long term diffusion tube sites

Site	Site type	Annual Mean (µg/m <sup>3</sup> )						
		2017	2018	2019	2020	2021	2022	2023
St Bartholomew's Hospital Courtyard	Urban Background	63	50	42	33	31	32	34
St. Andrew's Church, Queen Victoria St	Roadside	52	50	41	28	28	30	28
St Dunstan's Church, Fleet Street	Roadside	82	70	57	31	36	37	38
Speed House, Barbican Estate	Urban Background	32	31	28	19	19	20	19
Guinness Trust Estate, Mansell St	Roadside	48	46	39	33	27	27	26

## Diffusion tube sites measuring the impact of the Bank on Safety traffic scheme

Site	Annual Mean ( $\mu\text{g}/\text{m}^3$ )						
	2017	2018	2019	2020	2021	2022	2023
Cannon Street	65	50	40	38	37	38	38
Queen Victoria Street	59	58	51	35	31	39	28
King Street	52	52	47	30	30	28	29
Magistrates Court	63	53	56	36	32	33	29
King William Street	70	61	61	42	35	36	33
Lombard Street	56	56	45	30	28	28	27
Cornhill-Royal Exchange	57	62	41	26	27	29	26
Threadneedle Street	69	62	42	31	28	29	26
31 Old Broad Street	57	53	45	28	26	27	25
Wormwood Street	61	57	49	32	32	36	32
3 London Wall	54	65	53	33	38	37	38
81 London Wall	59	62	53	36	41	40	38
55 Moorgate	66	66	52	36	36	34	34
85 Gresham Street	54	52	46	30	30	27	29
Lothbury	44	45	39	24	24	23	26
Princes Street	74	69	49	36	34	34	33
Gracechurch Street /Leadenhall	66	62	51	33	36	42	34



## Diffusion tube sites measuring the impact of the Low Emission Neighbourhood pilot

Site	Annual Mean ( $\mu\text{g}/\text{m}^3$ )						
	2017	2018	2019	2020	2021	2022	2023
Giltspur Street	53	43	38	28	27	29	28
Beech Street- Near Barbican Station	69	62	50	33	30	37	37
Aldersgate	62	57	47	41	35	43	35
Viscount Street	40	37	-	24	22	23	23
Corner of Whitecross Street / Beech Street	46	42	40	23	25	26	26
London Wall/ Brewers Hall Gardens	48	49	42	30	36	32	33
Fann Street	-	41	36	23	23	25	23

## Diffusion tube sites at other locations including schools and nurseries

Site	Annual Mean ( $\mu\text{g}/\text{m}^3$ )						
	2017	2018	2019	2020	2021	2022	2023
Walbrook Wharf	82	77	64	41	44	50	49
Southwark Bridge	-	41	35	29	31	34	31
Liverpool Street	-	71	52	35	35	31	35
Fenchurch Avenue	46	36	35	26	25	24	21
Fetter Lane	-	56	44	29	30	31	28
St Pauls Cathedral	-	41	39	24	24	26	26
Finsbury Circus	-	-	-	-	25	25	23
Christchurch Greyfriars Garden	-	-	-	-	27	27	27
Goodmans Yard	-	-	44	25	28	28	28
Goldman Sachs, Shoe Lane	-	-	-	24	25	26	32
Citigen	-	-	-	30	30	30	23
Hatching Dragons Nursery	-	-	-	22	22	23	20
Bright Horizons Nursery	-	-	-	24	21	21	32
St Pauls School front railings	-	-	42	31	28	30	21
CoL Boys School access ramp	-	-	-	21	23	24	23
Charterhouse Square School	-	-	-	-	25	25	29
Cheapside Sunken Garden	-	-	-	-	-	27	23
Temple Church Courtyard	-	-	-	-	-	21	31

## Diffusion tube supporting the Transport Strategy

Site	Annual Mean ( $\mu\text{g}/\text{m}^3$ )					
	2018	2019	2020	2021	2022	2023
Byward Street	67	51	35	40	38	37
Seething Lane / Byward Street junction	71	57	44	46	45	46
Crosswall	50	44	26	27	30	27
Minories	62	49	36	37	40	38
Stoney Lane	40	39	25	25	27	24
Heneage Lane	42	33	27	25	26	24
St Mary Axe	50	42	26	25	24	25
Blackfriars Bridge	62	56	41	38	37	38
Victoria Embankment	68	57	38	38	40	38
Fleet Street	62	47	36	30	35	33
Ludgate Hill	61	50	31	31	34	31
Museum of London	66	55	36	35	37	38
London Wall	65	52	39	36	37	32
The Fable	58	51	38	30	36	33
Old Bailey (north end)	73	56	36	43	44	42
The Gherkin	-	-	-	27	26	22

## Diffusion tubes measuring the impact of the Beech Street Zero Emissions Street Pilot

Site	Annual Mean ( $\mu\text{g}/\text{m}^3$ )				
	2019	2020	2021	2022	2023
Aldersgate Street	47	39	39	44	37
Bunhill Row/Chiswell Street	40	26	25	28	25
Moore Lane/Ropemaker Street	34	29	26	25	24
Moorgate	52	32	34	31	37
London Wall/ Moorgate	52	36	37	36	34
London Wall	49	34	35	35	33
Wood Street	29	24	24	21	22
Goswell Road		37	39	43	34

## Diffusion tubes measuring the impact of the St Martins Le Grand Regeneration Project

Site	Annual Mean ( $\mu\text{g}/\text{m}^3$ )
	2023
Wood Street	24
Cheapside East	33
Cheapside West	34
Cheapside / Newgate Street	38
Newgate Street East	40
Newgate Street West	34
King Edward Street	37
Postman's Park West	33
Little Britain	34
Montague Street	40
Postman's Park East	40
St Martin's Le Grand North	42
St Martin's Le Grand South	39
St Martin's Le Grand / Cheapside	31

## PM<sub>10</sub> Data

The UK standard is an annual average of 40µg/m<sup>3</sup>.

Site	Annual Mean (µg/m <sup>3</sup> )						
	2017	2018	2019	2020	2021	2022	2023
The Aldgate School	23	21	19	16	16	17	15
Beech St	23	24	22	18	15	17	15
Upper Thames St	32	32	27	24	19	-	
Bell Wharf Lane						20	17

PM<sub>10</sub> monitoring ceased in Upper Thames Street in September 2021 due to issues with the power supply. A new site was set up in May 2022 in Bell Wharf Lane.

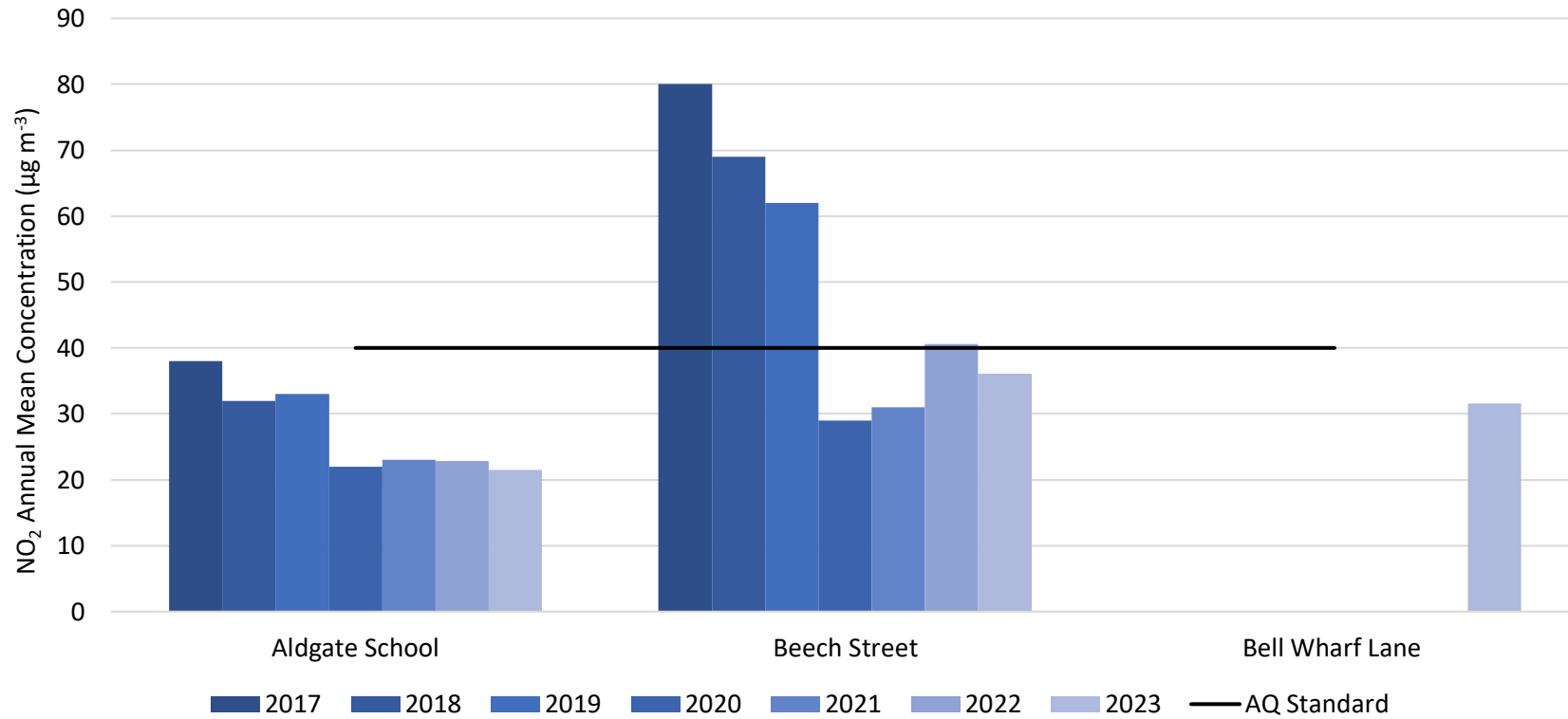
## PM<sub>2.5</sub> Data

The UK standard is an average of 10µg/m<sup>3</sup> to be met by 2040.

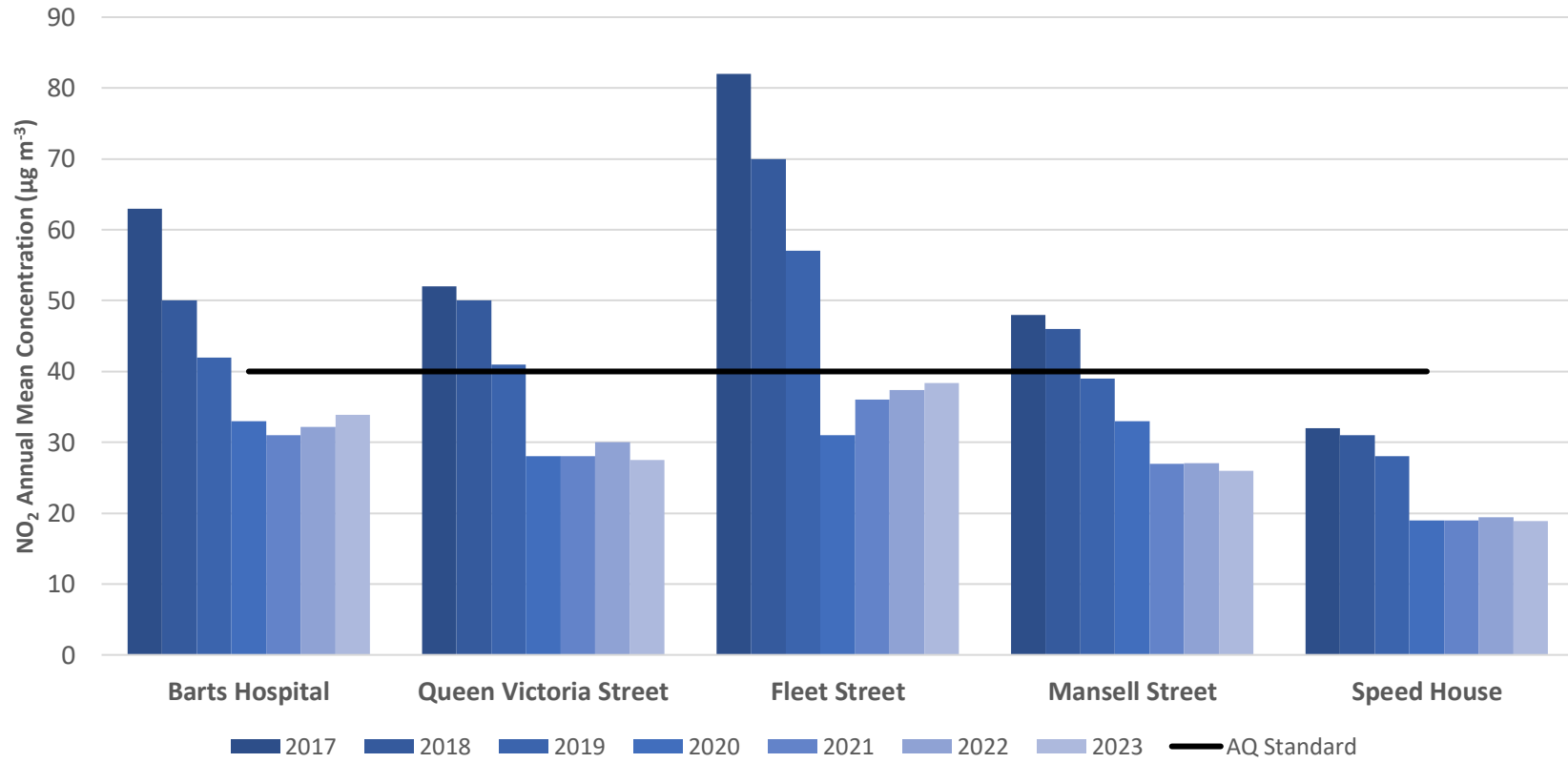
Site	Annual Mean (µg/m <sup>3</sup> )						
	2017	2018	2019	2020	2021	2022	2023
Farringdon Street	16	16	14	12	12	12	10
The Aldgate School	14	12	12	12	11	12	10

## Bar charts

### Annual Mean NO<sub>2</sub>: Continuous Monitoring Sites

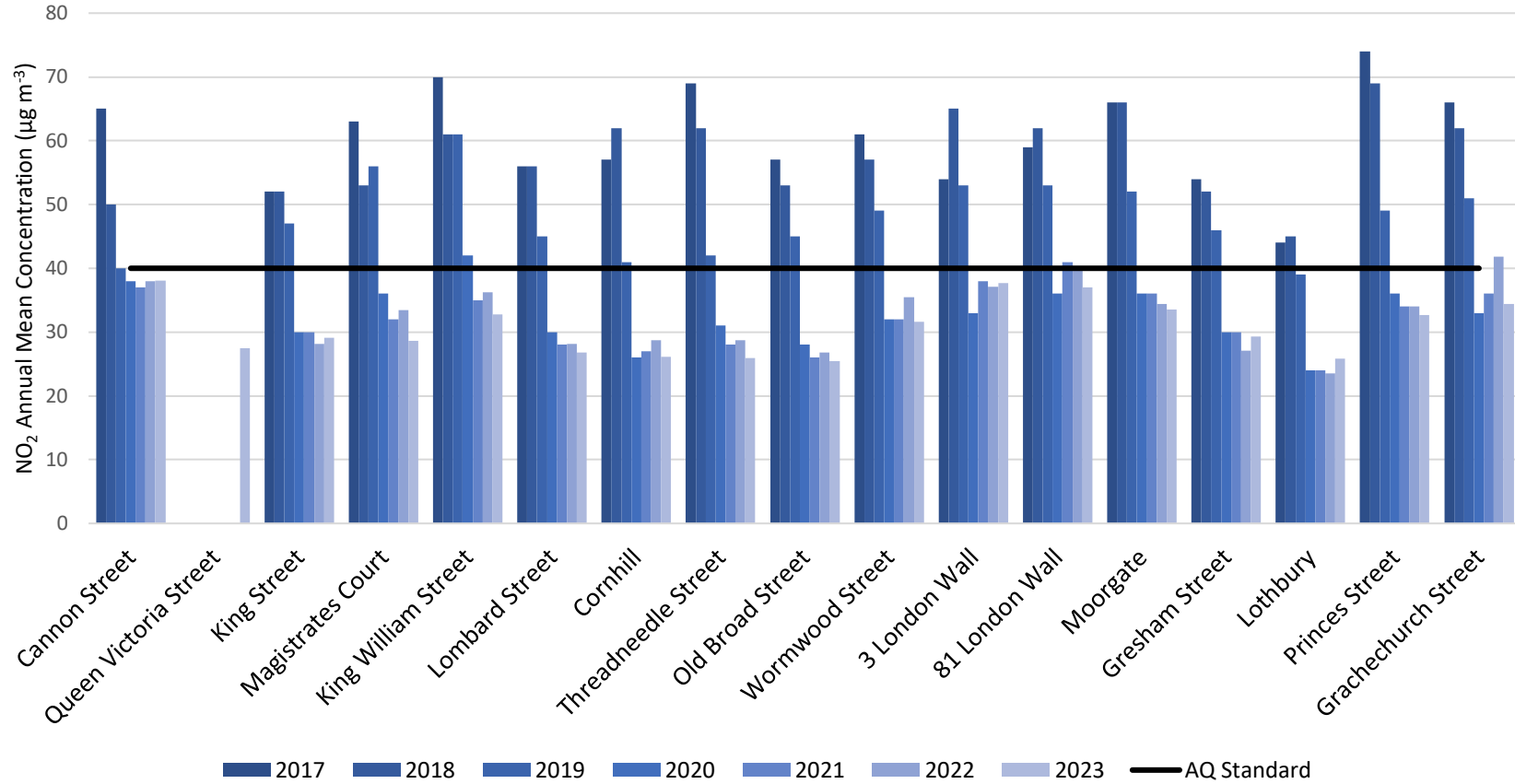


# Annual Mean NO<sub>2</sub>: Long Term Diffusion Tube Sites



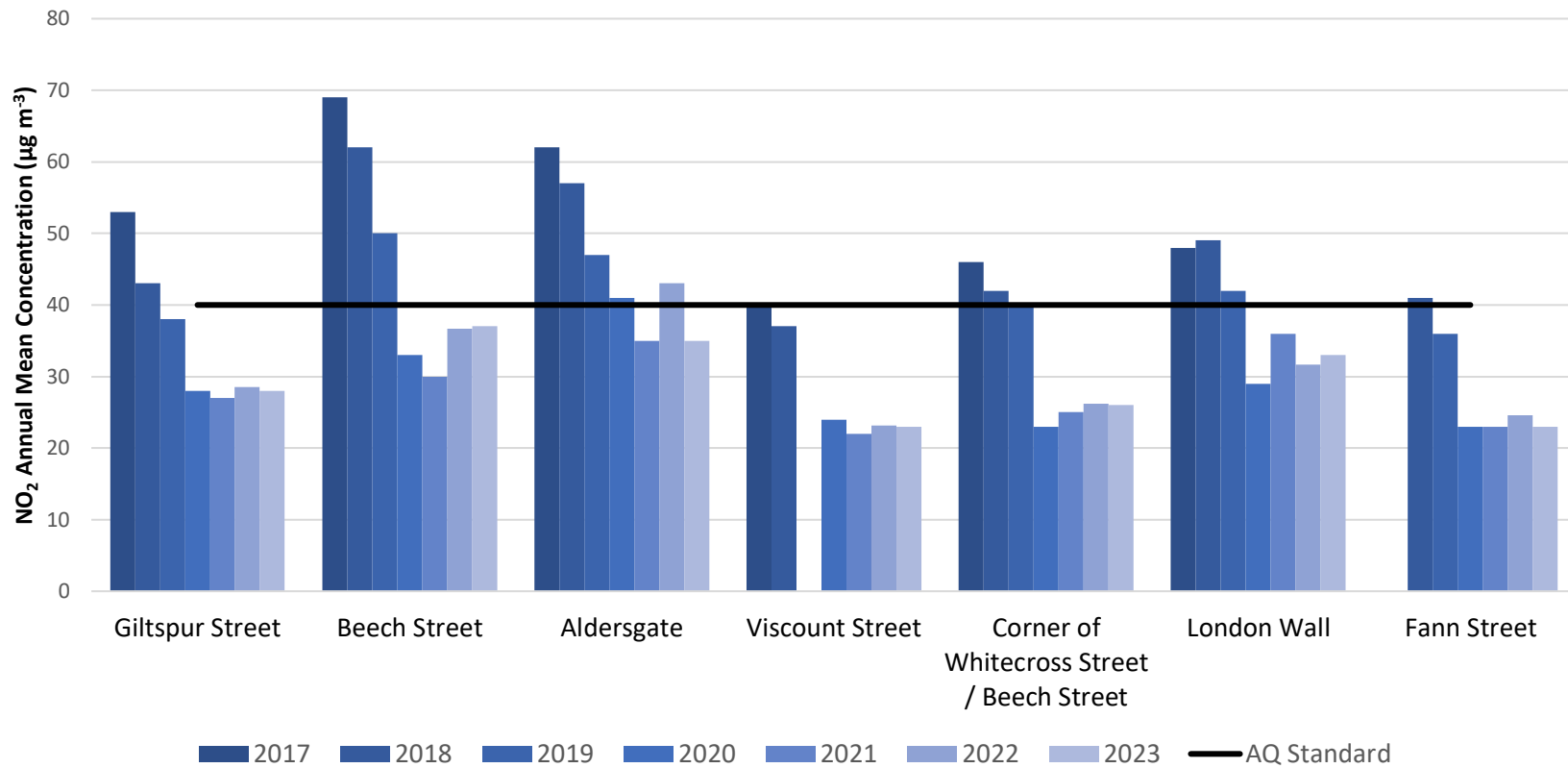
# Annual Mean NO<sub>2</sub>: Diffusion tube sites measuring the impact of the Bank on Safety traffic scheme

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## Annual Mean NO<sub>2</sub>: Diffusion tube sites measuring the impact of the Low Emission Neighbourhood pilot

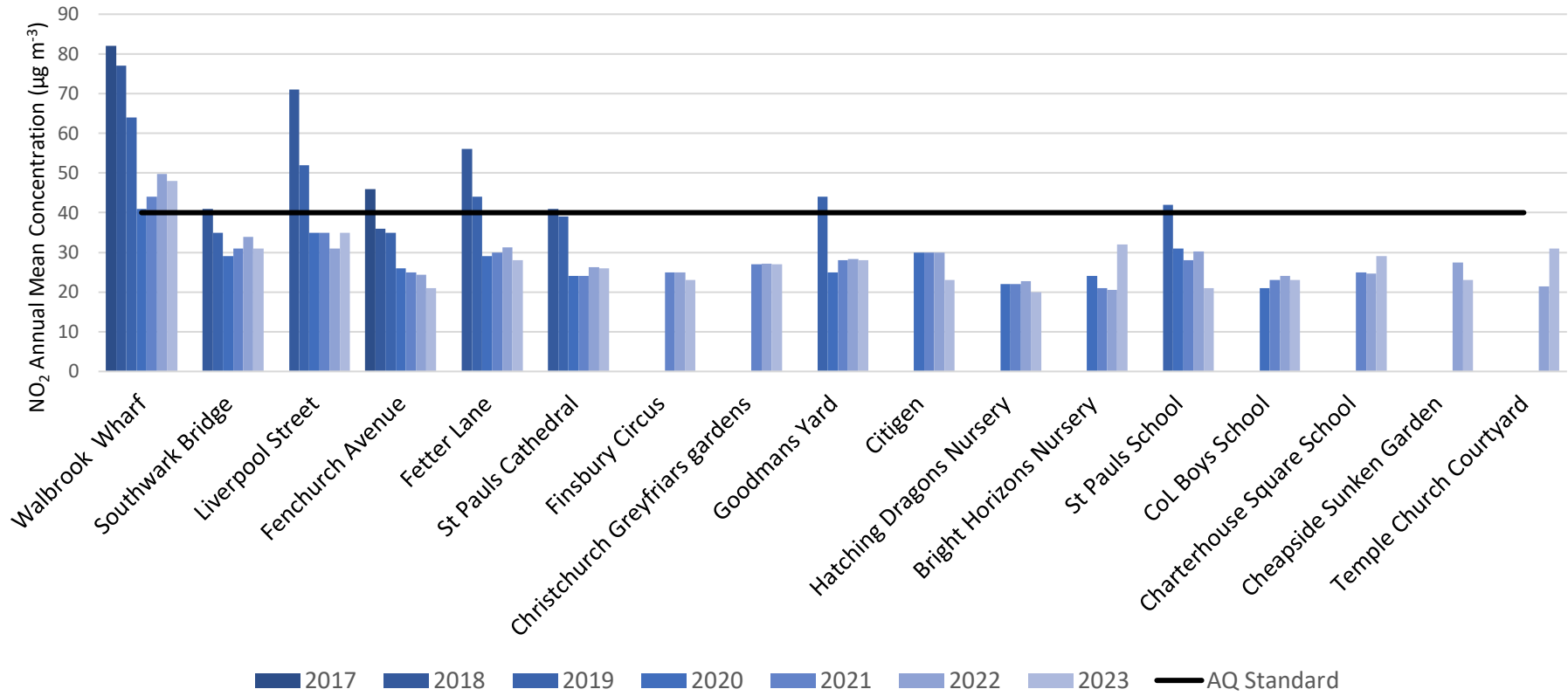
Page 56





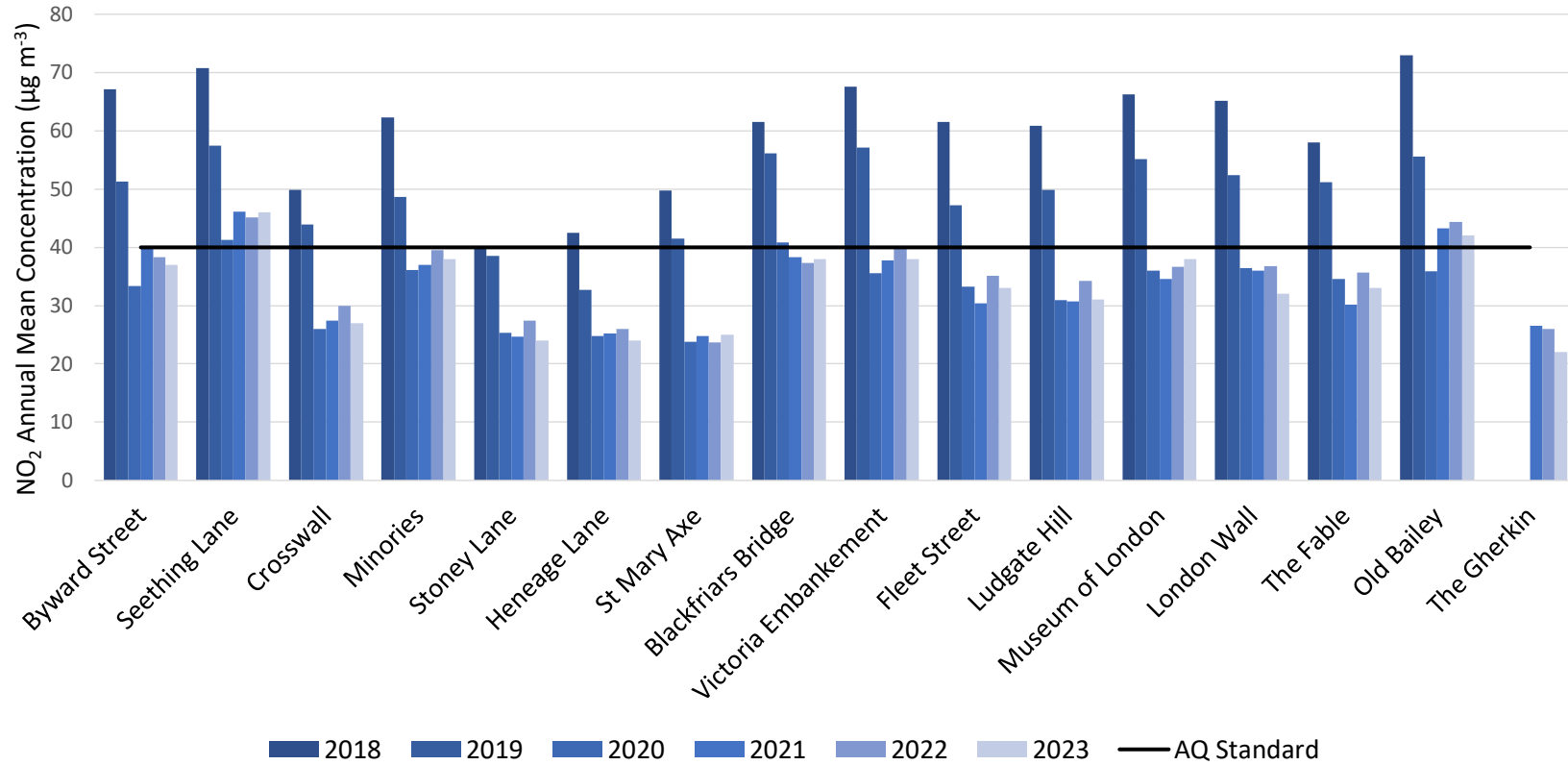
## Annual Mean NO<sub>2</sub>: Diffusion tube sites at other locations including schools and nurseries

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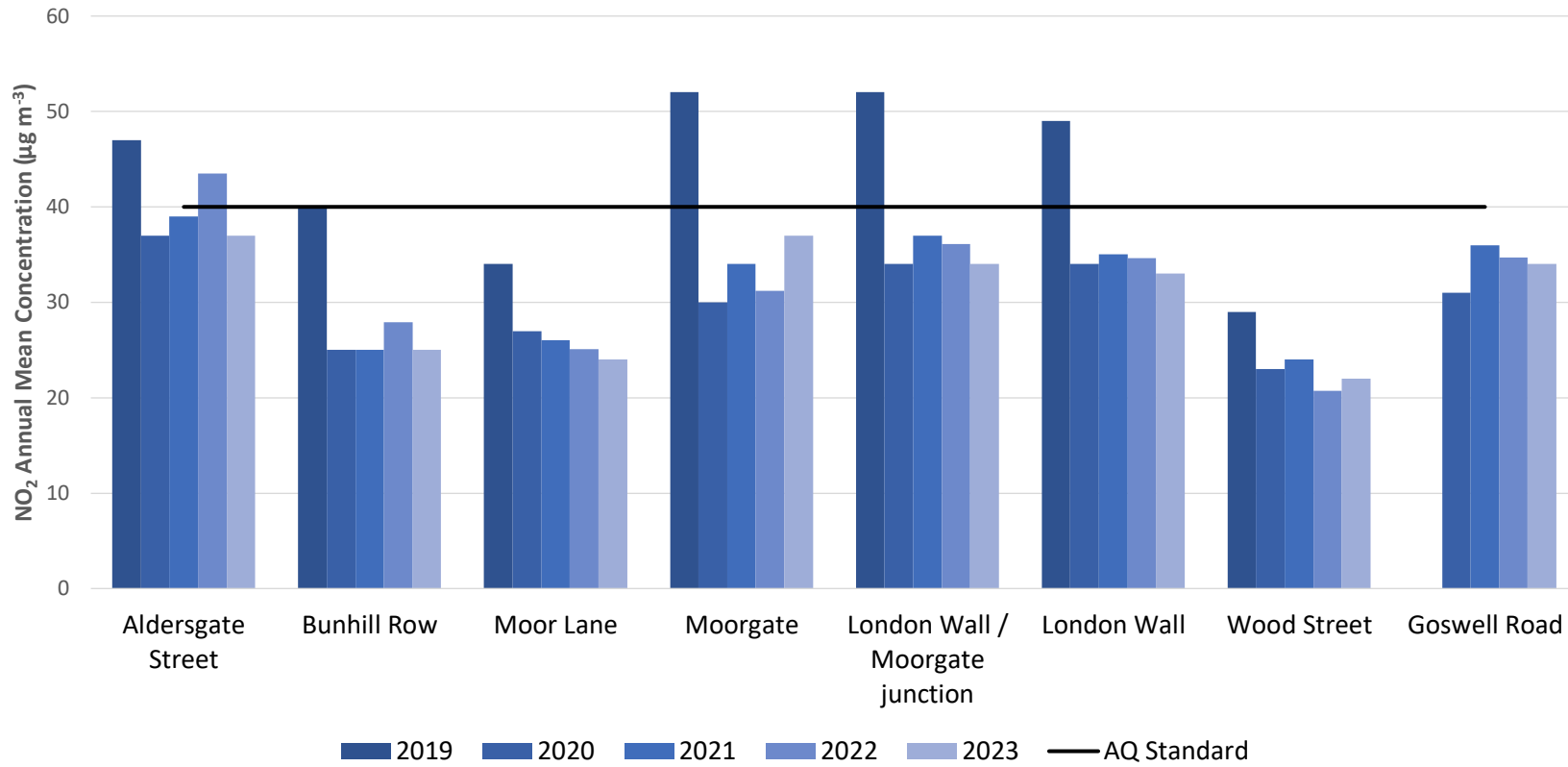


# Annual Mean NO<sub>2</sub>: Diffusion tube supporting the Transport Strategy

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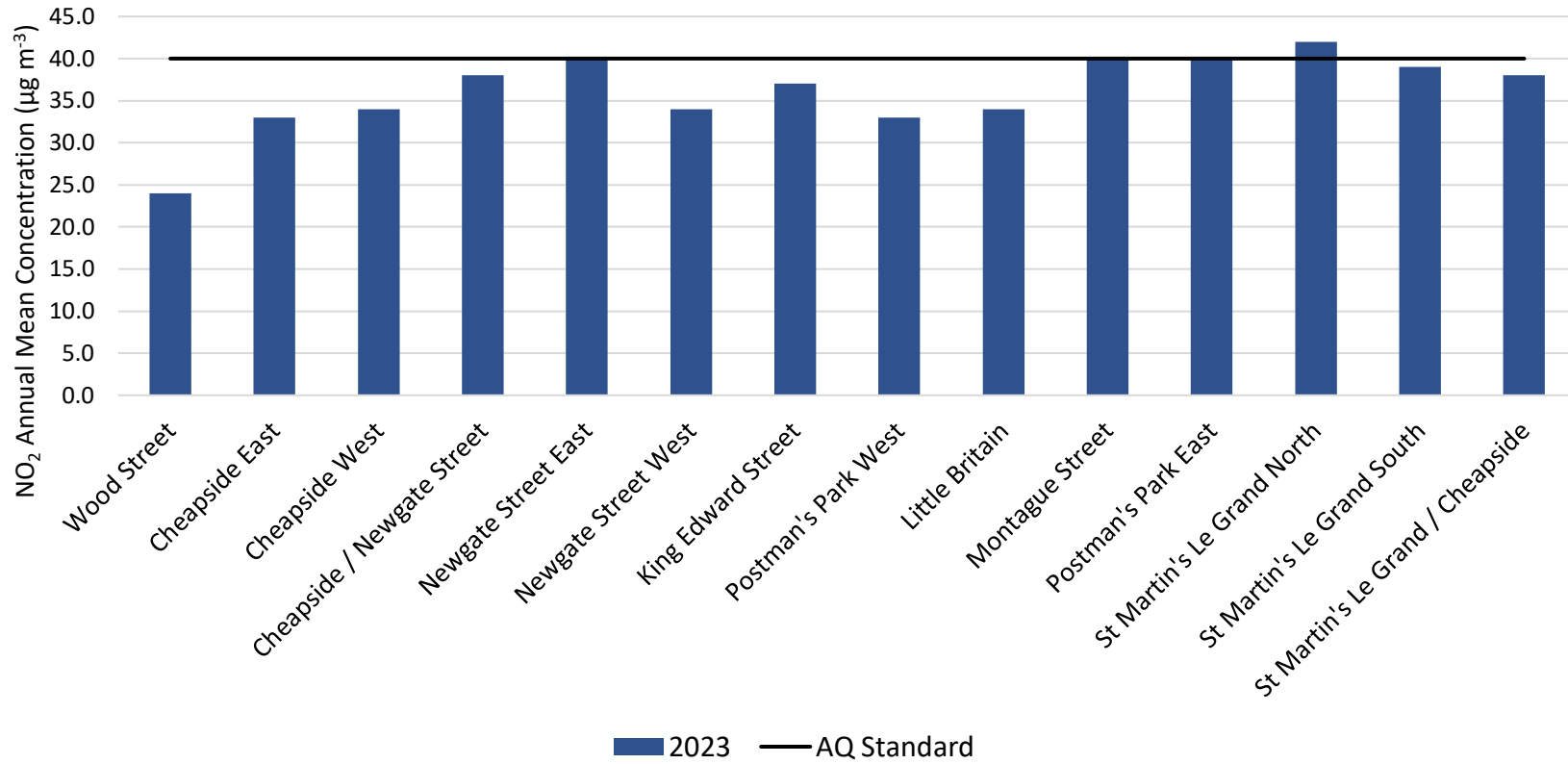


# Annual mean NO<sub>2</sub>: Diffusion tubes measuring the impact of the Beech Street Zero Emissions Street Pilot

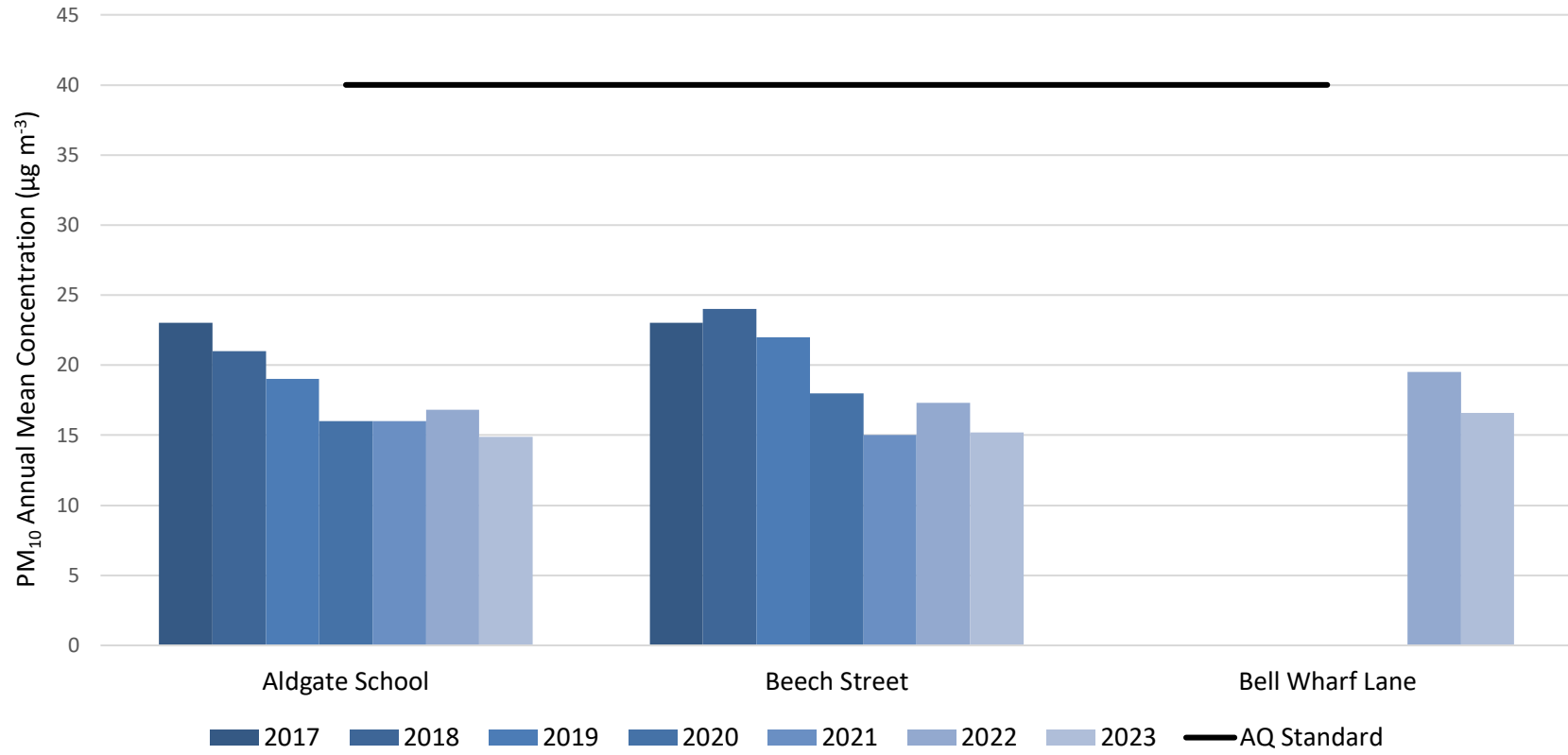


# Annual Mean NO<sub>2</sub>: Diffusion tube supporting the impact of the St Martins Le Grand Regeneration Project

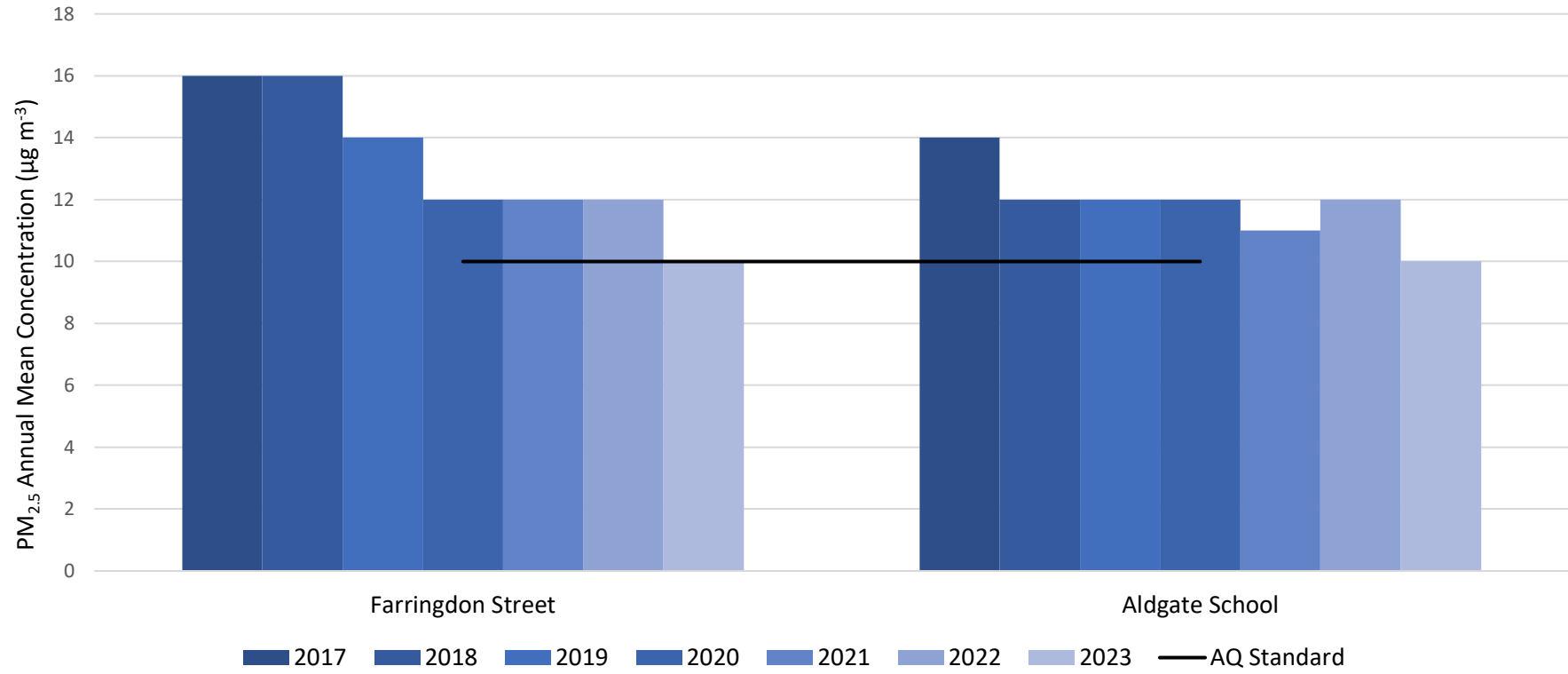
Page 60



# Annual Mean PM<sub>10</sub>



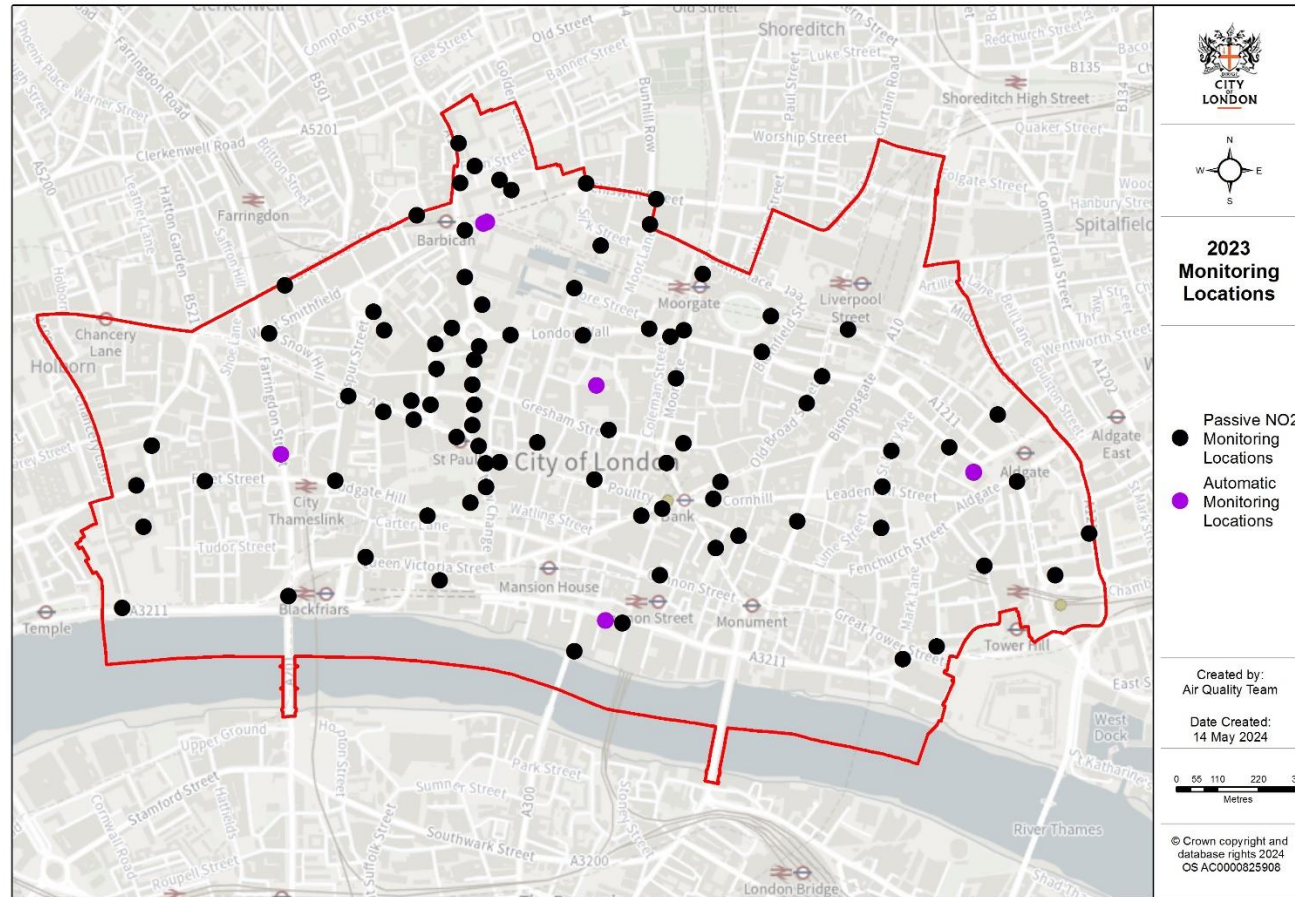
# Annual Mean PM<sub>2.5</sub>



## Air quality monitoring locations, 2023

Air quality monitoring locations are reviewed annually. Some core monitoring sites are maintained, and other sites are added and removed according to the needs of research projects, planned programmes and local investigations or concerns.

The maps below show locations where monitoring took place during 2023 using diffusion tubes, and the more accurate automatic monitoring equipment



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<b>Committee:</b> Health and Wellbeing Board - For information	<b>Dated:</b> <b>18/06/2024</b>
<b>Subject:</b> Healthwatch City of London Progress Report	<b>Public</b>
<b>Report author:</b> Gail Beer, Chair, Healthwatch City of London	

## Summary

The purpose of this report is to update the Health and Wellbeing Board on progress against contractual targets and the work of Healthwatch City of London (HWCoL) with reference to Q1 2024/25 (April - June 2024)

## 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

The HWCoL team continue to operate from the Portsoken Community Centre and through hybrid working – both at the office and home working.

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

### 2 Public Board Meetings

## **2.1 Board Meeting in Public – 19<sup>th</sup> April**

On 19<sup>th</sup> April HWCOL held a Public Board Meeting which focused on Public Health. The key speakers were Dr Sandra Husbands, Director of Public Health and Chris Lovitt, Deputy Director of Public Health and Froeks Kamminga, Public Health Specialist. The meeting, which was held at the Golden Lane Community Centre, was well attended by members of the public.

Dr Husbands talked about the Public Health team, and their responsibilities across City and Hackney. The presentation also focussed on the health inequalities across City and Hackney, these are characterised by looking at social inequalities, such as income and education, protected characteristics e.g. age, disability, sexual orientation, marriage and civil partnerships, and by vulnerability e.g. learning disabled, rough sleeping, young carers.

Chris Lovitt, presented the Public Health annual report, Sexually Healthy, which focuses on the sexual health of the City, highlighting that there is a high demand for sexual health services in Hackney and the City of London, younger people access these services more than the rest of the population and that they are more likely to require treatment when they do access services.

## **3 Business Plan and Local Objectives**

HWCOL have produced the business plan for 2024/25. The plan will be dependent on the contract renewal from the City of London Corporation. The plan has been approved in part by the Board, however the financials are yet to be provided by the accountants. The plan was put out for consultation on Tuesday 25<sup>th</sup> June 2024, Members of the Health and Wellbeing Board will receive a copy for consultation. The final report will be published in Q2 2024/25 and presented at the next Health and Wellbeing Board.

The business objectives remain as the following, these comply with both Healthwatch statutory role, and the contract from the City of London Corporation:

- 1: HWCOL's voice is recognised: representing the City of London's residents, workers, and students, ensuring that their voice is heard in every forum where change to the delivery of health and social care is discussed.
- 2: HWCOL recruits and retains a team of committed volunteers: to deliver our vision through a range of bespoke opportunities.
- 3: HWCOL is a trusted partner:
  - trusted by City residents, students, and workers to raise the issues important to them, with those taking decisions affecting their health and social care needs.
  - trusted by the bodies taking decisions, ensuring that they seek HWCOL's views as an organisation they need, due to HWCOL's reputation as a reliable source of patient feedback.

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

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

Whilst the plan identifies what needs to be done to meet both contractual obligations and those required under the Healthwatch licence, it's important that these translate into real actions that are important to those we serve. These specifically identify those actions HWCoL intend to take that will resonate with local people and reflect how they experience local services.

- 1) Deliver 10 patient panels to inform you about Health and Social care topics that are important to service users
- 2) Hold a summer information event in June and our AGM in October, both events will give residents important information on local Health and Social Care services and on the work of Healthwatch City of London.
- 3) Undertake two research projects
- 4) Carry out two Enter and Views – St Bartholomew's Hospital Cardiology Department and the Neaman Practice recommendations for improvement.
- 5) Maintain, train and utilise a dedicated team of volunteers.
- 6) Scrutinise how the City of London Corporation awards and monitors its contracts for Social Care provision.

## **4 Communications and Engagement**

### **4.1**

#### **Patient Panels**

Patient panels are designed as information sessions for residents to attend on topics of concern or interest to them. They also are for residents to give feedback on those services and share ideas for improvements.

#### **Patient Panel April – Medicines Management**

This followed recent expressions of concern from residents surrounding a local pharmacy over-dispensing old prescriptions. Based on this issue we decided to set up this Patient Panel on Medicine Management with Deborah Osowa, the Lead Pharmacist from the Neaman Practice.

It was an informative session stressing the importance of Medicine Management, what services the Neaman Practice offer and the new Pharmacy First Scheme. The importance of annual checks for medications was explained alongside how to utilise the Pharmacy First Scheme.

#### **Patient Panel May – Sexual Health in the City.**

In May, HWCoL were joined by Froeks Kamminga, Public Health Specialist. Froeks presented the new Sexual and Reproductive Health Strategy for the City. The presentation highlighted the services available in the City and where to access them.

More panels scheduled for the Q2 2024/25 and these include:

- 12<sup>th</sup> July: City of London Health and Wellbeing Strategy with Ellie Ward, Head of Strategy and Performance, Department of Community and Children's Services, City of London Corporation
- 6<sup>th</sup> September: Cardio-pulmonary resuscitation (CPR) training with the London Ambulance Service (LAS)

## 4.2 Annual Survey

In June, HWCoL launched its annual survey. The survey asks for views from stakeholders and residents on HWCoL performance and effectiveness in its role.

If you want to provide feedback you can do so here

<https://www.smartsurvey.co.uk/s/annualstakeholdersurvey2024/>

## 4.3 Health in the City Event

On Saturday 29 June HWCoL are holding the first Health in the City event at the Golden Lane Community Centre from 10am – 1pm.

In conjunction with the Neaman Practice the event will showcase health and wellbeing services that are available to City residents.

GPs, Dr Chor and Dr Hillier will be joining to tell residents a bit more about the Practice and the services offered, as well as taking any questions relating to the Practice. The Together Better programme will also join, they are a wellbeing service that bring people together with a focus on health and wellbeing by offering arts and crafts, coffee mornings and organised walks.

Others attending include:

- City Advice who provide advice for City residents, workers and students on benefits, housing, debt, employment rights and family issues.
- NHS North East London Cancer Alliance who will be providing information on cancer screening, information for patients and families.
- City Carers Community, a voluntary organisation who provide support to unpaid carers in the City of London through fortnightly sessions bringing people together to talk about their experiences.
- The Forget Me Not Café who work to provide older people, people with dementia and people with mental and physical health and wellbeing issues with support through promoting social and physical health and wellbeing activities.
- Representatives from the City of London Adult services and the Childrens services team.

## 5 Projects

### 5.1 Digital Apps

Good progress has been made on this project. The objective is to identify the various apps used by both Primary and Secondary Care services, the accessibility, usability and integration. As a City resident it is possible to be connected to nine different Apps for health care.

As reported in the last Board, the desktop research has been completed. The survey is now live and been sent to the Shoreditch Park and City Primary Care Network and to City residents. Paper versions of the survey are available in all of the City libraries, the Golden Lane and the Portsoken Community Centre and at the Neaman Practice.

So far, the team have received 28 responses to the survey digitally. Focus groups to explore the recurring issues highlighted in the results so far have been arranged for July.

When the project is completed, the report will be shared with users and those managing the APPs as well as HWE to support their work in this area. The team will also explore the inequalities created by digital exclusion.

## **5.2 Access of sexual health services for non-City Residents**

HWCoL have supported the City of London Corporation by undertaking telephone surveys that try to determine the level of City workers using non-residential postcodes to access sexual health services resulting in sexual health providers incorrectly recording City workers as residents.

Over the space of a week, the team conducted phone calls to different sexual health clinics within the City to establish whether they would accept a non-residential postcode when trying to book an appointment. There were a range of scenarios used on different days/times to get a wider understanding of the response the clinics would give. The team called on different days/times to ensure a variety of responses.

Although the calls were limited in number most resulted in a non-residential postcode from within the City was accepted by the member of staff taking the call without any issues being raised. Several clinics mentioned that they don't send letters out so a non-residential address wouldn't be an issue and another stated that all their communication is done via text, so a work address wasn't a problem.

The final report will be presented to the City of London Corporation in late June.

## **6 Enter and View programme**

Healthwatch have a statutory function to carry out Enter & View visits to health and care services to review services at the point of delivery. Following a halt in Enter and View due to Covid HWCoL have now recommenced this important activity.

### **6.1 Barts Cardiology Department**

On Thursday 13<sup>th</sup> June, the HWCoL team and volunteers carried out an Enter and View Visit to Barts Cardiology department.

Based on feedback from residents the Enter and View focused on communication, the current administrative services and the impact on care.

The visit, arranged with Matthew Young, the General Manager for Electro Physiology, Intervention and Networked Cardiology, saw interviews take place with managers, team leaders, admin staff, receptionists and patients.

The interviews with the admin team and managers were very insightful, immediately it has highlighted the different processes used by the various teams, and the

different applications used to book and process appointments, which are used inconsistently.

Disappointingly, the team were not able to interview many patients due the nature of the department visited. HWCoL have requested another, shorter, visit to interview patients in other cardiology departments rather than just EP and intervention.

The report will be written within 4 weeks of the final visit, which will then be sent to St Bartholomew's hospital for comment before publication.

We would like to extend our thanks to the team at St Bartholomew's who were very helpful and open about their work, and to thank our volunteers.

## **7 Q1 Performance Framework (Contractual Obligations)**

There has been no significant change in performance as measured by the Key Performance Indicators. 20 green indicators and four amber indicators. The main concern is attendance of the public at HWCoL events; however, the Patient Panel series have proved popular with new people attending each time.

## **8 Planned activities in Quarter 2 2024/25**

In support of the delivery of the business plan during Q2 the team at HWCoL will:

- Health in the City Event with the Neaman Practice in June
- Barts Cardiology Department Enter and View report
- Refresh and consultation on revised business plan.
- Digital Apps project continuation with focus groups.
- Two patient panels as listed in section four

## **9 Conclusion**

In conclusion it has been a busy few months at HWCoL increasing the number of volunteers, increasing engagement with City residents, working with NEL ICS to ensure that the City's voice is heard and reigniting the Enter and View Programme.

Gail Beer  
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# Agenda Item 8

<b>Committee(s):</b> City of London Health & Wellbeing Board – For information.	<b>Dated:</b> 05/07/2024
<b>Subject:</b> Update on strategies for GP, PCN and Neighbourhood service provision in the City	<b>Public</b>
<b>Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?</b>	2,4
<b>Does this proposal require extra revenue and/or capital spending?</b>	<b>N</b>
<b>If so, how much?</b>	n/a
<b>What is the source of Funding?</b>	n/a
<b>Has this Funding Source been agreed with the Chamberlain’s Department?</b>	n/a
<b>Report of:</b> Thomas Clark, Primary Care Delivery Manager, NEL ICB Dr Sadie King, Neighbourhood Programme Lead, City & Hackney	<b>For Information</b>
<b>Report authors:</b> Thomas Clark, Primary Care Delivery Manager, NEL ICB Dr Sadie King, Neighbourhood Programme Lead, City & Hackney	

## Summary

The following report is in response to a request by the committee for an update on NEL ICB strategies relating to primary care provision in the City, including:

- Options for expanding or relocating the Neaman Practice.
- The status and performance of Goodman’s Fields Health Centre and the Hoxton Surgery; how the former’s boundary could be expanded to include the Tower ward.
- The impact of Neighbourhoods on service provision.

It addresses each point individually with reference to national strategic drivers for primary care, plans to refresh the NEL primary care strategy over the coming year, the status and scope of primary care provision in the City commissioned by NEL and other ICBs, and the constraints around expansion or relocation of the Neaman Practice.

## Recommendation(s)

Members are asked to:

- Note the report

## **Main Report**

### **Background**

1. North East London Integrated Care Board (NEL ICB) has delegated responsibility for commissioning primary medical services in north-east London. This includes the City of London and the adjacent boroughs of Hackney and Tower Hamlets. All GP practices have a boundary or catchment area as part of their contract and must accept registrations from patients living within this boundary (except in specific circumstances and with the permission of the commissioner). This boundary is normally determined by the GP contractor, although changes must be agreed by the commissioner.
2. NEL ICB commissions one GP practice that is situated within the City, the Neaman Practice, and a further three practices, situated in the neighbouring boroughs of Hackney and Tower Hamlets that cover part of the City. The Neaman Practice and Hoxton Surgery (Hackney) boundaries both cover the entirety of the City, while Goodman's Fields Health Centre and the Spitalfields Practice (Tower Hamlets) cover residential areas of the Portsoken ward.
3. 65% of City residents are registered with GP practices in NEL, predominantly at the Neaman Practice, Goodman's Fields Health Centre and the Spitalfields Practice. The majority of the remaining residential population are registered with GP practices in North Central and North West London, situated close to the City border. Three NCL practices and two NWL practices have boundaries that cover large areas in the west of the City.
4. NEL ICB primary care commissioners working in the two relevant place-based partnerships (and legacy CCGs) have previously worked collaboratively to ensure adequate provision of GP services across the City of London. In the past, this has included adjustments to the boundaries of specific practices to incorporate residential areas in the east of the City, offering greater choice of GP practice.
5. Access to GP services has changed significantly since the COVID-19 pandemic as online services – particularly online consultation and electronic prescriptions – have meant that working age people can engage with their GP without attending the practice, offering greater flexibility.

### **Current Position**

6. The City of London Health and Wellbeing Board has requested an update from NEL ICB on strategies relating to primary care provision in the City, including:
  - a. Options for expanding or relocating the Neaman Practice;
  - b. The status and performance of Goodman's Fields Health Centre and the Hoxton Surgery; how the former's boundary could be expanded to include the Tower ward;
  - c. The impact of Neighbourhoods on service provision.



The purpose of this report is to provide an update on these areas.

7. NEL / East London Health & Care Partnership produced a primary care strategy in 2019 following publication of the NHS Long Term Plan. The ICB has recently commenced a stocktake of progress with implementation of this strategy and intends to refresh it over the next 12 months.
8. In the interim, the key strategic drivers in relation to primary care remain those set out in national policy such as the [Fuller Stocktake report](#) and [Delivery plan for recovering access to primary care \(PCARP\)](#).
9. Development of Integrated Neighbourhood Teams (INT) set out in the Fuller report must be aligned to the geographical footprints of Primary Care Networks (PCN), although the ICB recognises that implementation will need to be adjusted to specific circumstances in the City. Continuity and integration of service provision means GP practices serving the City will need to focus on registering patients from within their catchment areas. However, national implementation of the PCARP, including improved digital and remote access, self-referral pathways and Pharmacy First scheme, will allow transient City workers more flexible and convenient access to primary care regardless of where they are registered.

### **Options for expanding or relocating the Neaman Practice**

10. The Neaman Practice is located at 15 Half Moon Court, Barbican, EC1A 7HF. This location is very convenient for its registered patients, the majority of which are resident in the surrounding LSOAs ([lower-layer super output areas](#)).
11. The practice demise is leased to them by NHS Property Services who lease from a third party, Healthlink Investments Ltd. NEL ICB categorise the building as a core estates asset as it is considered modern and fit for purpose, although the practice has reported that it is starting to show signs of wear. The premises reimbursable rent for 2024/25 is £474,000. At £696 per sqm, this is extremely high compared to other primary care buildings largely due to its location.
12. The practice occupies the basement, ground, first and second floors of the building, a space of 681sqm incorporating eight consultation rooms, two treatment rooms, one interview room and administrative space. Based on the NHS space calculator tool for GP practices, this is sufficient space to accommodate a practice of this size. However, it is acknowledged that demand arising from hosting PCN additional roles, and the services offered by INTs might not be adequately accounted for in model assumptions.
13. In recent months, the practice and NEL ICB have been approached in relation to two possible options to expand and/or relocate the practice:
  - a. The superior landlord for the current premises, Healthlink Investments, has approached the practice to discuss the extension of the lease beyond the current expiry in 2030. As part of this lease extension, Healthlink are offering to refurbish and modernise the practice demise and potentially the floors above to allow the practice to expand;
  - b. Relocation of the Neaman Practice to the redeveloped Museum of London site approximately 5-10 minutes walk from the current site.
14. Limited detail is currently available in relation to either option, particularly the Museum of London, which the ICB understands is not currently viable for healthcare use. The practice has indicated a preference for remaining in their

current premises, particularly if there is an opportunity to expand within the building.

15. Increasing the space occupied by the Neaman Practice will have revenue implications for NEL ICB delegated primary care budget. Additionally, it is not currently clear whether there will be a need for NHS capital investment in either of the options outlined above. As such, plans for expansion will be subject to ICB approval of a business case, including more detailed assessment of the service's space requirements. Primary care commissioners will engage with the ICB Infrastructure and Regeneration team and Local Infrastructure Forum on this piece of work.
16. It should be noted that NEL ICB is currently under significant financial pressure. In the absence of NHS capital investment for any potential scheme to expand or relocate the Neaman Practice, it is not clear that the revenue implications of increased rent at commercial rates in the City would be deemed affordable.

### **The status and performance of Goodman's Fields Health Centre and the Hoxton Surgery**

17. As previously mentioned, there are four NEL practices with boundaries that cover all or some of the City of London (excluding specialist homeless practices): The Neaman Practice; Goodman's Fields Health Centre; the Spitalfields Practice; and the Hoxton Surgery. However, due to its location further from the City, the Hoxton Surgery has only 40 City residents registered.
18. All four practice lists are currently open to new registrations, although Goodman's Fields is considered to be at capacity following rapid growth in recent years to approximately 35,000 registered patients.
19. Goodman's Fields Health Centre has registered net 5000 patients over the last two years. The current boundary retains an agreement to cover the Portsoken area, where a satellite service was in place prior to the practice's relocation from Whitechapel to the Goodman's Fields site. Several discussions have taken place with the practice in relation to extending the boundary further into the City (following requests from CoL), however, due to the increased demand from new registrations within the existing boundary it is not currently possible to further extend. Additionally, there is limited room for growth in Tower Hamlets practices surrounding Goodman's Fields, which contributes to the increased list size at Goodman's.
20. A summary of performance and workforce data for the four practices listed has been included in the appendices.

### **Neighbourhoods and The City of London**

21. The Neighbourhoods Programme facilitates change through a small central team coordinating projects and service development with transformation, strategy and operational leads throughout City and Hackney. Established in 2018, the programme co-produced a vision for a 10-year programme of change that was agreed in 2020. Over the past 4 years, significant progress has been made with teams and services working on and across the 8 Neighbourhood footprints. An overview of this with links to supporting papers is provided in Appendix 2.

22. Whilst the City and Hackney Neighbourhoods are organised on the same geographical footprints as the PCNs, they have a broader responsibility to residents. Neighbourhoods encapsulate all of our health and care partners, and they deliver to all residents within the geographic boundary rather than a list of registered patients. Therefore, whilst there is a very large overlap of residents served, there are some differences in where residents receive services.
23. In April 2024, 6279 residents of the City of London were registered with City and Hackney practices (51%). 1725 (14%) are registered with neighbouring Tower Hamlets and 4396 (35%) are registered outside of NEL practices.
24. This means that whilst the majority of City residents are registered at practices that are within the Shoreditch Park and City Neighbourhood, some are not, and neighbourhood working arrangements will continue to consider adaptations to ensure they are also served. There are also considerations around the different geographies within the Neighbourhood, distance from each other, different priorities, identities and transport links. The following outlines key emergent issues and how partners are working to ensure the Neighbourhoods programme supports the City of London residents and delivers on its core aim: to offer multidisciplinary and personalised care closer to where people live.
25. The Shoreditch Park and City Multidisciplinary Meeting (MDM) takes referrals from across the neighbourhood. The link practitioners (City specific include: The Neaman Practice, Adult Social Care and Community Navigators) attend the monthly meetings that currently focus on complex cases where more formal multidisciplinary collaboration is required. A recent review of the Shoreditch Park and City MDM highlighted that there were fewer than expected referrals of cases from the City of London. We are currently exploring the reasons for this with partners in the City of London and the neighbouring PCNs in Tower Hamlets that serve many of the residents in the East of the City.
26. In 2024 there has been considerable investment in the development of MDMs as the role of administrator has been expanded to cover other Neighbourhood meetings and data and improvement work. The team now have a supervisor who will also perform a QI function alongside the Neighbourhoods Workforce and Partnership Development Manager. Current plans for MDMs are improving referrals wider than from primary care.
27. We are also currently working with bordering PCNs and the Tower Hamlets Neighbourhoods Programme to better understand the services being offered to City of London residents registered there and to connect GPs with our MDM and other offers for City of London residents.
28. Neighbourhood Forums put residents at the centre of health and care conversations. The Neighbourhood Resident Involvement Alliance (providers of the Neighbourhood Forum and Resident Involvement and insight gathering mechanism) felt that this structure needed adaptation for City residents and staff. They have established a City of London Action Group working on separate priorities.
29. They also provide insight gathering. Because of confidentiality reasons data at ward level for small identifiable populations the City of London specific data is not accessible. We are working to establish a robust picture of health data for the City of London residents from a variety of sources including directly from the neighbouring PCNs. The first iterations of the Neighbourhood insight reports

were delivered this year by Hackney Healthwatch. March 2025 will produce the first City of London specific Neighbourhood Insight report.

30. As described in the appendix the next steps for Neighbourhoods: establishment of Integrated Neighbourhood Teams (INTS) is under consultation. Whilst the Fuller report sets out how INTs could emerge from the PCNs there has been a parallel process in City and Hackney that has meant Neighbourhood teams have been developed alongside PCNs rather than out of them. Similarly, across the country we see co-location of teams happening not always in primary care premises but in community and other statutory sectors settings e.g., housing association, VCS premises, local authorities or an NHS Trust location.
31. In City and Hackney, we will be exploring all of these options in relation to the needs of each Neighbourhood. The process for the Estates Plan for Neighbourhoods will be developed through the Neighbourhood Leadership groups over the next year. A dedicated role (estimated start date August 2024) will work with the NEL ICB Infrastructure team, City and Hackney partners and the local Leadership Groups to map and 'unlock' estate use options that meet the requirements of each Neighbourhood. This work will happen alongside the operational and senior leadership consultation work on INTs development over the next year. INTs model will be piloted before final decisions are made. For Shoreditch Park and the City Neighbourhood, considerations could be around establishing two teams or flexibility between the two geographies.
32. In order to ensure that developments towards an INT work well for the City of London there is a Neighbourhoods City of London working group. The subject-specific oversight and working groups in the Neighbourhoods Programme (e.g., Proactive Care, Neighbourhoods Operational Group for establishing INT, Neighbourhoods Organisational Development Oversight Group) will bring City of London specific considerations to this group and work together to problem solve.
33. An Independent Contribution Analysis of the Neighbourhoods Programme to City and Hackney Place Based Partnership outcomes is currently underway. This will highlight outcomes for the City of London. The second wave of data collection will commence in the Autumn and the final report is due March 2025. This will establish a framework for ongoing self-monitoring.

## **Corporate & Strategic Implications**

Strategic implications – This paper has been submitted following a request from the Board. It is not a proposal and does not have any specific strategic implications but attempts to update on NEL ICB plans to refresh our primary care strategy and some of the estates challenges relating to the Neaman Practice. Similarly, the paper outlines the progress of the Neighbourhoods Programme and how this impacts specifically on the City of London services. It also outlines the current priorities around establishing a model for an Integrated Neighbourhood Team and the Neighbourhood Estate Plan steps.

Financial implications – none.

Resource implications – none.

Legal implications – none.

Risk implications – none.

Equalities implications – none.

Climate implications – none.

Security implications – none.

## **Conclusion**

34. NEL ICB has started the process of refreshing its primary care strategy and will seek to engage with ICS partners during this process to ensure that it meets the needs of places while also aligning with national strategy in relation to primary care.
35. While the Neaman Practice is recognised as a key component in delivering primary care services to the City, it is also the case that residential areas in the City are served by at least three GP practices in NEL or neighbouring ICBs and that 50% of City residents are not registered with the Neaman.
36. Ensuring that the Neaman Practice has sufficient estates capacity to meet the needs of its patients and play a part in emerging models of integrated primary care is extremely important. However, the ICB considers the current premises to be fit for purpose and of sufficient size for its current list. Any plans to expand or relocate must be based on population need and offer value for money in addition to strategic alignment.
37. The Neighbourhoods Programme of change has brought together Community Health Services, PCNs and Local Authority services, resident groups and the voluntary sector to progress towards a fully integrated Neighbourhood health and care team. This is 10 year programme of change agreed in 2020 by system leaders. The model for the local team is being worked through by operational and strategic leads. Currently the plans for establishing Neighbourhood INTs and the Neighbourhood Estates plan are in progress. The specific issues arising for the City of London services and residents are being problem solved in a working group. There are currently no plans to establish an INT within primary care estates.

## **Appendices**

Appendix 1 – NEL GP practices covering the City of London: Performance and workforce data summary.

Appendix 2 – Overview of Neighbourhoods Programme, June 2024

### **Thomas Clark**

Primary Care Delivery Manager

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# NEL GP practices covering the City of London

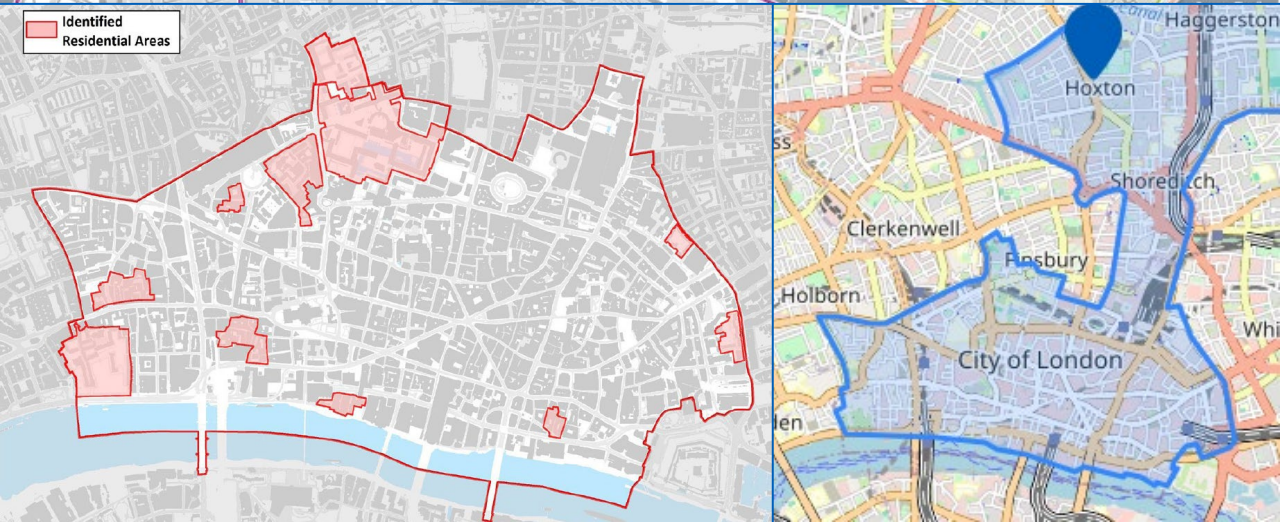
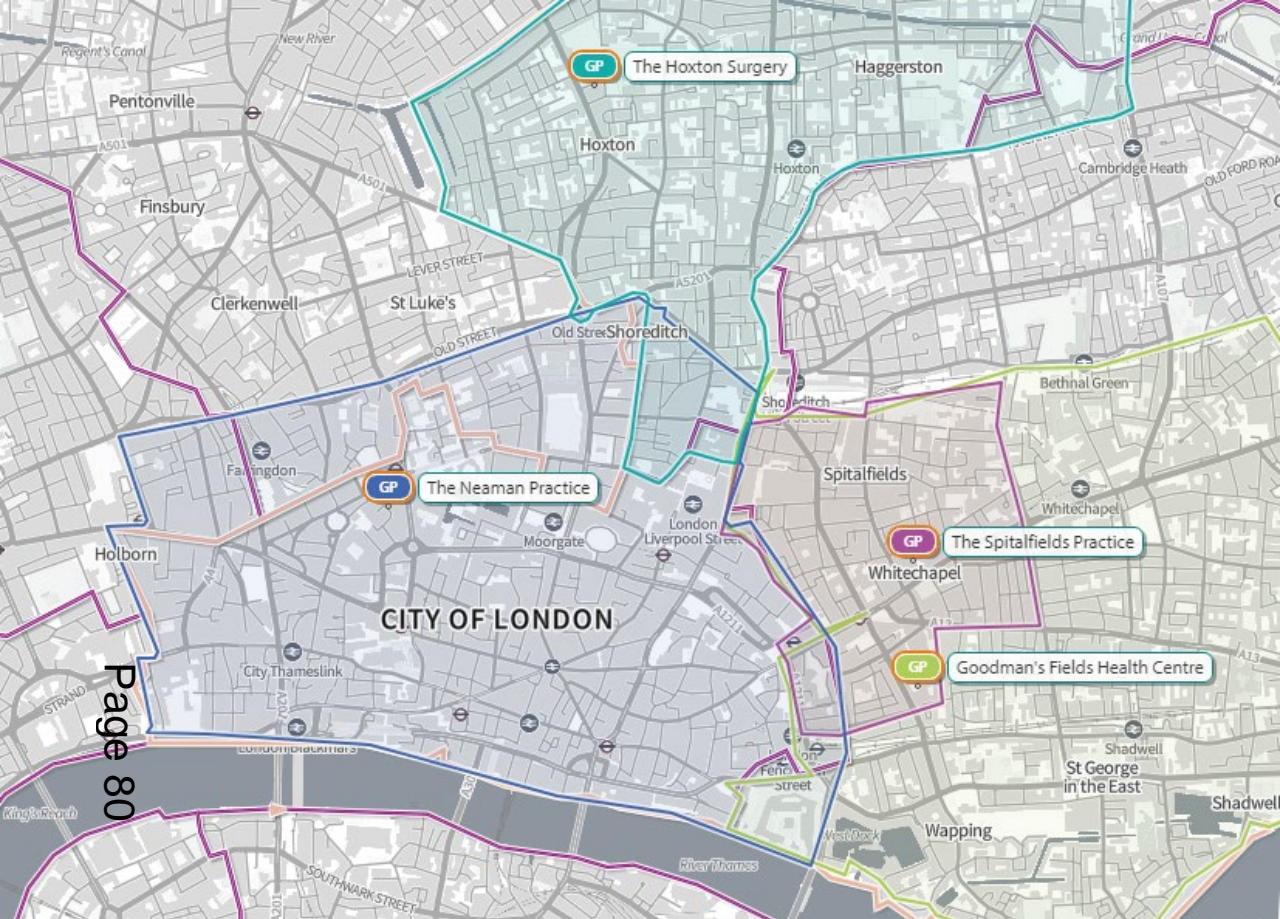
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Performance and workforce data summary



# Practice boundaries

- Four NEL GP practices have boundaries or catchment areas covering some or all of the City.
- These catchment areas cover all of the identified residential areas, although The Hoxton Surgery is situated approximately 1.5-2.5km from most residential areas.
- In addition to NEL practices, there are practices in Islington, Camden and Westminster that have boundaries overlapping the City or significant numbers of City residents registered.

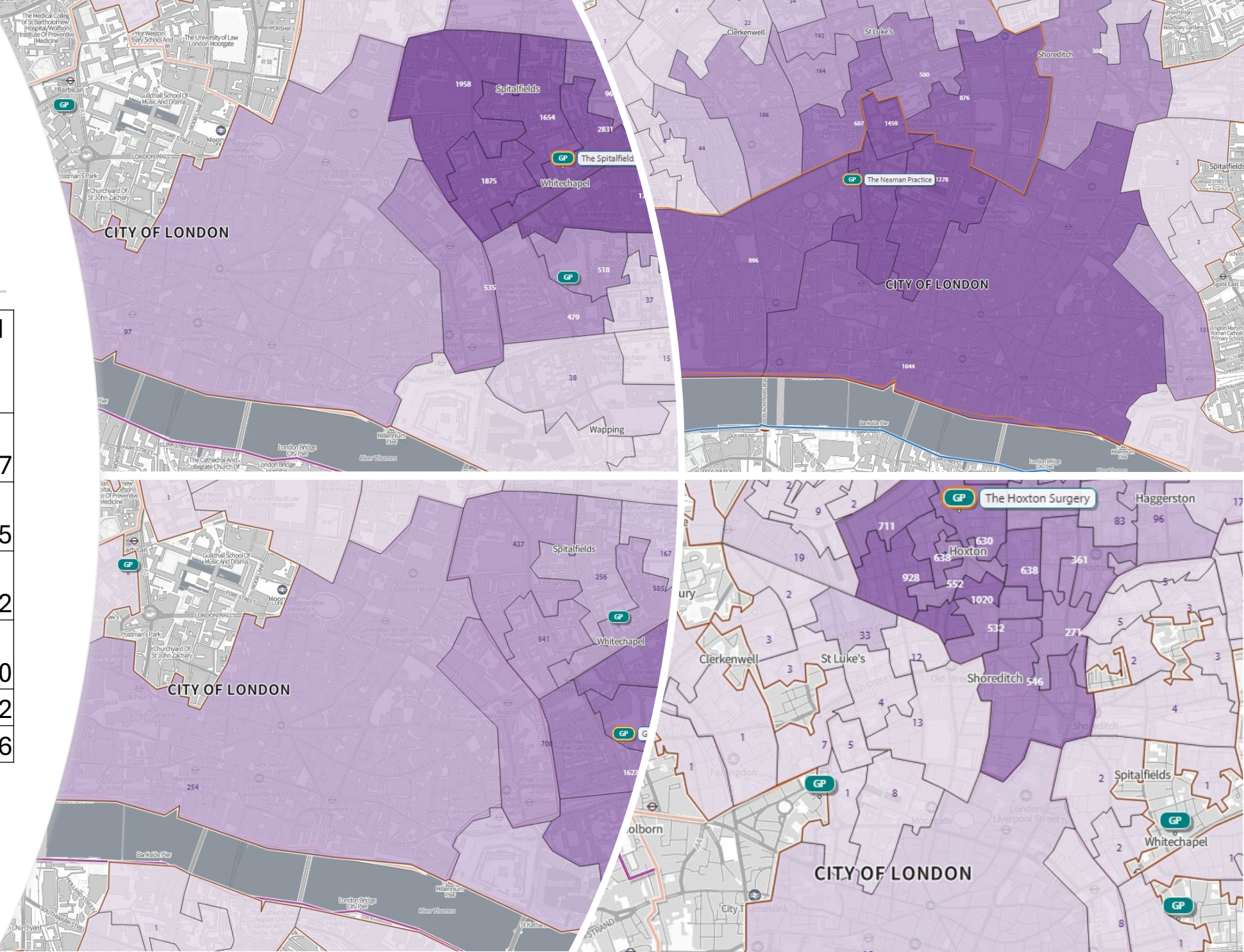




# Distribution of patients by LSOA

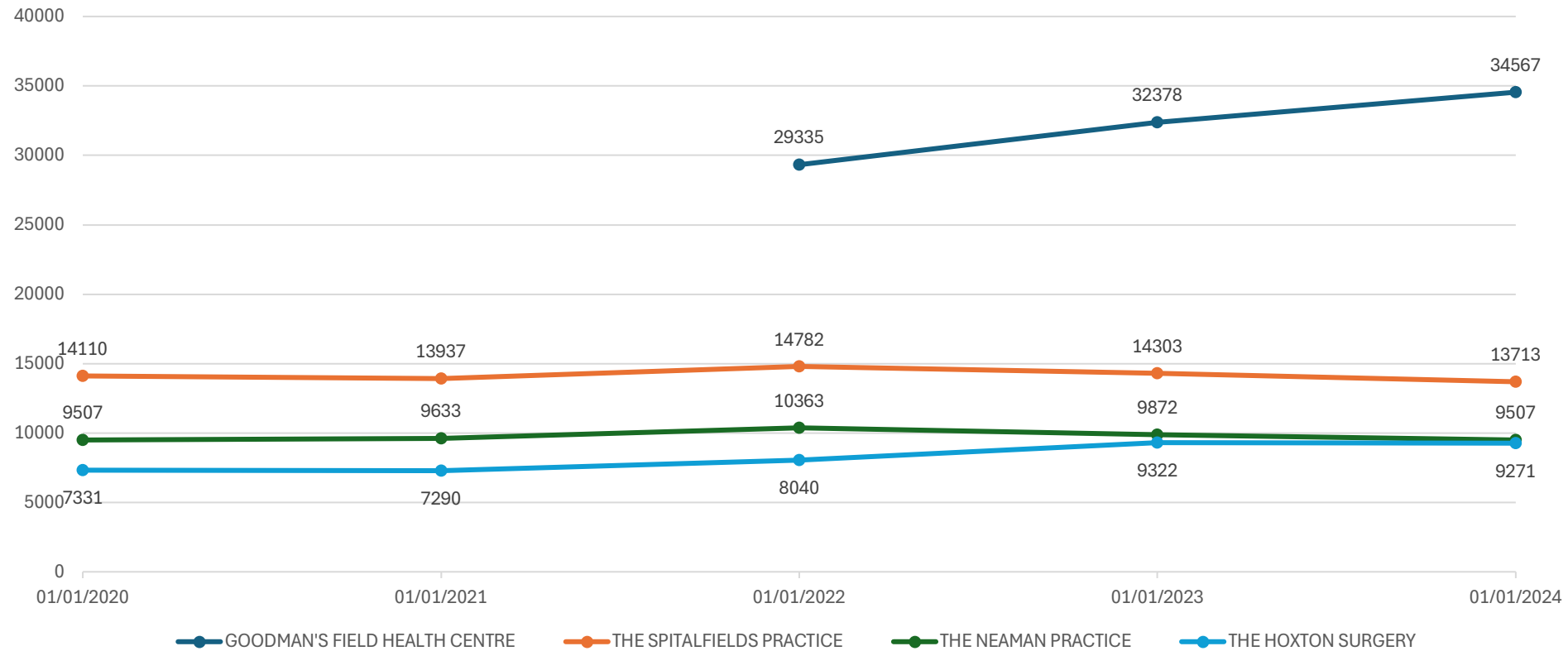
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NEL Practice	Registered CoL residents
THE NEAMAN PRACTICE	6197
GOODMAN'S FIELD HEALTH CENTRE	965
THE SPITALFIELDS PRACTICE	632
THE HOXTON SURGERY	40
OTHER	182
TOTAL	8016



# List sizes

- Chart gives list sizes for four NEL GP practices covering the City since April 2020
- The Neaman and Spitalfields Practices' list have remained relatively stable over the last five years while the Hoxton Surgery has increased by 26%, in part due to the closure of a practice in the De Beauvoir area of Hackney.
- Goodmans Field's Health Centre was subject of a practice merger in 2021/22. Since then, the list has grown rapidly to almost 35,000



# Workforce

## Clinical workforce FTE - exc. Locums, trainees and apprentices

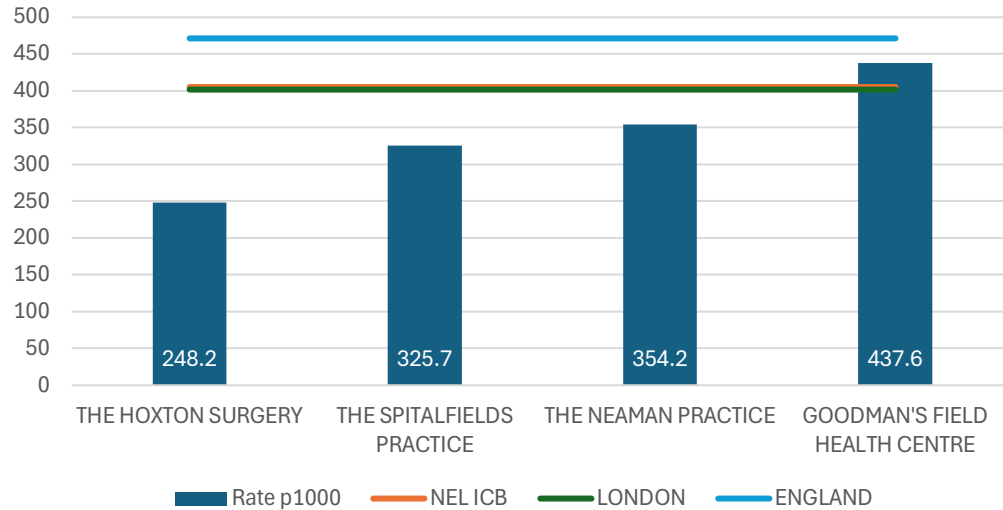
Practice	GP	Nurses	Direct Patient Care	GP FTE p1000	Nurse FTE p1000	DPC FTE p1000	Patients to GP FTE
GOODMAN'S FIELD HEALTH CENTRE	8.9	8.0	17.8	0.3	0.2	0.5	3902
THE HOXTON SURGERY	4.4	1.7	0.7	0.5	0.2	0.1	2094
THE NEAMAN PRACTICE	4.1	1.7	1.9	0.4	0.2	0.2	2326
THE SPITALFIELDS PRACTICE	6.2	2.0	0.2	0.5	0.1	0.0	2217
NEL ICB	842.8	315.1	414.2	0.3	0.1	0.2	2906
LONDON	4076.5	1403.0	1764.8	0.4	0.1	0.2	2700
ENGLAND	26707.1	16336.5	16361.0	0.4	0.3	0.3	2367

- Goodman's Fields has lower numbers of GP full time equivalents (FTE) than NEL, London and national averages, although this is compensated for by having higher numbers of nurses and other direct patient care (DPC) roles, such as clinical pharmacists, physician's associates etc. A diversified GP workforce is a key part of NHS England workforce strategy to address shortages of GPs. The practice is also a training practice, with 0.7 FTE trainee GP that is excluded from the above table.
- Neaman, Hoxton and Spitalfields practices have comparable or slightly higher numbers of GPs and nurses than the NEL, London and national averages but slightly lower numbers of other DPC roles. The Neaman Practice is also a training practice with 2.1 FTE GP trainees.

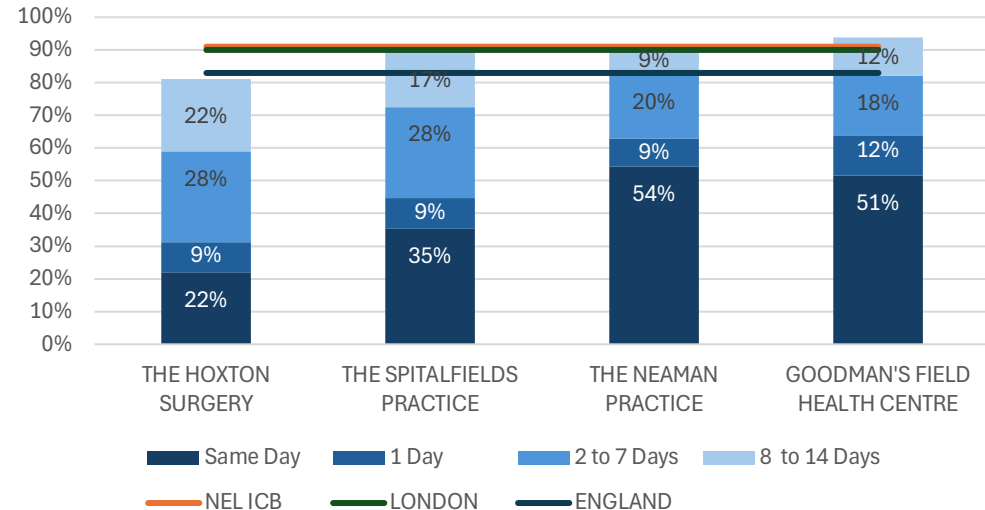


# GP Appointment Data (GPAD)

Appts per 1000 patients, Mar-24



Appointments within two weeks of booking, Mar-24

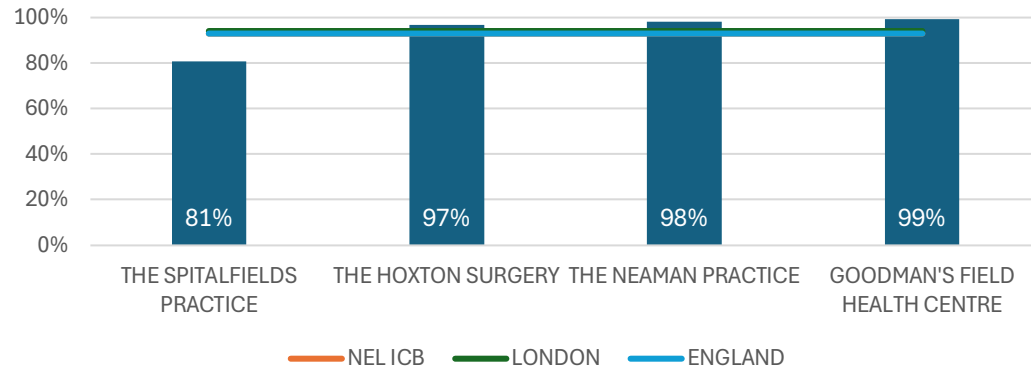


- The chart on the left shows the number of appointments offered per 1000 registered patients at each of the practices during March 2024, giving a high level indication of activity.
- The variation can partially be explained by differing access models across the four practices; Goodman's Fields and Neaman appear to be offering more appointments, but with a greater proportion on the same or next day after booking, suggesting that these practices have made more progress adopting the modern general practice triage model advocated in the [Delivery plan for recovering access to primary care \(PCARP\)](#). Goodman's Fields also have a slightly higher proportion of remote consultations (telephone or online).
- All four practices are comparable or higher than the national average for proportion of appointments taking place within two weeks of booking, a metric that is monitored as part of the ICB operating plan.

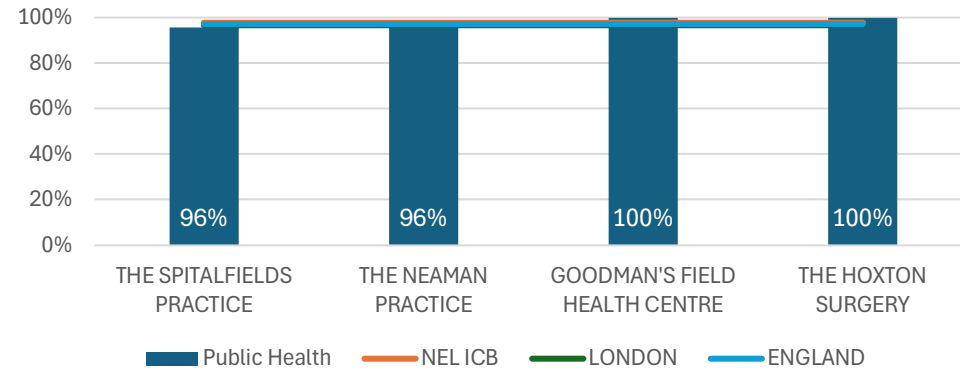
Data source: [Appointments in General Practice, March 2024 - NHS England Digital](#)

# QOF achievement 2022/23

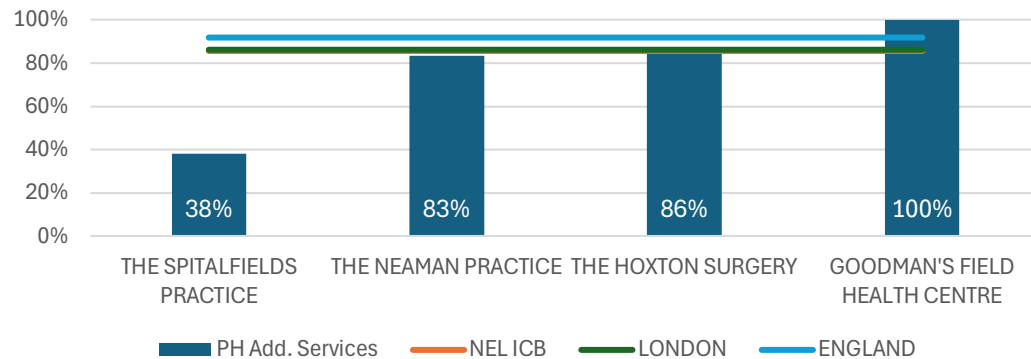
Clinical domain



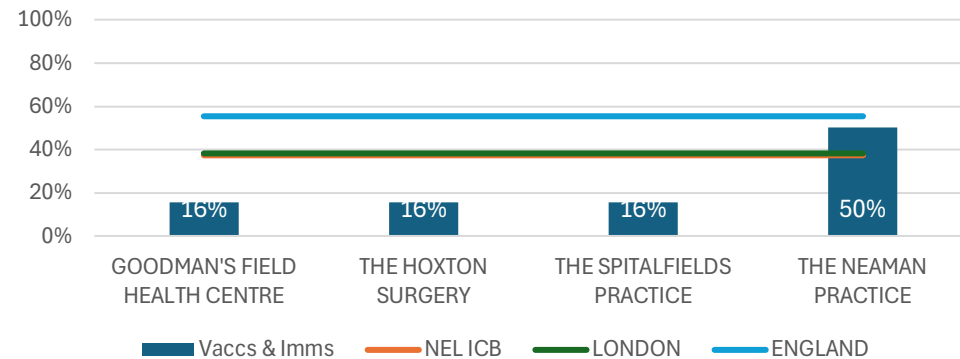
Public Health domain



PH Additional Service domain



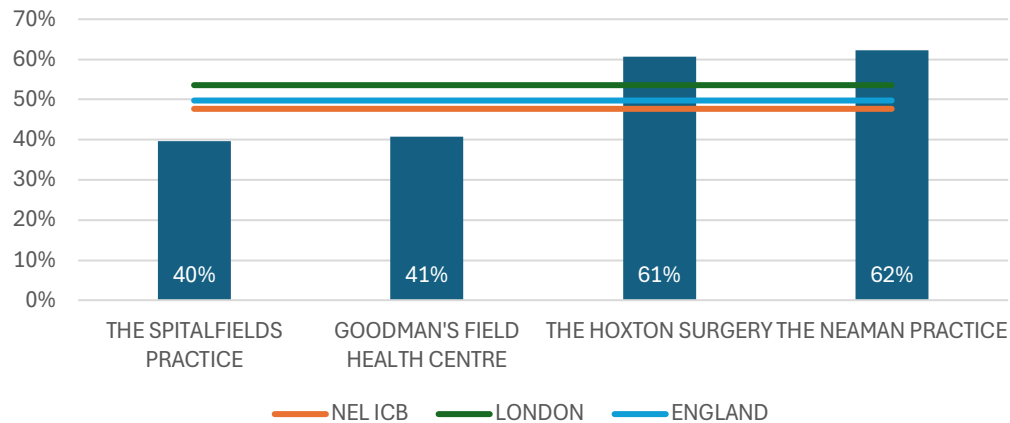
Vaccs and Imms domain



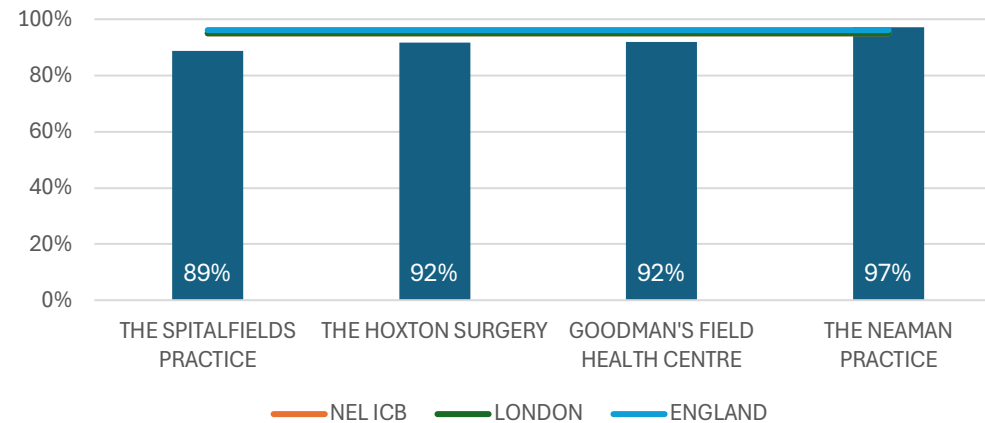
- This slide provides an overview of QOF achievement in each of the four main indicator domains during 22/23, the most recent year for which reporting is available. This was also the first year post-pandemic that QOF incentives were not income protected.
- Vaccination and immunisation indicators mainly relate to childhood immunisations, which have historically been a challenge for many NEL practices due to deprivation and vaccine hesitancy. Further detail on QOF indicators under each of these domains for 22/23 can be found [here](#).

# Patient satisfaction

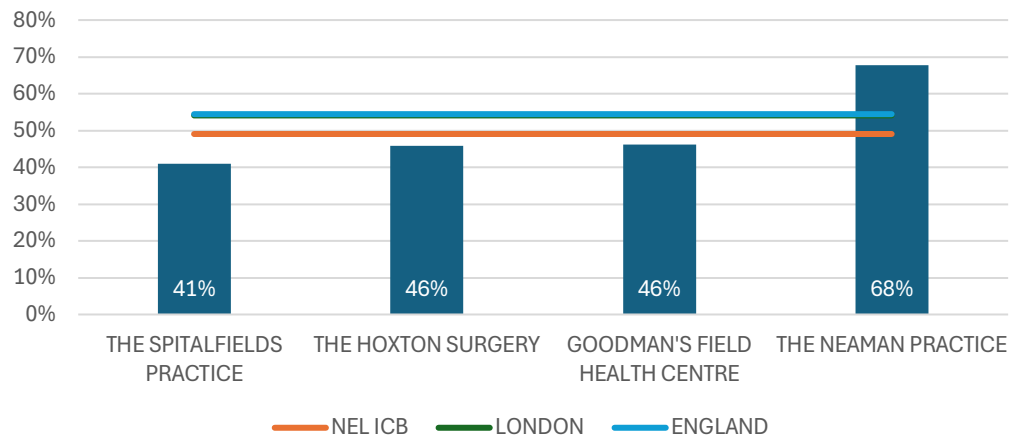
Ease of getting through on the phone



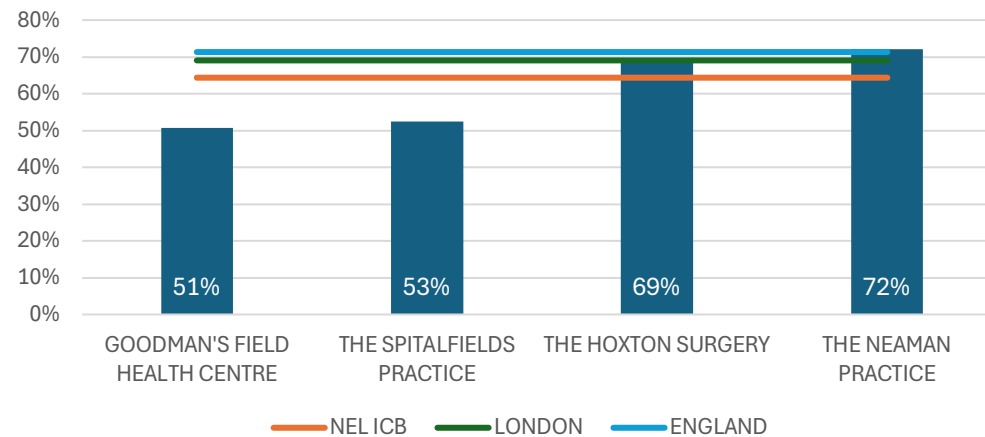
Satisfaction with appointment offered



Overall experience of making an appointment



Overall experience of GP practice



Responses to selected [GP Patient Survey](#) questions 2023. It should be noted that this survey took place prior to the implementation of various previously mentioned GP contractual measure aimed at improving patient satisfaction with access to GP services.

## Appendix 2: Overview of the Neighbourhoods Programme June 2024

The aim of Neighbourhoods is to support multi-agency working by bringing teams and individuals together to provide more integrated and coordinated care for local people across the City of London and Hackney [Cityandhackneyneighbourhoods.org.uk](http://Cityandhackneyneighbourhoods.org.uk). This means that staff are becoming more aware of health inequalities and closer to implementing solutions together, working less in silos and more across organisational boundaries.

The most significant impact on services has been restructuring of key teams on the Neighbourhood/PCN footprint: Community Health Services (Community Nursing and Adult Community Rehabilitation Team case holding by neighbourhood and attending MDMs and other structures described below Homerton Health), Community Pharmacy (link representatives), London Borough of Hackney (Social care-Long term Care and Occupational Therapy), Community Mental Health Teams (East London Foundation Trust), City of London Adult Social Care, the Community Navigation sector has been supported with OD and planning work to align with the Neighbourhoods approach ( [Community Navigation Strategy](#) ). In addition, new pilots of services and pathways have been part funded by the Programme such as Women's Health Hubs, Long term conditions (CVD) pilot bringing secondary care and primary care together on the local footprint and Proactive Care.

The Neighbourhoods Programme Team has a dedicated Children, Young People, Maternity and Families Programme Manager. The role works across City and Hackney to align recent transformations with the Neighbourhoods model. Key transformations aligning to the Neighbourhoods model are: the establishment of Family Hubs, Enhanced Health Visiting Service, School Nursing Service, First Steps Community CAMHS, Super Youth Hub and many other CYPMF health services are currently aligning towards a neighbourhood footprint. As these developments continue, the Neighbourhoods Programme will guide and advise service development to ensure that the needs of children and families in the City of London are served.

As well as the above service restructures there are key enabling structures to support integrated working across City and Hackney. MDMs Neighbourhood multi-disciplinary meetings evolved from the pandemic to support people living with complexity, they continue to develop and thrive. Alongside the new proactive care pathway, the MDMs have been prototypes for working with a Neighbourhood case reviewing or sharing, personalization and a population health management approach. The MDM creates a regular (usually PCN Clinical Director) chaired meeting of locally focused professionals who can problem solve together on complex cases where the case holding service requires more formal multidisciplinary input. Established in 2020, this was the first structure for the development of the fledgling core Neighbourhood INT.

Neighbourhood Forums (resident led and delivered by VCS partners) and Leadership Groups that together form the basis of Neighbourhood partnerships that are deciding local

priorities together and will be supported to produce Neighbourhood plans. The voluntary sector enables anchor and smaller organisations and residents in each neighbourhood to lead change through a devolved model for Neighbourhood Forums (4 Neighbourhood Facilitators are seconded from neighbourhood-based organisations and work to coordinate work with statutory services to decide local priorities and drive improvement).

Leadership Groups: Each Neighbourhood has a Leadership group that brings together a small group of neighbourhood-based staff to initially work on a health inequalities project (to establish ways of working and priorities across organizational boundaries) This will go on to establish a Neighbourhood plan. The Shoreditch Park and City Leadership Group has established well in its first year and is able to consider the needs of the City residents.

This work is supported by the Organisational Development programme ([OD update](#)), responding to workforce needs (see the results of the first Neighbourhood Staff [workforce survey](#)) and building on existing locally created resources. These include a wide range of resources from Neighbourhood staff meetings (fostering cross organizational networking and identity forming in neighbourhoods) to an anti-racist training and tool kit.

In March 2023 the City and Hackney Health and Care Board agreed to a 'refresh' to map and reflect where we are with Neighbourhood working in C&H ([link to paper here](#)) in order to ensure all partners are on board with the next steps. We contextualised this by researching how progress was going in other parts of the country ([link to paper here](#)). In addition, it was agreed there would be engagement staff and residents in City and Hackney, about what they would like to see around health and care provision.

Over the next 6 months an operational working group of service leaders from Primary care, Mental health, Community services, Community pharmacy, CVS, London Borough of Hackney and the City of London Corporation will be working through the options for an INT and making recommendations on piloting. The focus includes supporting residents with complex high needs to working in a more proactive and preventative way. This work will establish the targeted cohort for case sharing, the processes for sharing cases (common assessment processes and team leadership arrangements). This will run alongside the development of a Neighbourhood Estates Plan.



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