



Healthwatch City of London

Business Plan

June 2022 – August 2023

CONTENTS	PAGE
Chair's introduction	3
Summary	4
The City	5-7
Vision, Mission and Values	8
Aims and Objectives	8
Healthwatch Statutory Duties	10
City of London Corporation contract	10 - 11
Methodology	11
PEST analysis	11 - 12
SWOT analysis	12 - 13
Consultation	14
Making a difference for City residents	14 - 16
Business objectives	16 - 19
Financial Performance	19
Board Trustees	19 - 20
Board Associates	20 - 21
Staff	21
Measuring Impact	22 - 23
Identified Risks	23
Contact details	24
Glossary	25 - 26

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

This year's plan has a greater emphasis on local objectives, meeting the challenges described above and making sure that, as services continue get back to a 'new normal', all the people in the City of London, whatever their needs, can participate in shaping services and challenging providers of care where necessary.

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

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

I would like to commend this third business plan to you; building on last year's successes, it sets out how we intend to discharge the contractual obligations and statutory requirements that need to be met, while ensuring that we do not lose sight of our key objective – to work for the people of the City of London in improving local health and social care services.

Gail Beer

Gail Beer

Chair Healthwatch City of London

September 2022

SUMMARY

Healthwatch City of London (HWCoL) is a charitable incorporated organisation, (registered number 1184771), licensed by Healthwatch England (HWE) to deliver the statutory obligations required in the Health and Social Care Act of 2012, (page 9) and contracted by the City of London Corporation (CoL) to deliver those obligations. (Page 10) As a Charity, HWCoL is required to demonstrate that it delivers a public benefit, and as part of the HWE licence to operate, is required to demonstrate sound and inclusive decision-making. This business plan aims to deliver all these requirements and is underpinned by the organisation's Vision, Mission and Values. (Pages 7 and 8)

Healthwatch City of London is governed by an established Board of five Trustees, supported by three Board Associates and a permanent staff team of four (full time equivalent 2.1) (pages 18-20). In developing this plan, the team undertook a thorough root and branch review of the previous year's plan and achievements. This identified where improvements could be made, and how strategies and activities should be focused to meet the objectives.

The core work of HWCoL is to act on behalf of City of London residents, workers, and students as their independent champion to help improve local health and social care services.

As well as the requirement to meet national and contractual obligations, HWCoL prides itself on its localism and response to local issues, and the impact on local people. This business plan therefore contains a well-developed section addressing what is important to people who make up the City of London. This is reflected in the section 'Making a Difference for City Residents' (pages 14-16), an output of the engagement work undertaken throughout the year.

The City of London is highly dependent on out-of-borough services to deliver both health and social care, and as such, the work of HWCoL is highly networked. A key objective is to ensure that partners in North East London (NEL) are made aware of the needs of the City, and actively engage to enable full representation of the people living, working, and studying here.

In developing this third business plan and building on the past two years, the Trustees determined that a full review of both the Political, Economic, Social, and Technological (PEST) analysis and the Strengths, Weakness, Opportunities, and Threats (SWOT) analysis needed to be undertaken, taking full account of the Covid-19 Pandemic. The full version of these analyses can be seen on pages (10-13).

The objectives for year three (pages 16-19) are supported by key tasks that enable the delivery of the plan and will enable HWCoL to meet the performance targets set out in the contract with the City of London Corporation, and those reflected in the Performance Framework by which the contract is managed, and impact assessed.

The report includes the expected financial performance of HWCoL over the length of the contract. HWCoL holds one contract with the City of London Corporation, its commissioner and sole funder. The management accounts for HWCoL for its third financial year of operation ending the 31 March 2022 show a surplus. HWCoL now agreed funding until September 2023 and is budgeting to have a closing reserve of £7,996.00 at the end of August, equivalent to 12% of the annual grant. The Trustees have a reserve policy to hold sufficient cash in the bank to cope with any unexpected cashflow issues over the length of the contract.

The plan also includes a section on the risks to the organisation, and the mitigations required to manage those risks (page 23)

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

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

This Business Plan covers year three of the three-year contract, (April 2022- August 2023). With the potential for the contract to be extended to August 2024 a key objective in year two will be the successful extension of the contract.

The final objectives and plan were approved by the HWCOL Board at the Annual General Meeting board on September 16th 2022.

ABOUT THE CITY OF LONDON

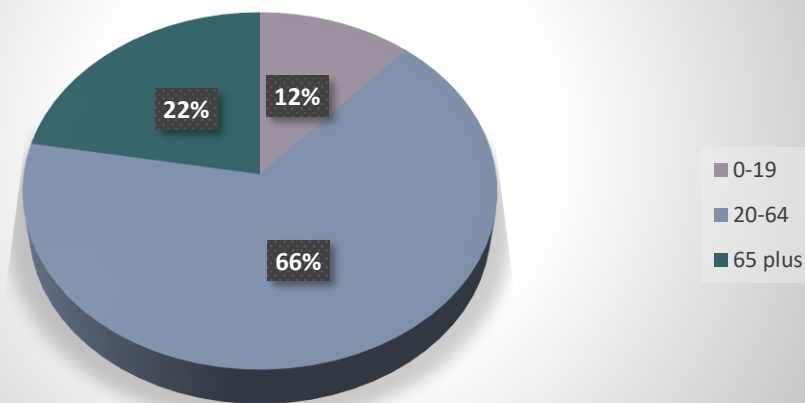
The City of London of London is a densely developed area with an estimated population of 10,100 people, with an estimated 513,000 working in the City. According to ONS figures published in 2021.



According to City and Hackney Public Health, March 2020: "The health of people in City of London is generally better compared with the England average. City of London is one of the 40% least deprived counties/unitary authorities in England. However, about 9.6% of children live-in low-income families. Life expectancy for both men and women is higher than average."

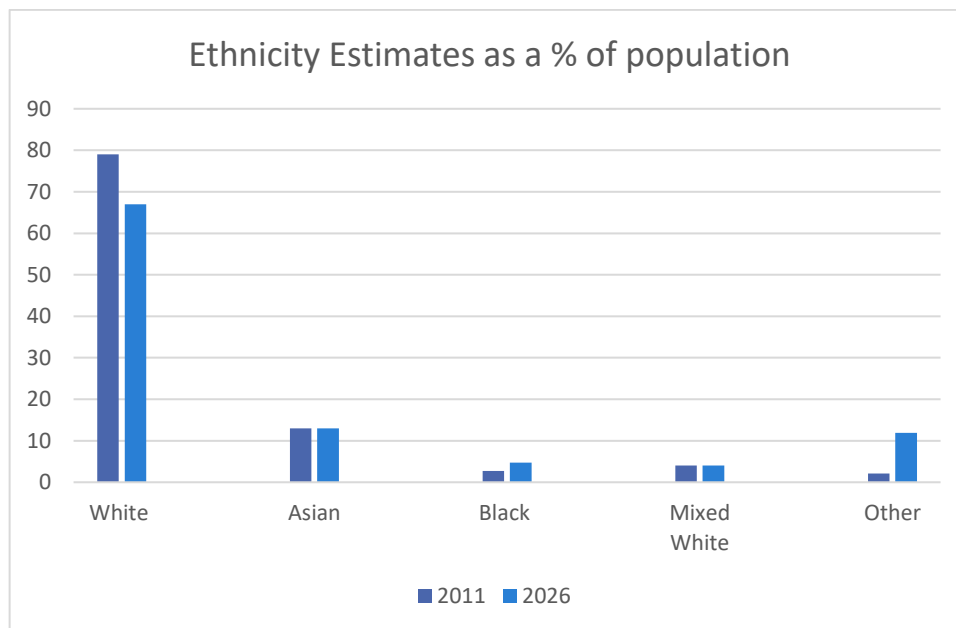
Using the CoL report, the population is 56% male and 34% female. The age profile is broken down as follows:

Age of City of London Resident Estimate June 20



The Age Band 65+ has increased significantly since 2011, from 1,000 to 1,670 in 2020, a 67% increase. This is largely due to the ageing of the population profile in the main residential locations of the Barbican and Golden Lane Estate. The ageing population is likely to create increased demand for health and social care services in the future.

The report uses five main Ethnic Groupings for the population, all of which will show an increase in numbers between 2011 and 2026. In proportional terms there is a mixture of change in these projected profiles.



Using the government's indices for deprivation, the average deprivation ranking for the City of London declined from 22,758 in 2010 to 20,373 in 2015, before a slight improvement to 20,793 in 2019 (where 1 is the most deprived area and 32,844 the least in England). Significant gaps remain between the areas of Portsoken (included in the 40% most deprived Super Output Areas in England, based on the English Indices of Deprivation) and Barbican (which is in the 10% least deprived Super Output Areas in England).

Public Health profile of the City of London

The Public Health profile published in March 2020, produced by City and Hackney Public Health, includes the following:

Child Health:

- In Year 6, 24.8% of children are classified as obese, worse than the average of 21% for England.
- Levels of breast feeding at 76% of all children are better than the England average of 67%
- Smoking at time of delivery, 6 % of mothers, is better than the England average of 13%.
- GCSE attainment (average attainment 8 score) is better than the England average.

Adult Health:

- The rate for admissions for alcohol-related conditions is 539 per 100,000, better than the average of 644 for England.
- The rate for emergency admissions for self-harm is 73.8 per 100,000, better than the average of 143 for England.
- Estimated levels of adult excess weight (18+) and physically active adults (19+) are better than the England average.
- The rates of killed and seriously injured on roads, STIs and estimated dementia diagnosis are worse than the England average.
- The rate of emergency admissions for hip fractures of 473 per 100,000 is better than average of 572 for England.

The structural impact of Covid-19 on the number of employees working in offices in the City is not known and therefore difficult to assess. Covid-19 will continue to impact employment in the short-term, whilst employers evaluate the balance between homeworking and attendance in the office as the risk from Covid-19 reduces. It is not yet clear whether there will be a third wave of Covid-19, requiring further national or local lockdowns to support the NHS in meeting the challenge of an increase in hospital in-patient treatment.

Health and Social Care services for City residents.

The City population's primary health care health needs are supported through North East London Integrated Care Board and the Integrated Care Partnerships (ICPs) for City and Hackney, and Tower Hamlets. General Practice registration for City of London residents is spread over five ICPs, of which 73.0% are registered with a GP in NHS City & Hackney ICP area, 16.1% in Tower Hamlets, 6.2% in Camden, 3.0% in Islington and 1.2% in the NHS Central London ICP area. There is one GP practice in the City, the Neaman Practice, which has 9,800 registered patients from the City and Borough of Islington. This is above the English average of 8,583 and the City and Hackney average of 7,705. The Goodman's Field Health Centre, Leman Street, opened in open in September 2021 and accommodates patients supported by Tower Hamlets ICP.

Secondary Care is provided through Barts Health NHS Trust, University College London NHS Foundation Trust, and Homerton Hospital University Foundation Trust. Community health services for the City are delivered through Homerton University Hospital Foundation Trust.

East London Foundation Trust provides mental and community health care to the City. The Governance for Health and Social Care has gone through major changes in the past year, with the creation of an Integrated Care System. This will cover the nine boroughs in North East London, including the City of London, under one Clinical Commissioning Group, from 1 April 2021.

The delivery of adult social care and children's services is the responsibility of the City of London Corporation. The Department of Community and Children's Services (DCCS) has a wide remit to provide care and support to the residential and worker population of the City of London. It is responsible for public health, leisure and adult education for both residents and the 513,000 people working in the City of London

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

VISION, MISSION AND VALUES

The vision, mission and value statements describe the purpose of HWCofL and the core principles that underpin our work.

VISION

For Health and Social Care services to be truly responsive to the needs and requirements of the residents and workers of the City of London.

MISSION

To be an independent and trusted body, known for its impartiality and integrity, which acts in the best interests of those who live and work in the City of London.

VALUES

- Respecting and encouraging diversity
- Valuing everyone's contributions.
- Maintaining integrity
- Creating inclusiveness

AIMS

City Focused: Relentlessly championing the voice of the user and would-be user in the health and social care system, ensuring that we give an opportunity for all voices from our diverse populations to be heard.

Accountable: Be open and transparent in all we do, actively involving residents and users of services in our work and the evaluation of our performance.

Connected: Help our populations to access high quality information about how their health and social care is delivered.

Networked: Recognise that the unique position of the City requires collaboration with other organisations, working with partners openly, constructively, and inclusively to support our shared purpose of improving health and social care services the City.

Value added: Be outcome focused in our work complementing, rather than duplicating, existing structures, within the resources available.

Evidence based: Gather and use local evidence to underpin our priorities and listening to all our local communities to target our efforts.

HEALTHWATCH STATUTORY DUTIES

1. Promote and support the involvement of local people in the commissioning, provision, and scrutiny of health and social care (local care) services.
2. Enable local people to monitor the standard of provision of local care services and evaluate whether and how local care services could and ought to be improved.
3. Obtain the views of local people regarding their needs for, and experiences of, local care services - and importantly to make these views known.
4. Produce reports and make recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services - and outcomes shared with Healthwatch England.
5. Provide information about local health and social care services to the public in line with the Health and Social Care Act 2012.
6. Formulate views on the standard of provision and whether and how the local care services could and ought to be improved; and share these views with Healthwatch England.
7. Make recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations. Where the circumstances justify doing so, make such recommendations direct to the CQC; and recommend that Healthwatch England publishes reports about particular issues.
8. Provide Healthwatch England with the intelligence and insight it needs to perform effectively.
9. Local Healthwatch organisations shall comply with all relevant legislation in force at any time during the contract period relating to the establishment and provision of the local Healthwatch service. The Provider shall also comply with all guidance issued in respect of local Healthwatch and its role and responsibilities. These are summarised on our website [here](#).

THE CITY OF LONDON CORPORATION CONTRACT

The specification and commissioning of the Healthwatch contract is the responsibility of the Corporation's Department of Community and Children's Services. The current contract awarded to HWCOL was agreed in August 2019, commencing September 2019 until August 2022 with the potential for extension until August 2024. The contract has recently been extended for a further year until September 2023 with an uplifted budget which is non-recurring. The contract includes Quality Statements that provide a framework to support HWCOL and ensure that it is exerting its influence to secure better experiences for people using health and care services. These are:

- A) HWCOL has a strong understanding of the strengths and weaknesses of the local health and social care system.
- B) HWCOL enables local people to have their views, ideas and concerns represented as part of the commissioning, delivery, re-design and scrutiny of health and social care services.
- C) HWCOL formulates views on the standard of health and social care provision and identify where services need to be improved by formally or informally collecting the views and experiences of the members of the public who use them.

D) HWCOL provides advice about local health and social care services to the public.

E) HWCOL works with Healthwatch England to enable people’s experiences to influence national commissioning, delivery, and the re-design of health and social care services.

METHODOLOGY

Using the National Council Volunteering Organisation’s business plan template, we developed our plan objectives in three stages:

- Desk top analysis of the external factors affecting HWCOL.
- Internal analysis using PEST and SWOT as tools to assist the process.
- Consultation on the draft Business Plan to ensure the plan met the expectations of residents and stakeholders.

STAGE 1: DESKTOP ANALYSIS

The following documents provided an understanding of the influences that affect the delivery of Health and Social Care in the City of London.

Key documents:

- City and Hackney Joint Strategic Needs Analysis 2021
- Joint Health and Wellbeing Strategy, City of London Corporation 2017/18-2020/21.
- City of London Resident Estimates and Projections.
- City of London-Addendum Specification for the provision of a local Healthwatch service in the City of London.
- City of London Corporate Plan 2018 – 23
- City of London Department of Community and Children’s Services’ Business Plan and Outcomes Framework 2017 -2022
- Ambitions and priorities of North East London Integrated Care Board

STAGE 2: INTERNAL ANALYSIS

HWCOL undertook PEST and SWOT analyses to understand the internal and external factors affecting the charity. Using these tools, HWCOL built on last year’s plan to develop this year’s plan and prepare for year three.

The PEST analysis is based on Political, Economic, Social and Technological influences.

The SWOT analysis looks at the Strengths, Weaknesses, Opportunities and Threats.

PEST ANALYSIS

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

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

SWOT ANALYSIS

<p>Strengths</p> <ul style="list-style-type: none"> • Support of the City of London. • Engaged and motivated Board. 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Reliant on one funder.
--	---

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

- Work with Secondary Care partners especially Barts Health and University College Hospitals
- Work with Healthwatch Hackney to influence the redevelopment of St Leonard's Hospital in way which meets the aspirations of City residents.

- Primary Care Networks not responsive to the needs of City residents by locating services in GP practices not used by city residents.
- The Shoreditch Park and City Neighbourhood governance structures marginalise City residents.

STAGE 3: CONSULTATION

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

Key stakeholders include

- City and Hackney ICP
- Tower Hamlets ICP
- City of London Health & Well-being Board
- City of London Department of Community and Children's Services
- City of London voluntary sector
- Healthwatch England
- Local Acute Trusts
- Voluntary Sector partners including HCVS, Age UK and MIND

HWCOL will seek comment on the plan from City residents via an on-line survey.

MAKING A DIFFERENCE FOR CITY RESIDENTS

Using the outcome from the PEST and SWOT analysis, along with feedback from engagement activities with City residents, students, and workers, and conclusions drawn from our desktop analysis, HWCOL identified the following actions that will make a difference to City residents' experience of Health and Social care.

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

- Targeted recruitment to improve the diversity of the Board.
- Plan engagement activity, including drop-in surgeries, in locations that cover the geography of the City.
- Seek feedback from the City's diverse communities on the health and well-being issues important to them, using their input to shape HWCOL's workplans.

B) Encourage our GP and primary care services to deliver good care in their practices, the services they commission, and those commissioned by their primary care network.

- HWCOL will be a critical friend to the Neaman Practice and the Goodman's Fields Health Centre, supporting City residents by working to ensure that both practices meet residents' expectations.

- HWCoL will use the results of the NHS GP survey to monitor the performance of GP Practices in Islington and Shoreditch attended by City residents.
- HWCoL will build a network of Patient Participation Group representatives for GP practices attended by City residents, ensuring that patients' concerns are heard and addressed.
- HWCoL will aim to ensure that the Primary Care Networks covering the City understand the needs of residents and commission services to meet those needs in accessible locations.
- HWCoL will carry out 'mystery shops' of primary care services, for example dentists, publishing the results and recommendations, and provide feedback to the service providers.

C) Campaign for and monitor the 'new normal' in health services including community health to be responsive to the requirements of residents, students, and workers.

- HWCoL will analyse waiting times for diagnostics, elective and urgent care, and outpatient appointments on behalf of City residents, raising these with City and Hackney Integrated Care Partnership Board and seeking assurance that actions are being taken to reduce them.
- HWCoL will inform City residents of changes to clinical pathways.
- HWCoL will undertake regular surveys, focus groups and public meetings to understand the impact of delays in treatment and changes to clinical pathways on CoL residents, students, and workers, informing health providers and seeking assurance that delays are being addressed.
- As well as working with partners such as the Older People's Reference Group, HWCoL will ask residents for their experience of services to understand the impact of the 'new normal' in-service provision.
- HWCoL will work to ensure that residents and service users are consulted with, and able to participate in, the design of new pathways and services.
- Support the development of local services to be closer the people of the City of London including foot care, physiotherapy, and diagnostic services .

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

- During 2022/23 HWCoL will work with the CoL to organise and deliver a conference for City residents on the City and Hackney Integrated Care Board Neighbourhoods model. This will provide an opportunity for the City and Hackney Integrated Care Partnership Board to communicate to residents the services that will be delivered through the Neighbourhood, explaining what will change.
- HWCoL will be a critical friend to the new Shoreditch Park and City Neighbourhood, monitoring the model for evidence that it is delivering improvements in health and social care for City residents, identifying the services that should be delivered in or through the Neaman Practice.
- HWCoL will participate in the new Shoreditch Park and City forum, ensuring that the adopted governance model recognises the City as a community within the Neighbourhood, and deliver outcomes that respect the needs of residents.
- HWCoL will work with the Primary Care Network (PCN) for Shoreditch Park and City, ensuring that services delivered through the network are accessible and delivered in appropriate locations for City residents.
- HWCoL will support Shoreditch Park and City PCN in-patient engagement, promoting engagement opportunities for City residents.
- HWCoL will scrutinise the use of Multi-Disciplinary Teams, ensuring that patients' wishes are at the centre of any decision on the community-based support they receive.

E) Scrutinise the development of a single North East London ICB.

- HwCoL will participate in engagement opportunities as the NELICB develops, scrutinising the emerging governance forums, and championing the needs of City residents.
- HwCoL will understand and explain the impact of NELICB on the services received by City residents.
- HwCoL will work with the NELICB providing advice and guidance on the development of services that respond to the needs of City residents.

F) Ensure services currently provided by St Leonard’s Hospital remain within easy reach of City of London residents.

- HwCoL will campaign to ensure that the services currently provided by St Leonards continue to be provided locally in accommodation that is suitable for the needs of the population
- HwCoL will participate in the Project Group , a sub-group of the St Leonard’s Programme Board, for the re-development of the site, ensuring opportunities for residents’ inclusion are widely promoted and that residents are able to scrutinise plans for St Leonard’s.
- During any future redevelopment, HwCoL will work with the City and Hackney Integrated Care Partnership Board (ICPB) and residents to ensure minimum disruption to service access and delivery during the re-development, advising the City and Hackney ICPB of any concerns.

G) Act as a critical friend to the City of London, participate in public health campaigns and any decision-making on health and social care issues.

- HwCoL will scrutinise delivery of City of London Corporation care services on behalf of residents, providing feedback to the City of London Corporation. Priorities will include:
 - **Reviewing CoL’s performance against the social care dignity code,**
www.cityoflondon.gov.uk/services/social-care-for-adults/dignity-code
 - **End of life care support for City residents,**
 - **Befriending services for City residents,**
- HwCoL will work with older people, people with both sensory and physical disabilities and carers, as well as partner organisations, to ensure that City of London Corporation services are responsive to their needs.
- HwCoL will develop partnerships with Voluntary and Community sector organisations that support City residents, identifying concerns in performance and gaps in service through joint meetings with their service users.
- HwCoL will provide feedback to the CoL Health and Wellbeing Board via HwCoL’s quarterly performance reports, outcomes of ‘Mystery Shops,’ Enter and Views, and research projects.

BUSINESS OBJECTIVES

The following objectives are deemed essential to be achieved to serve the people of the City of London and ensure the viability of HwCoL beyond the current three-year contract. By August 2023 HwCoL aims to have achieved the following objectives so that:

1: HwCoL’s voice is recognised: representing the City of London’s residents, workers, and students, ensuring that their voice is heard in every forum where change to the delivery of health and social care is discussed.

2: HWCoL recruits and retains a team of committed volunteers: to deliver our vision through a range of bespoke opportunities.

3: HWCoL is a trusted partner:

- trusted by City residents, students, and workers to raise the issues important to them, with those taking decisions affecting their health and social care needs.
- trusted by the bodies taking decisions, ensuring that they seek HWCoL's views as an organisation they need, due to HWCoL's reputation as a reliable source of patient feedback.

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

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

The objectives are supported by both a high level and detailed plans. The high level plan is set out below (pages 16-19) The detailed actions, with specific, timed targets is available on request.

BUSINESS OBJECTIVE ONE 2022/23

1: That HWCoL's voice is recognised: representing the City of London's residents, workers, and students, and ensuring that their voice is heard in every forum where change to the delivery of Health and Social Care is discussed.

Target:

1.1) Engage with residents, workers, and students in the City of London to discover what is important to them.

1.2) Support our community, enabling it to be consulted and involved in the commissioning, provision, and scrutiny of local care services.

1.3) Seek to ensure that the new Integrated Care Partnership Board for City and Hackney is committed to co-development and is consulting effectively with the public on the planning and delivery of services.

BUSINESS OBJECTIVE TWO 2023/23

2: HWCoL recruits and retains a team of committed volunteers: deliver our vision through a range of bespoke opportunities.

Target:

2.1) Build an effective volunteer team by ensuring that the recruitment, management, and development of volunteers complies with statutory requirements and HWCoL policies.

2.2) Deliver the commitments to good practice in supporting and managing volunteers identified in HWCoL's volunteer charter.

2.3) Identify volunteering opportunities that enable participation from our diverse communities within the City, enhancing the work of HWCoL.

2.4) Ensure that HWCoL recognises the time our volunteers commit and the value of their work.

BUSINESS OBJECTIVE THREE 2023/23

3: HWCoL is a trusted partner:

- trusted by City residents, students, and workers to raise the issues important to them, with those taking decisions affecting their health and social care needs.
- trusted by the bodies taking decisions, ensuring that they seek HWCoL's views as an organisation they need due to HWCoL's reputation as a reliable source of patient feedback.

Target:

3.1) Demonstrate HWCoL's quality as an organisation.

3.2) Be open and accessible to City residents through the provision of opportunities to engage and raise with HWCoL issues that are important for residents, students, and workers, on their health and care, via face-to-face and on-line forums.

3.3) Work in partnership with local bodies and Healthwatches across North East London to embed Co-Production and resident engagement in the developing structures for the NEL CCG.

3.4) Collaborate with local bodies on placing patients at the centre of the decision-making process about their health and care needs.

3.5) Support both statutory and voluntary partners in delivering their health and social care campaigns and programmes, providing feedback from City residents, workers, and students when necessary.

3.6) Identify the specific health and care needs of City workers and produce a plan to address them.

3.7) Respond to both local and national consultations, making sure the City of London voice is heard and is representative of service users.

BUSINESS OBJECTIVE FOUR 2022/23

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

Target:

4.1) Carry out research, driven by residents, workers, and students of the City, which reflects their priorities, concerns and requirements.

4.2) Undertake small research projects that enable HWCoL to identify issues and gaps in services or support /disprove assumptions on delivery or need.

4.3) Deliver research projects that are City-specific, but impact on the wider landscape.

4.4) Support and participate in research projects developed by partner organisations that demonstrate enhancement of care or enable the voice of local people to be heard.

BUSINESS OBJECTIVE FIVE 2022/23

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

Target:

- 5.1) To be financially stable
- 5.2) Develop and implement a fundraising strategy
- 5.3) Develop a governance pathway for new projects.

BUSINESS OBJECTIVE FOR 2023: SECURE CONTRACT EXTENSION

Objective

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

Target

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

FINANCIAL PERFORMANCE

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

HWCOL BOARD TRUSTEES

GAIL BEER, CHAIR

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

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

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

STEVE STEVENSON, TREASURER

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

LYNN STROTHER, TRUSTEE

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

MALCOLM WATERS, TRUSTEE

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

SEAN LEE, TRUSTEE

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

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

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

HWCOL BOARD ASSOCIATES

JANET PORTER, BOARD ASSOCIATE

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

STUART MACKENZIE, BOARD ASSOCIATE

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

CYNTHIA WHITE, BOARD ASSOCIATE

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

HWCOL STAFF

GENERAL MANAGER

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

RACHEL CLEAVE, ACTING GENERAL MANAGER AND ENGAGEMENT AND COMMUNICATIONS COORDINATOR

Rachel has over 20 years' experience in Communications. Her experience spans a range of areas, including event management, internal communications, website management, production and design of publications, budget control and project management. She has worked in the public and private sector. Rachel is a Governor at her local Primary School, and the Secretary of the Parents Association.

TERI ANDERSON, COMMUNICATIONS ASSISTANT

Teri has previously worked in voluntary roles in Communications and Marketing for various charities including Healthwatch Central West London. Her role involves assisting with the distribution of e-newsletters and e-bulletins as well as managing the social media channels. She performs general administration duties which includes conducting research, producing databases, supporting meetings and recording experiences that the public have had with the NHS and health and social care.

SALMA KHATUN, ADMINISTRATIVE ASSISTANT

Salma has 12 years of volunteering and facilitating experience alongside 8 years of journalism experience. Her time outside of work is utilised in doing charity work for different organisations both locally and internationally. Her role here is to provide secretariat support to the Board, administrative support to the Engagement and Communications Co-ordinator in the management of volunteers and administration of projects.

MEASURING HwCoL's IMPACT

HwCoL has agreed a performance framework with the City of London that measures impact against five statements.

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

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

IDENTIFIED RISKS

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

Project delivery	Medium	Medium	Additional projects should enhance the delivery of the core grant, focusing on engagement with residents, providing information and recommendations to stakeholders.
------------------	--------	--------	--

CONTACT DETAILS

Main number: 020 3745 9563

General enquires: info@healthwatchcityoflondon.org.uk

Chair: gail@healthwatchcityoflondon.org.uk

General Manager: rachel@healthwatchcityoflondon.org.uk

Communications: rachel@healthwatchcityoflondon.org.uk

Website: www.healthwatchcityoflondon.org.uk

Twitter: @HealthwatchCoL

Facebook: @CoLHealthwatch

Care Quality Commission (CQC) - The independent regulator of health and social care in England.

City of London Corporation (CoL) - The City of London municipal governing body (formerly Corporation of London)

Clinical Commissioning Group (CCG) - Clinical Commissioning Groups are groups of GPs that are responsible for buying health and care services. All GP practices are part of a CCG.

Community health services - Community health services provide care for people with a wide range of conditions, often delivering health care in people's homes. This care can be multidisciplinary, involving teams of nurses and therapists working together with GPs and social care. Community health services also focus on prevention and health improvement, working in partnership with local government and voluntary and community sector enterprises.

Co-production acknowledges that people who use social care and health services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need them, which could be any one of us at some time in our lives.

Healthwatch City of London (HWCOL) - The independent champion for residents, students, and workers of the City of London who use health and social care services.

Healthwatch England - The independent national champion for people who use health and social care services.

Indices of Deprivation - Indices of Deprivation are a unique measure of relative deprivation at a small local area level (Lower-layer Super Output Areas) across England. The indices provide a set of relative measures of deprivation across England, based on seven different domains, or facets, of deprivation are combined using the weights in brackets:

- Income Deprivation (22.5%)
- Employment Deprivation (22.5%)
- Education, Skills and Training Deprivation (13.5%)
- Health Deprivation and Disability (13.5%)
- Crime (9.3%)
- Barriers to Housing and Services (9.3%)
- Living Environment Deprivation (9.3%)

Combining information from the seven domains produces an overall relative measure of deprivation - the Index of Multiple Deprivation.

Integrated Commissioning - Integrated contracting and commissioning takes place across a health and care system e.g., NEL, and is population based. A population-based approach refers to the high, macro-level programmes and interventions across a range of different services and sectors. Key features include population-level data (to understand need across populations and track health outcomes) and population-based budgeting.

Integrated Commissioning Partnership Board - The Integrated Commissioning Partnership Board has delegated decision making for the pooled budget from Northeast London CCGs. Each local authority agrees an annual budget and delegation scheme for its respective ICPB. Each ICPB makes recommendations to its respective local authority on aligned fund services. Each ICPB will receive financial reports from its local authority. The ICPBs meet in common to ensure alignment.

Neighbourhood Programme (across City and Hackney) - The neighbourhood model will build localised integrated care services across a population of 30,000-50,000 residents. This will include focusing on prevention, as well as the wider social and economic determinants of health. The neighbourhood model will organise City and Hackney health and care services around the patient.

North East London Clinical Commissioning Group (NEL CCG) - The commissioner of Health services across North East London, formed from the merger of the seven CCGs in North East London. The seven CCGs are City and Hackney, Havering, Redbridge, Waltham Forest, Newham, Tower Hamlets and Barking and Dagenham.

Secondary care - Secondary care services are usually based in a hospital or clinic and are a referral from primary care rather than the community. Sometimes 'secondary care' is used to mean 'hospital care'.