

Report to Health and Wellbeing Board January 2014

This report is for information and will cover four areas:-

1. Healthwatch City of London response to the Call for Action consultation
 2. Barts Health Trust
 3. Healthwatch City of London GP survey
 4. Outcomes and Impact assessment of Healthwatch City of London.
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1. Healthwatch City of London response to the Call for Action consultation

After consultation with our members, Healthwatch City of London has identified the following important features for service users:

- Patients want better access to primary care and fuller weekend services as well as access to more joined-up care.
- Any changes can only be implemented through close cooperation with patients.
- A greater focus is needed on preventing ill-health both for public benefit and for cost-effectiveness.
- London is a leader in mental health innovation which should be a priority in provision of resources.
- Patients want 7 day access to services provided near their homes and places of work. This is especially important for Healthwatch City of London bearing in mind the working population of upwards of 400,000, who also work at weekends. Pharmacies are also an important element.
- A growing and ageing population with increasing long term will require better primary care and more integrated care.

- Only about 12% of patients with long-term conditions have been told they have a care plan.
- Research and education need to be better integrated.
- More resources need to be dedicated to health education.
- Individuals need support, instruction and consideration to enable them to take more responsibility for their own health.
- Greater support and instruction in the use of technology is needed to enable people to book online and use online facilities.
- Ease of appointments, effective treatments and considerate aftercare are the areas that make the biggest difference to improving patient experience.
- Improved training for hospital staff is needed.

Some challenges to the document London – A Call to Action

- Incremental changes at service user level can be even more effective than great organisational changes, which are stressed too much in this document. A "bottom-up" rather than "top-down" approach is recommended.
- Pollution is not highlighted sufficiently, air, noise, light.
- Low-level mental health problems are increasingly more prevalent among City workers and this is a hidden time bomb; work stress is a major contributor - economic circumstances and management bullying.
- Traffic congestion in the square mile and its environs can impede access for ambulances, especially if there is more centralization of acute specialist services.
- Good nutrition and help with food for patients is all part of "dignity and respect", as well as an important ingredient in recovery.
- Discharge arrangements in London hospitals need to be improved.

- Increased use of digital technology is encouraging but many technical aspects need to be looked at and the difficulties faced by some patients who are unable to access the internet need to be addressed.
- There is no mention of public transport to hospitals in the document. We recommend transport availability 24hours 7 days a week. If units are being closed there needs to be transport provision for people to travel to further away units.
- There is no mention of 'walk in' clinics which are supposed to be used instead of A & E. A section on this would be useful to encourage people to use the clinics rather than A&E.
- There is little focus on young people as an age bracket in the document – young people often have distinct requirements that need to be addressed.

2. Barts Health Trust

Along with the other Healthwatch organisations in areas that geographically aligned with Barts Health Trust, Healthwatch City of London has been pressing for clarity on future services for residents of the City of London. In particular we have focused on how the financial pressures will impact on local delivery.

Specifically we have raised the following questions in Bold below and the answers from Barts Health Trust below:-

Progress on the financial position

Can you give us a better understanding of what you mean by "recover the income due to us under our payment by results contract and avoid contract penalties?"

For 2013/14, Barts Health moved into a Payment by Results (PbR) contract with our commissioners. The PbR contract is based on the amount of attendances, admissions and treatments we provide. Moving to this contract, which applies to most trusts in the NHS, requires significant improvements in ensuring our activity is accurately recorded so we are paid in full for the work we do. Since June, we have placed a huge amount of effort on improving our processes, ensuring that we report accurately - such as timely recording of patients who have attended our outpatients departments or were discharged promptly - as well as reviewing and implementing accurate clinical coding across all our services.

Contractual fines and penalties from commissioners are inherent in a PbR contract if we do not deliver against key performance indicators – for example national operating standards (i.e. 18 weeks, 31 cancer waiting times, A&E waiting times and mixed sex accommodation occurrences). The Trust is working hard to consistently meet NHS performance targets, not just to avoid contractual fines but also to make a real difference to the quality and timeliness of the care that our patients receive.

When you advise we need to make these changes at a greater pace, do you mean a greater pace than advised earlier in the year?

By working at a greater pace, we were just highlighting that more will and can be done as we get closer to our year end position, and that we will sustain the pace of change we were seeing when we first moved ourselves into turnaround.

Where do you envisage the £16million savings being found in current year with less than six months to go?

Financially, our turnaround programme is about eliminating our underlying deficit within two years, by accelerating the development and delivery of safe cost improvements and meeting our income goals.

This year we aim to stabilise our finances, and will continue to address the above shortfall by identifying further cost improvement schemes and delivering on current identified schemes, resolving our budget overspends, delivering on planned elective activity, avoiding contractual fines and securing payments under agreed CQUIN (Commissioning for Quality and Innovation) schemes.

Developing clinical site strategies

Can you give us your view as to what an ideal patient focused pathway would look like?

Good patient pathways involve colleagues in all disciplines and departments working together so that each patient receives the right treatment in the right place at the right time. An example of this is in cancer, where regular multi-disciplinary team meetings are held, involving a wide range of clinical staff, at which every patient with a particular type of cancer is reviewed and plans are agreed for their on-going treatment. For the patient, a good pathway should mean that they move smoothly through the system, they know when and where each appointment is taking place and what it is for, and the clinical teams they meet at each appointment have all the patient's records and medical details available to them so that decisions and treatment can take place as planned. The example in the

briefing of the changes we are making to our colorectal service shows how, by working better together, different teams can ensure the patient pathway is smooth and takes the patient's needs fully into account. We will be able to provide more examples in future briefings and presentations.

How are the Trust managing the potential conflict between an ideal patient pathway in clinical terms with the desire to maintain strong local services?

Each of our hospitals have a vital role to play in caring for local people and we should shortly be able to describe with our CCG colleagues some of the fixed points for future services at our local hospitals, and in so doing allay many of the concerns that local people have. Any significant changes we propose at any time will be based on safety and risk, meeting clinical standards, improving clinical outcomes and service quality.

Workforce consultation

Can you give us details of how this consultation will impact on staff numbers and whether it will have any impact on the 1:7 average staff to patient ratio. Will the consultation result in losing more experienced long serving staff?

The workforce consultation review was an essential part of making sure our structures and processes are fit for purpose and to ensure that we have the right blend of experience and resources and the same commonly applied standards at all our hospitals, so that we can provide our patients with excellent, safe care wherever they are treated. This included clarifying reporting lines and ensuring that senior supervisory support is available on all wards and in all clinical areas.

Following the consultation, and the changes made to the proposals as a direct result of staff feedback, there will be 161 fewer nursing posts – less than 3% of the total number of nursing posts across the Trust - and 59 fewer administrative, clerical and management posts. It is extremely important to point out that these are posts not people, and every effort will be made to re-deploy staff whose position is lost to vacant roles. This may mean that roles previously filled by agency staff will now be filled permanently by staff members whose current position has become redundant in the review. We cannot comment specifically if long serving staff will be affected by the review; but we are doing everything possible to support our staff during what is understandably an anxious and unsettling time and have a dedicated team in place to work proactively with affected staff.

We will need to adopt a flexible approach which will allow us to ensure that staffing levels are appropriate for every ward at any one time. The 'Safe Staffing Alliance' study and recommendations found that patient safety is compromised at a ratio of 1:8 and therefore we have chosen to staff at a 1:7 average ratio across non-specialist adult areas. The RCN (2012) Guidance on safe nurse staffing levels in the UK recommended a registered to unregistered ratio of 65:35 and we will continue to remain slightly above this ratio. The proposals in the workforce consultation are reflective of this. However the implementation of 1:7 ratio of registered nurse to patient in non-specialist adult areas is an average, and the ratio will always be safe and appropriate to each individual service. Specialist areas

such as intensive care, hyper acute stroke care, critical care and neonatal care require specialist skills and different levels of nursing input, which can include ratios of 1:1 or 1:2. It is also important to note that the 1:7 ratio is specific to registered nurses and does not include additional staffing resources and senior support on the wards.

Proposals for changes to cardiovascular and cancer care

How will the change of location of London Chest and The Heart Hospital be managed so that the service at St Bartholomew's is not affected in terms of standards?

Through these changes we want to ensure that we build on existing successful practices and working cultures from all our hospitals. If the proposals are agreed, the new heart centre at St Bartholomew's would fall under the management of Barts Health and we would want to continue to provide the high level of standards patients have come to expect. There is also an independent governance structure being established for the Integrated Cardiovascular System (ICVS), which would include a board with an independent chair. This board would oversee progress across UCLPartners towards the achievement of world class services and prevention to ensure the most rapid delivery of benefits to patients.

We would like to get local people involved in the public engagement, and would welcome details of who to contact

NHS England is leading this work and, in conjunction with local CCGs, will be the decision makers on any proposed changes following the development of a business case. Further information about the proposals, including a case for change and supporting documents, is available on [NHS England's website](#). You can contact them directly by:

- Emailing: cancerandcardiovascular@nelcsu.nhs.uk
- Writing to: Cancer and cardiovascular programmes, c/o North and East London Commissioning Support Unit Clifton House, 75-77 Worship Street, London EC2A 2DU
- Calling: 020 3688 1086

Investment in Whipps Cross Hospital

In terms of the Emergency Department, is the department meeting time limits during the busy periods, and is there any impact following the removal of the walk in clinic, with regard to unneeded attendances at the Emergency department

All patients who attend the Emergency Department at Whipps Cross on foot are assessed at the front door of the Urgent Care Centre, where they are then streamed appropriately into the correct area for their needs – this will either be to see a GP or to be seen in the Emergency Department. This therefore limits inappropriate admissions. There has been no removal of a ‘walk in clinic’ as there has never been a walk-in clinic for GP services at Whipps Cross or in the local area.

We have put a number of measures in place across our three Emergency Departments (Whipps Cross, Newham and The Royal London) to ensure that patients are seen, treated and either admitted or discharged within the four hour standard. These changes include additional medical and nursing support in the Emergency Departments and assessment areas. At Whipps Cross, we have introduced to a team in the Emergency Department to support discharge for patients with care needs who do not need bed based medical care. This team has had a positive impact on elderly patients who present to the Emergency Department and who previously may have been admitted. At the Royal London, changes to the bed configuration of the Acute Assessment Unit has created 8 additional assessment beds to support the high demand for short stay admissions. Weekend plans at all three sites have increased the level of senior decision making and clinical support service access and this has improved performance across the weekend. In October, provisional data shows that all three Emergency Departments met the four-hour standard for all patient categories.

Getting Ready for Winter

Please can you keep us updated with how the funding of £12.8 million will be used by the Trust

As mentioned in the briefing, we are working with our commissioners and local providers to agree how best to make use of the funds. There are three workstreams which are covering activity in hospitals and in the community - admissions avoidance and effective discharge; assessment capacity; and inpatient processes. For Whipps Cross and its local area, there is a particular focus on frail elderly people and the high numbers of acutely ill patients who attend the A&E department. We will continue to keep you and our other stakeholders up to date as plans progress.

We continue to have a regular meetings and correspondence with Barts Health Trust

3. GP Survey

REPORT ON HEALTHWATCH CITY OF LONDON GP SURVEY

This survey was conducted in October and November 2013 and the results will be fed back to NHS England and local services. 16 responses were received.

30% of responses were from workers in the City of London

60% of responses were from residents in the City of London

10% of responses were from parents who did not indicate that they were either workers or residents in the City.

With regards to the location of the GP practices under discussion, 63% were in the City of London and 37% were located outside the City of London.

Key Findings

- The overall level of satisfaction was far higher for the practice within the City of London rather than for those located outside the City with 90% of City residents/workers commenting that their practice was either Very good or Good. Practices outside the City received no Very Good results and a third of respondents commented that their practice was Good. This is a good indication of satisfaction within the City of London although could be due to the population of the area who are maybe more likely to have less serious health complaints.
- The 111 service is being greatly underused with none of the City practice respondents saying they had used it for the health conditions featured in the survey and only 10% of respondents from practices outside the City said they had used it for 'choking, chest pain or blacking out' with 40% for that question still calling 999.
- Those registered at practices outside the City were more likely to use the 111 service with 40% having used it at some point compared to 20% from those registered within the City.
- People registered at the City practice use their practice much more with 80% having visited their GP in the last 6 months compared to 66% outside the City. This is reflected in the generally higher levels of satisfaction for City practices which means that people are more likely to visit the surgery.
- Appointments at the City practice were booked using a variety of methods such as on the phone, in person or online whilst 100% of those booking at practices outside the City used the phone. Again, this is a positive sign that the City practice is finding a variety of ways to encourage bookings which is

resulting on greater use of the services and higher levels of satisfaction. 70% of those booking at the City practice said they found it either Very easy or Easy to get an appointment compared with only 16.5% of those outside the City saying it was easy to book and no respondents saying it was Very easy.

General Comments

- Reception staff often encourage patients to call on the day to book an urgent appointment rather than waiting for a particular doctor to be available. Some doctors are very popular and difficult to see.
- The Neaman practice is described as outstanding by one respondent.
- One City resident described their GP, team and reception staff as understanding, professional and dedicated. Another said that the GP practices had excellent doctors, staff and receptionists.
- There were requests for more slots outside working hours from some City residents and a request that doors should not be shut during the lunch break. It was also mentioned that reminders about flu jabs would be useful. Evening and weekend clinics were described as insufficient.
- The Hoxton surgery was described as satisfactory with a personal and reassuring service and trustworthy relationship between patients and doctors. Interaction between patients who attend PPG meetings indicates equal levels of satisfaction.
- A complaint was made from a resident outside the City that reception staff were unhelpful to those with English as a second language and could offer better advice on the services rather than referring patients to A&E or the walk in centre.

Overall rating of GP service in the last six months

	Very good	Good	Satisfactory	Unsatisfactory	Not contacted in last 6 months
Registered within the City of London	60%	30%			10%
Outside the City of London		33%	33%		33%

For the following section of the report we have divided the results between practices within the City and those outside

Practice within the City of London

What would you normally do if you had a health problem like....	Self care	Visit a pharmacy	Call my GP	Visit my GP	Visit a walk in centre	Call NHS 111	Call 999	Visit A&E
A cough or sore throat	70%	30%						
Vomiting, ear pain, stomach ache	25%	25%	40%					10%
Diarrhoea, painful cough, runny nose	50%	15%	10%	25%				
Sprains, cuts, rashes	50%	15%	15%	20%				
Choking, chest pain, blacking out	10%		15%	10%	10%		40%	15%

Use of Services	Yes	No	No response
Have you visited/tried to visit your GP	80%	10%	10%

within the last month?			
Are you aware of the NHS 111 service?	80%	20%	
If yes, have you used the NHS 111 service	20%	60%	20%

How did you try to get an appointment?	In person	Over the phone	Have not tried	Other
	20%	60%	10%	10% Online

How easy was it to get an appointment?	Very easy	Easy	Neither easy or hard	Hard	Very hard	Have not tried
	30%	40%				10%

How long between GP contact and appointment date?	Same day, non emergency	Next day, non emergency	Up to 5 days, non emergency	Within fortnight	Not contacted
	30%	10%	40%	10%	10%

How was request assessed by	Booked straight away no questions	Asked if was urgent	Asked for details of patient/condition	Made the decision whether	Not contact GP	Other
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receptionist?	asked			urgent or not		
	50%	10%		10%	10%	20% simply requested an apt for a date in following month Online

General rating of the 111 service	Very good	Good	Unsatisfactory	Satisfactory	I have not used the service	No response
How would you rate your experience?			10%	10%	60%	20%

Practices outside the City of London

What would you normally do if you had a health problem like....	Self care	Visit a pharmacy	Call my GP	Visit my GP	Visit a walk in centre	Call NHS 111	Call 999	Visit A&E
A cough or sore throat	60%	40%						
Vomiting, ear pain, stomach ache	50%	40%	10%					

Diarrhoea, painful cough, runny nose	50%	50%						
Sprains, cuts, rashes	25%	25%	10%	25%	15%			
Choking, chest pain, blacking out	10%		10%	10%		10%	40%	20%

Use of Services	Yes	No	No response/haven't hear of it
Have you visited/tried to visit your GP within the last month?	66%	33%	
Are you aware of the NHS 111 service?	66%	33%	
If yes, have you used the NHS 111 service	40%	40%	20%

How did you try to get an appointment?	In person	Over the phone	Have not tried	Other
		100%		

How easy was it to get an appointment?	Very easy	Easy	Neither easy or hard	Hard	Very hard	Have not tried
		16.5%	66%		16.57%	

How long between GP contact and appointment date?	Same day, emergency	Same day, non emergency	Next day, an emergency	Next day, non emergency	Up to 5 days, non emergency	Within fortnight	Not contacted
	33%	16.5%	16.5%		33%		

How was request assessed by receptionist?	Booked straight away no questions asked	Asked if was urgent	Asked for details of patient/condition	Made the decision whether urgent or not	Not contact GP	Other
	20%	20%	20%	20%		20% – they didn't ask about condition

General rating of the 111 service	Very good	Good	Unsatisfactory	Satisfactory	I have not used the service	No response
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How would you rate your experience?		16%	16%	16%	50%	
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4. Outcomes and Impact Development.

Governance

OUTCOMES	ACHIEVEMENT	SUCCESS
MISSION		
Healthwatch City of London understands its purpose and external stakeholders understand the purpose of Healthwatch City of London.	Healthwatch City of London mission statement developed with involvement of stakeholders through consultation with local communities.	Local communities can understand the purpose of Healthwatch City of London and know how to contact it reflected through annual survey of needs identification and numbers of appropriate referrals to Healthwatch by phone, email, letter, social media, newsletter entries or website visits and .personal referrals when giving talks and presentations.
FOCUS ON PRIORITIES		
Healthwatch City of London is seen as a credible and effective organisation in being able to reflect the consumer views in establishing local priorities by partners in local	Healthwatch City of London gives regular informed feedback to health and social care partners and community groups at meetings and by letter.	Stakeholders are aware of the local communities health and social care priorities, through written and verbal contributions made by Healthwatch City of London and these are included in

authorities, the NHS and other statutory and voluntary organisations.		decision making.
BOARD SKILLS AND KNOWLEDGE		
Healthwatch City of London has the skill and ability in its governance function to meet its legal and financial and statutory responsibilities to effectively act.	<p>A board role description is produced, and board members are required to meet the requirements of the role.</p> <p>A skills audit record is maintained.</p> <p>Training and development is incorporated into the governance calendar.</p>	<p>Results of skills audit demonstrate the board is effective and has the required skills and knowledge.</p> <p>Training feedback forms demonstrate that board members are kept up to date with the required knowledge and skill..</p>
INVOLVING LOCAL COMMUNITIES		
Healthwatch City of London has effective links in the resident and worker	An engagement strategy and work plan exists to recruit involvement in health and	The engagement strategy demonstrates involvement of both City workers and

community across all age groups and ethnicities.	social care in the City of London	residents and reflects the local community.
ROLE OF VOLUNTEERS		
Volunteers are used to bring a wide range of skills and time to Healthwatch City of London.	All volunteers have a training, induction and supervision plan	A range of volunteers roles are developed and maintained that are filled by skilled volunteers..
Volunteers feel valued by the organisation.	Regular oversight, support and celebration of volunteers take place. Volunteers involved in training sessions with staff.	Retention of volunteers Volunteer appraisals demonstrate volunteers feel supported

Finance

OUTCOMES	ACHIEVEMENT	SUCCESS
TRANSPARENCY AND HONESTY		
Healthwatch City of London’s statutory financial information is accessible to the public and other interested parties.	The board has effective financial control in place within its accounting mechanism. The Healthwatch accounts are scrutinised by an independent auditor. Financial reports are given to the Healthwatch Board at Board meetings,	Annual accounts are approved in line with regulations covering the Healthwatch City of London organisation. Statutory annual accounts are publicly available on the website when approved by the board.

Operations

OUTCOMES	ACHIEVEMENT	SUCCESS
EASE OF ACCESS		
Healthwatch City of London is accessible to its community in terms of communication and, inclusion in influencing health and social care practise and priorities.	There is a programme of outreach sessions across the area, including libraries, residents meeting rooms, places of worship and leisure facilities. These sessions are held at times and in locations that are accessible to the local community.	Record and evaluate community outreach sessions through participant feedback, this will include views on the content of the sessions, the location of the sessions and the willingness to participate in future sessions.
INFLUENCING HEALTH AND WELLBEING BOARD		
Healthwatch City of London is a respected voice and participant on the Health and Wellbeing Board and Health and Wellbeing Board members have a greater understanding of consumers'/service	Develop clear procedures for feeding into and back from the Health and Wellbeing Board.	Evidence of raised awareness through for example minutes of meetings among Health and wellbeing Board members about the importance of engaging with communities and the expertise and value that Voluntary and Community Organisations can bring to discussion and decision

<p>users’ experiences of local health and social care services.</p> <p>Healthwatch City of London uses innovative engagement strategies that are recognised as being of value in terms of intelligence to inform decision making with Health and Wellbeing Board</p>	<p>Information to feed into the Health and Wellbeing Board should include data that has been collected, recorded, analysed about users’ experiences of health and social care with co-operation of providers out of borough, identifying gaps in intelligence and influencing the system to fill them.</p> <p>Health and Wellbeing Board is kept updated with engagement strategy for the City of London, and what is successful in gathering intelligence.</p>	<p>making.</p> <p>Health and Wellbeing Board regularly uses data from Healthwatch City of London to inform discussions and decisions.</p> <p>Health and Wellbeing Boards development days are provided with current data collected by Healthwatch City of London</p>
REPRESENTATION and ENGAGEMENT		
Healthwatch City of London provides	Links on website to qualitative information	Monitor enquiries and advice on access and choice to ensure that

information on Health and Social care and Public Health services to the community.	about providers of health and social care services (e.g. to CQC reports, surveys and reviews).	a wide range of contacts have been made.
Healthwatch City of London has a programme that systematically seeks the views the whole community on key health and social care issues and services.	A definitive engagement programme is developed and implemented	Health and Wellbeing Board and commissioners respond to views presented by Healthwatch City of London in developing JSNA, JHWS and commissioning plans.
There are clear arrangements for capturing views and data for diverse and under represented communities.	Under represented communities are targeted through specific actions and links to influential individuals within the communities	Health and Wellbeing Board and commissioners seek advice of local Healthwatch and Voluntary and Community partners on improving their own community engagement.
Community priorities are presented to commissioners and service providers to influence their approach.	Effective and robust community-based and data collection is undertaken.	Data collection evidence is fed into decision makers such at the Health and Wellbeing Board
		Local consumers can understand

Healthwatch City of London shows people that it values their views and feeds back on how it uses the information they provide and what impact it has had.	Develop methodology for “virtuous circle” of gathering views, presenting them in forums where they will have most influence and feeding back to consumers and communities on their impact.	the difference their involvement has made through newsletters and updates
CONCERNS AND COMPLAINTS AND BEST PRACTICE		
Patterns of complaints and issues raised by individuals and groups influence services for the better.	Analyse the use made of statistics collected by local Healthwatch.	Services are reviewed in response to concerns, complaints and best practice which are to be shared.

Relationships

OUTCOMES	ACHIEVEMENT	SUCCESS
CONSUMERS AND COMMUNITY		
Healthwatch City of London is fully embedded in the community and is recognised	Representative of the local community including diverse groups are involved at	Information about Healthwatch City of London reaches people from a range

<p>as a key element in the voluntary and community sector infrastructure.</p> <p>Healthwatch City of London is trusted by and engaged with the diversity of people living and working in CoL to put forward their experiences, views, concerns and ideas in relation to improving health and wellbeing in the local community.</p>	<p>different levels of engagement in work of Healthwatch City of London across the full range of its activities.</p> <p>Priorities and work programme driven by input from service users and communities.</p>	<p>of channels.</p> <p>There is a diverse profile of volunteers involved engagement and reporting activities, including outreach to seldom heard groups.</p> <p>Evidence from use of website and social media by consumers/service users/ the evidence from events/meetings</p> <p>Annual report shows a wide range of engagement across all user groups.</p>
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Healthwatch City of London uses local knowledge and intelligence to influence practise and decision making	Case Studies Stories from individuals and groups are used are used for influencing purposes with agencies involved in health and social care.	The JSNA, JHWS, commissioning and delivery contains information gathered and presented by Healthwatch City of London relating to service users' experiences and community views.
CHILDREN AND YOUNG PEOPLE		
Children and young people are actively involved in the development of Healthwatch City of London priorities and practise.	<p>The local Healthwatch skills and experience enable it to actively engage with local organisations already engaged with children and young people.</p> <p>.</p> <p>A sub-group of Board is established to focus on children and young people and their priorities.</p>	<p>Outreach services are used by young people to gain information about Healthwatch City of London</p> <p>Young People's health and wellbeing issues are evidenced and reported to relevant committees, decision makers to influence policy and practise.</p>
Healthwatch City of London has channels of communication with	Young volunteers are recruited and supported for engagement and	Commissioners and providers are provided with briefings regarding their understanding of needs and

Commissioners, and service providers of children and young people’s services and is supporting increased engagement of young people in in commissioning and design of services.	communication roles. To enable young people to communicate with the city of London about their Health and Social care needs.	wishes of young people
OLDER PEOPLE		
Healthwatch City of London has channels of communication with Commissioners, and service providers of older people services and is being more responsive to the needs and wishes of older people Greater integration across health, care and other services (e.g. education, leisure) for older people because of Healthwatch City of London’s involvement.	Greater awareness among commissioners and providers of experiences needs and wishes of older people as a result of Healthwatch engagement programme. Older users are engaged in the health and social care integration agenda, giving their views and perceptions of planned service integration across the health and social care economy.	Commissioners and providers are provided with briefings about their understanding of needs and wishes of older people, issues of dignity and respect and the role Healthwatch City of London has played. Case studies highlighting the older peoples influence on the integrated health and social care agenda are presented to the CCG and Health and Wellbeing Board

More support for older carers and co-carers because of Healthwatch City of London involvement.	Healthwatch City of London has a specific engagement strategy with older carers and co-carers to identify key challenges, risks and service needs of this group within the community.	Local older Carers feed into local health and social care plans.
SAFEGUARDING		
Healthwatch City of London understand safeguarding issues both for Children and Young People and for Adults and are aware of local arrangements and how to report concerns	Local training on safeguarding procedures and an understanding of safeguarding issues written into the Appraisal process	Healthwatch City of London staff and volunteers raise and report safeguarding issues to appropriate partner organisations where safeguarding matters are found.
Healthwatch is seen as the champion and community voice on safeguarding issues.	With relevant partners, follow up Healthwatch City of London enter and view visits, reports and recommendations with a safeguarding component. If necessary, report to the Adult Safeguarding Sub-Committee or the City and Hackney Children's	Healthwatch makes reports and recommendations to influence partners to make improvements in relation to safeguarding issues where they have access to safeguarding information/cases/data

Dignity and respect are seen as key components of safeguarding and of engagement.	<p>Safeguarding Board.</p> <p>Assess impact of local Healthwatch information concerning safeguarding component. Overall local prioritisation of dignity and respect.</p>	Representations are made to ensure service users dignity and respect is recognised in partners’ vision statements and work programmes.
CORPORATION		
Corporation as commissioner of public health and social care services	<p>Make presentations to the Corporation Departmental Leadership Team and other meetings. Local Healthwatch demonstrates it can contribute to improving Corporation’s own objective of meaningful engagement with service users, carers and communities.</p> <p>Corporation social care representatives involved in Healthwatch City of London training for board, staff and volunteers.</p>	Social Care Services and other departments ask for Healthwatch City of London’s assistance in developing and deepening their public engagement activities.

CLINICAL COMMISSIONING GROUPS		
CCG(s)' public and patient engagement strategy is developed and implemented to include a stronger focus on CoL with intelligence from Healthwatch City of London	<p>Assist CCG(s) to develop public engagement strategy.</p> <p>Work with CCG(s) to develop innovative forms of engagement.</p>	Healthwatch City of London invited to participate in development of CCG commissioning strategies.
HEALTHWATCH ENGLAND AND CARE QUALITY COMMISSION		
There is mutual trust between Healthwatch City of London and CQC representatives.	<p>Healthwatch City of London and CQC work collaboratively on their activities.</p> <p>Good working relationship with neighbouring local Healthwatch to aggregate and share information are established</p> <p>Information is regularly uploaded to Healthwatch Information Hub.</p>	<p>Healthwatch City of London reports back to CQC on areas of mutual activity</p> <p>Meetings with local Healthwatch organisations are evidenced</p> <p>Contributions from Healthwatch City of London Appear on the Hub</p>
HEALTH AND SOCIAL CARE		

PROVIDERS		
Concerns about services or good practise in service delivery highlighted through engagement activities with users and Enter and View are addressed by providers.	Well-planned, evidence-based engagement activities and intelligence gathering are in place, Enter and View visits, reports and recommendations on services users' experiences are undertaken by suitably trained and skilled City of London Healthwatch representatives and volunteers.	Timely and positive response by providers to reports provided by Healthwatch resulting in and implementation of Healthwatch City of London recommendations.