



Healthwatch City of London

Business Plan

June 2020 – August 2022

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This is Healthwatch City of London's first Business Plan; covering the three years of the contract it gives and in-depth description of our planned activities for years one and two, with an outline for year three.

The plan explains how we intend to deliver our statutory obligations as a Healthwatch and, more importantly how we aim to ensure that the voice of our residents, workers and students is at the centre of decisions made about their Health and Social Care system at all levels. Whilst we have a number of contractual obligations and statutory requirements to be compliant with, as set out by the Charity Commission and Healthwatch England, we have not lost sight of our key objective – to work for the people of the City of London. This plan

identifies the local issues we will be working on over the next three years. The plan will be updated annually reflecting the changes in national and local policies, feedback from local partners, commissioners and the public that we service. Looking forward, we are targeting an extension to our existing contract for a further two years through successfully delivering our plans.

Healthwatch City of London (HWCOL) is a new charity registered on the 5 August 2019 with the charity number 1184771. We were awarded the contract to deliver the statutory Healthwatch obligations for the City of London in September 2019.

As a Healthwatch we are part of a network of local Healthwatch organisations covering the 152 local authority areas in England and supported by Healthwatch England, our national body. Setting up a Healthwatch takes considerable time and effort. Since the creation of Healthwatch in 2013 most new contract awards have gone to existing providers of Healthwatch services. Healthwatch City of London is one of very few new Healthwatch organisations to be created since 2013. In the City we are trying to do something different. Our vision is for Healthwatch City of London to be run for and by the people who make up the City of London. During this last year HWCOL has reached out to the community via our revamped website, new social media channels, holding face to face meetings and joint engagement with partners.

Healthwatch England produce a quality standard framework that has been developed in association with the Healthwatch Network to define the standard for an effective partner with the network and the community in which they work. HWCOL will work within this framework to deliver a quality service to and on behalf of the City of London's residents, workers and students.

SUMMARY

Healthwatch City of London has an established Board of four Trustees supported by three Board Associates and a permanent staff team of three. More information is available in the sections, HWCoL Board Trustees, HWCoL Board Associates and HWCoL Staff.

As a local Healthwatch we represent the residents, workers and students of the City of London, being the independent champion for people who use health and social care services provided for the City of London. We have included key demographic information on the City of London to add context to our plan in The City section.

HWCoL is a charitable incorporated organisation. Our Vision, Mission and Values underpin how we operate as a Healthwatch and deliver on the Charity Commission's guidance on public benefit. Our Vision, Mission, Values are set out below, together with our Aims. There then follow two sections summarising the statutory obligations of a Healthwatch and the stipulations set out in our contract with the City of London Corporation.

The methodology section explains the process we've taken in writing the plan with our PEST and SWOT analysis on the following pages. The result of our engagement work with City residents, students and workers has informed the section on Making a difference for City residents.

In the Business objectives section, you will find HWCoL's Business objectives up to August 2022, with our key tasks to deliver on our Mission. These include meeting the performance targets as set out in our contract with the City of London Corporation and on the Performance Framework co-produced with the City.

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 first financial year of operation ending the 31 March 2020 show a surplus. HWCoL has agreed funding until August 2022 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.

Finally, the report explains how HWCoL will measure our impact and the identified risks to our organisation.

The Business Plan will be reviewed, amended and updated annually, and referenced in our Annual Report, taking into account any contract changes, national and local policy changes and feedback from stakeholders and service users.

In August 2022 we plan to publish a report on the success of HWCoL on delivering the City of London contract. Included in this will be the priorities for HWCoL for the period covering extension to the contract.

The square mile is a densely developed area providing employment for an estimated 522,500 people. The CoL in its report 'City of London Resident Estimates and Projection, June 2020' estimates there are 7,561 residents of the City of London rising to 8,203 by 2026. Of these 56% are men and 34% women. The age profile is broken down as follows: 11.5% of residents are aged between 0-19; 66.3% are aged between 20-64; and 22.2% are aged over 65. The Age Band 65+ has increased significantly since 2011. This is largely due to the ageing of the population profile in the main residential locations of the Barbican and Golden Lane. 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. The White population is expected to decrease as a proportion of the whole from 79% to 67%. The Asian population will remain at approximately 13%. The Mixed White and other category will remain at about 4% of the residents. The other classifications are projected to increase. The Black population is expected to rise from 2.7% to 4.7% of the whole. The most significant growth is expected to be in the Ethnic Grouping Other from 2.1% to 11.9%.

The City of London's deprivation ranking has improved in recent years; however 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).

The structural impact of COVID-19 on the number of employees working in offices in the City could well lead to a decrease in the total numbers commuting to the City on a daily basis due to more employees working from home for part of the week. For smaller companies based in the City home working may become the norm with the occasional visit to a City base. COVID-19 will continue to impact employment in the short term, with a number of large companies indicating they do not expect employees to return until next year.

The City's population primary health care health needs are supported through City and Hackney CCG and Tower Hamlets CCG with one GP practice in the City, the Neaman Practice having 9396 registered patients. This is above the English average of 8583 and the City and Hackney average of 7,705. Secondary Care is provided through Barts Health NHS Trust, University College London NHS 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 is going through major changes with the creation of an Integrated Care System covering the nine Boroughs in North East London including the City of London in one Clinical Commissioning Group.

As a result of the geographical spread of service providers HWCOL is required to work in partnership with a number of neighbouring Healthwatch's when carrying out Enter and View visits. Engagement with the new the North East London CCG will result in greater co-operation with the Healthwatch's covering North East London.

OUR VISION, MISSION AND VALUES

OUR 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.

OUR MISSION

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

OUR VALUES

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

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

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

Networked: Recognising 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: Being outcome focused in our work complementing, rather than duplicating, existing structures, within the resources available.

Evidence based: Gathering and using local evidence to underpin our priorities, and listening to all our local communities to target our efforts.

HEALTHWATCH STATUTORY DUTIES

1. Promoting and supporting the involvement of local people in the commissioning, provision, and scrutiny of local care services.
2. Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.
3. Obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.
4. Making reports and 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 shared with Healthwatch England.
5. Providing information about local health and social care services to the public in line with the Health and Social Care Act 2012.
6. Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.
7. Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.
8. Providing Healthwatch England with the intelligence and insight it needs to enable it 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 City of London Corporation Contract stipulates the following:

- A) HWC_oL has a strong understanding of the strengths and weaknesses of the local health and social care system.
- B) HWC_oL 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) HWC_oL 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) HWC_oL provides advice about local health and social care services to the public.
- E) HWC_oL 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 Organisations business plan template, we developed our three-year objectives and annual work plan in three stages:

STAGE 1: DESK TOP ANALYSIS

This was used to assess the external factors affecting HWCOL

Key documents:

- City and Hackney Joint Strategic Needs Analysis.
- 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.
- City of London Department of Community and Children's Services' Business Plan and Outcomes Framework and Health and Wellbeing Strategy.
- City and Hackney CCG Mission, Vision and Values.
- City and Hackney CCG Clinical Case for Change City and Hackney (C&H) April 2016.
- East London Health and Care Partnership System Operating Plan 2019/20 for the NHS in North East London.
- Tower Hamlets CCG Commissioning Plans 2017-19.

STAGE 2: INTERNAL ANALYSIS

HWCOL undertook PEST and SWOT analysis to understand the internal and external factors affecting the charity. Using these tools HWCOL identified a draft Business objectives and plan for the next three years.

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

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

STAGE 3: CONSULTATION

HWCOL sought feedback on the draft plan via consultation with key stakeholders

Key stakeholders included:

- City and Hackney CCG
- Tower Hamlets CCG
- City of London Health & Well-being Board
- City of London Department of Community and Children's Services
- Homelessness and Rough sleepers sub-committee
- Healthwatch England

On publication, HWCOL will seek comment on the plan from City Residents via an on-line survey.

The resulting plan covers the following periods:

Year 1: the remainder of financial year 2020/21, ending on 31 March 2021

Year 2: Financial year 2021/22 from 1 April 2021 to 31 March 2022

Year 3: from the start of financial year 2022/23 on 1 April 2022 until the expiry of HWCoL's current contract with the City on 31 August 2022.

There is the potential for the contract to be extended to August 2024.

The final objectives and plan were approved by the HWCoL board on

PEST ANALYSIS

<p>Political</p> <ul style="list-style-type: none"> • COVID-19 response by CoL • City and Hackney CCG-changes in local control of health system as CCG's merge, changes in key personnel • North East London sustainable transformation partnership-challenge of engaging with the governance structures • North East London Healthwatch's-need for us to work differently to influence NEL • Creation of Neighbourhoods as the vehicle of delivery of primary care in the City and Hackney CCG • Service re-organisation over a larger-geographical area 	<p>Economic</p> <ul style="list-style-type: none"> • Economic depression as a result of COVID-19 • Changes in the nature of poverty-rise of a de-connected class • Digital divide creating a two-tier provision of health and social care • Funding of health and social care-shrinking economy • Financial impact on the City of London due to immediate consequence of COVID 19 on businesses, and long-term structural change to business models • Austerity paused, not reversed-balancing public finances. • Large scale transformation programmes in public services. • Alternative models for delivering health and social care services at local level • GDPR regulations-cost of compliance in a greater digitalised world
<p>Social</p> <ul style="list-style-type: none"> • Twinned with Hackney-poverty within their population • Rise of self-help groups fragmenting the voluntary sector • Greater expectation from society for diversity within voluntary organisations #Black lives matter • Increasing social isolation as a result of digitalisation • A more decentralised world of 'doing good' • Activism among younger people who want greater fairness focus on climate change and activism • Impact of Brexit on staff recruitment for Health and Social Care providers 	<p>Technological</p> <ul style="list-style-type: none"> • Greater digitalisation of health and local authority services • General Data Protection Regulation compliance in a digital world-contacting our communities will require sharing of digital information • Greater user of digital programmes to deliver our objectives • Generating insights from data we collect • Improving digital skills to keep pace of 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

Strengths <ul style="list-style-type: none"> • Support of the City of London • Engaged and motivated Board • Majority of Board and volunteers are City of London residents • We have a clear vision and mission • Staff team (bonded well) • Board is well networked • Nimble-we are able to react quickly • We understand our population 	Weaknesses <ul style="list-style-type: none"> • Sole funded • Access to patient experience outside of City & Hackney CCG • Control of office environment • Insufficient funding to do the work required • Diversity of Board • Staff understanding of the City • City worker engagement • Access to seldom heard groups • Involvement and engagement with younger people
Opportunities <ul style="list-style-type: none"> • Skilled volunteering team supporting our work • Generate new funding streams-grow unrestricted funds • Engagement with seldomly heard groups • New organisation-opportunity to present ourselves differently • Increased partnership work with local charities • New projects-develop our knowledge, grow the charity, increase our reach, gives us authority • Research benefits us-influence change, build our reputation, develop our Unique Selling Point through City specific projects • City workers-build our brand, volunteer source, unique projects, research and funding 	Threats <ul style="list-style-type: none"> • Rent-accommodation costs are too high for our budget • Local Healthwatch's-if unable to work in partnership hinders our ability to carry out Enter & View visits, marginalised in discussions with NEL and local CCG • Contract renewal-poor performance • Overextending ourselves • Staff retention • Funding cuts-as an impact of COVID-19 • Engagement-failure to engage with all our local communities resulting in us not delivering on our mission • Lack of diversity in Board-miss what is important for our community's potential as being seen as irrelevant

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 to make a difference for City residents.

Reflect the diversity of the population of the City of London ensuring that every voice is heard.

- Targeted recruitment to improve the diversity of the Board.

Scrutinise the development of a single North East London CCG for primary care.

- HWCoL will understand what that means for City residents and the services they receive.
- HWCoL will work with the North East London CCG so that it develops services that meet the needs of the City residents always involving them in the process.

Campaign for the 'new normal' in hospitals to be responsive to residents, students and workers requirements

- HWCoL will remind service providers they should always offer face to face consultations, meeting the City and Hackney CCG's commitment that digital is only offered when appropriate.
- HWCoL will work to ensure that changes to the hospitals that City residents are referred to are not made without public consultation and are based on improving health care for residents.
- HWCoL will act as a critical friend for the East London Foundation Trust so that everyone experiencing a mental health problem gets the support and respect they deserve.

Seek to ensure St Leonard's Hospital continues to deliver services in accordance with the agreed plan

- HWCoL will work with the City and Hackney CCG and residents to ensure minimum disruption to service access and delivery during the re-development advising the City and Hackney CCG of any concerns.
- HWCoL will participate in the conversations on the re-development of the site ensuring opportunities for residents' inclusion are widely promoted.

Encourage our GP services to deliver good care

- HWCoL will be a critical friend to the Neaman practice and GP's in Tower Hamlets, supporting City residents by working to ensure that practices meet residents' expectations.
- HWCoL will aim to ensure that the Primary Care Network covering the City understands the needs of residents and commissions services to meet those needs in accessible locations.

Provide assurance to City residents that the Shoreditch and City Neighbourhood delivers the care we need

- HWCoL will work with the City and Hackney CCG and the new Neighbourhood on ensuring clarity in services provided and that they are communicated to residents.
- HWCoL will be a critical friend for the new Neighbourhood monitoring the model for evidence that it is delivering improvements in health and social care for City residents.

BUSINESS OBJECTIVES

By August 2022 HWCOL aims to achieve the following objectives:

1: That our 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.

2: That we continue to recruit a team of committed volunteers: to deliver our vision through a range of bespoke opportunities.

3: That we are a trusted partner:

- by our communities in the City, and
- by stakeholders, who see us as an organisation they want to work with

4: That we deliver informative research: into the health and social care of City of London residents, workers and students that initiates change.

5: That we are financially stable: aiming to hold sufficient cash in the bank to cope with any unexpected cashflow issues over the length of the contract.

BUSINESS OBJECTIVE ONE YEAR 1

1: That our 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) Our Board represents the diversity of the City of London
- 1.2) Engage with residents, workers and students of the City of London
- 1.3) Understanding the impact of health and social care delivery on our community
- 1.4) Our community is supported to be involved in the commissioning, provision and scrutiny of local care services

Actions	Sub-Actions	Completion by
1.1.1) Targeted Board recruitment drive to broaden diversity and skills of the Board	1.1.1a) CoL population demographics to be used as an aid to improving the diversity of the Board 1.1.1b) Carry out a Skills audit of the Board and staff 1.1.1c) Board to produce a Board recruitment plan that highlighted the role of the Associate Board Member	Q3 Oct 2020
1.2.1) Develop an Engagement Strategy to reach all communities in the City	1.2.1a) Understand community's health and social care concerns by: <ul style="list-style-type: none"> • Holding regular focus groups on key topics run remotely or face to face • Reaching out to marginalised communities, e.g. homeless, digitally excluded, carers, younger people, and minority ethnic communities of the City • Running programme of surveys using Survey Monkey • Organising a series of Speak up events using Healthwatch Template 1.2.1b) Run a series of specific listening events e.g. Carers, Mental health, and roundtable discussions 1.2.1c) Communication and engagement via monthly awareness campaigns including newsletter, news flashes, bulletins, blogs, and increased use of social media 1.2.1d) Informing the community of changes in the delivery and governance of health and social care locally and nationally.	1.2.1) Q3 Oct 2020
1.3.1) To carry out an Annual survey of residents and stakeholders on health and social care delivery	1.3.1a) Agree strategic objectives for annual survey 1.3.1b) Work with key stakeholders on drafting survey 1.3.1c) Draft a distribution plan 1.3.1d) Report on results	1.3.1) Devise Q3 Nov 2020. Run Q4 Jan-Feb 2021. Analysis and report Q4 Mar 2021
1.4.1) To assist the CCG and CoL in the recruitment of city residents, students & workers as public representatives	1.4.1a) Identify Board lead 1.4.1b) Targeted recruitment campaign for HWCoL volunteers to represent the City in health focussed advisory groups 1.4.1c) Co-produce a support plan for HWCoL volunteer representatives including training and regular meetings	1.4.1) Q3 Nov 2020
1.4.2) Use communication tools to market Public engagement events on the St Leonard's development to ensure maximum input from City residents	1.4.2a) Run surgeries with City residents to capture their experience of existing ST Leonard's services 1.4.2b) Using feedback from surgeries, run focus groups and surveys to capture residents, workers and students' goals for the redeveloped site.	1.4.2) Q4 Feb 2021

BUSINESS OBJECTIVE ONE YEAR 2

1: That our 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) Our Board represents the diversity of the City of London

1.2) Engage with residents, workers and students of the City of London on what is important to them

1.3) Use the results of the annual survey in our work priorities

1.4) Our community is supported to be involved in the commissioning, provision and scrutiny of local care services

Actions	Completion by
1.1.1) Review success of recruitment drive on broadening diversity and skills of the Board	1.1.1) Q1 May 2021
1.2.1) To use feedback from engagement activity in Annual Report	1.2.1) Q1 June 2021
1.2.2) To use insights drawn from Annual survey to inform engagement campaigns for the following financial year	1.2.2) Q1 April 2021
1.3.1) Disseminate results of Annual Survey to stakeholders	1.3.1) Q1 May 2021
1.3.2) Review lessons learnt from first annual survey and incorporate in plan for next survey	1.3.2) Q2 Sept 2021
1.4.1) Organise a workshop with committee volunteers and stakeholders to learn from success of the activity and identify any weaknesses	1.4.1) Q1 May 2021

2: That we continue to recruit a team of committed volunteers: to deliver our vision through a range of bespoke opportunities

Target:

- 2.1) Establish a sub group of the Board for strategic oversight of volunteering activity
- 2.2) Draft a volunteer charter
- 2.3) Build a diverse team of volunteers that enables us to grow as an organisation
- 2.4) Use Tempo Time credits to support volunteers

Actions	Sub-Actions	Completion by
2.1.1) To agree a volunteer strategy for the effective management of volunteers	2.1.1a) Develop a broad range of volunteer profiles that support the statutory work of HWCOL and provide opportunities for all through flexibility in the commitment required 2.1.1b) Agree a strategic volunteer recruitment plan covering digital and non-digital activity 2.1.1c) Agree a training and support plan for volunteers enabling them to effectively deliver their role 2.2.1d) Ensure that all volunteers references are checked and that where a volunteer's role requires a Disclosure and Barring Service check, this is carried out 2.1.1e) Quarterly report to the Board on volunteering activity	2.1.1) Q3 Nov 2020
2.2.1) Agree a volunteer charter that documents our commitment to volunteers	2.2.1a) Draft the volunteer charter 2.2.1b) Publicise the Charter via our website, social media and volunteer recruitment activity	2.2.1) Q2 Oct 2020
2.3.1) To recruit a team of volunteers that reflects the diversity of the City population	2.3.1a) Carry out targeted volunteer recruitment activity with the aim of widening the diversity of the team 2.3.1b) Work with our communities to address barriers to volunteering with us	2.3.1a) Q3 Nov 2020 2.3.1b) Q4 Feb 2021
2.4.1) To reward and promote the benefits of volunteering with HWCOL via use of time tempo credits	2.4.1a) Agree a template for reporting volunteer activity that includes hours for tempo time credits 2.4.1b) Promote the Time Tempo activities that credits can be used for with volunteers	2.4.1) Q3 Oct 2020

BUSINESS OBJECTIVE TWO YEAR 2

2: That we continue to recruit a team of committed volunteers: to deliver our vision through a range of bespoke opportunities

Target:

- 2.1) Developing our management of volunteers and oversight of volunteering activity
- 2.2) Understanding the impact of the volunteer charter
- 2.3) Maintaining a diverse team of volunteers that supports us as an organisation
- 2.4) Reviewing the use Tempo Time credits to support volunteers

Actions	Completion by
2.1.1) Utilise volunteer week to promote benefits of volunteering with HWCoL and recognise the contribution and commitment of the team	2.1.1) Q1 June 2021
2.1.2) Review the management, support, and training of volunteers to ensure it is effective	2.1.2) Q2 July 2021
2.2.1) Consult with volunteers and stakeholders on the volunteer charter with the objective of determining the effectiveness of the charter and HWCoL's adherence to it.	2.2.1) Q2 July 2021
2.3.1) Review the membership of the volunteer team and recruitment activity to report on HWCoL's success on widening the diversity of the team and the recruitment activity carried out.	2.3.1) Q2 July 2021
2.4.1) Strategic review of the use Tempo time credits with volunteers and Tempo Time credits	2.4.1) Q2 July 2021

BUSINESS OBJECTIVE THREE YEAR 1

3: That we are a trusted partner: by our communities in the City and by stakeholders, who see us as an organisation they want to work with

Target:

3.1) Demonstrating our quality as an organisation

3.2) Work with the local hospitals, primary care and mental health and social care services, creating the best outcome for the City of London

3.3) To work in partnership with local bodies on the big issues shaping the delivery of health and social care services to the City, including the development of the NEL CCG, NEL Integrated care system and the Covid-19 response

3.4) To develop a sub brand for our work targeted at City Workers

Actions	Sub-Actions	Completion by
3.1.1) Completing Healthwatch's Quality Framework. The Quality Framework aims to provide understanding of the key ingredients for running an effective Healthwatch and is made up of 6 domains: Leadership and Decision Making; People; Sustainability and Resilience; Collaboration; Engagement, Involvement and Reach; Influence and Impact	3.1.1a) Identify areas in the Quality framework where development is required 3.1.1b) Agree an action plan that will address gaps in HWCoL's development as an effective Healthwatch and promote continuous development	3.1.1) Q2 Oct 2020
3.2.1) Review the Governance structures of our local partners in health and social care ensuring that HWCoL is represented at the appropriate bodies	3.2.1a) Identify appropriate attendance at local partner organisations 3.2.1b) Where appropriate run consultation activities as outlined in HWCoL's engagement strategy within the City to ensure HWCoL representatives are informed of City residents, students and workers views 3.2.1c) Partner with Healthwatch Tower Hamlets on engagement and representation of City residents registered with Tower Hamlets CCG using data provided by COLC on the GP practices attended. Volunteers will be recruited to attend Patient Participation Groups and supported by HWCoL to attend relevant Tower Hamlets CCG Boards and subgroups meetings. 3.2.1d) Use the Statutory Annual report to evidence impact using the template provided by Healthwatch England and additional evidence considered by HWCoL Board as relevant to HWCoL's impact	3.2.1) Q3 Oct 2020
3.2.2) Agree a programme of Enter and View/ Mystery shop projects to identify what is working well with services and where they could be improved	3.2.2a) Recruit a team of volunteers to carry out Enter and View/Mystery shop projects 3.2.2b) Share reports with stakeholders and City residents, workers and students 3.2.2c) Carry out follow up activity on sites visited/mystery shopped.	3.2.2) Q3 Nov 2020
3.2.3) Supporting primary care practices to improve communications by co-developing a secret shopper programme with them	3.2.3a) Co-develop model with Neaman Practice as initial project 3.2.3b) Produce report on the success of the model to be shared with Primary Care Network.	

Actions	Sub-Actions	Completion by
3.3.1) Provide insight on the experience of COVID-19 for City of London residents	3.3.1a) Use surveys and community insight activity to understand the impact of COVID on disadvantaged or vulnerable communities as well as City residents as a whole	3.3.1) Q3 Oct 2020
3.3.2) Agree a model with our Healthwatch partners on collaborative working with NEL	3.3.2a) Work with NEL Healthwatchs to define our strategic goals/objectives	3.3.2) Q3 Dec 2020
3.3.3) Working with City residents to ensure that the new Shoreditch and City Neighbourhood delivers better health outcomes for the City.	3.3.3a) Work with Hackney Healthwatch to ensure the Neighbourhood patient consultation they have been commissioned to carry out on behalf of the CCG successfully captures the views of the City. 3.3.3b) Work with the Primary Care Network for Shoreditch and City on making access to commissioned services through one point of contact	3.3.3) Q3 Oct 2020
3.3.4) Ensure that City residents are consulted on the re-development of St Leonard's	3.3.4a) Work with the St Leonard's development project and Healthwatch Hackney on a resident engagement plan for St Leonard's	3.3.4) Q3 Nov 2020
3.4.1) Carry out market research on the Health and wellbeing priorities of City of London workforce	3.4.1a) To develop an engagement strategy City of London workers including recruiting volunteers	3.4.1) Q4 Jan 2020

3: That we are a trusted partner: by our communities in the City and by stakeholders, who see us as an organisation they want to work with

Target:

3.1) Building on our quality as an organisation

3.2) Working with the local hospitals, primary care and mental health and social care services, creating the best outcome for the City of London

3.3) Building on existing partnerships with local bodies on the big issues shaping the delivery of health and social care services to the City, including the development of the NEL CCG, NEL Integrated care system and the Covid-19 response

3.4) Understanding the effectiveness of a sub brand for City Workers

Actions	Completion by
3.1.1) To review progress on complying with Healthwatch England's Quality Framework drafting a revised action plan if required	3.1.1) Q1 April 2021
3.2.1) Use the results of follow up activity on Enter and View/Mystery shop projects as evidence of achieving the best outcomes for the City of London	3.2.1) Q1 June 2021
3.2.2) Evaluate HWCOL's success on representing City residents registered with Tower Hamlets CCG.	3.2.2) Q2 Aug 2021
3.3.1) Review the Governance structures of NEL to ensure HWCOL's voice is heard through the model developed with NEL Healthwatch partners on collaborative working with NEL CCG	3.3.1) Q3 Nov 2021
3.4.1) Work with CoL to evaluate the success of HWCOL City Workers sub brand as a tool for engagement	3.4.1) Q3 Nov 2021

BUSINESS OBJECTIVE FOUR YEAR 1

4: That we deliver informative research: into the health and social care of City of London residents, workers and students that initiates change

Target:

4.1) Research, driven by residents, workers and students of the City, will reflect their priorities, concerns and requirements.

4.2) Research projects that are City specific but help to shape the wider landscape.

Action	Sub-Actions	Completion by
4.1.1) Agree at least one research project	<p>4.1.1a) Project proposal presented to the Trustees that identifies the relevance of the project to the work of HWCoL</p> <p>4.1.1b) Agree Project plan including research methods</p> <p>4.1.1c) Recruit team to deliver project including Board lead</p>	4.1.1) Q3 Nov 2020
4.2.1) Ensure that proposed projects are relevant to Health and Social care delivery in the City	<p>4.2.1a) Identify stakeholders for the research</p> <p>4.2.1b) Define what new insight would look like</p> <p>4.2.1c) Complete research project report including summarising key findings and identifying recommendations for change</p> <p>4.2.1d) Produce a plan for the dissemination of the report</p>	4.2.1) Q4 March 2021

BUSINESS OBJECTIVE FOUR YEAR 2

4: That we deliver informative research: into the health and social care of City of London residents, workers and students that initiates change

Target:

4.1) Research, driven by residents, workers and students of the City, will reflect their priorities, concerns and requirements.

4.2) Research projects that are City specific but help to shape the wider landscape

Action	Completion by
4.1.1) Review the success of research projects delivered identifying lessons learned	4.1.1) Q1 Apr 2021
4.1.2) Identify project or projects and delivery team/s as part of the work plan for the year	4.1.2) Q1 May 2021
4.1.3) To explore the possibility of funding research with stakeholders	4.1.3) Q2 July 2021
4.2.1) To review success of report dissemination including evidence that change has been delivered	4.2.1) Q1 June 2021
4.2.2) Consider whether follow up research is required	4.2.2) Q1 June 2021

BUSINESS OBJECTIVE FIVE YEAR 1

5: That we are financially stable: aiming to hold sufficient cash in the bank to cope with any unexpected cashflow issues over the length of the contract.

Target:

5.1) To be financially stable

5.2) Develop a fundraising strategy that diversifies HWCoL's income streams with a minimum target to raise funds to the equivalent of 15% of annual grant by third year of contract

5.3) Develop a strategy and governance pathway for new projects

Action	Sub-Actions	Completion by
5.1.1) To agree Financial Governance procedures	5.1.1a) Appoint a Treasurer and Deputy Treasurer 5.1.1b) Agree HWCoL's financial procedures and review annually	5.1.1) Q2 Oct 2020
5.1.2) Produce an annual budget that enables HWCoL to deliver its agreed priorities and remain sustainable	5.1.2a) Draft annual budget for 2020/21 5.1.2b) To produce financial forecasts for the next two financial years	5.1.2) Q2 Oct 2020
5.2.1) Produce a fundraising strategy for the next three financial years	5.2.1a) Implement fundraising activity for year one identified in plan 5.2.1b) To provide annual report on the fundraising activities carried out by HWCoL and their effectiveness	5.2.1) Q3 Oct 2020
5.3.1) Develop a template for new projects	5.3.1a) Template model for project budgets 5.3.1b) Template for staff impact model	5.3.1) Q3 Oct 2020

BUSINESS OBJECTIVE FIVE YEAR 2

5: That we are financially stable: aiming to hold sufficient cash in the bank to cope with any unexpected cashflow issues over the length of the contract.

Target:

- 5.1) To be financially stable
- 5.2) Implementing the fundraising strategy
- 5.3) Using the governance pathway for new projects

Action	Completion by
5.1.1) Review HWCoL's Financial Governance and procedures as recommended by the charity commission	5.1.1) Q1 April 2021
5.1.2) Produce a budget for the financial year 2021/2 taking action where necessary to ensure that HWCoL holds sufficient cash in the bank to manage cashflow.	5.1.2) Q1 April 2021
5.2.1) incorporate lessons from the review of fundraising activities carried out in 2020/1 in the plan for 2021/2	5.2.1) Q1 April 2021
5.3.1) Use lessons learned from implementing project template when developing new projects	5.3.1) Q1 April 2021

OBJECTIVES YEAR THREE

Objective

1) The City of London Corporation extends HWCoL's existing contract

Target

1.1) Agreeing a contract review process with the CoL

Actions	Sub-Actions	Completion by
1.1.1) Identifying key successes of delivery over the last two years as part of contract review	1.1.1a) Identify where HWCoL's has been effective in ensuring City residents' voice is heard and enacted on in every forum where change to the delivery of health and social care is discussed	1.1.1) Q2 Aug 2022
1.2.1) Recognising weaknesses, devising actions to remedy	1.1.1b) Evidence the support we provided for our community to be involved in the commissioning, provision and scrutiny of local care services	
1.3.1) Acting on the recommendations of the review	1.1.1c) Use the annual survey reports to evidence the success of HWCoL's	
	1.1.1d) Demonstrate the success of our volunteer strategy, highlighting the contribution our volunteers have made in delivering our mission and how we intend to expand our team	
	1.1.1e) Evidence the development of HWCoL as a trusted partner by our community and stakeholders	
	1.1.1f) Produce a summary report on the effectiveness of research projects carried out by HWCoL and how they have influenced change	
	1.1.1g) Review financial performance over the last two years of the contract reporting on performance and the strengths of our financial Governance	

FINANCIAL PERFORMANCE

Finance Statement: At the end of the of August 2022 Healthwatch City of London is budgeting to have cash reserves equivalent to 12% of the annual grant received from the City of London Corporation.

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 a number of 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 local 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 lives with his wife in the Barbican. He is a member of the Parochial Church Council at St Giles' Cripplegate.

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 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

PAUL COLES, GENERAL MANAGER

Paul has over 30 years management experience in the Voluntary sector. Paul previously worked as Chief Executive at Age UK Maidstone for 12 years. His volunteering roles include Chair of Fusion Maidstone, a Healthy living centre where he was the Chair for five years, Treasurer at Hearing Concern for six years and Board Member for Black Roof Housing for four years and is currently a Parish Councillor for Chatham, Kent since 2015.

RACHEL CLEAVE, 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 AND ADMINISTRATIVE 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.

MEASURING HwCoL's IMPACT

HwCoL has agreed a performance framework with the City of London that measures our 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>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>Priorities are based on the experience and concerns of the public, recognising the local health and social care context and priorities.</p> <p>Has trusting, collaborative relationships with key local decision 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>Contributes to the development of decision-making structures in the local health and wellbeing system and, where appropriate, their delivery.</p> <p>Makes a distinct contribution to improving engagement with seldom heard communities.</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>Encourages and enables local commissioners and providers of health and social care services to engage the public</p> <p>Recommendations for change are fed via the appropriate channels, heard, and responded to by relevant decision makers</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>Evidence of impact included in annual reports using following tools:</p> <p>Internal new project template to evidence of need</p> <p>Annual stakeholder survey to capture evidence of how howl's 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</p> <p>Feedback forms on to be added to our website information and advice site</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</p> <p>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
Loss of staff	Medium	High	Provide an environment where staff are supported to develop and are recognised for their input
Structural Change as a result of COVID-19 is greater and faster than the capacity of HWCoL to cope with, within its current resources	High	Medium	Board to be kept informed of changes and the impact on staff and Board members. Commissioners to be kept informed of impact on HWCoL's ability to carry out its duties

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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.

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. City & Hackney, 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 Board - The Integrated Care Board has delegated decision making for the pooled budget for Clinical Commissioning area. Each local authority agrees an annual budget and delegation scheme

for its respective ICB (Hackney ICB and City ICB). Each ICB makes recommendations to its respective local authority on aligned fund services. Each ICB will receive financial reports from its local authority. The ICB's 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 (NEL) Commissioning Alliance - The commissioning arm of the East London Health and Care Partnership comprising 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'.