



Community & Children's Services Committee

Date: FRIDAY, 12 JULY 2019

Time: 11.30 am

Venue: COMMITTEE ROOMS, WEST WING, GUILDHALL

Members:

Randall Anderson (Chairman)	Angus Knowles-Cutler
Ruby Sayed (Deputy Chairman)	Natasha Maria Cabrera Lloyd-Owen
George Abrahams	Deputy Catherine McGuinness
Munsur Ali	Benjamin Murphy
Rehana Ameer	Deputy Joyce Nash
Randall Anderson (Chairman)	Barbara Newman
Matthew Bell	Dhruv Patel
Peter Bennett	Susan Pearson
Mary Durcan	William Pimlott
John Fletcher	Henrika Priest
Marianne Fredericks	Jason Pritchard
Alderman John Garbutt	James de Sausmarez
Alderman Prem Goyal	Ruby Sayed (Deputy Chairman)
Alderman David Graves	Deputy Philip Woodhouse
Caroline Haines	
Deputy the Revd Stephen Haines	
Graeme Harrower	

Co-opted Members: Laura Jørgensen and Matt Piper

Enquiries: Julie Mayer tel. no. 020 7332 1410
julie.mayer@cityoflondon.gov.uk

Lunch will be served in Guildhall Club at the rising of the Committee

NB: Part of this meeting could be the subject of audit or video recording

**John Barradell
Town Clerk and Chief Executive**

AGENDA

Part 1 - Public Reports

1. **APOLOGIES**
2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **MINUTES**
To approve the public minutes and non-public summary of the meeting held on 7th June 2019.

For Decision
(Pages 1 - 8)
4. **OUTSTANDING ACTIONS**
Members are asked to note the Committee's Outstanding Actions List.

For Information
(Pages 9 - 10)
5. **UPDATE ON THE WORK OF THE SUB COMMITTEES**
The various Chairs/Chairmen are invited to update the Committee on the work of their Sub Committees.

For Information
6. **IMPACT OF BREXIT**
Director of Community and Children's Services to be heard.

For Information
7. **DRAFT HOMELESSNESS STRATEGY 2019-23**
Report of the Director of Community and Children's Services.

For Decision
(Pages 11 - 50)
8. **ADULT SKILLS AND EDUCATION SERVICE UPDATE**
Report of the Director of Community and Children's Services.

For Information
(Pages 51 - 60)
9. **DRAFT CITY AND HACKNEY MENTAL HEALTH STRATEGY**
Report of the Director of Community and Children's Services.

For Decision
(Pages 61 - 116)

10. **REVENUE OUTTURN 2018-19 - COMMUNITY AND CHILDREN'S SERVICES COMMITTEE (CITY FUND)**
Report of the Chamberlain and the Director of Community and Children's Services.
For Information
(Pages 117 - 122)
11. **HOUSING REVENUE ACCOUNT (HRA) OUTTURN 2018-19**
Report of the Chamberlain and the Director of Community and Children's Services.
For Information
(Pages 123 - 132)
12. **PLEDGE OF SUPPORT FOR THE 'OUR TURN' CAMPAIGN**
Report of the Director of Community and Children's Services.
For Decision
(Pages 133 - 136)
13. **RESPONSES TO RESOLUTIONS FROM WARDMOTES**
Reports of the Director of Community and Children's Services.
For Information
- a) Homelessness and Rough Sleeping (Pages 137 - 138)
- b) Golden Lane Estate (Pages 139 - 140)
14. **REPORT OF ACTION TAKEN**
Report of the Town Clerk.
For Information
(Pages 141 - 144)
15. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
16. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
17. **EXCLUSION OF THE PUBLIC**
MOTION - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.

For Decision

Part 2 - Non-Public Reports

18. **NON-PUBLIC MINUTES**
To approve the non-public minutes of the meeting held on 7th June 2019.

For Decision
(Pages 145 - 146)

19. **WAIVER REPORT**
Report of the Chamberlain.

For Decision
(Pages 147 - 152)

20. **AVONDALE SQUARE WINDOW OVERHAUL**
Report of the Director of Community and Children's Services.

For Decision
(Pages 153 - 164)

21. **HOUSING DELIVERY PROGRAMME: PROVISION OF SOCIAL HOUSING ON THE SYDENHAM HILL ESTATE, LEWISHAM SE26 6ND - TO FOLLOW**
Report of the City Surveyor.

For Decision

22. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

23. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

COMMUNITY & CHILDREN'S SERVICES COMMITTEE

Friday, 7 June 2019

Minutes of the meeting held at Guildhall at 11.30 am

Present

Members:

Randall Anderson (Chairman)
Ruby Sayed (Deputy Chairman)
Munsur Ali
Rehana Ameer
Matthew Bell
Peter Bennett
Mary Durcan
John Fletcher
Marianne Fredericks
Alderman John Garbutt
Alderman Prem Goyal
Graeme Harrower
Catherine McGuinness
Deputy Joyce Nash
Dhruv Patel
Susan Pearson
Henrika Priest

In Attendance

Officers:

Andrew Carter	- Director of Community and Children's Services
Gerald Mehrtens	- Community and Children's Services
Chris Pelham	- Community and Children's Services
Geraldine Pote	- Community and Children's Services
Liam Gillespie	- Community and Children's Services
Chandni Tanna	- Town Clerks – Communications Team
Julie Mayer	- Town Clerks
Jack Joslin	- Town Clerks – Central Grants Unit
Mark Lowman	- City Surveyor's
Mark Jarvis	- Chamberlains

1. APOLOGIES

Apologies were received from, Deputy the Rev. Stephen Haines, Caroline Haines, Alderman David Graves, Barbara Newman, Benjamin Murphy, James De Sausmarez, Deputy Philip Woodhouse, Laura Jorgensen, Natasha Lloyd-Owen, Jason Pritchard and Matt Piper.

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

There were no declarations.

3. **MINUTES**

RESOLVED, that – the public minutes and non-public summary of the meeting held on 8th May 2019 be approved, subject to recording Matthew Bell's apologies for this meeting.

4. **OUTSTANDING ACTIONS**

Members received the Committee's Outstanding Actions list, noting those items that either had been, or would be, discharged on either this or future agendas.

Members asked if target dates could be included, wherever possible, and noted the following updates:

- **Social Wellbeing Strategy** – the report was expected to be completed at the end of July and, after this, the Researcher would be invited to give a presentation to the Committee.
- **Provision of free school meals/budget report** – to Committee in November/December
- **Our Turn Campaign** – the Director advised that this had been subject to detailed consideration and comparisons with other local authorities. The Community and Children's Service Committee would receive a report at the July Meeting.

5. **TERMS OF REFERENCE - PROPOSED AMENDMENT**

Members received a report of the Town Clerk which sought to widen the Committee's Terms of Reference to reflect the large amount of proposed development underway on the City of London Corporation's estates.

RESOLVED, that – the Terms of Reference be amended as set out in the appendix to this report, as follows, with the updates shown in capitals:

- **Social Housing** (i.e. the management AND DEVELOPMENT of the property owned by the City of London Corporation, WITHIN ITS EXISTING ESTATES, under the Housing Revenue Account and the City Fund, in accordance with the requirements of all relevant legislation and the disposal of interests in the City of London Corporation's Housing Estates (pursuant to such policies as are from time to time laid down by the Court of Common Council)

6. **TO APPOINT A LEAD MEMBER FOR YOUNG PEOPLE AND TO THE VACANCIES HELD ON THE EDUCATION CHARITY AND SAFEGUARDING SUB COMMITTEES**

The Town Clerk reminded Members that there were still 2 vacancies on the Safeguarding Sub Committee and 1 on the Education Charity Sub Committee. The Chairman advised that these Sub Committees met 2 or 3 times a year and anyone interested in serving should contact the Town Clerk.

RESOLVED, that:

1. Natasha Lloyd Owen be appointed as the Lead Member for Young People.
2. John Fletcher be appointed to the Safeguarding Sub Committee.

7. **UPDATES FROM THE CHAIRS/CHAIRMEN ON THE WORK OF THE SUB COMMITTEES**

The Chairmen of the Sub Committees provided the following updates on the work of their Sub Committees:

Chairman of Housing Management and Almshouses Sub Committee

The Chairman was pleased to welcome Mary Durcan as the new Deputy Chairman of the Sub Committee. The Sub Committee would be looking in detail at the role of Allocated Members in an informal meeting, to be held before the next meeting of the Sub Committee on 22 July 2019.

The Major Works Programme was progressing well, with 3 projects coming in early or on time and under budget. The Chairman commended Paul Murtagh, Assistant Director, Barbican and Properties Services and his team.

Chairman of Homelessness and Rough Sleeping Sub Committee

Members noted the all-Member Breakfast Briefing scheduled for 18th June at 8.30 am. The Sub Committee had been running for nearly a year and included police and church representatives. A major piece of work was underway in respect of an options appraisal; seeking to review what we currently do, how we do it and what we could do.

The Sub Committees other work included liaison with mental health and drug and alcohol rehabilitation support services, begging and the City of London Police's 'Operation Luscombe' initiative. Members noted that the City of London Police did not enforce the Vagrancy Act and the City Corporation was considering supporting the repeal of the Act. Members were reminded that officers working in this area were extremely pressurised. The Chairman of the sub-committee requested that any specific queries should be directed to the Chairman (of the Sub Committee) to ensure they were channelled correctly.

8. **BUSINESS PLAN QUARTER 4 UPDATE**

Members received the Department of Community and Children's Services (DCCS) Business Plan's Quarter 4 Update, which also made reference to the Departmental Risk Register and Budget.

During the discussion and questions, the following points were noted:

- For the education targets in respect of attainment and progress, anything above zero was positive and progress was the best indicator of educational achievement.
- If a young person wanted to come off of the National Transfer Scheme, each case was considered on its own merits.
- Delayed transfer of care remained an issue but this was attributable to the NHS, and self-funding limited the assistance which the City Corporation could offer. However, officers were determining whether the navigator service could do anything further to assist the self-funders to locate appropriate facilities.
- Galleywall had received an 'Outstanding' Ofsted rating and Sir John Cass had received a 'Very Good' SIAMS rating. A Member had attended a curriculum meeting at Sir John Cass School recently and been very impressed. Members particularly noted that the new Headteacher had only been in post since September 2018 and there were no staff resignations.
- Members noted that this report was intended to be a snapshot, to enable Members to decide whether they required a more detailed report on any of the items covered.

As this was Marcus Roberts, Head of Strategy and Performance's last meeting, Members thanked him for his excellent service to the Committee and wished him well for the future.

RESOLVED, that – the Q4 report and progress of the DCCS Business Plan be noted.

9. **DRAFT ALCOHOL STRATEGY 2019-23**

Members received the City of London Corporation's draft Alcohol Strategy for 2019-23, which had been presented for information and comment to various Committees.

During the discussion and questions, Members noted the following:

- A specific measurement of successful engagement with businesses could be complex and would need to be long term. It was suggested that a Member briefing on business engagement would be helpful, hosted by the Health and Wellbeing Board Chairman.

- The distinction between ‘alcohol related offending’ and where alcohol might be a factor in an illness could be clearer.
- There were very few representations from the Public Health Team in respect of new or amended Licensing applications. Members noted that the Director of Public Health was a Member of the Health and Wellbeing Board.
- There were concerns that some patrons took drugs before entering licensed premises.
- A general awareness of personal responsibility was required in respect of encouraging others to drink.
- Whilst not wanting to stifle the night-time economy, promoters must be encouraged to be responsible in respect of weekend events and the potential impact on residents. Members noted that the City of London Corporation’s ‘*Safety Thirst*’ Campaign ran annually and provided a Code of Practice for Licensed Premises.
- Whilst the Community and Children’s Services Committee operated a ‘*no drinking during office hours*’ Policy, as it was a public facing service, this was not standard across all City Departments. However, the Policy and Resources Committee and Chief Commoner were looking into this further.

RESOLVED, that:

1. The Draft Alcohol Strategy for 2019 – 23 be noted, as set out in Appendix 1 to the report.
2. The plan for consultation be noted.

10. **BARBICAN LIBRARY COMMUNITY SPACE**

Members received a report of the Director of Community and Children’s Services. Members noted that an initial proposal, to build a sound-proof lobby, was unlikely to receive Planning Permission. This report considered an alternative proposal which, if permissions were granted, would be funded by Community Infrastructure Levy (CIL).

The Chairman was keen to explore this further with the Barbican Association and Members noted that the proposal was supported by the Aldersgate and Cripplegate Ward members. Members noted that, if feasible, they would receive a report for decision in due course.

RESOLVED, that the report be noted, subject to comments set out above.

11. **MENTAL HEALTH CENTRE**

Members received a report of the Director of Community and Children’s Services which set out progress in developing the City of London Mental Health

Centre, which had been approved by the Community and Children's Services Committee in March 2018. Members noted that, since the agenda had been circulated, there had been an update on the timeline for the project. This had been emailed to Members and copies laid around the table.

Members noted that NHS services would not be duplicated but additional services, such as extensive talk therapies, would be provided.

RESOLVED, That – the report be noted.

12. **CENTRAL GRANTS PROGRAMME ANNUAL REPORT**

Members received a report of the Chief Grants officer and Director of City Bridge Trust which provided an update on the Central Grants Programme.

During the discussion and questions, the following points were noted:

- The programmes ran concurrently to provide the most efficient services and value for money. However, flexibility could be offered in some cases.
- The Central Grants Team (CGT) worked with officers across the City Corporation and the housing teams, particularly offered a lot of intelligence. The CGT offered bespoke support to applicants, including recently constituted, small companies.
- Officers were developing FAQs for the website, which was undergoing more general improvements. The Chairman of Policy and Resources and Chairman of CBT regularly met with London Local Authority leaders.
- The Finance Grants Oversight and Performance Sub Committee scrutinised all grants monitoring and more information on outcomes and reasons for rejections could be provided in future reports.
- A high number of rejections were due to applicants not fully understanding the criteria; however, the CGT held regular workshops and were happy to visit communities, as had been the case with 'Engaging Green Spaces'.
- There was a project underway to avoid duplication; i.e. the new Combined Relief of Poverty Charity but this process needed Charity Commission approval and could be lengthy.
- There was now a dedicated CBT officer promoting charities, working with the media team and the grant offer letter includes a link to the media team.

RESOLVED, that – the Central Grants Programme Annual report be noted.

13. SECTION 75 - AGREEMENT AND UPDATED GOVERNANCE STRUCTURES FOR INTEGRATED COMMISSIONING

Members received a report of the Director of Community and Children's Services which sought Members' approval to enter into a new Section 75 Agreement, due to commence on 1st August 2019. Members noted that in respect of the Appendix, which set out the main S75 Agreement as at 8 May 2019, a number of appendices were being updated and these could be provided to Members, on request.

RESOLVED, that :

1. A new Section 75 Agreement for Integrated Commissioning be approved.
2. Authority be delegated to the Director of Community and Children's Services (in consultation with the Chairman and Deputy Chairman of the Community and Children's Services Committee) to finalise all necessary details and arrangements in relation to the Section 75 Agreement.
3. The updated Terms of Reference for the Integrated Commissioning Board, which includes the Integrated Commissioning Sub-Committee, be approved.

14. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE

There were no questions.

15. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

There were no items.

16. EXCLUSION OF THE PUBLIC

RESOLVED, that – Under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraph 3, of Part 1 (Schedule 12A) of the Local Government Act.

Item No	Para No(s)
17-19	3
21	3

17. NON-PUBLIC MINUTES

RESOLVED, that – the non-public minutes of the meeting held on 8 May 2019 be approved.

18. NEW PARTNERSHIP SAFEGUARDING ARRANGEMENTS

Members received a report of the Director of Community and Children's Services.

19. **CITY OF LONDON PRIMARY ACADEMY ISLINGTON (COLPAI) - GATEWAY 5 ISSUES REPORT**

Members considered and approved a Project Gateway 5, issues report of the City Surveyor.

20. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

There were no questions.

21. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

One item was raised whilst the public were excluded.

The meeting ended at 12.55 pm

Chairman

**Contact Officer: Julie Mayer tel. no. 020 7332 1410
julie.mayer@cityoflondon.gov.uk**

**COMMUNITY AND CHILDREN'S SERVICES COMMITTEE (CCS) – OUTSTANDING ACTIONS LIST
JUNE/JULY 2019 UPDATE**

Date added	Title	Action	Officer and target date
8-2-19	SOCIAL WELLBEING STRATEGY	Members asked if the Researcher could give a presentation to a future meeting of the Committee.	<i>Neighbourhoods Development and Engagement Manager</i> Once report has been finalised and subject to the availability of the researcher.
8-3-19	SIR JOHN CASS'S FOUNDATION PRIMARY SCHOOL	Provision of free school meals for children in Reception and Years 1 and 7	<i>Head of Service Education and Early Years</i> Report to Committee later in 2019, once the budget had been confirmed and there had been time to analyse its impact
12-4-19	SYDENHAM HILL	Next report at Gateway 4	<i>City Surveyor</i> 12 July 2019
12-4-19	OUR TURN CAMPAIGN	Report deferred in order for it to be re-written to reflect making a pledge.	<i>Director of Community and Children's Services</i> Report deferred to a future meeting of Community and Children's Services and Policy and Resources Committees.

**COMMUNITY AND CHILDREN'S SERVICES COMMITTEE (CCS) – OUTSTANDING ACTIONS LIST
JUNE/JULY 2019 UPDATE**

07-06-19	ALLOCATED MEMBERS – HOUSING MANAGEMENT AND ALMSHOUSES SUB COMMITTEE	The Sub Committee would be looking in detail at the role of Allocated Members in an informal meeting	Scheduled to be held before the next meeting of the Sub Committee on 22 July 2019.
07-06-19	DRAFT ALCOHOL STRATEGY	A specific measurement of successful engagement with businesses could be complex and would need to be long term. A Member Briefing on business engagement was suggested, hosted by the Health and Wellbeing Board Chairman	<i>Director of Community and Children's Services and Chairman of Health and Wellbeing Board.</i> Post recess 2019 – date tba

Committee	Dated:
Community and Children's Services Grand Committee	12/07/2019
Subject: Draft Homelessness Strategy 2019-23	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Decision
Report author: Zoe Dhami, Strategy Officer, Department of Community and Children's Services	

Summary

This report presents the City of London Corporation's draft Homelessness Strategy 2019-23 for endorsement.

This strategy sets out the vision, approach and commitment to tackle homelessness in the Square Mile in all its forms. It aligns to and delivers the aim of our Corporate Plan 2018-23 for a flourishing society in which people are safe, enjoy good health and wellbeing and can enrich their lives and reach their full potential.

The strategy defines the outcomes we will deliver, and these will shape our decision making, service design, partnerships and resourcing.

The draft presented has been endorsed by the Homelessness and Rough Sleeping Sub, and incorporates changes that they proposed.

Recommendations

Members are asked to:

- approve the draft Homelessness Strategy 2019-23 set out in Appendix 1.

Main Report

Background

1. Homelessness describes being without a place to call home – whether that means sleeping on the streets, a friend's sofa or in a squat, or occupying accommodation which is temporary, unsuitable, or in which it is not safe to remain.
2. Homelessness presents most obviously in the City of London among those seen sleeping rough on the streets. However, our services also support those at risk of homelessness or who have lost their homes and who seek our help.

3. The scale and nature of homelessness in the Square Mile is driven by and echoes the issues beyond its boundaries. Many of those who seek our help are connected to the City of London through their employment. Those who sleep on our streets have invariably come to the City – whether from other parts of London or the UK, or from outside of the UK.
4. The draft Homelessness Strategy Supplement (Appendix 2) provides a detailed overview of homelessness in all its forms across England, London and the City of London.
5. The City Corporation is committed to a flourishing society, where people are safe and feel safe, and where they enjoy good health and well-being as outlined in our Corporate Plan for 2018-23. Our commitment is backed by a legal duty to prevent and relieve homelessness for some groups, and to secure a home for others. Its delivery draws on our public, private and charitable roles – and the strength of our partnerships across those sectors. Our strategy commits to tackling all forms of homelessness.
6. Operational and strategic partnerships across and beyond the City Corporation are essential to realising the ambitions of this strategy. Internally this includes the work of the Department of Community and Children's Services, the Department of the Built Environment, the Town Clerk's Department, the City of London Police and City Bridge Trust. Externally, we will work with our resident and worker population, businesses in the City, the health sector, services and policy makers in local, regional and central government and the charities, philanthropists and good causes we work with to tackle homelessness.

Draft Homelessness Strategy 2019-23

2. The draft Homelessness Strategy explains:
 - what the issues are for homeless and rough sleepers in the Square Mile,
 - how we plan to address these issues, and
 - what we hope to achieve.
3. To develop this draft strategy we engaged and consulted with internal and external stakeholders. Within the Department of Community and Children's Services (DCCS) Homeless and Rough Sleepers, Adult Social Care and Public Health service teams all contributed. Across the City Corporation City Bridge Trust, Safer City Partnership and the Department for Built Environment were involved. Partners consulted with outside of the City Corporation include St Mungo's, The Dellow Centre, City of London Police, Westminster Drug Project, Department of Work and Pensions and faith groups.
4. Those with lived experience were also engaged. A group meeting was set up and facilitated by St Mungo's in winter 2018.
5. An Equality Impact Assessment has been drafted and is awaiting sign off.

Vision, aim and outcomes

6. The strategy sets out the City's Corporation's vision, overarching aim and the four outcomes that we will focus on.
7. **The Vision is that:**
Homelessness is prevented, and where it occurs its impact is minimised and the resolution is rapid and sustainable.
8. **The Aim is that:**
To provide the interventions, services and cross-sectoral partnerships to tackle the causes and impacts of homelessness in the Square Mile, and to deliver the range of effective and rapid responses necessary to secure a sustainable end to homelessness
9. **The four outcomes that the strategy will deliver on are:**
 1. Homelessness is prevented.
 2. Everyone has a route away from homelessness.
 3. The impact of homelessness is reduced.
 4. Nobody needs to return to homelessness.

Delivery

10. The City's Homelessness Strategy will govern our approach until 2023. However, in a period of emerging policies and economic change, it is vital that it remains responsive. For that reason it will be underpinned by a separate action plan that will be refreshed annually.
11. Its implementation will be overseen by the Rough Sleeping Strategy Group and reported to the City Corporation's Homelessness and Rough Sleeping Sub Committee.

Next Steps

12. The Draft Homelessness Strategy was endorsed by the Health and Wellbeing Board on 19 June 2019, Summit Group on 25 June 2019 and the Homelessness and Rough Sleeping Sub Committee on 1 July.

Corporate Implications

13. This strategy is a key driver through which the City of London Corporation can fulfil its vision, as outlined in our Corporate Plan for 2018-23, of a 'vibrant and thriving City, supporting a diverse and sustainable London within a globally-successful UK'. The Homelessness Strategy will make key contribution to delivering the following outcomes of the *City of London Corporate Plan 2018-23*:
 1. People are safe and feel safe.
 2. People enjoy good health and wellbeing.

3. People have equal opportunities to enrich their lives and reach their full potential.
 4. Communities are cohesive and have the facilities they need.
 5. Businesses are trusted and socially and environmentally responsible.
15. This plan sits below the DCCS business plan. It contributes to the plan's delivery by mirroring its five priorities and applying them to the specific needs of our population.
16. This strategy also links to the following City Corporation strategies: Housing, Social Mobility, Joint Health and Wellbeing, Social Wellbeing, Alcohol, Safer City Partnership and the Local Plan.

Conclusion

17. The draft Homelessness Strategy 2019 - 23 is the overarching strategic document that guides services and activities for approaching homelessness in all its forms in the City of London. It outlines the values and principles that guide our work, our vision, and how we intend to achieve it. This report asks members to approve the draft Homelessness Strategy 2019 – 23.

Appendices

- Appendix 1 – Draft Homelessness Strategy 2019- 23
- Appendix 2 – Draft Homelessness Strategy Supplement

Zoe Dhami

Strategy Officer – Department of Community and Children's Services

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Homelessness Strategy, 2019-23: *Joining the fight to end homelessness*

Definition of homelessness:

Homelessness describes being without a place to call home – whether that means sleeping on the streets, a friend’s sofa or in a squat, or occupying accommodation which is temporary, unsuitable, or in which it is not safe to remain.

Why homelessness matters to the City of London Corporation:

The City Corporation is committed to a flourishing society, where people are safe and feel safe, and where they enjoy good health and well-being as outlined in our Corporate Plan for 2018-23. Our commitment is backed by a legal duty to prevent and relieve homelessness for some groups, and to secure a home for others. Its delivery draws on our public, private and charitable roles – and the strength of our partnerships across those sectors. Consequently this strategy commits to tackling all forms of homelessness.

Who we will work with:

Operational and strategic partnerships across and beyond the City Corporation are essential to realising the ambitions of this strategy. Internally this includes the work of the Department of Community and Children’s Services, the Department of the Built Environment, Town Clerk’s Department, the City of London Police, the Safer City Partnership and City Bridge Trust. Externally, we will work with our resident and worker population, businesses in the City, the health sector, services and policy makers in local, regional and central government and the charities, philanthropists and good causes we work with to tackle homelessness.

Page 15	Our Vision			
	<i>Homelessness is prevented, and where it does occur its impact is minimised and the resolution is rapid and sustainable</i>			
	Our Aim			
	<i>to provide the interventions, services and cross-sectoral partnerships to tackle the causes and impacts of homelessness in the Square Mile, and to deliver the range of effective and rapid responses necessary to secure a sustainable end to homelessness</i>			
	Our Outcomes			
	Homelessness is prevented <i>Links to Corporate Plan outcomes: 1, 2, 3, 4</i>	Everyone has a route away from homelessness <i>Links to Corporate Plan outcomes: 1, 2, 3</i>	The impact of homelessness is reduced <i>Links to Corporate Plan outcomes: 1, 2, 3, 4, 5, 10</i>	Nobody needs to return to homelessness <i>Links to Corporate Plan outcomes: 1, 2, 3, 4, 5, 10</i>
Our Activities				
	<ul style="list-style-type: none"> Deliver specialist advice and prevention services Support social and private sector tenancies at risk Increase supply of and access to homes Address trigger points – e.g. hospital and prison discharge, domestic abuse (DA) 	<ul style="list-style-type: none"> Delivery of specialist outreach services Safe connections to places where homelessness can be resolved Provision of a pathway of emergency, hostel and other temporary accommodation Lobby government re unmet need (NRPF etc) 	<ul style="list-style-type: none"> Review current service provision to ensure it is relevant and a commissioning approach is used to meet unmet need Lower the threshold for access to substance misuse treatment Health services are relevant and accessible Provide alternative giving 	<ul style="list-style-type: none"> Provide specialist accommodation Ensure employment support Ensure tenancy sustainment
What success looks like				
	<ul style="list-style-type: none"> No-one who seeks our support when at risk becomes homeless All those who are homeless on our streets have an offer that will end their homelessness No one has to live on the streets of the Square Mile Advice, information and support services enable prevention and access to secure homes 	<ul style="list-style-type: none"> A well-resourced strategy delivered in partnership with a range of internal and external partners Improved health and mental health outcomes, including access to drug and alcohol services Better public awareness, understanding and engagement with homelessness and the City’s approach 		

Introduction

The purpose of this strategy

This strategy sets out the City of London Corporation's (City Corporation) vision, approach and commitment to tackle homelessness in the Square Mile in all its forms.

It aligns to and delivers the aim of our Corporate Plan 2018-23 for a flourishing society in which people are safe, enjoy good health and wellbeing and can enrich their lives and reach their full potential.

The strategy defines the outcomes we will deliver, and these will shape our decision making, service design, partnerships and resourcing. It will ensure our focus – and that of our partners and providers – remains on our vision that:

Homelessness is prevented, and where it occurs its impact is minimised and the resolution is rapid and sustainable.

The homelessness context

Homelessness describes being without a place to call home – whether that means sleeping on the streets, a friend's sofa or in a squat, or occupying accommodation which is temporary, unsuitable, or in which it is not safe to remain.

It is experienced by single people, couples and families with children. It can be a consequence of personal circumstances such as ill health and family breakdown, or wider issues such as unemployment, housing shortage and high housing costs.

It can have significant negative impacts on employment, education, health and wellbeing. In its worst manifestation – rough sleeping – homelessness can result in lasting damage to physical and mental health, and premature death. Homelessness also has significant costs to society and the public purse.

Homelessness presents most obviously in the City of London among those seen sleeping rough on the streets. However, our services also support those at risk of homelessness or who have lost their homes and who seek our help.

The scale and nature of homelessness in the Square Mile is driven by and echoes the issues beyond its boundaries. Many of those who seek our help are connected to the City of London through their employment. Those who sleep on our streets have invariably come to the City – whether from other parts of London or the UK, or from outside of the UK.

The opportunities to prevent and resolve homelessness, and the factors that drive this issue often lie outside of our direct control. Many of the solutions – most notably affordable housing – remain scarce.

Homelessness has increased nationally and regionally with the number of families and individuals approaching their councils for help because they are homeless or threatened with homelessness. At just over 59,000, the number of annual homelessness acceptances were some 19,000 higher across England in 2016/17 than in 2009/10. With a rise of 2 per cent over the past year, acceptances now stand 48 per cent above their 2009/10 low point.

Due to the City of London's small resident community the number of applications for statutory support are few in comparison to other boroughs. In 2018-19 there were 87 approaches made to the City Corporation. Three households were prevented from homelessness and 4 households were

relieved of homelessness by ensuring they had suitable accommodation with a reasonable prospect of it being available for 6 months. There are currently 21 households living in temporary accommodation (TA)¹.

The number of people who sleep rough has also increased. The MHCLG Autumn 2018 Rough Sleeping Statistics report estimated 1,263 people sleeping rough across London on a single night – an increase of 13% on the previous year.

CHAIN² data reported that within the City of London there were 212 people sleeping rough in the quarter three of 2018/19. This is an increase of 41% since the first quarter 1 count.

Homelessness and safeguarding

It is important that the risks of living on the streets are not compounded by agencies failing to provide a timely and appropriate service response in the locality where a person is sleeping rough and is at risk of harm or abuse. There are a range of risks experienced by people living on the streets that expose them to a higher level of vulnerability to harm and abuse, these include: self-neglect, human trafficking and modern slavery.

People who sleep rough may have tenuous links with the locality where they sleep rough and if they have been moving around for some time, or are non-UK nationals, may not be able to evidence that they are ordinarily resident³ in any particular local authority. However, this does not detract from local authority responsibilities under the Care Act to make safeguarding enquiries irrespective of ordinary residence. Further, It is unlawful to refuse to assist a person who for reasons of immigration status may not be eligible for Local Authority services without undertaking a human rights assessment.

What we will do

Working in partnership

The City Corporation can only tackle homelessness by harnessing the strength of its relationships across public, community, charitable and private sectors. Therefore, in pursuing the delivery of our outcomes, the “we” refers to City Corporation services, outreach services, health services, the City of London Police, businesses and others. The City of London Corporation is uniquely positioned, as the financial and commercial heart of the UK, to extend our influence outside of the Square Mile’s boundaries. Where the City Corporation can use its influence to bridge gaps between organisations to support the City Corporation in fulfilling the strategy outcomes, it will do.

However, the work in delivering these outcomes must also be set within regional and national actions being undertaken. The Mayor of London’s aim set out in the London Housing Strategy for 2018 - 22, is to ensure ‘*a route off the streets for everyone who sleeps rough in London*’. The Mayor runs an £8.45m core programme of services, as well as major new services funded by £4.2m of additional investment secured from the Government in late 2016, and a further £3.3m in 2018⁴. These complement the services, including outreach and hostels, provided by many local authorities, and the work of those from the charitable, community, and faith-based sectors.

¹ Figure accurate as of May 2019.

² CHAIN is a multi-agency database recording information about rough sleepers and the wider street population in London.

³ Ordinary residence is not defined under the Care Act 2014, but usually means where a person lives. Sometimes a person is deemed to remain ordinarily resident in the area where they previously lived.

⁴ Mayor of London, Rough Sleeping Plan of Action, 2018, Appendix 2.

The 2018 Government Rough Sleeping Strategy underpins the national target to halve rough sleeping during this parliament and eliminate it altogether by 2027. The Government's initial funding of £30m (of which London has secured over a third) and £100m secured in total for the next two years is a welcome step. The Government's strategy recognises the need to look beyond rough sleeping to ensure the entire system is working to prevent all forms of homelessness. This has been demonstrated so far through the implementation of the Homelessness Reduction Act. This Act fundamentally changes the way local authorities work to support homeless people in their areas, giving them new prevention responsibilities towards more people⁵.

The Mayor of London has also used the Rough Sleeping Plan of Action to call on Government to look again at some of its policies and legislation, such as welfare reform, and also to address funding gaps in services that are not specific to rough sleeping but have a significant impact on it.

Where the City Corporation is responsible, it will lead on the delivery of actions, and where partners are responsible, then it will work to co-ordinate and support delivery where necessary. The City Corporation will lead on monitoring the implementation of this strategy and reporting its progress.

We will also work with our local and regional partners to develop shared messages on homelessness in London, to inform public attitudes and understanding and to influence national policy.

Our outcomes

Outcome 1: Homelessness is prevented

Prevention ranges from early identification and intervention to crisis responses. Identifying those at risk can be challenging, as some may not approach specialist services or recognise the potential to lose their home. For that reason, it is imperative that the partners collaborating in the delivery of this strategy are able to identify risk and respond or signpost appropriately as early as possible.

It also requires the delivery of the enablers of prevention – stable and affordable housing, improved and increased employability, the ability to afford services such as transport, better health and wellbeing, and access to timely and effective information and advice.

This acknowledges that mental ill health, drug and alcohol support needs, prevalent within the rough sleeping community, can also be the reason a person faces homelessness to begin with.

Our activities

- provide a free, confidential and independent advice and information service for residents, workers and students in the City who need support with issues such as employment, relationships, benefits and housing.
- support and deliver approaches that address the risks of homelessness arising from safeguarding issues, hospital discharge and leaving care or prison.
- work collaboratively to support those with complex and multiple needs.
- support people to stay in their homes – whether in the social or private sector, including help to mitigate the impact of welfare reform.
- support investment, such as through the Local Plan delivery of s106 monies, to deliver new and affordable housing.
- increase access to housing of other tenures.
- increase availability of and access to a range of accommodation options to prevent homelessness.
- improve and increase employability through training, volunteering and employment opportunities, and providing specialist support to those most distant from the labour market.

⁵ See Homelessness Strategy 2019-23 Supplement for details on the HRA.

Outcome 2: Everyone has a route away from homelessness

For those whose homelessness is not prevented, it is imperative there is an offer of service and support that ensures homelessness is a temporary crisis. This requires rapid assessment and identification of the needs and circumstances of individuals and families in order to identify a relevant and effective response.

Not all of those who approach the City Corporation for assistance, or who end up on the streets of the Square Mile, will be able to access our long term services or accommodation. Their homelessness may be best addressed in an area where they have entitlement and connections. In all circumstances we will be clear about the support we can and will offer to provide a route off the streets, and ensure our partners work with us to enable that outcome.

Our activities

- improve access to and increase the range of assessment and temporary accommodation options.
- support reconnection into local services, and develop a clear service offer and approach focused on voluntary reconnection for those from European countries.
- collaborate with the charitable, community and voluntary sectors to maximise the range and impact of services to support those who are homeless.
- deliver local responses to prevent new rough sleepers spending a second night on the streets and work proactively and co-operatively with City of London assessment service and the pan-London No Second Night Out service.
- work with the business, faith and resident community to improve their knowledge of services, provide opportunities to support services, and develop shared solutions to rough sleeping and other homelessness.
- promote Street Link to provide an opportunity for the public and business to report concerns about rough sleepers.
- provide outreach coverage in the City with the capacity to respond every day of the week.

Outcome 3: The impact of homelessness is reduced

Those who find themselves homeless on the streets are intensely vulnerable to crime, drugs and alcohol and at high risk of physical and mental illness, and premature death (these can also be issues for those living in temporary accommodation for long periods of time). Rough sleeping can also have negative impacts on the wider community.

Individuals and households in temporary accommodation can be separated from formal and informal support networks. It can impact negatively on schooling, employment and access to health and support services. For local authorities the cost of temporary accommodation often far exceeds the financial support available to deliver it.

Our activities

- collaborate with partners to deliver physical and mental health services, substance misuse services and adult social care designed around the needs and challenges of those sleeping rough.
- deliver an accommodation pathway, including move-on options, with the capacity and ability to meet the varying and complex needs of rough sleepers.
- maintain an assertive and consistent approach to outreach working.

- discourage and disrupt begging and other behaviours that may sustain people on the streets, and those that cause nuisance.
- support those in temporary accommodation to participate fully in their community and access the support and services they require.
- commission temporary accommodation that provide quality, support and value.

Outcome 4: Nobody needs to return to homelessness

For people with specific needs (mental health or substance misuse), being away from their support system – whether that is formal or informal networks – can be a driving factor to return to the streets.

Good health, employment, social networks and community can contribute to the resilience that ensure people do not return to homelessness. As does the ability to secure and maintain a home that is affordable - especially for those on low incomes, or in receipt of welfare.

Our activities

- work with partner services, including local day centres, to ensure that those who have slept rough develop the skills, such as those focused on employment, to sustain life away from the streets.
- deliver a “housing first” pilot providing a route straight into housing for those entrenched on the streets.
- deliver on-going support through appropriate resettlement services, day centre provision or other interventions.
- work with faith groups and other communities to develop support structures.

Implementation

The City’s Homelessness Strategy will govern our approach until 2023. However, in a period of emerging policies and economic change, it is vital that it remains responsive. For that reason it will be underpinned by a separate action plan that will be refreshed annually.

It’s implementation will be overseen by the Rough Sleeping Strategy Group and reported to the City Corporation’s Homelessness and Rough Sleeping Sub Committee.

There is a Commitment to data collection to develop baselines and measures to track progress against. We aim to measure the impact of this strategy over the short and long term, by collecting real-time feedback and high-quality data from those we work with, in order to assess fully their experience and perceptions of the quality of the interventions and activities they have been involved in.

Links to other strategies

This strategy is a key driver through which the City of London Corporation can fulfil its vision, as outlined in our Corporate Plan for 2018-23, of a ‘vibrant and thriving City, supporting a diverse and sustainable London within a globally-successful UK’. The Homelessness Strategy will make key contribution to delivering the following outcomes of the *City of London Corporate Plan 2018-23*:

1. People are safe and feel safe.
2. People enjoy good health and wellbeing.
3. People have equal opportunities to enrich their lives and reach their full potential.
4. Communities are cohesive and have the facilities they need.
5. Businesses are trusted and socially and environmentally responsible.

This strategy also links to the following City Corporation strategies: Housing, Social Mobility, Joint Health and Wellbeing, Social Wellbeing, Alcohol, Safer City Partnership and the Local Plan.

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HOMELESSNESS STRATEGY 2019-23 SUPPLEMENT

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1. England homelessness policy and legislation

1.1 Homelessness Reduction Act 2017

The Homelessness Reduction Act (HRA) 2017 commenced on 3rd April 2018. The HRA amended the Housing Act 1996, creating new duties on local authorities in England.

The HRA significantly amended homelessness legislation. The Act introduced a number of changes including:

- A strengthened duty to provide advisory services
- An extension to the period during which an applicant considered 'threatened with homelessness'¹ from 28 to 56 days.
- New duties to assess all² applicants (now including those who are not in priority need) and to take reasonable steps to prevent and relieve homelessness.
- These steps will be set out in a personalised housing plan that, wherever possible, must be agreed between the local authority and the applicant.

New legal duties

Households who are statutorily homeless are owed legal duties that fall into three main categories:

1. **Prevention duties** include any activities aimed at preventing a household threatened with homelessness from becoming homeless. This would involve activities to enable an applicant to remain in their current home or find alternative accommodation in order to prevent them from becoming homeless. The duty lasts for 56 days but may be extended if the local authority is continuing with efforts to prevent homelessness.
2. **Relief duties** are owed to households that are already homeless and require help to secure settled accommodation. The duty lasts 56 days and can only be extended by a local authority if the households would not be owed the main homelessness duty.
3. **Main homelessness duty** describes the duty a local authority has towards an applicant who is unintentionally homeless, eligible for assistance and has priority need. This definition has not been changed by the 2017 HRA. However, these households are now only owed a main duty if their homelessness has not been successfully prevented or relieved.

2. Homelessness statistics

The definition of homelessness means not having a home. You are homeless if you have nowhere to stay and are living on the streets, but you can be homeless even if you have a roof over your head.

Types of homelessness are:

1. **Statutory homelessness** - covers all households who are owed a homelessness duty by a local authority. A household is considered statutorily homeless if a local authority decides that they do not have a legal right to occupy accommodation that is accessible, physically available and which would be reasonable for the household to continue to live in. The Housing Act 1996 (as amended by the Homelessness Act 2002, Localism Act 2011 and the Homelessness Reduction Act 2017) determines the legal duties on local authorities towards homeless households and households threatened with homelessness.
2. **Rough sleeping** – the most visible form of homelessness.
3. **Hidden homelessness** – those who are not eligible for assistance or have not approached their council.

¹ See Section 5: Definitions

² Ibid

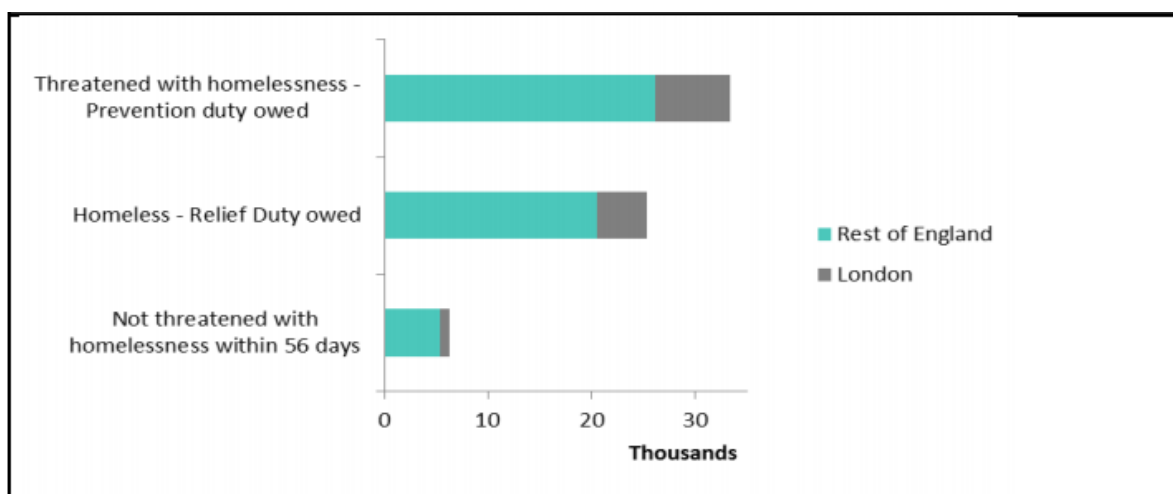
2.1 England and London

2.1.1 Statutory homelessness

Between April to June 2018, 64,960 homelessness assessments were made under the new HRA duties³, and 58,660 households were assessed as being owed a statutory homelessness duty. Of the 58,660 households, 33,330 or 57% were owed a prevention duty, 25,330 or 43% were owed a relief duty. A further 6,300 households were assessed as being not homeless or threatened with homelessness within 56 days⁴.

Total households owed a new prevention or relief duty between April to June 2018 is greater than those owed a main duty between January to March 2018. This is because of the expansion of the definition of statutory homelessness to include those threatened with homelessness within 56 days and the addition of the new duties that are owed irrespective of priority need or intentional homelessness.

Figure 1: Initial assessment of homeless duties owed to households, April to June 2018, England



Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

Main homelessness duty

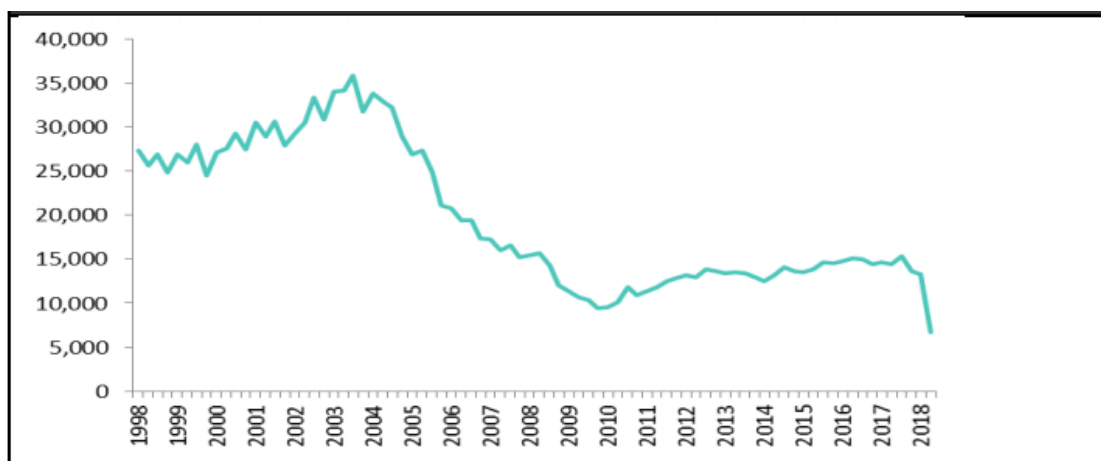
Eligible households who were homeless or threatened with homelessness and assessed as having priority needs before 3rd April 2018 were issued with a decision that they were owed a main duty. After this date, a household is first owed a relief duty or a prevention then relief duty rather than the main duty⁵.

³ [Ministry of Housing, Community and Local Government \(MHCLG\) statutory homelessness April – June 2018: England](#). The statistics in this report are published as Experimental Official Statistics. They are the first set of statistics since commencement of the Homelessness Reduction Act (HRA) on 3rd April 2018 and the first statistical release using Homelessness Case Level Information Collection (H-CLIC) data. The figures in this release are not directly comparable with previously published figures.

⁴ This figure must be treated with caution because 25 local authorities have advised that their data submission includes households who sought local authority help for other reasons than homelessness, and it has not been possible to identify the homeless applicants from within these.

⁵ A main duty decision may be issued on these households, but this decision is only being reported after the relief duty ends in this release. The 56 days required for the relief duty to end before a main duty decision takes effect is significant for this quarter as it will mean the figures on decisions will be lower than expected and in future quarters these are likely to change.

Figure 2: Main duty homelessness acceptances: 1998 to Q2 2018, quarterly England



Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

The total number of households owed a main homelessness duty has changed over time from Q1 1998 to Q2 2018. Local authorities made 11,630 main homelessness duty decisions in April to June 2018. This is 57.7% less than in the same quarter 2017. Local authorities accepted 6,670 households as owed a main homelessness duty between April to June 2018 this was 50% lower than January to March 2018. Of the 6,670 owed a main homelessness duty, 1,760 were in London, accounting for 26% of the England total.

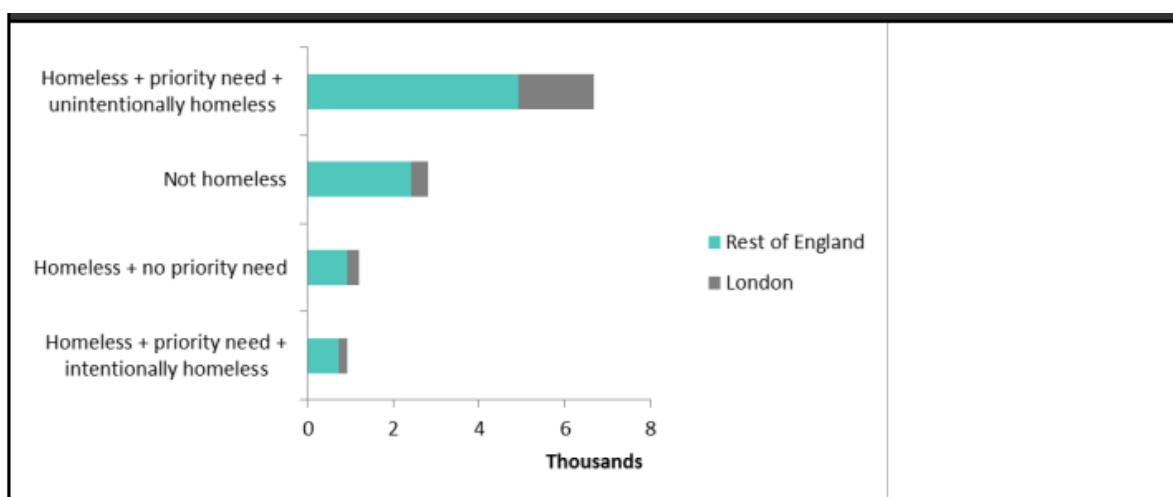
Table 1: Households accepted as owed a main homelessness duty during April to June 2018 with comparisons to previous quarter and year, England, London and Rest of England

	April - June 2018	Previous quarter: Jan – March 2018		April - June 2017	
	Households Accepted	Households Accepted	Percentage change	Households Accepted	Percentage change
England	6,670	13,320	-50%	14,360	-54%
London	1,760	3,380	-48%	4,010	-56%
Rest of England	4,910	9,950	-51%	10,350	-51%

Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

This quarter the number of main duty acceptances is 6,670, which is a new low. However, caution should be taken before using this number as this number is likely to change in future quarters as the new legislation and reporting systems are established.

Figure 3: Main duty decisions: April – June 2018



Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

Support needs

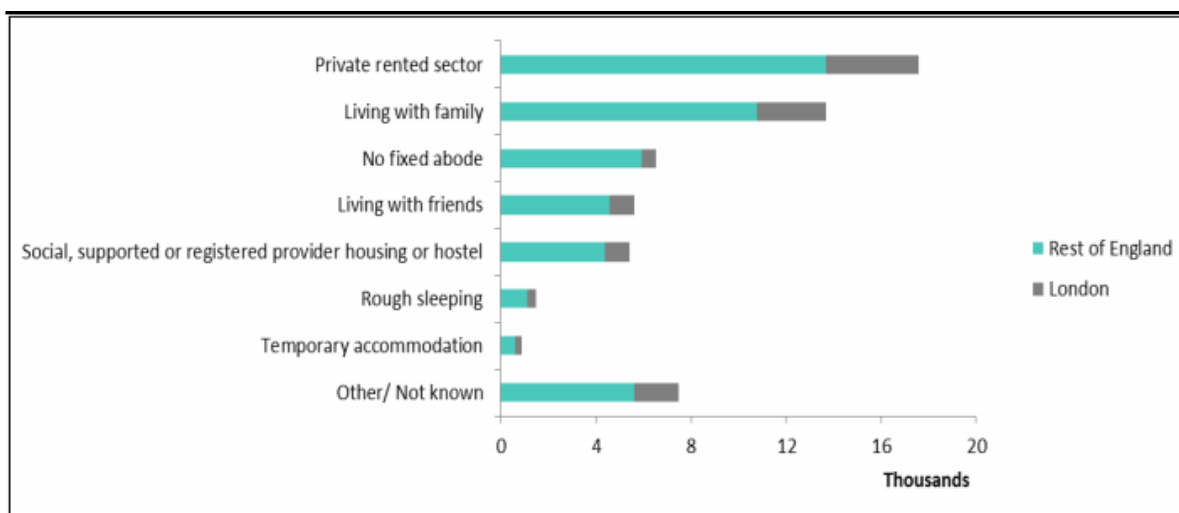
The amended legislation requires local authorities to assess the support needs of homeless households, and consider how these needs might be met as part of their personalised housing plan. Support needs are not characteristics of the household, but instead are areas of additional needs that mean the household requires support to have and sustain accommodation. Where support needs are identified, the local authority should identify the steps to be taken to provide the necessary support as part of the personalised housing plan. Support needs are reported at the household level and more than one support need could be reported per household. Therefore the total number of households receiving support will not match the total number of support needs.

Of the 58,660 households who were owed a homelessness duty, 27,580 households were identified as having support needs. Of these households 40,110 support needs were identified - an average of 1.5 support needs per household. The most common support need identified was a history of mental health problems which was reported by 12,700 of households with support needs. The second largest group was those with physical ill health or disability, identified by 8,190 households. Other notable groups included those with experience of domestic abuse (5,500 households), those with drug (3,090 households) and alcohol dependency needs (2,510 households). Those with a history of homelessness or rough sleeping were identified in 3,960 and 3,240 households respectively.

Accommodation type

The most common accommodation type at the time of approach was private renting (17,570 households), followed by living with family (13,700 households). Private renting represented 30% of all current accommodation types of households assessed as homeless, and living with family represented 23% of households.

Figure 4: Accommodation type at the time of the first local authority approach, April to June 2018, England



Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

This holds for both households in London and the rest of England. ‘No fixed abode’ was less commonly used outside of London (only 5,910 out of 6,530 households). Other notable groups included living with friends (5,620 households) and social housing (5,410 households). 1,480 households were rough sleeping at time of application, 340 of which were in London and 1,130 in the rest of England.

Temporary accommodation

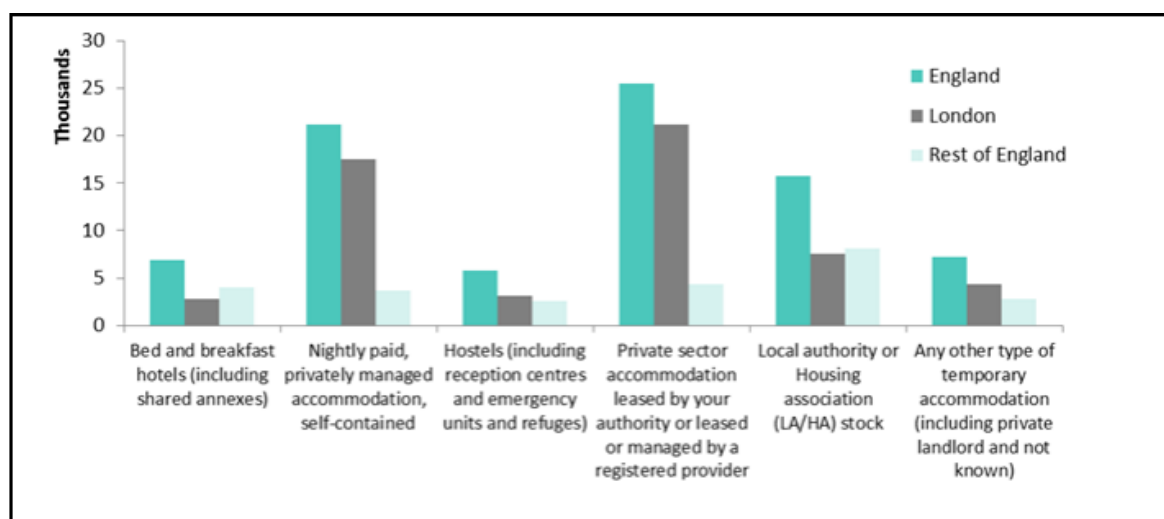
The number of households in temporary accommodation is calculated at the end of the quarter. The number represents a snapshot in time (and not the cumulative total over the quarter). This allows for effective comparison between different quarters. The number of households in temporary accommodation includes households which are:

- Provided with interim accommodation until a decision is reached on whether a main duty is owed under a new application or reapplication
- awaiting a decision on whether a referral has been accepted under local connection arrangements
- undergoing a local authority review or county court appeal
- under a relief duty and priority need so eligible for temporary accommodation under amended 2017 HRA legislation.
- Homeless, eligible for assistance and in priority need and owed the main housing duty under 1996 Housing Act
- intentionally homeless and in priority need who are being accommodated for a limited period.

On 30 June 2018, the total number of households in temporary accommodation arranged by local authorities under homelessness legislation was 82,310. This was 5% higher than a year earlier and up 71% on the low of 48,010 on 31 December 2010. In London the number of households in temporary accommodation at 30 June 2018 was 56,560, 69% of the total England figure.

Comparing the number of households in temporary accommodation to the population size in an area gives a measure of its use. In England there were approximately 3.5 households living in temporary accommodation per 1,000 households at the end of June 2018. There were approximately 15.5 cases per 1,000 households in London and 1.3 cases per 1,000 households in the Rest of England.

Figure 5: Households in temporary accommodation by type of temporary accommodation, 30 June 2018, England, London, Rest of England



Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

Of the 82,310 households in temporary accommodation on 30 June 2018, 61,480 households included dependent children. Of the 61,480 households with children, 55,480 (90%) were in self-contained accommodation.

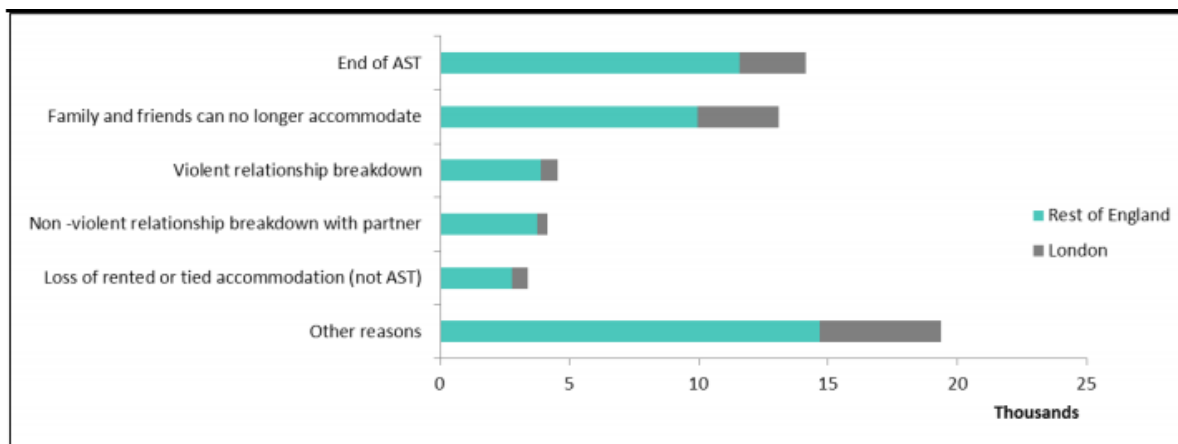
There were 2,560 households in B&B with dependent children, 37% of all households in B&B accommodation. The number of households with children in B&B is down 3% from 2,640 in the same quarter last year and as a proportion of households, this has reduced by 3 percentage points from 40% in the second quarter of 2017. Of the 2,560 households with children in B&B, 900 had been resident for more than the statutory limit of 6 weeks. This is up 14% from 790 on the 31 March 2018 and down 25% from 1,200 on 30 June 2017.

Loss of accommodation

One of the most common reasons for loss of last settled home is the end of an assured shorthold tenancy (AST). ASTs can end for a range of reasons, such as tenant difficulty budgeting, rent increase, reduction in employment income, changes to benefit entitlement, and changes to personal circumstances⁶.

⁶ Caution should be taken when comparing any breakdowns to previous quarters as any changes will reflect the expanded population owed a homelessness duty and the nature of those duties, as well as any change in external pressures impacting on the reasons for people becoming homeless or threatened with homelessness.

Figure 6: Reason for loss of last settled home, April to June 2018, England

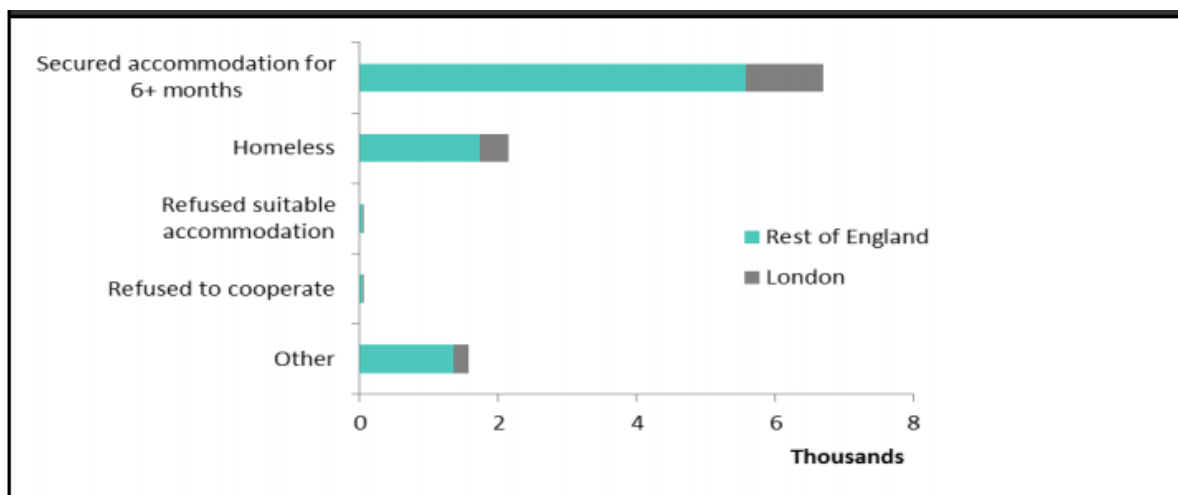


Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

The second largest category for was friends or family no longer willing or able to accommodate the household, which was the reason given for 13,090 households or 22% found to be homeless. Family no longer willing to accommodate was the largest of the two categories with 10,490 households in this category.

Duties ended

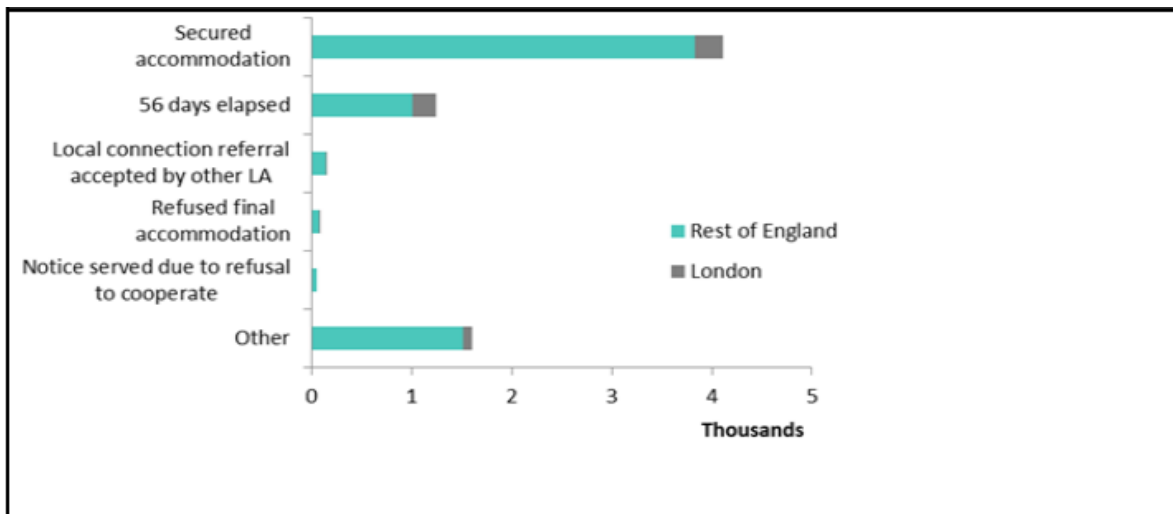
Figure 7: Outcome of prevention duty⁷



Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

⁷ A number of local authorities have reported issues collecting or reporting accurately on prevention duties. This also means the overall England total is underreported and should be used with caution.

Figure 8: Reasons for relief duty ended⁸



Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

A main homelessness duty was ended for 7,830 households in between April to June 2018. This includes those who had previously been in temporary accommodation or had remained, with consent, in their existing accommodation while awaiting alternative accommodation. This is a 22% decrease from 10,070 in the previous quarter and a 18% decrease from 9,530, during April to June 2017.

Of the 7,830 households, 5,840 were provided settled accommodation (75%). Of these 5,080 accepted a “part 6” offer of a tenancy in local authority or housing authority accommodation and 760 accepted a private rented sector offer, made under the Localism Act power. This is down 24% from the figure of 6,710 in the previous quarter. There were 300 households who became intentionally homeless from temporary accommodation while 840 households (11%) voluntarily ceased to occupy temporary accommodation.

2.1.2 Rough sleeping

Rough sleeping street counts and estimates are single night snapshots of the number of people sleeping rough in local authority areas. Based on what is most appropriate in their area, local authorities decide whether to carry out a street count of visible rough sleeping, an evidence-based estimate, or an estimate informed by a spotlight street count, where a street count is undertaken in particular locations on the chosen night. All of the available methods record only those people seen, or thought to be, sleeping rough on a single ‘typical’ night.

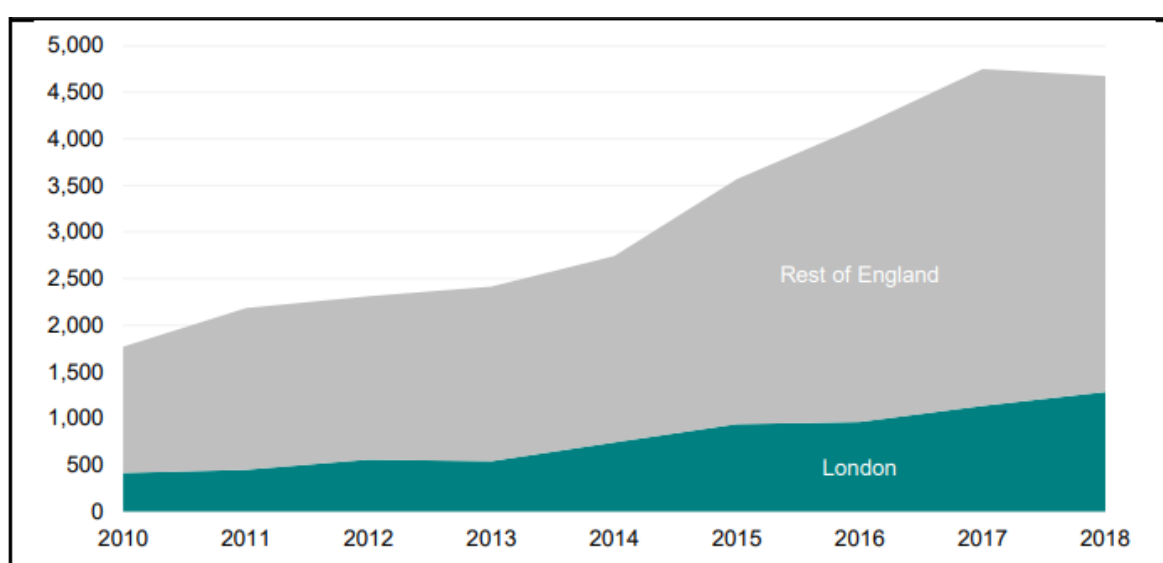
Local authorities use a specific definition to identify people sleeping rough. This includes people sleeping or who are about to bed down in open air locations and other places including tents, cars, and makeshift shelters⁹.

⁸ As this is a new duty and the data systems on which this information is collected and reported is new a number of local authorities have reported issues recording information. These issues range from local authorities recording this information incorrectly, software issues that mean local authorities are unable to report this data or do not export all relevant cases. This also means the overall England total is underreported and should be used with caution.

⁹ Ibid 3

Local authorities' street counts and estimates show that 4,677 people were found sleeping rough in England on a single night in autumn 2018. This is down by 74 (2%) from the autumn 2017 total of 4,751, and up by 2,909 (165%) from the autumn 2010 total of 1,768. Of this total, 1,283 people were sleeping rough in London in autumn 2018. This is an increase of 13% from 1,137 in autumn 2017. London accounted for 27% of the total figure for England, compared to 24% in 2017, and 23% in 2016. There were 3,394 people sleeping rough in the rest of England, a decrease of 220 or 6% from 3,614 in autumn 2017 figure. Across the 293 local authorities in the rest of England, 134 or 46% reported an increase, 117 or 40% reported a decrease, and 42 or 14% reported no change, since 2017.

Figure 9: Number of people rough sleeping, England, London and Rest of England, autumn 2010 to autumn 2018



Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

Within London boroughs there were larger changes in the number of people sleeping rough than the increase in London as a whole. People sleeping rough in London are likely to move across borough boundaries. Across the 33 boroughs of London, 19 or 58% of local authorities reported increases, 13 or 39% reported decreases, and 1 or 3% reported no change in the number of people sleeping rough since autumn 2017.

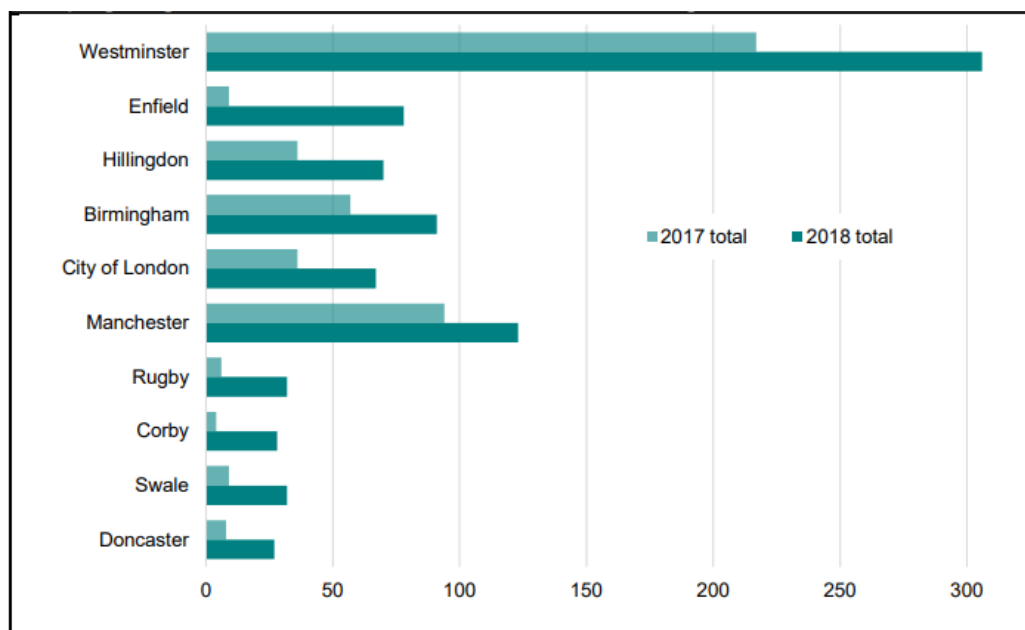
Table 2: Top ten local authorities with the highest number of people sleeping rough England, autumn 2018

Local Authority	Total	Difference since last year	% change since last year	Rate per 10,000 households
Westminster	306	89	41%	26.4
Camden	141	14	11%	13.0
Manchester	123	29	31%	5.7
Birmingham	91	34	60%	2.1
Bristol	82	-4	-5%	4.2
Newham	79	3	4%	7.0
Enfield	78	69	767%	6.0
Hillingdon	70	34	94%	6.4
City of London	67	31	86%	189.6
Brighton & Hove	64	-114	-64%	5.1
England	4,677	-74	-2%	2.0

Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

When comparing across years and between local authorities, there are a range of factors that may impact on the number of people sleeping rough including the weather, where people choose to sleep, movement across local authority boundaries particularly in London, the date and time chosen, and the availability of alternatives such as night shelters.

Figure 10: Top ten local authorities with the largest increases in the number of people sleeping rough between autumn 2017 and autumn 2018, England



Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

London and the West Midlands were the regions that saw the largest increases in the number of people sleeping rough from 2017. In 2018 there were 1,283 people sleeping rough in London, up 146 (13%) from 2017. In the West Midlands, there were 420 people sleeping rough, up 125 (42%) from 2017. The largest decreases were in the South East and East of England, down by 185 (17%) and 131 (21%) since 2017 respectively. London and the South East accounted for nearly half (2,217, 47%) of all the people recorded sleeping rough in England in the autumn 2018 snapshot.

Figure 11: Percentage of the total number of people sleeping rough by region, autumn 2018, England



Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

Gender, age and nationality

Table 3: Demographics of the people sleeping rough, England, London, and the Rest of England, autumn 2018

	England		London		Rest of England	
Demographics	No.	% of total	No.	% of total	No.	% of total
Gender						
Male	3,937	84%	1,081	84%	2,856	84%
Female	642	14%	162	13%	480	14%
Gender unknown	98	2%	40	3%	58	2%
Age						
25 years or under	296	6%	49	4%	247	7%
26 years or over	3,744	80%	969	76%	2,775	82%
Age unknown	637	14%	265	21%	372	11%
Nationality						
UK nationals	3,013	64%	417	33%	2,596	76%
EU, non-UK nationals	1,048	22%	610	48%	438	13%
Non-EU nationals	153	3%	93	7%	60	2%
Nationality unknown	463	10%	163	13%	300	9%
All	4,677		1,283		3,394	

Source: Ministry of Housing, Community and Local Government (MHCLG) statutory homelessness April – June 2018: England.

2.1.3 Hidden homelessness

Many people who become homeless do not show up in official figures. This is known as hidden homelessness. This includes people who become homeless but find a temporary solution by staying with family members or friends, living in squats or other insecure accommodation. By its very nature, it is difficult to assess the scale and trends in hidden homelessness. Crisis has estimated that there are as many as 380,000¹⁰ hidden homeless people in Britain today. That is almost equivalent to a population the size of Manchester, and one that looks likely to grow, with current trends indicating that it could reach the one million mark by 2020.

Some particular elements of hidden homelessness are amenable to statistical analysis. This includes ‘overcrowded’ households, and also ‘concealed’ households and ‘sharing’ households¹¹.

Concealed households are family units or single adults living within other households, who may be regarded as potential separate households that may wish to form given appropriate opportunity. The English Housing Survey (EHS), Understanding Society Survey and the Labour Force Survey (LFS) ask questions about the composition of the household which enable the presence of ‘additional family/single units’ to be identified¹².

¹⁰ The number of single homeless people is estimated to be in the hundreds of thousands at any one time. Only a tiny proportion of these are rough sleepers. Around a quarter are single people staying either in hostels, bed and breakfast accommodation or facing imminent threat of eviction on the grounds of debt. The remaining three quarters form what are known as concealed households, residing with friends or family, but without any explicit right to do so and in accommodation, which is in some way unsatisfactory.

¹¹ [The Homelessness Monitor, England 2018](#).

¹² These surveys only approximate to the ideal definition of ‘concealed households’, as they do not necessarily distinguish those who would currently prefer to remain living with others from those who would really prefer to live separately. However, both EHS and USS do enable single adults wishing or expecting to live separately to be identified. Moreover, they may not fully capture all concealed households

The numbers of concealed households remain high in England. There were 2.32 million households containing concealed single adults in England in early 2017, in addition to 282,000 concealed couples and lone parents. The number of adults in these concealed household units is estimated at 3.38 million.

‘Sharing households’ are those households who live together in the same dwelling but who do not share either a living room or regular meals together. Sharing can be considered similar to concealed households, namely an arrangement people make when there is not enough affordable separate accommodation. For example, some ‘flatsharers’ will be recorded as concealed households, and some will be recorded as sharing households, depending on the room sizes and descriptions. That said, shared accommodation may be desired or appropriate for certain groups in the population, including some single young people, and innovative models of ‘managed’ sharing are evolving in a context where welfare cuts and housing pressures are making it likely that sharing will become more ‘normalised’ well into adulthood¹³

A previous long-term decline in shared housing has now been decisively reversed, with sharing now at its highest rate for 20 years. According to the Labour Force Survey, 1.83 per cent of households in England shared in 2017 (Q2), a significant increase on the 1.46 per cent recorded one year earlier. Sharing was most common for single person households (4.2%), but was also found amongst couples (2.1%), and lone parent households (1.6%). Increases in sharing were most marked for families and (single) pensioners.

Sharing is particularly concentrated in private renting (4.8%) but has grown sharply in the social rented sector (from 1.7% to 3.4% in one year). It is much more prevalent (and growing) in London (6.1%), as one would expect, and the next highest regions are the South West (2.6%) and North West (1.6%).

On the most recent figures, 678,000 households (3.0%) were **overcrowded**¹⁴ in England. Overcrowding has remained at a high level since 2009. Overcrowding is less common and declining in owner occupation (1.3%) but much more common in social renting (6.8%) and private renting (5.3%). As with the other housing pressure indicators considered here, there is a much higher incidence in London (across all tenures), with a rate of 7.2 per cent in 2014/15. The next worst region for overcrowding is the West Midlands (2.9%), followed by the South East (2.6%).

Hidden homeless in London

The Hidden Homelessness In London¹⁵ report cited the following groups as likely to be affected:

- Those who aren’t eligible for homelessness support from local authorities but cannot afford housing – young, single people without dependent children, especially young LGBT people.
- Those who are eligible for homelessness support under local authorities’ duty but who don’t apply, or whose applications are turned down because they can’t prove their eligibility – primarily victims of domestic violence and abuse, often women.
- Those with no recourse to public funds, especially asylum seekers.

reliably. For example people staying temporarily and informally with others may not be recorded in household surveys (like EHS) nor respond to individual surveys (like LFS).

¹³ Crisis’ Sharing Solutions Schemes (<http://www.crisis.org.uk/pages/sharing-solutionsschemes.html>) and Thames Reach’s Peer Landlords Scheme (<http://www.commonwealhousing.org.uk/our-projects/peer-landlord-london>).

¹⁴ This is the most widely used official standard for overcrowding. Essentially, this allocates one bedroom to each couple or lone parent, one to each pair of children under 10, one to each pair of children of the same sex over 10, with additional bedrooms for individual children over 10 of different sex and for additional adult household members.

¹⁵ London Assembly, Hidden Homelessness in London, September 2017.

The Hidden Homelessness in London report has estimated 225,000 young people in London have stayed in an insecure or unsafe place because they had no where else they could call home. There are estimated to be 13 times more people hidden homeless than sleeping rough in London.

The UK Statistics Authority has consistently expressed concern that the Department's presentation of its measures of homelessness lack clarity about which people are being measured.

2.2 City of London

2.2.1 Statutory homelessness

As of June 2019 there were 634 households on the housing register.

There are 218 households on the Housing Register whose circumstances show overcrowding as the main reason for needing assistance. The needs of each household are recorded. As well as overcrowding other needs include emergency move, severe medical or welfare need.

Statutory Duties

In 2018-19 there was 87 approaches for applications by households. Forty seven of the applicants were assessed as homeless or threatened with homelessness. A total of 30 households were owed a prevention (5 households) or relief duty (25 households). Three households were assessed as requiring the main duty under HRA and 3 households were provided the full duty as legacy cases.

Temporary Accommodation

There are 25 unique households in statutory temporary accommodation (TA) placements. The length of stay in TA varies. Households with cases that are completed at relief stage are on average in TA for a maximum of 20 weeks. Those households that are owed a main duty under the HRA are on average in TA for a minimum of one year.

2.2.2 Rough sleeping

The following activity data is taken from Combined Homelessness and Information Network (CHAIN)¹⁶ quarterly reports. According to CHAIN rough sleepers are: *"people sleeping, or bedded down, in the open air (such as on the streets, or in doorways, parks or bus shelters); people in buildings or other places not designed for habitation (such as barns, sheds, car parks, cars, derelict boats, stations, or 'bashes')"*.

Table 4: Categories of rough sleepers

New rough sleepers	Those who had not been contacted by outreach teams and identified as rough sleeping before the period.
Living on the streets	Those who have had a high number of contacts over three weeks or more, which suggests that they are living on the streets.
Intermittent rough sleepers	People who were seen rough sleeping at some point before the period began, and who were contacted in the period – but not seen regularly enough to be 'living on the streets'.

Source: CHAIN Quarterly Report

¹⁶ CHAIN is a multi-agency database recording information about rough sleepers and the wider street population in London.

Quarter's 3 and 4 of 2018/19 saw an increase in the number of rough sleepers in comparison to quarter's 1 and 2. The total number of rough sleepers in the City remains high at 213. This is largely due to increases in the number of longer term and intermittent rough sleepers reported in the period.

Table 5: Number of rough sleepers' trend - 2018/19

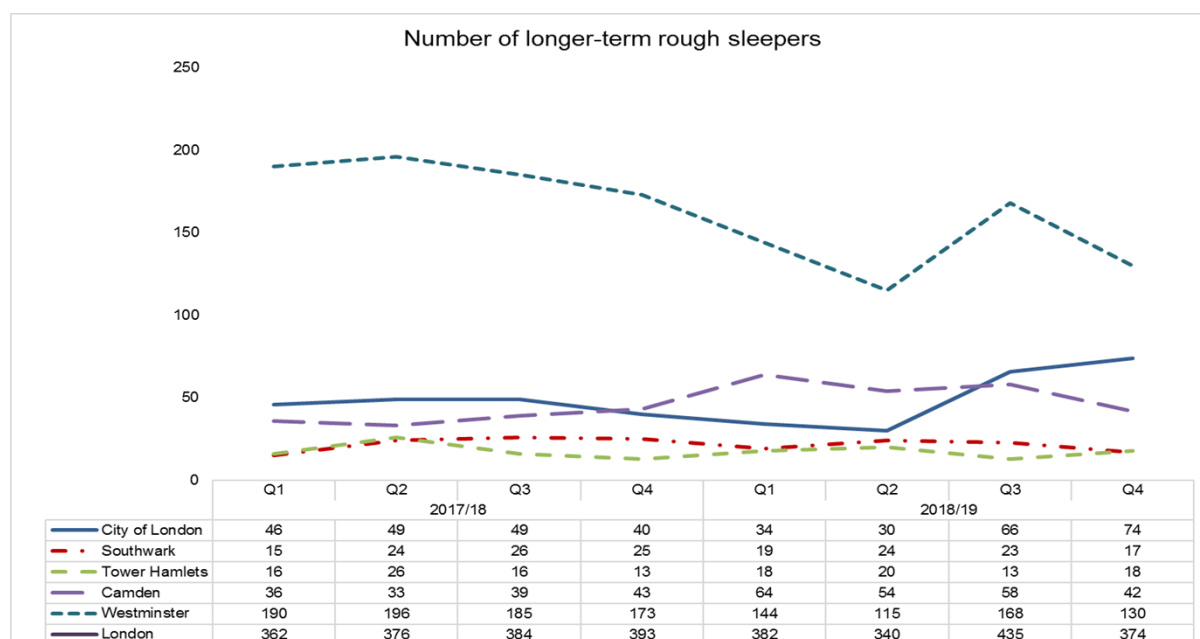
	2018/19				
	Q1	Q2	Q3	Q4	Q3 to Q4 % change
City of London	125	113	212	213	0.5%
Southwark	135	171	152	131	-13.8%
Tower Hamlets	98	137	76	104	36.8%
Camden	248	281	298	298	0.0%
Westminster	774	836	905	986	9.0%
London	2595	3103	3289	3217	-2.2%

Living on the streets (longer-term rough sleepers)

The total number of people encountered who qualify for the Living on the Street cohort increased in quarter four to 74, indicating a 12% increment from quarter three. The number of longer-term rough sleepers is also above that reported for the same period in 2018 (40), indicating an 85% increment in one year.

All other benchmark authorities, bar Tower Hamlets experienced decreases in the proportionate size of this cohort. The number of longer-term rough sleepers is also noticeably higher in the City compared with geographical neighbours, apart from Westminster (Graph 6).

Figure 12: Number of longer-term rough sleepers



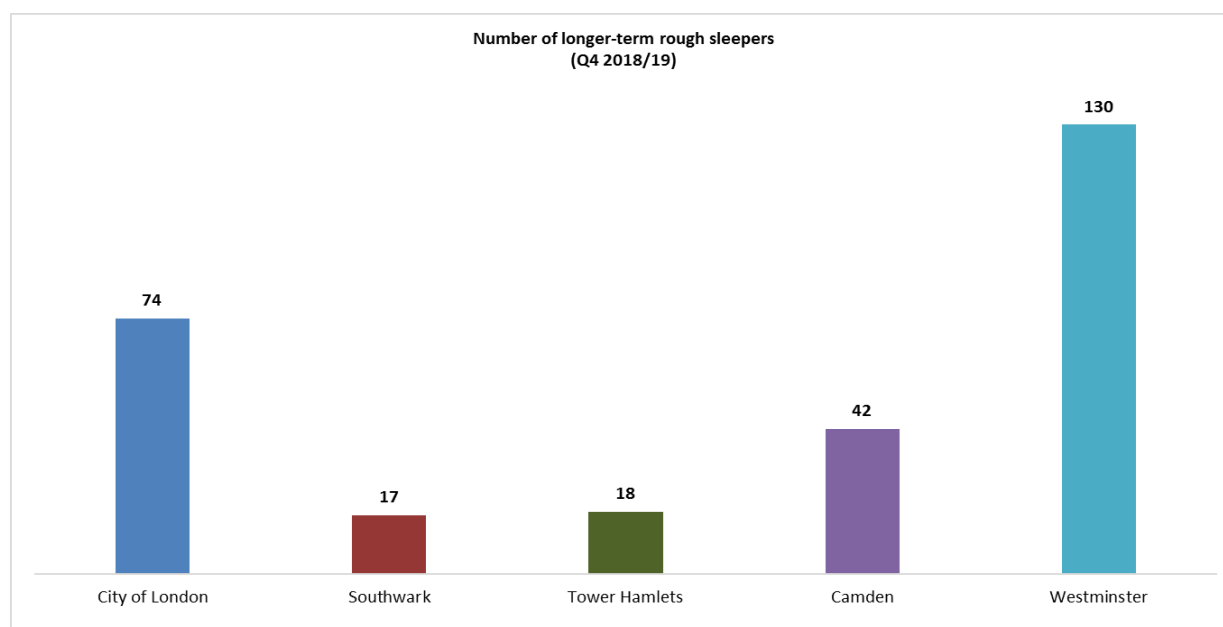
The proportion of longer-term rough sleepers in the City remains higher than benchmark groups. In quarter four this is 35% compared with the London average (12%) and is also above the quarter three average of 31%.

Eleven RS205¹⁷ clients were recorded by CHAIN as sleeping rough in the City during quarter four. This is slightly more than nine reported in quarter two and is the same as that reported in quarter 3 (11). This consistent number is a sign of a good achievement given the number of challenges with this group.

Table 6: Number of longer-term rough sleepers compared with previous period

	Living on the Streets (All) Longer Term	Change from last period	Change on same period last year	Living on the Streets (All) Longer Term	Change from last period	Change on same period last year
	Q3			Q4		
City of London	66	36	17	74	8	34
Southwark	23	-1	-3	17	-6	-8
Tower Hamlets	13	-7	-3	18	5	5
Camden	58	4	19	42	-16	-1
Westminster	168	53	-17	130	-38	-43
London	435	28%	13%	374	-14%	-5%

Figure 13: Number of longer-term rough sleepers reported in Q4



¹⁷ Most entrenched and hard-to-help 205 identified rough sleepers

Intermittent rough sleepers (returner)

Sixty-eight people sleeping rough in the City were not seen regularly on the street and had not returned to the streets over the period of January to March 2019. This represents a 26% increase from the number reported in the previous quarter.

Table 7: Number of intermittent rough sleepers compared with previous period

	Q1	Q2	Q3	Q4	Q3 to Q4 % change
City of London	62	63	54	68	26%
Southwark	63	78	75	63	-16%
Tower Hamlets	49	59	41	44	7%
Camden	114	130	145	152	5%
Westminster	340	433	381	361	-5%
London	1159	1406	1330	1309	-2%

Twenty-seven (46.3%) intermittent rough sleepers had one 'bedded down' contact with outreach workers. Forty-one people had two or more contacts, of which 11 (16%) had two contacts and one person had five contacts during the same period.

The City's proportionate rate of contacts made with intermittent rough sleepers demonstrates a high tempo of engagement between outreach workers and rough sleepers. A relatively high proportion of rough sleepers were engaged 3 or more times compared to the regional average.

Table 8: Proportion of 'bedded down' street contacts made with intermittent rough sleepers – Q4

	City of London	London Average
1 street contact	39.7%	51.3%
2 street contacts	16.2%	25.3%
3 street contacts	22.1%	13.7%
4 street contacts	19.1%	9.2%
5 street contacts	2.9%	0.3%
6 or more street contacts	0.0%	0.2%
Total	68	1309

New rough sleepers

During the earlier part of 2018/19 the City had seen a reduction in the number of new rough sleepers. This changed suddenly in quarter 3, but has dropped again in quarter 4 (99 to 73). Levels of new rough sleepers are still higher than earlier in the year.

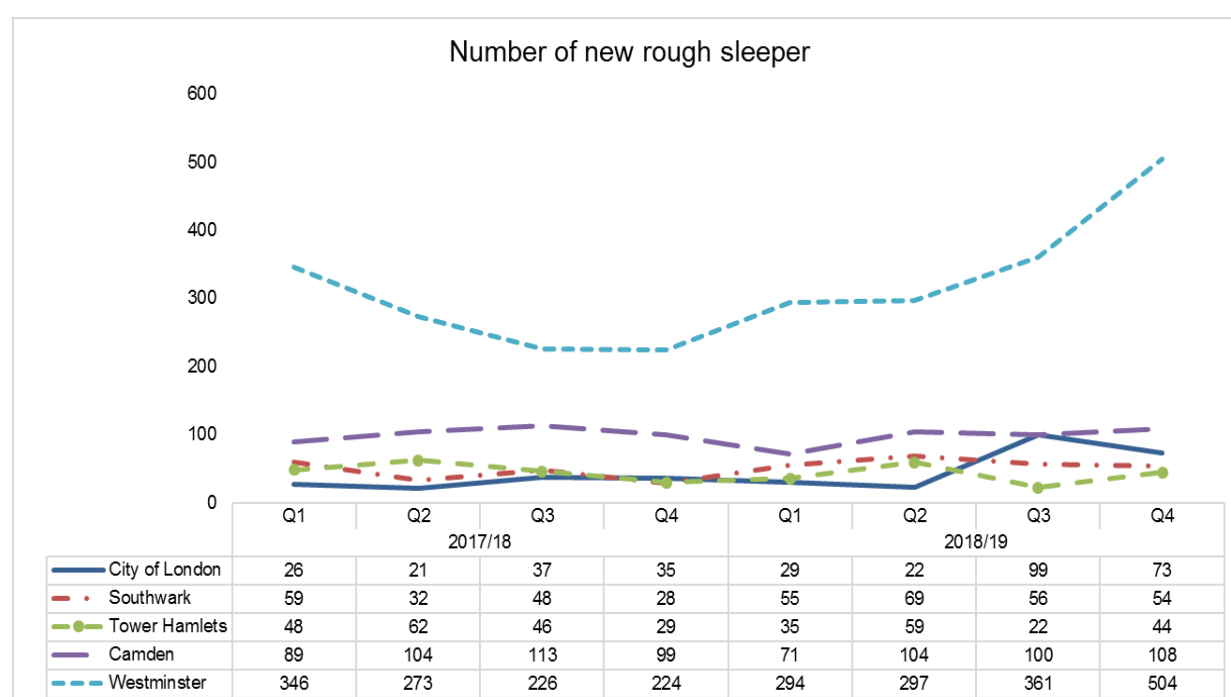
The proportion of rough sleepers who are new remains high in this quarter (Table 4). However, The City also reported the fastest proportionate decrease when compared with other benchmark groups (Graph 5).

Table 9: Proportion of rough sleepers that are new over time

	2017/18				2018/19			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City of London	19.3%	15.0%	24.8%	25.9%	23.2%	19.5%	46.7%	34.3%

Twenty-two new rough sleepers out of 73 were reported to have spent a second night out, compared with twenty-four in the previous quarter. Two of the 73 new rough sleepers during quarter joined the longer-term living on the street cohort.

Figure 14: Number of new rough sleepers



Rough sleepers not spending a second night out

Fifty-one out of the total of 73 (70%) new rough sleepers did not spend a second night out¹⁸. This indicates that 70% of new rough sleepers did not spend a second night or were not seen again in the period. City's performance for this measure is below the London average (81%), Tower Hamlets (82%) and Westminster (83%). Performance is however in line with that of Southwark (69%) and Camden (70%).

Only two out of the 22 new rough sleepers that spent more than one night out, joined the 'living on the streets' cohort. This is better than 7 reported in quarter 3.

¹⁸ Those who spent a single night out but were not seen rough sleeping again during this period.

Table 10: Percentage of new rough sleepers not spending a second night out

	2017/18				2018/19			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City of London	69%	71%	81%	77%	76%	59%	76%	70%
Southwark	73%	75%	69%	64%	62%	78%	77%	69%
Tower Hamlets	83%	81%	76%	83%	71%	76%	64%	82%
Camden	73%	77%	61%	69%	79%	75%	82%	70%
Westminster	75%	78%	75%	71%	82%	78%	83%	83%
London	80%	82%	77%	79%	80%	80%	83%	81%

Detailed trend graphs covering an extended period

Figure 15: Number of rough sleepers

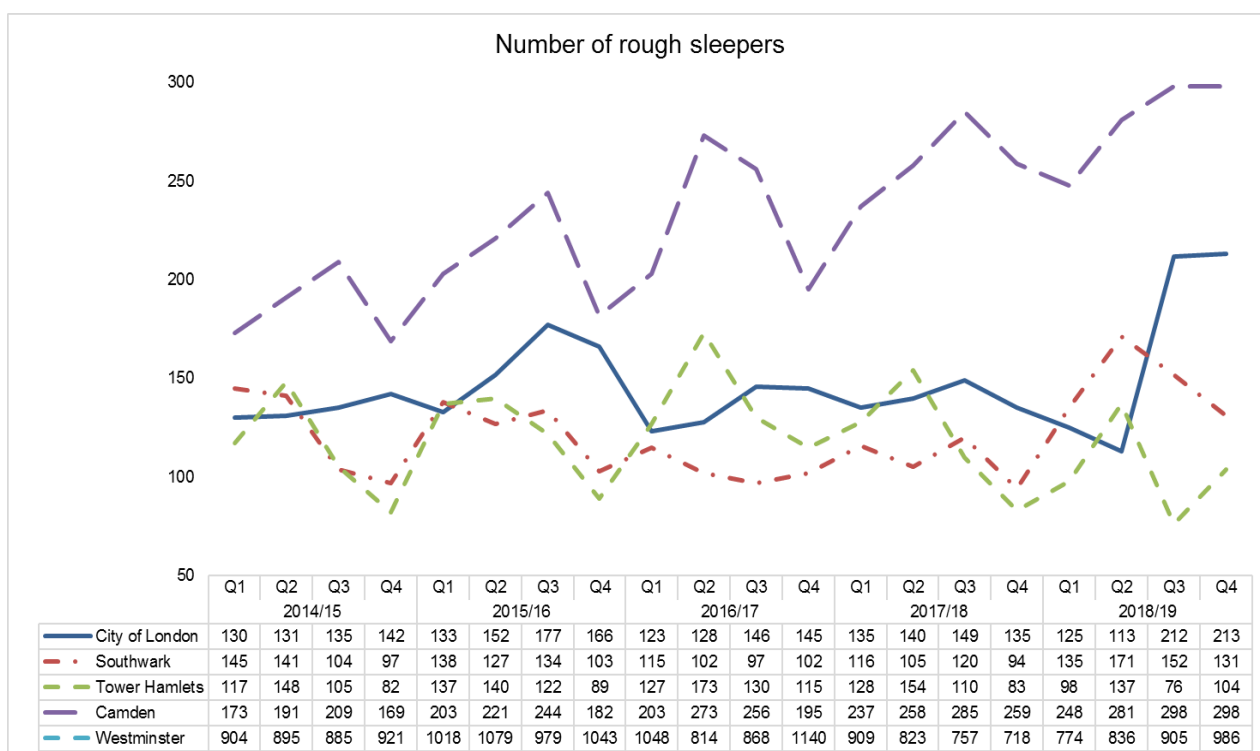


Figure 16: Number of new rough sleepers

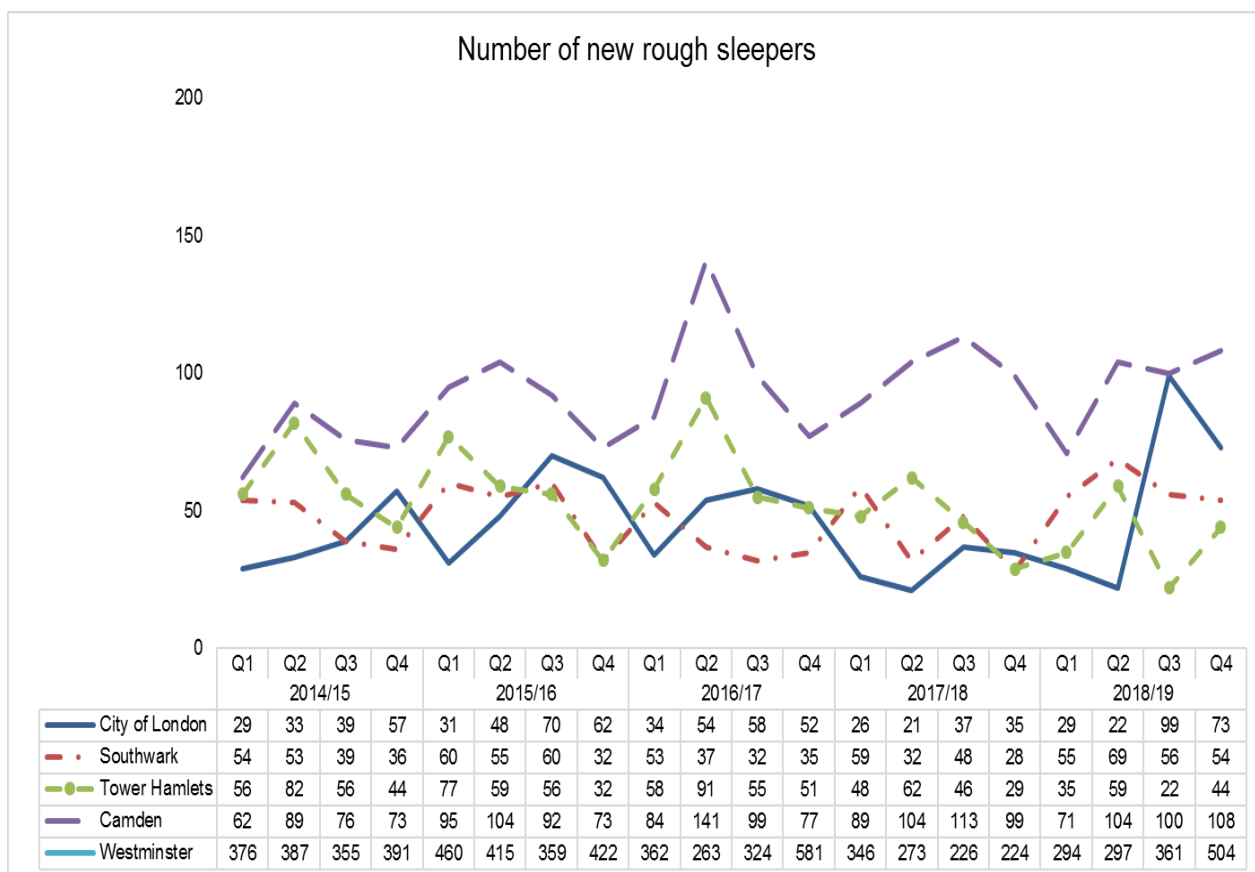


Figure 17: Percentage of new rough sleepers not spending a second night out

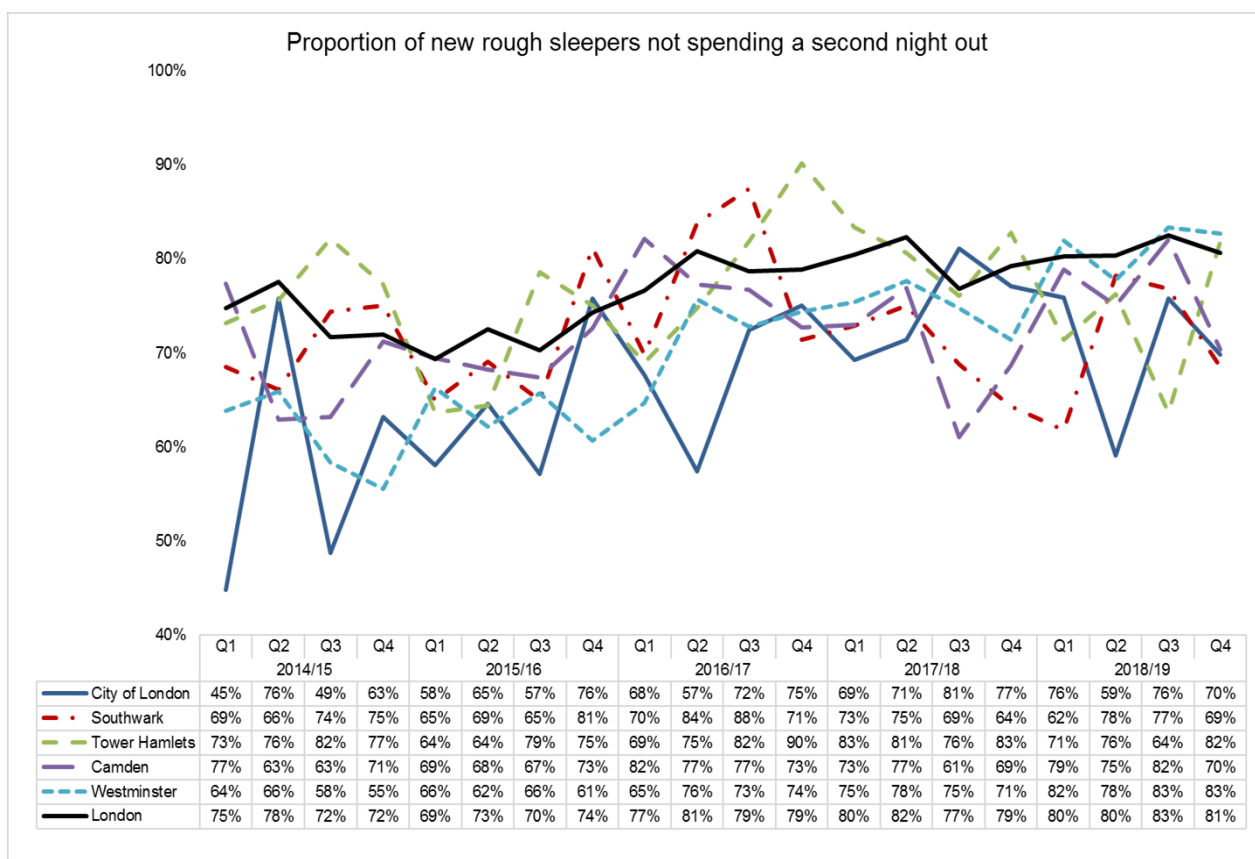
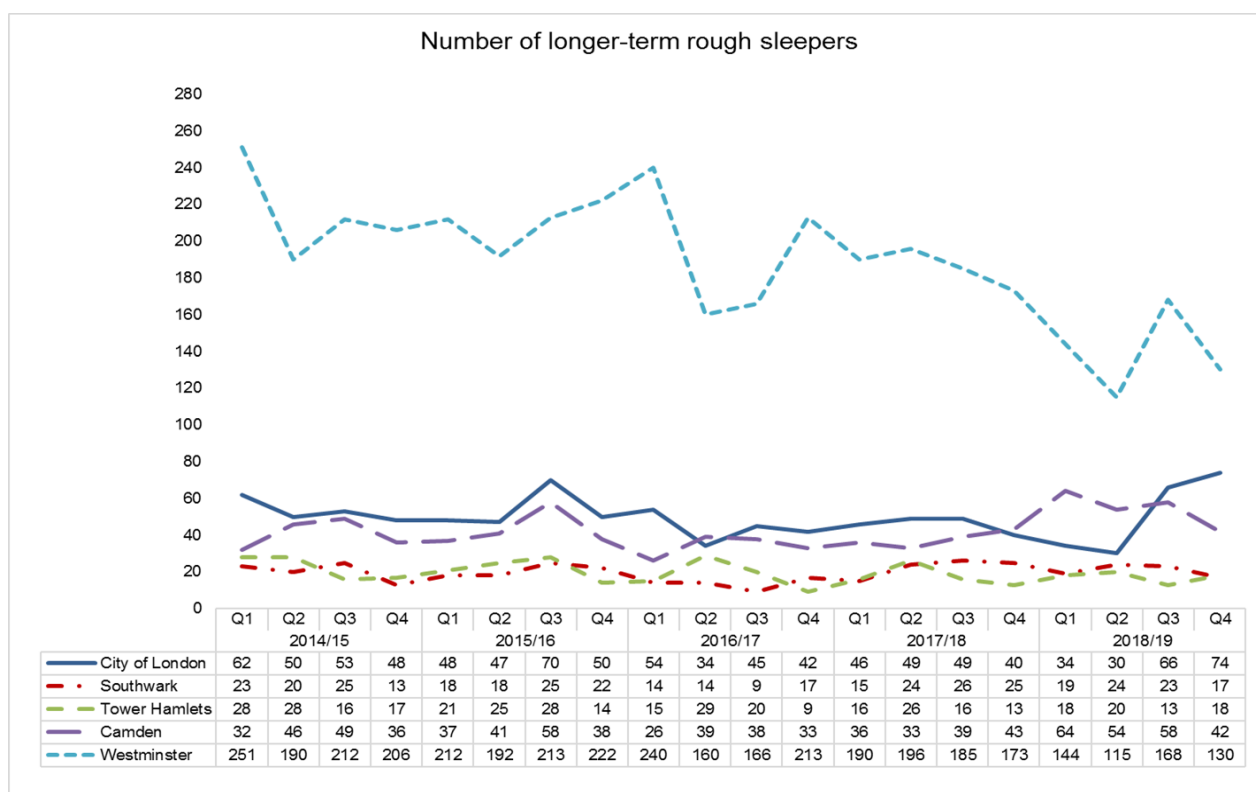


Figure 18: Number of longer-term rough sleepers



2.2.3 Hidden homelessness

The City Corporation does not have an estimate for the number of people within the Square Mile that could be classed as hidden homeless.

3. City of London homelessness provisions

3.1 Current statutory homelessness provision

City Corporation Housing

The City Corporation has 1,813 general needs social housing units across all the City Estates¹⁹. Of these 288 are in the City "Square Mile". There are 194 tenants of Guinness South in the City and 19 socially rented properties managed by Hannover Housing in Tudor Rose Court. The City Corporation manages 81 units of sheltered accommodation in Southwark and Islington.

Temporary Accommodation

The City Corporation does not have TA available for the exclusive use of the City. External providers and agents are used to make nightly bookings when needed. The location of TA can vary, and is dependent on availability. However, it is usually with The TA we use is varied but it is usually within East and North East London boroughs

¹⁹ Three quarters of our social housing (over 1,500 homes) is situated outside the Square Mile on eleven estates that the City Corporation runs in the six London Boroughs of Southwark, Islington, Lewisham, Lambeth, Hackney and Tower Hamlets.

Private rental services (PRS)

There is currently no PRS arrangements with landlords or external letting agents.

Prevention and relief services available

No First Night Out and the Rent Deposit Scheme are used for prevention and relief purposes.

3.2 Current rough sleeping provision

Outreach

The City of London commissions St Mungos to provide a specialist rough sleeper outreach service. St Mungos are one of the largest and most experienced providers in their sector who hold several similar outreach contracts with Local Authorities across London and the South East of England.

The current model utilises six outreach workers. One of these is extra to the substantive contract and is funded by the Rough Sleeping Initiative (RSI). There is a further post that coordinates the accommodation pathway, manages the Housing First placement and assists with the organisation of the monthly Assessment Hub. There is a team manager and, since November 2018, a full-time service development manager to assist with the team through the transition to new ways of working. This latter post is an interim measure.

The team undertakes outreach shifts at dawn, during the day and at night. Early shifts start at 6am and late shifts finish around 2am. Shifts take place Monday to Friday and six to nine shifts are undertaken in a typical week.

Referrals are received through Streetlink, but also informally from City of London Officers. New rough sleepers are assisted to access the No Second Night Out hub. The monthly City Assessment Hub week provides further 'off the street' options. On any given night the team has the financial resource and systems in place to guarantee a rough sleeper always has a route into accommodation.

Accommodation

The options available combine existing provision as well as extra arrangements procured after the introduction on new monies in 2017. Table 11 below sets out the current provision.

Table 11: Current City of London accommodation provision

Service	Provision	Detail	Location	Provider	Notes
Great Guildford St	Assessment beds	6 beds	Southwark	St Mungos	High support
Crimscott St	Hostel	22 beds	Southwark	Providence Row Housing Assoc.	Low support
King Georges	Hostel	2 beds	Westminster	Riverside Care & Support	Med-high support
Edward Alsop Court	Hostel	1 bed	Westminster	Look Ahead	Med-high support
Dellow Hostel	Hostel	4 beds	Tower Hamlets	Providence Row Housing Assoc.	Med-high support
Mare St	Hostel	1 bed	Hackney	St Mungos	Low-med support
Anchor House	Hostel	4 beds	Newham	Caritas	Low-med support

The City accommodation pathway currently holds a total of 40 spaces. Three of the four beds at Anchor House are funded in the short term with Cold Weather Funding provided by the RSI. Twenty seven of the available beds can be categorised as low or low/medium support beds. Seven are med/high support and only the six beds at Great Guildford St are currently considered high support. The latter two categories are the only ones suitable for housing complex needs individuals.

The six beds at Great Guildford St are used for assessment purposes. They are an initial route away from the street and a safe and stable situation from which the outreach team can conduct fuller assessments and design service offers. The projects in Southwark and Tower Hamlets are the closest to the Square Mile.

Assessment Hub

Our current position is the provision of a monthly assessment hub. Three hubs per quarter are funded by the RSI until April 2019. As with all RSI funding, a further award for 2019/20 is dependent upon the performance reported during 2018/19.

The Hubs have the capacity to accommodate 10 rough sleepers per night. Successful stays are converted into referrals into the City accommodation pathway, supported reconnections or short-term placements into temporary accommodation pending the delivery of future plans.

St Mungos is responsible for the delivery of the Hubs, with the support of the Providence Row Dellow Centre.

Daytime services

A grant is paid to the Providence Row Dellow Centre to support their work in supporting City rough sleepers.

The RSI currently funds a worker at the Dellow Centre who links in with the Assessment Hub and continues casework with City clients between hubs. City rough sleepers who visit the Dellow Centre have access to the wider service offer available at the centre. This includes meals, bathing, benefits advice and access to computers.

Specialist input

This area covers professional disciplines not delivered by the outreach team.

Substance misuse services are provided by Westminster Drug Project (WDP) as part of its contract with Public Health. Substance misuse professionals undertake outreach shifts alongside St Mungos workers and attend Tasking & Action meetings where referrals can be made. The main options are substitute prescribing or referrals into detox/rehab programmes. There are currently no low threshold prescribing services available to rough sleepers in the City. Needle exchange is available at the Dellow Centre and a single pharmacy within the Square Mile.

Mental health needs have been met for some time by collaboration with East London Foundation Trust (ELFT), so the outreach team have access to a nurse practitioner. Referrals can be made through Tasking & Action meetings and the practitioner undertakes a regular shift with the St Mungos team. Clients in need of assessment or treatment are linked into an Approved Mental Health Professional (AMHP) or consultant who can arrange referral or admission under the Mental Health Act. The outreach team will also refer to the City of London Police mental health Triage Service for rough sleepers in need of a more immediate response.

Physical health needs are currently met by mainstream primary care services. Outreach workers will assist clients with accessing GP's, A&E or outpatient appointments as required. There is a single GP practice within the Square Mile.

4. Strategy development

4.1 Engagement

Group or individual meetings were held with the following stakeholders:

- DCCS Homelessness and Rough Sleepers
 - Service Manager
 - Rough Sleeper Coordinator
 - Advice & Homelessness Officers
 - NO First Night out Project Manager
 - NO First Night out Pathway Coordinator
- DCCS Adult Social Care, Service Manager
- DCCS Public Health, Public Health Consultant
- Built Environment
- City Bridge Trust
- City of London Police
- Westminster Drug Project, Service Manager
- Department of Work and Pensions, Partnership Manager
- Faith group, Reverend, Diocese of London
- St Mungo's
 - Service Development Manager
 - Head of Outreach
- Dellow Centre
 - Head of Advice and Support Services
 - Enterprise and Training Manager
- Lived experience
 - Arranged and led by St Mungo's

4.2 National evidence informing and confirming local engagement

Desk research was conducted to inform the strategy and support stakeholder findings. This included:

- Rough Sleeping, England, Briefing Paper, House of Commons, 2019
- Hidden Homelessness in London, London Assembly, Housing Committee, 2017
- Homelessness Reduction Act 2017, Policy and Briefing, Shelter, 2018
- Rough Sleeping Strategy, Ministry of Housing, Communities and Local Government, 2018
- Creating the Change, Homeless Link, 2018
- Everybody in: How to end homelessness in Great Britain, Crisis, 2018
- Rough Sleeping Plan of Action, Mayor of London, Greater London Authority, 2018
- London Housing Strategy, Mayor of London, Greater London Authority, 2018

4.3 Consultation

A task and finish group met regularly through the development of the strategy. The group included:

- Assistant Director Partnerships & Commissioning
- Homelessness & Rough Sleepers Service Manager
- Head of Strategy & Performance
- Corporate Strategy Manager
- Assistant Director (People)
- Head of Community Safety
- Strategy Officer

5. Definitions

Eligibility: An ineligible applicant is excluded from homelessness assistance because they are a person from abroad who is subject to immigration control, who does not fall within a category of people from abroad prescribed within regulations made by the Secretary of State as being eligible. Eligibility is an extremely complex aspect of the legislation, and more information is available in Chapter 7 of the Homelessness Code of Guidance.

The Homelessness Reduction Act (HRA) 2017: This act commenced on April 3 2018, and amended Part 7 of the Housing Act 1996 ("the 1996 Act"), and the Homelessness (Suitability of Accommodation) (England) Order 2012. It placed duties on local housing authorities to intervene at earlier stages to prevent homelessness and to take reasonable steps to help those who become homeless to secure accommodation. The HRA provisions require local housing authorities to provide homelessness advice services to all residents in their area and expands the categories of people who they have to help to find accommodation. A Code of Guidance on the homelessness legislation, updated to incorporate the requirements of the Homelessness Reduction Act 2017, is available at: <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities>.

Threatened with homelessness: Following the introduction of the HRA, an applicant is threatened with homelessness if it is likely they will become homeless within 56 days, or if they have been served with a valid Section 21 notice to end an Assured Shorthold Tenancy which expires within 56 days. Prior to the introduction of the HRA an applicant was accepted as owed duties if they were threatened with homelessness within 28 days.

Prevention Duty: The new prevention duty is owed to eligible households threatened with becoming homeless within 56 days. The duty is owed irrespective of local connection, priority need (see below) or intentional homelessness, and lasts for up to 56 days. The local authority may choose to extend the prevention duty beyond 56 days if the applicant has not yet become homeless, in order to continue activities to prevent their homelessness. The duty is to take reasonable steps to prevent the applicant from becoming homeless. These steps are set out in a personalised housing plan which is, wherever possible, agreed with the applicant.

Relief Duty: The new relief duty is owed to eligible households who are actually homeless, irrespective of priority need or intentional homelessness, and lasts for up to 56 days. The local authority may only extend the relief duty beyond 56 days if the household is not owed the main homelessness duty. The duty is to take reasonable steps to relieve the applicant's homelessness by taking reasonable steps to help secure suitable accommodation that will be available for at least 6 months. These steps are set out in a personalised housing plan which is, wherever possible, agreed with the applicant.

Main homelessness duty acceptance: A household who is accepted by the LA as eligible for assistance, unintentionally homeless and falling within a priority need group (as defined by homelessness legislation - see below) during the quarter are referred to as “main duty acceptances”. The main homelessness duty is to secure accommodation until such time as the duty ends, usually through an offer of settled accommodation.

Priority need: The legislation provides that some categories of applicants have a priority need for accommodation if homeless, whereas others do not. Applicants who have priority need include households with dependent children or a pregnant woman, people homeless due to fire, flood or other emergency, and people who are particularly vulnerable due to ill health, disability, old age, having been in care or as a result of having been in custody or care, or having become homeless due to violence or the threat of violence. A full explanation of priority need groups and assessments is contained in Chapter 8 of the Homelessness Code of Guidance.

Households for whom a duty is owed, but no accommodation has been secured: these are households who have been accepted as being owed a homelessness accommodation duty and for whom arrangements have been made for them, with consent, to remain in their existing accommodation (or to make their own arrangements) for the immediate future. This was previously referred to as “Homeless at Home”. Before the second quarter of 2005, figures were also collected on those potentially in this category but whose application was still under consideration pending a decision.

Self-contained accommodation: this includes all temporary accommodation where the household has sole use of kitchen and bathroom facilities, including property held by local housing authorities, registered social landlords and private sector landlords. A distinction is made between this type of accommodation and accommodation where such facilities are shared with other households (i.e. bed and breakfast, hostels and women's refuges).

Temporary accommodation: households in temporary accommodation (secured by a local housing authority under their statutory homelessness functions). The majority of households in temporary accommodation have been placed under the main homelessness duty to secure suitable accommodation until the duty ends, usually through an offer of a settled home. However, the numbers also include households owed a relief duty and provided with interim accommodation, households provided with accommodation pending a decision on their homelessness application, households pending a review or appeal to the county court of the decision on their case, or possible referral to another local authority, and households found to be intentionally homeless and in priority need who were being accommodated for such period as would give them a reasonable opportunity to find accommodation for themselves.

People sleeping rough: are defined as follows for the purposes of rough sleeping street counts, evidence-based estimates, and estimates informed by a spotlight street count:

People sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or “bashes” which are makeshift shelters, often comprised of cardboard boxes). The definition does not include people in hostels or shelters, people in campsites or other sites used for recreational purposes or organised protest, squatters or travellers.

Bedded down: is taken to mean either lying down or sleeping.

About to bed down: includes those who are sitting in/on or near a sleeping bag or other bedding.

Committee	Dated:
Education Board – For Information Community and Children’s Services Committee – For Information	23/05/2019 12/07/2019
Subject: Adult Skills and Education Service Update	Public
Report of: Andrew Carter, Director of Community and Children’s Services	For Information
Report authors: Daniel McGrady, Lead Policy Officer (Education, Culture and Skills) Barbara Hamilton, Head of Adult Skills, Education and Apprenticeship Service	

Summary

This report provides Members with an update on the Adult Skills and Education Service, including: some key findings from a recent independent review of the service; its progress towards delivering the outcomes in the Skills Strategy; and preparations for upcoming national policy developments.

Recommendations

Members are asked to note:

- updates on the provision of Adult Skills, Education and Apprenticeships, including a table of performance data in **Appendix 1**
- progress on delivering the outcomes of the Skills Strategy and preparation for the new Ofsted Inspection Framework and Adult Digital Skills requirements
- recommendations from an independent review of the service in **Appendix 2**.

Main Report

Background

1. The Adult Skills and Education Service (ASES) is the City Corporation’s provider of adult education and skills services as well as the co-ordinator and lead training provider for apprentices at the City Corporation and partner employers across London. The service is under the remit of the Community and Children’s Services Committee and has a strategic link to the Education Board as a major implementer of the Skills Strategy 2019–23.
2. During March 2019, an independent review of the service was conducted by a former senior Ofsted Inspector of adult learning and skills to gather evidence on the quality of provision. The review concluded with a written report that identifies strengths, gaps, areas for improvement and recommendations. These are included in **Appendix 2**.

Adult Community Learning (ACL)

3. ASES is the direct provider of adult skills and education courses for City and City-fringe residents and employees in community and training venues across the City and its neighbouring boroughs. A table of key performance indicators for the service can be found in **Appendix 1**.
4. The service has a strong strategic identity to support social mobility, meet skills gaps in the labour market and address the identified needs of both business and resident communities. This focus has stimulated an increase in the provision of Level 2 and 3 accredited training

courses to improve employability, as well as courses targeted at groups of residents who face barriers to the labour market.

5. Example in practice: Accredited training in food hygiene for Bangladeshi and Colombian women to gain skills and knowledge required for employment in the food industry.
- A group of 15 Portsoken community residents approached the service manager requesting access to professional training and qualifications. It was agreed that this level of training would allow access to employment and further training opportunities. The service worked in partnership with local residents to design a Food Hygiene course that would meet the aims and objectives of all participants. The successful completion of this qualification enabled some learners, for the first time, to apply for paid employment or to explore self-employment options. A second course is being planned to commence in the summer term 2019.

Apprenticeships

6. There are currently 119 active apprenticeships for the 2018/19 academic year.
7. The achievement and progress of apprentices managed by ASES is good. A table with data for 2017/18 and 2018/19 can be found in **Appendix 1**.
8. The apprenticeships provision has a strong focus on social mobility and inclusion, which includes working closely with department managers and external employers to identify apprentices who might be at risk of falling behind to address work-related or personal issues that might be a barrier. Specialist support is also provided for apprentices who need it.
9. Example in practice: Additional learning is available for those apprentices most in need of support to complete their apprenticeship qualification.
- The levels of support will vary from different groups of apprentices. For example, a selection of apprentices in certain employment areas and departments are offered small group support with key elements of their learning. For other apprentices, a one-to-one approach to teaching and learning is more suited to their learning needs – for example, apprentices with disabilities such as hearing impairment, Dyspraxia, Dyslexia or attention deficit hyperactivity disorder (ADHD).

Strategic and Policy Considerations

10. Delivery of the Skills Strategy: The Skills Strategy has an emphasis on ensuring that adult skills delivery is informed by labour market intelligence, that provision is high quality with good progress for learners, and that adult learning supports diversity and social mobility. ASES's partnership work with local employers, other London-based local authorities and community organisations has strategically positioned the service to be on track to deliver these outcomes. The key areas for improvement are in:
- the marketing and promotion of courses and apprenticeships to ensure breadth of take-up
 - using Service Improvement Plans to continuously improve the quality of teaching and learning
 - ensuring that effective information, advice and guidance is available for learners to support their progression.
11. New Ofsted Framework: The next inspection of the service is likely to fall under the new Ofsted Framework for Further Education and Skills Providers to be implemented from September 2019. Implementing the recommendations from the independent review will be an important vehicle for preparing for an inspection under the new framework.

12. Adult Digital Skills: In April 2019, the Department for Education published its response to the consultation on 'Improving adult basic digital skills' which commits to fully-funded digital skills training for adults to be delivered through the devolved Adult Education budget. ASES will be required to incorporate this training in its existing provision and ensure that the provision is closely linked to the City Corporation's Digital Skills and Skills strategies.

Appendices

- Appendix 1 – Service Performance Data
- Appendix 2 – Service Independent Review March 2019 – Recommendations

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Appendix 1 – Service Performance Data

Adult Skills and Education

Academic year data for 2017/18 and Autumn and Spring Term 2018/19.

	2017/18	2018/19 (to date)
No. of courses	180	124 (a further 17 courses planned over Summer Term)
No. of enrolments (people attending courses)	1,634	1022 (a further 75 enrolments expected for the Summer Term)
No. of accredited courses	47	41 (5 new courses planned for the Summer Term)
No. of non-accredited courses	133	83 (a further 12 courses planned for Summer Term)
Course retention	94%	To date 96%
Course achievement	90%	Anticipated 95%

The course retention and achievement rates cannot be confirmed yet as the year is still ongoing.

Apprenticeships

Academic year data for 2017/18 and 2018/19 to date.

	2017/18	2018/19 (to date)
No. of apprenticeships	110	119
Achievement rates	89%	91% achievement anticipated
No. of early leavers	5	5 (this figure is to be further reviewed).
Progression rates	12 apprentices progressed within the City Corporation. 8 apprentices progressed into external employment opportunities.	23 apprentices have so far progressed from Level 2-3. 12 have progressed to options such as employment, Further Education and Higher Education.

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Appendix 2 – Adult Skills, Education and Apprenticeship Service Independent Review March 2019 Recommendations

1. Recommendations for further improvement

The recommendations for further improvement from this review have been linked to the strategic goals for the skills Strategy 2019-2023.

1.1 The lives of our diverse adult learners are transformed through a unique educational experience

- Continue with the very effective partnership work with neighbouring boroughs and particularly local partnerships. The setting up of the provision with employers, such as with a local hospital and restaurant are excellent examples, as is the short food hygiene course.
- Continue to work with community partners to identify the needs of residents and to come up with learning opportunities that will support them to overcome any barriers to learning that may have previously prevent participation.
- Ensure that all learning opportunities are widely marketed to local residents and potential apprentices to increase the number of people benefitting from ASES provision.

1.2 ASES delivers high quality adult education, training and apprenticeships

- Develop a clear improvement plan for the ACL provision that demonstrates the plans to:
 - Increase the management capacity
 - Improve the quality of teaching and learning
 - Increase the numbers of learners
- Ensure that the quality of teaching and learning, especially in ACL, is effectively monitored and that managers have the time needed to provide tutors with effective support and training.
- Pilot and develop further the materials for the apprenticeship standards in business administration and customer service so that they all apprentices are able to develop new skills, knowledge and behaviours on and individualised learning programmes that is well-coordinated with their work-based learning.

1.3 All partners work towards the achievement of a diverse workforce which mirrors the diversity of the community

- Continue to develop the ACL curriculum and promote a learning environment where learners continue to value the diversity of local and the wider communities.
- Analyse the current take-up of apprenticeships according to the different groups of learners, including those with protected characteristics and identify where there could be better promotion of the provision to widen participation.

1.4 There is high quality exposure to the world of work at all stages of education to enable learners to make informed career choices

- Ensure a wider range of activities and information on progression pathways for apprentices and adult learners.

- In ACL, place greater focus on identifying learners' individual reasons for joining each course and enable them to plan how they may progress in their development and their careers, as applicable.
 - The use of group profiles and amendments to the current individual learning plans should ensure that tutors can plan learners' next steps with them and support their development to achieve them.
 - In apprenticeships, apprentices should receive more timely information on the options open to them in their careers as this can often motivate them to achieve and stimulate them to excel.
- 1.5 The City of London is home to a world-leading environment where partners can exploit the interconnectivity and collaboration between industry, school and business
- Continue to develop the ASES Steering Group so that it continues to provide this interconnectivity not only between industry, school and business, but also linking with the communities of the City of London and neighbouring boroughs.
 - Develop more specific links with the Family of Schools to support the promotion of the Corporation's apprenticeships, perhaps through the development of an apprenticeship alumni network.
- 1.6 There is strong strategic oversight of skills delivery which is focused on impact
- Continue to work with local partners, including other London boroughs to build on the current strategic priorities identified for the service and align these with the priorities in the Skills for Londoners Strategy.
 - Contribute to and influence the Greater London Authority's (and others') development of an outcome's framework for adult education, so that these will align with the impact measure for the City Corporation's Skills Strategy.
 - Consider the new Ofsted Education Inspection Framework 2019, due to be finalised this summer, that focuses on:
 - a) The intent of the curriculum – i.e. what you offer and why;
 - b) The implementation of the curriculum – how the teaching, training and assessment develop learners' knowledge, skills and understanding;
 - c) The impact of the curriculum – the difference the provision has made to all learners' development, their achievement of qualifications, and their progress in their work, daily lives and careers.

2. Recommended practical actions

2.1. Leadership and management

- Carry out data analysis for 2018/19 to identify judgements on retention, attendance, progress, achievement and destinations, for:
 - ESOL
 - English
 - Maths
 - Non-accredited provision in ACL
 - In-house apprenticeships
 - External City of London apprenticeships
 - External apprenticeships

- Review the structure of the organisation as it is currently reflected in the organisation chart.
- Review the current quality improvement plan, amending and adding action points and including targets dates, milestones, impact etc.
- Monitor the quality of teaching and training, especially the areas not included in the review (functional skills English and maths, ACL and apprenticeships, in-house and external off-the-job training).
- Review the action points from recent observation of teaching, learning and assessment.
- Develop a governance structure diagram which clarifies the structure and reporting requirements.
- Develop a development plan for ACL with roles and responsibilities, target dates, targets and milestones.
- Ensure all apprentices and learners have sufficient information to make informed decisions on their next steps and that tutors use this information to plan learning activities.

2.2 Adult and community learning

- Monitor learners' progress towards qualifications in English, maths and ESOL and provide interventions where needed.
- Monitor the implementation of RARPA (recognising and recording learners' progress and achievement) especially tutors' use of starting points and current levels to plan differentiated learning activities.
- Plan individualised learning for refugees based on their current skills and planned next steps.
- Review the most recent observation of teaching records for all English, maths and ESOL tutors and check their progress against the follow-up action points.

2.3 Apprenticeships

- Ensure that all employers, department managers and apprentices have the official version of the relevant apprenticeship standards.
- Pilot the business administration and customer toolkits and consider the flexibility so that apprentices' modular learning is co-ordinated with their learning at work.
- Ensure that there is a good variety in the approaches for apprentices to develop their skills and behaviours, by required for the standards.
- Ensure that all apprentices are in suitable job roles for their apprenticeships.
- Use baseline assessment data to plan and sequence an individualised curriculum for each apprentice.
- Monitor the updating of OneFile by all users.
- Consider the contractual arrangements for all City Corporation apprentices who are currently on temporary contracts.

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Committee:	Dated:
Community and Children's Services Committee	12/07/2019
Subject: Draft City and Hackney Mental Health Strategy 2019–23	Public
Report of: Andrew Carter, Director of Community and Children's Services	For decision
Report author: Marcus Roberts, Head of Strategy and Performance, Department of Community and Children's Services	

Summary

This report presents a draft *City and Hackney Mental Health Strategy 2019–23* and an impact assessment for the 2015–18 strategy. The new strategy is being developed with City and Hackney Clinical Commissioning Group (CCG) and London Borough of Hackney, working with service providers and service users. This multi-agency, system-wide approach is reflected in proposals for the governance and oversight of the strategy.

Recommendations

Members are asked to:

- note the impact of the *City and Hackney Mental Health Strategy 2015–18*
- comment on the draft *City and Hackney Mental Health Strategy 2019–23*
- delegate approval of the final version to the Integrated Commissioning Sub-Committee.

Main Report

Background

1. The *Draft City and Hackney Mental Health and Wellbeing Strategy 2019–23* (see Appendix 1) has been developed as part of work being led by the Integrated Commissioning Board, to develop integrated approaches to health and social care, including mental health. Development has been overseen by a Mental Health Co-ordinating Committee bringing together partners, and supported by a joint editorial group with service user representation. It will replace and build on the legacy of the *Mental Health Strategy 2015–18*.
2. The strategy should be considered alongside the City Corporation's Joint Health and Wellbeing Strategy and Suicide Prevention Strategy and the City and Hackney CCG's *City and Hackney CAMHS (Child and Adolescent Mental Health Services) Transformation Plan*. It has been shaped by national policy initiatives such as the *Five Year Forward View for Mental Health* (2016) and *NHS Long Term Plan* (2019).

Impact and legacy of the 2015–18 strategy

3. The *City of London Mental Health Strategy 2015–18* was developed and delivered in partnership by the City Corporation and City and Hackney CCG. Delivery was supported and monitored by an Action Plan, with progress tracked by the Health and Wellbeing Board, and update reports provided to the Community and Children’s Services Grand Committee. An Impact Assessment for the 2015–18 strategy is provided in Appendix 2.
4. The *Mental Health Impact Assessment 2015–18* shows that the City Corporation has made excellent progress in delivery of the 2015–18 strategy, with City highlights including:
 - more connected communities and less social isolation with the implementation of the Social Wellbeing Strategy (e.g. Community Builders)
 - a Business Healthy ‘Release the Pressure’ campaign in Summer 2017, with campaign materials seen 30 million times in the first four weeks
 - creation of the Dragon Café at Shoe Lane as a space to ‘release the pressure’
 - Mental Health Street Triage with a significant reduction in the use of section 136 to detain people for assessment under the Mental Health Act
 - development and implementation of the Suicide Prevention Strategy.
5. The new strategy will build on the 2015–18 strategy in several ways, including:
 - developing the whole-system approach to mental health, extending our partnership approach through the Integrated Commissioning Programme
 - further improvement in access to psychological therapies with a new Mental Health Centre in the City of London
 - a focus on areas that have not been fully delivered, particularly a greater role for GP surgeries as part of the ‘neighbourhood’ approach.

Draft City and Hackney Mental Health Strategy 2019–23: Overview

6. The new strategy sets out a shared vision, approach and priorities. It has a focus on four groups: residents; workers; the most vulnerable (including the homeless and rough sleepers); and our diverse community.

Vision, approach and priorities

7. The *vision* is that: ‘Everyone will enjoy good mental health in the City and Hackney with access to the right care at the earliest opportunity when they need it, delivered as close to their local community as possible.’
8. The *approach* takes the form of a commitment: ‘to working together to develop a whole system, all-age approach to mental health in City and Hackney, bringing together the NHS, local authorities, the voluntary and community sector, service users and other partners.’
9. The five strategic priorities are:

- *Prevention*: We will prevent people from developing mental health problems in the first place, and provide help at the earliest opportunity when they do.
- *Access*: We will improve access to mental health support and services, to reflect the diversity of our communities, the most vulnerable and those whose mental health problems are masked by other needs.
- *Neighbourhoods*: We will aim to support people in the community wherever we can, working at 'neighbourhood' level with schools, GPs and voluntary and community services.
- *Personalisation and co-production*: We will continue to shift power and control to service users, giving them control of their own care and recovery, and involving them in the shaping of local services.
- *Recovery*: We will champion the social inclusion of people affected by serious mental health problems, focusing on their strengths and assets, housing, jobs and friendship networks.

10. The four *building blocks* to support delivery of the priorities are: people and workforce development; engagement with experts by experience, practitioners and partners; data and digital; and evidence-based policy and practice.

11. Key areas of activity will include:

- implementation of phase 3 of the transformation plan for CAMHS services
- improving access to care and support for people with complex needs
- an inclusive approach informed by an Equality Impact Assessment
- a greater role for GP and primary care services and the voluntary sector
- increased use of personal health budgets
- improved housing and employment support for people in recovery.

Proposed governance

12. In view of the integrated nature of this strategy, it is proposed that approval of the final document is delegated to the Integrated Commissioning Sub-Committee, which provides the City of London membership of the Integrated Commissioning Board.

Delivery

13. An Action Plan is in development to set out how we will deliver our aspirations in practice. The final version of the strategy will be informed by an Equality Impact Assessment.

14. Implementation will be overseen within the Integrated Commissioning Programme by a Mental Health Co-ordinating Committee and by the Core Leadership Groups for the four 'workstreams'.

15. Progress will be reported to the Health and Wellbeing Board at least annually, as well as to the Community and Children's Services Committee.

Next Steps

16. The strategy is being reviewed by committees across the City Corporation, London Borough of Hackney, City and Hackney CCG and the Integrated Commissioning Board. It is anticipated that the final version will be approved in September 2019.

Corporate Implications

17. The *City and Hackney Mental Health Strategy 2019–23* will make key contributions to delivering the following outcomes from the *City of London Corporate Plan 2018–23*:

- People are safe and feel safe
- People enjoy good health and wellbeing
- People have equal opportunities to enrich their lives and reach their full potential
- Communities are cohesive and have the facilities they need
- Businesses are trusted and socially and environmentally responsible
- We have access to the skills and talent we need
- We are digitally and physically well-connected and responsive.

18. This strategy links to the following City Corporation strategies: Alcohol; Children and Young People's Plan; Homelessness and Rough Sleeping; Housing; Joint Health and Wellbeing; Local Plan; Local Transformation Plan; Safeguarding; Safer City Partnership; Social Wellbeing; and Suicide Prevention.

Legal and financial implications

19. There are no direct legal or financial implications.

Conclusion

20. The *City and Hackney Mental Health Strategy 2019–23* will be the overarching strategic document for the development of mental health interventions and services in the City of London, building on the 2015–18 strategy. It commits us to working closely with our partners and service users to develop an integrated, system-wide and neighbourhood-based approach to mental health.

Appendices

- Appendix 1 – *Draft City and Hackney Mental Health and Wellbeing Strategy 2019–23*
- Appendix 2 – *Mental Health Impact Assessment 2015–18*

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CITY AND HACKNEY MENTAL HEALTH STRATEGY 2019-23



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Executive Summary

Our vision: 'Everyone will enjoy good mental health in the City and Hackney with access to the right care at the earliest opportunity when they need it, delivered as close to their local community as possible'.

Our approach: 'We are committed to working together to develop a whole system, all-age approach to mental health in City and Hackney, bringing together the NHS, local authorities, the voluntary and community sector, service users and other partners'.

Our five strategic priorities:

<p>Prevention: We will prevent people from developing mental health problems in the first place, and provide help at the earliest opportunity when they do.</p>	<p>Access: We will improve access to mental health support and services, to reflect the diversity of our communities, the most vulnerable and those whose mental health problems are masked by other needs</p>	<p>Neighbourhoods: We will aim to support people in the community wherever we can, working at 'neighbourhood' level with schools, GPs and voluntary and community services.</p>	<p>Personalisation and co-production: We will continue to shift power and control to service users, giving them control of their own care and recovery, and involving them in the shaping of local services.</p>	<p>Recovery: We will champion the social inclusion of people affected by serious mental health problems, focussing on their strengths and assets, housing, jobs and friendship networks.</p>
<p>We will:</p> <ul style="list-style-type: none"> • Develop a 'health in all policies' approach • Implement a local transformation plan for CAMHS services • Work with employers on workplace mental health and wellbeing • Help people at the earliest opportunity • Prevent suicide 	<p>We will</p> <ul style="list-style-type: none"> • Expand open access to support • Improve access for people with complex needs like addictions and homelessness and physical health problems <p>Work with community organisations to reach under-represented groups and protected characteristics and ensure earlier access to mental health pathways</p>	<p>We will</p> <ul style="list-style-type: none"> • Develop the role of GP and primary care services • Develop multi-disciplinary teams around the person in neighbourhoods • Develop Community Dementia support in neighbourhoods 	<p>We will:</p> <ul style="list-style-type: none"> • Expand the use of personal budgets • Develop service user led goals and care plans • Develop personalised online support • Involve service users in the commissioning, design and monitoring of local mental health services 	<p>We will</p> <ul style="list-style-type: none"> • Develop the role of the Recovery College • Improve housing support and accommodation pathways • Support service users into training and work • Help people to build and maintain social networks

Our building blocks:

<p>People: Develop our workforce capacity and skills and support carers, peer mentors and volunteers</p>	<p>Engagement: Listen and learn by working with experts by experience, practitioners and partners</p>	<p>Data and digital: Share data, building a shared evidence base and develop digital options</p>	<p>Evidence-based policy: Be guided by research and best practice, and monitor the impact of what we do</p>
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1. Introduction

1.1. This strategy sets out our priorities for mental health support and services across City and Hackney for 2019-2023. It has been developed and will be implemented as part of our Integrated Care Programme. It provides a framework to shape, inform and support improvements in mental health care in City and Hackney. It sets out a vision, priorities and direction of travel, and builds in the flexibility to develop them collaboratively going forward.

1.2. It should be read alongside other key strategies. These include the *Joint Health and Wellbeing Strategies* and *Suicide Prevention Strategies* for both the City of London and Hackney and our *Local Transformation Plan* for Child and Adolescent Mental Health Services and the ELHCP Operating Plan.

What is covered by this strategy?

1.3. The strategy assesses the needs of our population, maps the challenges, identifies the opportunities, and explains how we will work collaboratively as partners and with service users to deliver our priorities, as well as how we will monitor our progress.

1.4. It considers how we will support the mental health and wellbeing of:

- Our residents
- The most vulnerable – e.g. the homeless and rough sleepers
- All sections of our diverse populations
- People who work in the City of London and Hackney.

It is also intended as a contribution to the development of national and pan-London mental health policy.

1.5. It considers mental health and wellbeing as part of the new integrated care system for City and Hackney, which is organised around four workstreams: '*prevention*', '*planned care*', '*unplanned care*' and '*children, young people and maternity*'. The strategy sets out the approach to mental health across this system and seeks to ensure 'parity of esteem' with physical health in all that we do.

1.6. It also explains how we will develop and apply the 'neighbourhood model' to mental health in City and Hackney, supporting people in their homes and communities wherever possible and mobilising community assets, whether that's carers and friendship networks, the local GPs surgery or voluntary and community sector services.

What is not covered in this strategy?

1.7. We are committed to developing an all-age approach to mental health and wellbeing in City and Hackney, and are working through the Integrated Care Programme to improve

transitions from adolescent to adult services, particularly for our most vulnerable young adults.

- 1.8. Our plans are set out in detail in the City and Hackney local transformation plan (LTP) for Children and Adolescent Mental Health Services (CAMHS). The Children, Young People and Maternity Workstream within the City and Hackney integrated care programme is overseeing the development and implementation of the LTP, as well as looking at other key areas of mental health provision, including peri-natal care and support. A brief summary of our approach to children and young people is provided as appendix 2 of this document.

How was the strategy developed?

- 1.9. We have developed this strategy collaboratively, bringing together the City of London Corporation and LB Hackney, and NHS, local government, voluntary and community sector and other partners, working co-productively with mental health service users.
- 1.10. It has been overseen by a Mental Health Co-ordination Committee (MHCC) of senior officers, providers and service users, supported by a Joint Mental Health Action Team, as part of the City and Hackney Integrated Care Programme. The MHCC will be accountable for the delivery of the strategy, monitoring progress against an Action Plan. Further political oversight and accountability will be provided by the City of London and Hackney Health and Wellbeing Boards. The MHCC will co-ordinate an annual review of progress and developments, to ensure we are responding to new learning, challenges and opportunities.
- 1.11. It is our expectation that this strategy and the accompanying Action Plan will be naturalised within the planning and strategic processes of partner organisations as appropriate, to inform and drive delivery of objectives for which they have a lead responsibility.

2. Vision, approach and priorities

- 2.1. Our local vision is that *‘Everyone will enjoy good mental health in the City and Hackney with access to the right care at the earliest opportunity when they need it, delivered as close to their local community as possible.’*
- 2.2. Our approach will be to work together *‘to develop a whole system approach to mental health in City and Hackney, bringing together the NHS, local authorities, the voluntary and community sector, service users and other partners’.*
- 2.3. Our focus will be on five strategic priorities:
- ✓ Prevention: *We will prevent people from developing mental health problems in the first place and provide help at the earliest opportunity when they do.*
 - ✓ Access: *We will improve access to mental health support and services, reaching out to reflect the diversity of our communities, the most vulnerable and those whose mental health needs are masked by other needs or complexity.*
 - ✓ Neighbourhood: *We will aim to support people in the community wherever we can, working at ‘neighbourhood’ level, with schools, GPs and voluntary and community services.*
 - ✓ Personalisation and co-production: *We will continue to shift power and control to service users, giving them control of their own care and recovery, and working with them to identify their goals.*
 - ✓ Recovery: *We will champion the social inclusion of people affected by serious mental health problems, focussing on their strengths and assets, housing, jobs and friendship networks.*
- 2.4. We will also focus on four building blocks, which will underpin our strategic priorities:
- ✓ People: *We will develop our workforce capacity and skills, recognise and support the role of carers and work in partnership with peer mentors and volunteers.*
 - ✓ Engagement: *We will listen and learn by working with experts by experience, practitioners and partners*
 - ✓ Data and digital: *We will improve arrangements for sharing and learning from our data and be innovative in developing the use of digital and technological resources.*
 - ✓ Evidence-based policy: *We will be guided by research and best practice, and monitor the impact of what we do*
- 2.5. We do not underestimate the challenges that we will face in the next four years, and the need to be *both realistic and innovative*. They include rising demand for mental health care at a time of increasing pressures on NHS and local government budgets. By working together, intervening earlier, empowering ‘experts by experience’, removing barriers to support and moving to neighbourhood models of care, we believe that we have an opportunity to improve outcomes in a way that will also help us to manage the pressures on budgets, resources and services.

3. Where are we now? The strategic environment

National policy

3.1. Our approach in City and Hackney is shaped by NHS England's *Five Year Forward View for Mental Health* (2016), which champions the principle of 'parity of esteem' for mental and physical health and identifies three Priorities for Action:

- *A seven-day NHS – right care, right time, right quality* – e.g., community-based crisis care
- *An integrated mental and physical health approach* – e.g., better physical health for people with severe mental health problems and better mental health for people who are physically unwell
- *Promoting good mental health and preventing poor mental health* - e.g., mentally healthy communities and improving employment rates.

3.2. This strategy also addresses priorities set out in the *NHS Long Term Plan* (2019):

- *The neighbourhood model* with care delivered at neighbourhood level by multi-disciplinary teams of GPs, other primary care services, pharmacies and through the mobilisation of community services and assets
- *Personalised care*, including the use of online therapies and digital support and the roll out of Personal Health Budgets.
- *Severe Mental Illness (SMI)*, with a focus on integrating primary and community mental health services to improve access to psychological therapies, medicines management, physical health care, trauma informed care, employment support, access to drug and alcohol treatment and support for self-harm.
- *Reduced A&E use and admission by people with SMI* with alternative support for those in crisis including sanctuaries and safe havens, crisis cafes, crisis houses, acute day services, host families and Clinical Decision Units.
- *Children and Young People* with a focus on the Green Paper *Transforming Children and Young People's Mental Health* (2017), with an enhanced role for schools and a comprehensive offer for 0-25-year olds to support transition to adulthood.

3.3. The strategy will support the aims of the NHSE's London Mental Health Compact for access to inpatient services launched in April 2019. The Compact sets targets for timely access to mental health crisis services.

3.4 We will also build on local arrangements to support partnership responses to people in mental health crisis through the *Mental Health Crisis Care Concordat* (2014). We will adopt Public Health England's *Prevention Concordat for Better Mental Health* in City and Hackney to support our focus on prevention and early intervention. Our politicians will provide leadership with designated Mental Health Champions at the City Corporation and Hackney, engaging with the Local Authority Mental Health Challenge.

3. Where are we now? Understanding the needs of our communities

3.4. City and Hackney provides many excellent mental health, public health and social care services that are highly rated and, in some instances, have received national recognition.

3.5. Our services face challenges, including:

- A relatively high number of people with severe and enduring mental health problems many of whom are in primary care settings and require ongoing support.
- A relatively high number of people with complex problems who are not accessing the right services either because their mental health problems are undiagnosed or because the different kinds of care they need are not well integrated. Many are high frequency users of A&E and primary care. Mental health issues may be masked by physical complaints, addiction, homelessness and chaotic lifestyles.
- In our richly diverse area some communities are less able to access care and support than others.

Mental health in City and Hackney: Key Numbers

Fifth highest rate of psychotic and bipolar disorders in England, with c4,500 on the Serious Mental Illness (SMI) register.

Around 2,200 engaging with specialist mental health services in City and Hackney in the previous 12 months.

Three quarters of people with SMI managing their condition in the community supported by GP and primary care services, often with voluntary and community sector involvement.

Smoking rates among people with SMIs are 36% higher than the general population, and obesity rates 50% higher.

Life expectancy is between 8 and 18 years lower than for the general population.

An estimated 11,000 people in City and Hackney with a personality disorder

6,490 people in City and Hackney with severe and enduring mental health problems entered secondary care services in 2017-18, with 1,089 admitted as in-patients.

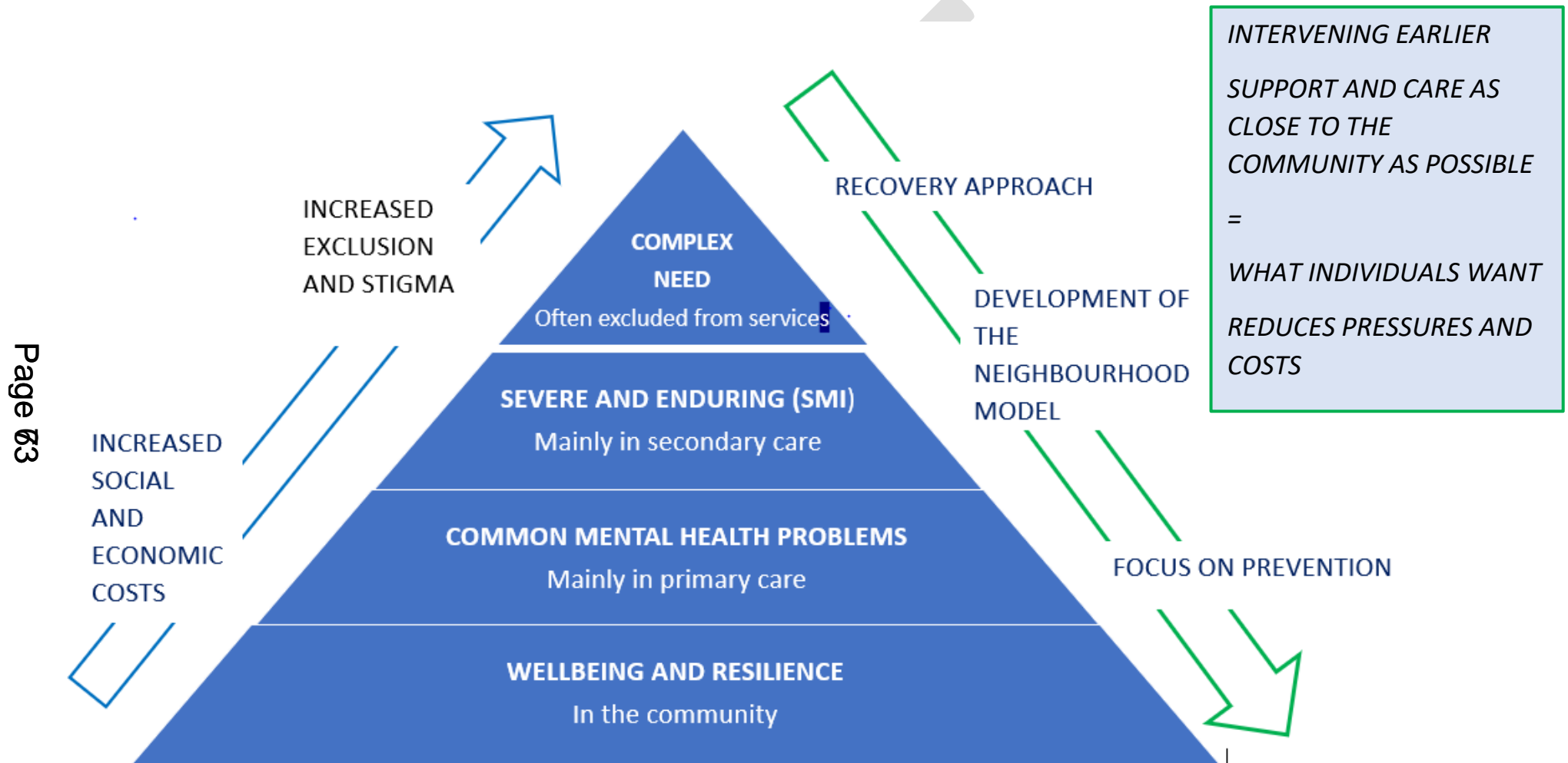
33,000 people in City and Hackney are experiencing depression and/or anxiety disorders at any one time

14,000 people are receiving repeat prescriptions of anti-depressants and around 1 in 5 accessing 'talking therapies' through the IAPT programme

The number of residents with dementia is expected to increase by one third by 2025, from 1,290 to 1,890

See appendix 2 for a more detailed needs analysis for City and Hackney

Implementing our approach to meet the needs of our population



Delivering our Priorities

4. Priority 1: Prevention

Why it matters

- 4.4. By preventing mental health problems from developing in the first place and from getting worse when

they do, we will improve outcomes for individuals while reducing the pressures on specialist mental health services, as well as the wider economic and social impact of mental illness (e.g. for costs of acute and crisis care).

We will prevent people from developing mental health problems in the first place, and provide help at the earliest opportunity when they do

- 4.5. We also have a responsibility for suicide prevention and recognise the importance of this priority given the devastating and wide-ranging impact on people and services.

What we will do

- 4.6. Mental resilience, well-being and the prevention of mental illness is not just – or even primarily – an issue for NHS services. Our prevention agenda recognises the vital contribution of public health, schools, neighbourhoods and communities, the voluntary sector, businesses and employers, criminal justice agencies, the built and natural environments and services like planning, transport, leisure and culture.

KEY ACTIVITIES	WE WILL (See Action Plan for detailed targets)
Mental health in all policies	<ul style="list-style-type: none">✓ Develop our built and green environment to promote mental health✓ Work across service departments to promote their role in mental health and to develop this (e.g., planning, transport, leisure and culture)✓ Adopt and apply the national Mental Health Prevention Concordat✓ Develop a dementia friendly community across City and Hackney
Early years, families and young people	<ul style="list-style-type: none">✓ Develop perinatal support✓ Build on the 'Think Family' approach for families known to social services✓ Develop designated senior mental health teams in schools and Mental Health Support Teams for early intervention and ongoing help at school✓ Develop our offer to children with Special Educational Needs and Disabilities✓ Implement the third phase of our Local Transformation Plan for Children and Young People's Mental Health Services (CAMHS)
Workplace	<ul style="list-style-type: none">✓ Work with businesses and employers on workplace mental health✓ Support NHS workforce to access mental health wellbeing support✓ Support national campaigns like Release the Pressure

Mental health crisis and suicide prevention	<ul style="list-style-type: none"> ✓ Develop and implement the City and Hackney suicide prevention strategies ✓ Samaritans-led Suicide Prevention Training, working with employers ✓ Strengthen our crisis pathway with more accessible services that reach beyond statutory mental health services
Awareness and Information	<ul style="list-style-type: none"> ✓ Improving online information and use of digital channels and social media ✓ Develop communications campaigns to support mental wellbeing
Get support to people quicker	<ul style="list-style-type: none"> ✓ Develop open access and low threshold services (see priority 2 – Access) ✓ Ensuring everyone in the City and Hackney with dementia can be diagnosed early with access to the right level of care at the right time

CASE STUDIES - SOME EXAMPLES of our work on PREVENTION

Preventing suicide ...

. The City of London Street Triage team works with police and aims to reduce suicide and unnecessary admissions. Other initiatives include the Crisis Café, rolling out Samaritan-led suicide prevention training and reducing the environmental risks (e.g. by signposting people to specialist help services on bridges and railway platforms). When suicides do occur, the circumstances and lessons are subject to review by Safeguarding Board, so lessons can be learned.

Coping with life events

LB Hackney is publishing a series of 'Life Events' support packs that provide ideas, advice, contact numbers and links to videos and online resources to help people to stay mentally resilient when they face big changes in their lives.

Supporting mental health in the workplace

The City Corporation's Business Health network is a community and online resource for business leaders committed to improving the health and safety of their workforce. A recent survey of City employers found that mental health was their number one priority, and this is being reflected in the planning and development of network resources, events and activities from 2019.

Five ways to thrive – simple mental wellbeing tips for everyone

Across City and Hackney we are embedding our local 'Five Ways to Thrive' initiative into our communications resources, for a variety of audiences, including our residents, businesses and workers. This is based on the Five Ways to Mental Wellbeing Model that was developed by the New Economics Foundation. The five ways to thrive are to 'connect', 'be active', 'take notice', 'keep learning' and 'give'.

Tackling social isolation and loneliness ...

The City and Hackney Safeguarding Adults Board is helping to lead and co-ordinate activity to address loneliness and social isolation among our residents. The Connect Hackney initiative has focused on social connectivity for older adults in the Borough. The City Corporations Social Wellbeing Strategy has driven a range of initiatives, including a Community Builders programme using resident volunteers on City Estates to connect people to each other and to services on the City.

5. Our priorities 2: Access

Why it matters

We will improve access to mental health support and services, reaching out to reflect the diversity of our communities, and to the most vulnerable.

- 5.4. It matters because needs can remain undiagnosed and untreated where people are unable to access care and support, often with serious negative impact on people's lives (e.g., alcohol and drug problems, loss of employment, debt, housing problems and homelessness), families and communities (e.g. family breakdown, crime or anti-social behaviour) and other services (e.g. A&E departments).
- 5.5. In City and Hackney we have high numbers of A&E, ambulance and 111 frequent attenders, placing significant additional pressures on NHS services. Evidence suggests that undiagnosed mental health problems are often a factor in complaints about physical illnesses. Untreated mental health problems are also a barrier to recovery from addictions and to pathways out of homelessness. People with complex needs can find themselves excluded from and passed between services.
- 5.6. It also matters because some groups in our diverse communities are under-represented in our services, including young black boys and men, LGBTQ people and older adults. Furthermore, whilst some BME groups such as young black men are under-represented in terms of engagement in earlier stages of the pathway e.g. psychological therapies access, they are over-represented at the more acute end in terms of inpatient admissions and the use of the Mental Health Act.

Key figures

Nearly 275 people in City and Hackney have attended hospital and A&E services 10 times or more in a year without a clear physical cause, over 3,000 attendances.

In Hackney in 2017-18, 58 of 118 rough sleepers (49%) had mental health needs

In the City of London, 151 of 265 rough sleepers (57%) had mental health needs.

15,169 patients in City and Hackney who have diabetes, of which 2,471 (18%) have uncontrolled diabetes

Only 15% of the street homeless population across City and Hackney have no identified alcohol, drug or mental health need. In City and Hackney, 386 people who started drug and/or alcohol treatment in 2017-18 had a mental health need (over 40%) – over a third of this group were receiving no treatment.

40% of ELFT inpatients detained under the Mental Health Act were from an african/afro-caribbean heritage background.

What we will do

5.7 We will develop 'open access' mental health support and focus on addressing the (often undiagnosed) mental health needs of four key groups who may be excluded from services: frequent A&E, ambulance and 111 services; the homeless and rough sleepers; people with and in recovery from addictions; and equalities groups.

KEY ACTIVITIES	WE WILL (See Action Plan for detailed targets)
Open access	<ul style="list-style-type: none"> ✓ Introduce whole school approaches to mental health and wellbeing ✓ Develop our no wrong door approach to CAMHS services ✓ Develop open access services like the Recovery College ✓ Provide timely access to high quality crisis services in line with Compact ✓ Expand immediately accessible crisis services in City and Hackney ✓ Improve access for people in crisis through mental health street triage
Physical health and mental health	<ul style="list-style-type: none"> ✓ Develop assessment, referral and integrated care pathways to diagnose and address the mental health needs of people presenting with physical illness ✓ Target action to reduce numbers of frequent users of A&E, ambulance and mental health services by addressing undiagnosed mental health need ✓ Build on our programme of physical health reviews for people with SMIs, by increasing their frequency and strengthening the support offer for those at risk of physical illness ✓ Pilot sport and healthy eating programmes for people with SMIs
Dual diagnosis and complex need	<ul style="list-style-type: none"> ✓ Invest in Multiple Needs Service for those with multiple and complex needs ✓ Equip and develop our workforces to work collaboratively and flexibly across service and professional boundaries ✓ Jointly develop a new substance misuse contract that better integrates substance misuse and mental health services including psychiatric liaison, access to therapy and specialist support. ✓ Continue to provide tailored support for people who are homeless or sleeping rough taking account of chaotic lifestyles and complex need integrated mental health, substance misuse and physical health services ✓ Develop the 'housing first' approach to rough sleeping ✓ Work with businesses to improve understanding and address the links between alcohol and drug misuse and mental health in the workplace
Addressing diversity	<ul style="list-style-type: none"> ✓ Develop effective pathways and provision for key equalities groups, with a focus on young black boys and men, the LGBTQ community and older adults through links with communities, community champions and community organisations ✓ Monitor equalities in assessing delivery of our strategic priorities and actions and performance of our services and those we commission ✓ Ensure under-represented groups are better represented in the workforce ✓ Ensure that services meet the needs of under-represented groups and do not prevent barriers to access.

CASE STUDIES – SOME EXAMPLES of our approach to ACCESS

Physical and mental health

City and Hackney is piloting a new service for people who make intensive use of A&E or London ambulance services, where physical illness may reflect underlying psychological issues. The service will be accessible to anyone who is a frequent user of these services, regardless of whether they have a formal mental health diagnosis and offer psychological, emotional and practical support.

Releasing the pressure ...

The Dragon Café welcomes anyone who is feeling the pressures of work or life in and around the City of London. It is hosted in Shoe Lane Library in the City, and offers a programme of activities designed to release pressure, reduce stress and build resilience. It is free, open to all and with no requirement to register or book in advance.

New Mental Health Centre

The City Corporation is commissioning a provider for a new Mental Health Centre, offering rent-free premises in the Square Mile for over three years, to provide low cost sessions for low income workers and residents, and long-term therapies that are not readily available through the NHS. It is intended that providers will charge those most able to pay and offer subsidised sessions to those on lower wages or not able to pay for other reasons.

Supporting the most vulnerable ...

A dual diagnosis treatment pilot has been commissioned by LB Hackney and the Greenhouse Clinic, targeting people with mental health and substance misuse problems – particularly, but not only, homeless – who are likely to be excluded from mental health services due to their drug or alcohol misuse. The pilot will inform a new model to inform the re-commissioning of integrated adult substance misuse services. This will include a focus on those who are finding it most difficult to access help, including those with a dual diagnosis and the homeless.

Helping people in crisis get timely help...

After a successful pilot the City Corporation, City of London Police and City and Hackney CCG are funding a Mental Health Triage System to operate in the City for seven days a week. Mental health professionals accompany police on patrol and can intervene where people are experiencing a crisis that might otherwise lead to them being 'sectioned' under the Mental Health Act. By getting the right support in the community, this improves outcomes for individuals and reduces the pressures on acute and crisis services.

3. Our priorities 3: Neighbourhoods

Why it matters

3.4. The City and Hackney

Integrated Care Programme is implementing a neighbourhood model of health and social care, and this is also at the heart of the *NHS Long Term Plan*. This model will align local services at a

neighbourhood level with responsibility for population-based health covering 30,000-50,000 people. NHS England is making £4.5 billion available nationally to support the development of this model locally over the next five years.

We will aim to support people in the community wherever we can, working at neighbourhood level with schools, GPs and voluntary and community services

3.5. Shifting the balance of care into neighbourhoods offers significant opportunities for improved integration between primary and secondary care, between social care and health services and between mental health and physical health services.

3.6. City and Hackney has comparatively advanced primary care mental health services. They include an Enhanced Primary Care (EPC) and a Primary Care Liaison (PCL) service, along with a Primary Care Psychotherapy Consultation Service. We also have a high performing IAPT service, delivering 'talking treatments' with a focus on common mental health problems, particularly anxiety and depression. However, there are still many gaps particularly for people with complex or severe and enduring mental health problems, who are outside a secondary care setting.

3.7. Working with the voluntary and community sector, and further integrating local authority and NHS services, we also have plans to improve the level of social support available in GPs surgeries and other primary care settings – this could include, for example, help with debt and financial management, housing and employment support.

3.8. There is a concern about the over-representation of black men within crisis and forensic services. Developing the neighbourhood model provides an opportunity to start to address this, by working closely with local communities and providing an integrated wrap around service that should be well adapted to address the social determinants that impact the emotional wellbeing of this group.

What we will do

3.9. Building on the emerging neighbourhood model we will shift the balance of care provision from secondary to primary care by strengthening community-based provision in primary care practices, schools and other community organisations, developing care navigation at local level and creating inter-organisational teams and approaches.

KEY ACTIVITIES	WE WILL (See Action Plan for detailed targets)
Neighbourhood teams	✓ Develop 'teams around the person' with virtual teams from different organisations formed around the patient - teams will have a designated lead professional but will put the patient at the centre of their care plan
Focal points for care	<ul style="list-style-type: none"> ✓ Develop the roles of navigators, care co-ordinators, social prescribers and coaches in an integrated way to create a 'seamless service' for the service user ✓ Reduce the unnecessary use of secondary care mental health services ✓ Ensure everyone diagnosed with dementia has a named navigator from diagnosis to end of life where VSO are a key part of the community wraparound support ✓ Develop transition services and pathways in the community, especially for young people falling out of conventional mental health services
Culture, skills and confidence	<ul style="list-style-type: none"> ✓ Implement recovery and co-production models for neighbourhood mental health provision ✓ Continue to improve the care provided in primary care and through community organisations and networks through mental health training and awareness initiatives
Dementia	<ul style="list-style-type: none"> ✓ Create a neighbourhood-based dementia service with continuity of care from diagnosis to death ✓ Support and work with community organisations to support people living with dementia, their carers and families

CASE STUDIES – SOME EXAMPLES of our approach to NEIGHBOURHOODS

Stepping down ...

The City and Hackney Enhanced Primary Care (EPC) Service supports people with severe and enduring mental health problems to 'step' down from specialist, secondary NHS services and be supported in the community, with regular GP reviews and input from a mental health liaison worker. Since widening access to more people with more complex problems - like personality disorders – it is now working with 500 to 600 people a year. Recovery Plans, produced with service users to reflect their goals, will be developed so they can be carried over as people step down into primary care services. We want to expand to cover discharge packages for a great number of people - c6,000 per annum.

... And Stepping Up

For Assessment and Brief Treatment we want to expand and provide more ongoing support for people with severe and enduring mental health problems including people with psychotic bipolar, personality disorders and trauma.

We want to explore and pilot models for a step-up service to provide timely interventions in the community for people with severe and enduring mental health issues, who may otherwise need secondary care services. VSO's in City and Hackney will be a key part of community wraparound support people will receive.

Community Dementia Service

A neighbourhood-based dementia service will offer continuity of care for patients diagnosed with dementia, from initial assessment and diagnosis through to end of life provision. People with Dementia will benefit from community-based services which offers timely diagnosis where residents and their carers receive the right level of care and support at the right time.

4. Our priorities 4: Personalisation and co-production

Why it matters

4.4. Involving service users in the development of local plans and services ensures that we are addressing need and using the experiences of service users to improve the quality of support provided. Listening to 'experts by experience' is also critical if we are to design and deliver services that work for people and as part of an integrated care programme.

4.5. Co-production is also critical to the development of the neighbourhood model in City and Hackney (see priority 3). This model depends on partners working collaboratively to organise care around the needs and assets of individuals in a way that is service user led.

4.6. A person centred approach will be taken to address people's mental wellbeing. Service users will be involved in decisions concerning their care and recovery and will have choice and control over the support they receive. Care and recovery planning will be personalised, considering people's assets with a focus on their goals and aspirations.

We will continue to shift power and control to service users, giving them control of their own care and recovery, and involving them in the shaping of local services.

'Shaping the services you use is empowering. It's refreshing to know they want to hear from people using services.'

It is:

'A stronger voice in the community with the support of peers'

'A constructive way of getting things done and being listened to'

"Service user involvement can improve routines, confidence and raise self-esteem and self-awareness."

**Feedback from Mental Health Voice members
(MH service user involvement project in City &
Hackney)**

What we will do

4.7. We will continue to pilot and develop the use of personal health budgets in City and Hackney, working with service users to ensure they have greater choice and more control over their care. We will develop our culture, practices and networks to develop the principles and practice of co-production. We will create multi-disciplinary 'teams around the person' as we develop the neighbourhood model across City and Hackney.

Key activities

(See Action Plan, Section 11 for detailed targets)

Putting service users at the centre of their care	<ul style="list-style-type: none">✓ Embed service user led care planning and setting of recovery goals in our culture and practice✓ Expand the use of Personal Health Budgets in City and Hackney, and support service users to make their own decisions about their care✓ Continue to develop the use of Direct Payments for adult social care
Involvement of families and carers	<ul style="list-style-type: none">✓ Implement our Carers Strategies, recognising need and improving support✓ Involvement of carers of people with dementia as much as they would like to be✓ Continue to use the Open Dialogue approach, involving family, social networks and a whole systems approach
Personalised support	<ul style="list-style-type: none">✓✓ Develop online therapies and digital support✓ Build 'teams around the person' in neighbourhoods (see Priority 3) to help people to address their goals and aspirations✓ Offer a choice of services to support people's mental wellbeing and actively signpost service users to the services available
Co-productive practice	<ul style="list-style-type: none">✓ Implement the <i>City and Hackney Co-Production Charter</i> for mental health✓ Co-productive approaches to developing and monitoring services (e.g. design of Personal Health Budget agreements)✓ Commission service user involvement opportunities to make sure experts by experience are involved in the design, commissioning and monitoring of services

CASE STUDIES – SOME EXAMPLES of our approach to PERSONALISATION AND COPRODUCTION

Piloting the use of Personal Health Budgets ...

A personal health budget is an amount of money to support the healthcare and wellbeing needs of the individual and to give them more choice and control over how it is spent. The use of Personal Health Budgets for people with SMIs will be piloted by the East London NHS Foundation Trust (ELFT) in 2019-20, with a focus on people leaving specialist mental health services. In 2020-21 we hope to bring together Personal Health Budgets and social care direct payments to increase flexibility to build care and support packages around the needs and goals of individuals. We are also interested in expanding the use of personal budgets to people receiving 'step up' support in neighbourhoods. We are looking at how we best involve service users in developing this offer, and the role of the Mental Health Network.

A charter for co-production

Partners have committed to the first-ever *Co-Production Charter for Health and Social Care in Hackney and the City*. The principles include involving people from start to finish in service design and valuing them as equal partners. The charter requires people co-producing services to work together with mutual trust and response, and to share information with the wider community. The Integrated Care Programme is implementing co-production principles, with public representatives on the boards of all the four workstreams. Service users are represented on the Mental Health Co-ordinating Committee and have been partners in developing this strategy.

Reviewing care & recovery planning

City & Hackney CCG asked a team of service users to review the care & recovery planning process in City & Hackney and compare existing care and recovery plans from across services. The aim of the project was to determine whether this is a helpful process and what needs to be in place to make sure the process is effective for the individual and person centred. Some key observations from the group were that people need to be involved in the process, plans need to be aspiration and goal orientated, people need to have access to their plans and plans should be monitored and reviewed. The feedback will be used to embed service user led care planning and setting of recovery goals in our culture and practice.

5. Our priorities 5: Recovery

Why it matters

- 5.4. Above all, a recovery approach is about recognising the strengths and assets of people affected by mental health problems, their families, their support networks and the community – and tapping into these to support people to live meaningful and fulfilled lives, regardless of diagnosis or mental health status. It is about encouraging people with mental health problems to have positive aspirations and ambitions for themselves, and supporting them to achieve them.

We will champion the social inclusion of people affected by serious mental health problems, focussing on their strengths and assets, housing, jobs and friendship networks

- 5.5. It is also about addressing the barriers to social inclusion. Work or other meaningful activity, housing, relationships and social networks matter as much to people with mental health problems as they do for everyone else.

Recovery means enabling people to live the lives they want with or without the symptoms of mental health problems.

Centre for Mental Health

- 5.6. Employment rates are still lower for people with SMIs, than for those with any other health condition. Rethink estimates that 43% of all people with mental health problems are in employment, compared to 74% of the general population. Just under 4% of working age adults in City and Hackney on the Care Programme Approach (CPA) are in paid employment – and 6.5% of those with high needs mental health conditions.
- 5.7. One in five adults in England in a Shelter survey (2017) said that a housing issue had negatively impacted on their mental health in the last five years, with housing affordability the most frequently cited issue. Lack of appropriate housing is a cause of delays in discharging people from hospitals and other specialist care services, which can hold back recovery and is costly for our health and social care systems.

What we will do

- 5.8. We will work with service users to identify their goals and aspirations and help them to realise them, working with a wide range of partners – in the public, private and voluntary and community sectors - on issues like access to appropriate housing, employability and leisure services.

KEY ACTIVITIES	WE WILL (See Action Plan for detailed targets)
Access to housing	<ul style="list-style-type: none"> ✓ Review and, where appropriate, redesign housing related support and mental health accommodation pathways ✓ Develop pathways out of homelessness that can work with complex needs by using a person-centred, trauma informed and recovery focused approach ✓ Pilot the Housing First approach
Employability and meaningful activity	<ul style="list-style-type: none"> ✓ Secure funding from NHS England so people in specialist mental health services can access supported employment in City and Hackney businesses ✓ Work with the Working Capital and Central London Works employment programmes to support people with mental health problems into work ✓ Develop and strengthen the City and Hackney Mental Health Employment Support Network, establishing outcome measures and monitoring impact
Friendships and networks	<ul style="list-style-type: none"> ✓ Focus on social wellbeing with a focus on loneliness and social isolation ✓ Encourage, support and engage with service user networks ✓ Involve the voluntary and community sector as a key partner in providing integrated mental health care

CASE STUDIES – SOME EXAMPLES of our approach to RECOVERY

Pioneering employment support ...

The City Corporation and LB Hackney are partners in the Central London Works initiative. This is a £51 million initiative which replaces the national employment support programmes in London (i.e. the Work Programme), and will support up to 21,000 residents across 12 Central London boroughs to find work and manage their health condition. Central London Works has a strong focus on mental health issues.

City and Hackney is also developing its delivery of Individual Placement and Support (IPS) in preparation for a further investment of NHS funding to support this approach locally. IPS has a proven track record of supporting people with severe mental health difficulties into employment, with a combination of rapid job search, placement in paid employment and in-work support for both employee and employer.

Students in self-care and wellbeing ...

The Recovery College in the LB Hackney provides courses to empower people to become experts in their own self-care and wellbeing. Students are given tools to manage their mental health and to help families, friends, carers, professionals and the public to better understand their conditions and support their recovery journey. It is a self-referral service, based on an enrolment form. To make the college as accessible as possible a 'buddy system' is available to support students.

Accommodation pathways ...

The LB Hackney is recommissioning its Mental Health Accommodation Pathway. It will improve support for people with a high level of complex need (including piloting a Housing First approach). Residential services will be provided for people with severe mental illness and co-morbidity. Following a deep dive review of Health and Homelessness the City Corporation will develop the role of specialist mental health practitioners to provide therapeutic intervention, referral and guidance to outreach practitioners.

6. Four building blocks

10.1 The delivery of our five strategic priorities will be supported by four key building blocks.

WORKFORCE: <i>We will develop our workforces, and support for carers, peer mentors and volunteers</i>	DATA AND DIGITAL: <i>Share data, building a shared evidence-base and develop digital options</i>
<p>We will expand mental health skills amongst the wider (more generic) workforce as a means of improving access and delivering a more integrated approach to mental health.</p> <p>This will involve training staff in primary care settings, schools and community organisations to understand mental health problems; treat people with dignity and respect and signpost to specialist services when appropriate.</p> <p>We will improve support for our carers and continue work with the voluntary and community sector to facilitate the work of peer networks, community champions, befriending, mentoring and volunteering.</p> <p>For example, we will:</p> <ul style="list-style-type: none"> ✓ Train GPs and other primary care staff as we roll out of the neighbourhood model ✓ Develop mental health first aid (e.g. for schools and businesses) ✓ Implement ambitious Carers strategies and involve carers networks and forums. 	<p>We will respond to the national call for a data and transparency revolution that brings together clinical and social data, with better linkage across the NHS, local authorities, education and other sectors. We will develop the pivotal role of new technologies in driving changes in mental health services.</p> <p>For example, we will:</p> <ul style="list-style-type: none"> ✓ Explore and develop data sharing protocols and practices and exchange information through our integrated care structures that support integrated pathways ✓ Develop on-line support to improve personalisation and autonomy in the delivery of care. We are piloting new uses for online therapies to support a wider access ✓ Continue to develop shared care plans that support virtual integrated teams around the patient

ENGAGEMENT: *Listen and learn by working with experts by experience, practitioners and partners*

We have developed this strategy with 'experts by experience' as part of an Integrated Care Programme, and look forward to working with people who use services and their carers at every stage of its implementation.

People with direct and indirect experience of mental health problems and those close to them have unique insights into their conditions, the experience of seeking and accessing help and the delivery of services. This is a vital resource for system and service improvement.

For example, we will:

- ✓ Continue to ensure service users have an effective voice on the Mental Health Co-ordination Committee
- ✓ Work with the voluntary and community sector to support service user networks
- ✓ Commit to the City and Hackney Co-Production Statement for mental health

EVIDENCE-BASED POLICY: *Be guided by research and best practice, and monitor the impact of what we do*

We note that the NHS Long-Term Plan highlights the importance of 'further progress on care quality and outcomes' and ensuring that taxpayer investment is used for 'maximum effect, both require an evidence-based approach'.

We will ensure we invest in services that deliver outcomes and offer value for money. This strategy will be supported by detailed action planning and the specification of performance indicators.

For example, we will

- ✓ Continue to develop best commissioning practice
- ✓ Undertake deep dives on key strategic issues to inform policy and practice
- ✓ Ensure our politicians and senior leaders are briefed on research and best practice findings.

11 Development, oversight and accountability

7. 1 This strategy is supported by an action plan with SMART performance indicators. The Action Plan will be overseen and managed by a Joint Mental Health Team, reporting to the Mental Health Co-ordination Committee (MHCC) of senior officers, partner representatives and service users. Each target will be assigned an MHCC lead. Service user engagement and oversight within the MHCC will be provided by the Advocacy Project. The Action Plan will also align each target to a Workstream and progress against the targets will be reported to the relevant Workstream, with which accountability for achieving the target will ultimately rest.
- 11.2 Progress will be reported to the City and Hackney Health and Wellbeing Boards, at least annually, and to other key committees, including the City and Hackney Adult Safeguarding Board. A short and accessible annual progress report will be produced and published on our websites, as well as disseminated through our service user networks, with opportunities to feed back.
- 11.3 Councillors serving as Mental Health Champions will provide a voice for the mental health strategy and ensure proper scrutiny within the City Corporation and LB Hackney. We expect that partners will incorporate relevant priorities and outcomes from this strategy in their own work and business planning.
- 11.4 The environment is changing all the time, with new opportunities and challenges emerging, and we are committed to an evidence-based approach that incorporates new data and research findings, learns from experience and through engagement, and adapts to new circumstances. The Mental Health Co-ordination Committee will therefore oversee an annual review and of the strategy, alongside progress reporting.

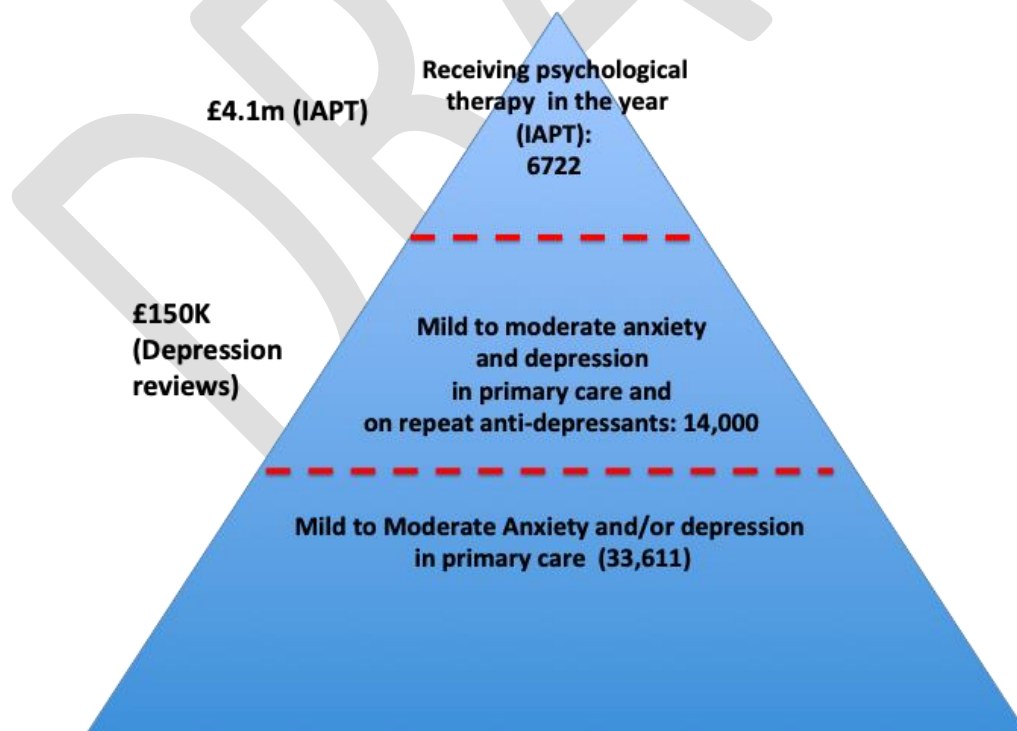
Appendix 1: City and Hackney Needs Analysis

Population: Overview

Overall, City and Hackney has a relatively young, growing and ethnically diverse population. There are significant differences in demographics and in levels of affluence and deprivation across the area, and contrasts between Hackney and the City of London. For example, the City of London has an aging residential population, and an exceptionally large working population that is not resident in the Square Mile. There are significantly higher levels of deprivation in Hackney, and there is greater ethnic diversity.

Across City and Hackney, there is a relatively large cohort of people with serious mental health problems compared to other local areas, and high numbers of A&E, ambulance and 111 frequent attenders.

Adults with common mental health disorders. It is estimated that over 33,000 people across City and Hackney are experiencing depression and anxiety disorders at any one time, and that 14,000 are on repeat prescriptions for antidepressants. About 1 in 5 of these residents will access 'talking therapies' through the NHS's Improving Access to Psychological Therapies (IAPT) programme in the 12 month period from April 2018 to April 2019. The diagram below shows the pyramid of service usage with some indicative CCG spend figures.

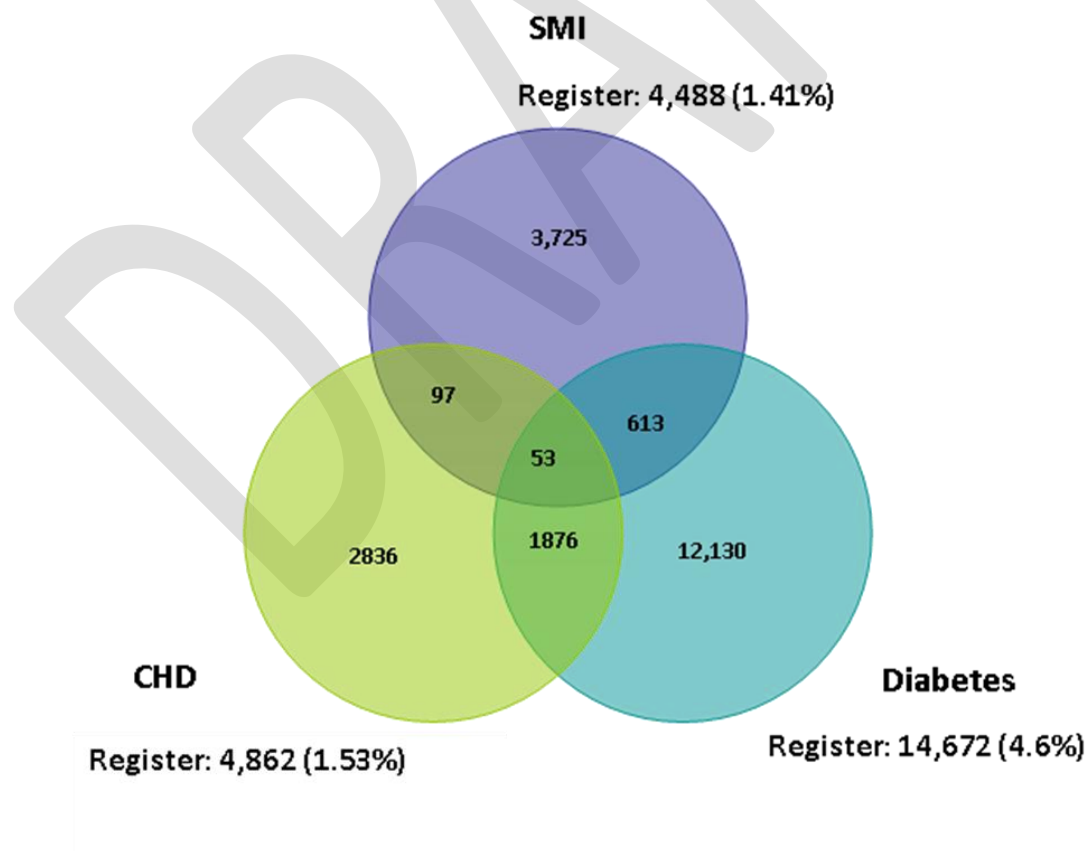


Adults with severe and enduring mental ill health

Severe and enduring mental illnesses (SMIs) include bipolar disorder, schizophrenia (and other psychosis) and personality disorders and severe trauma. SMIs also include more extreme manifestations of depression, anxiety and other common disorders.

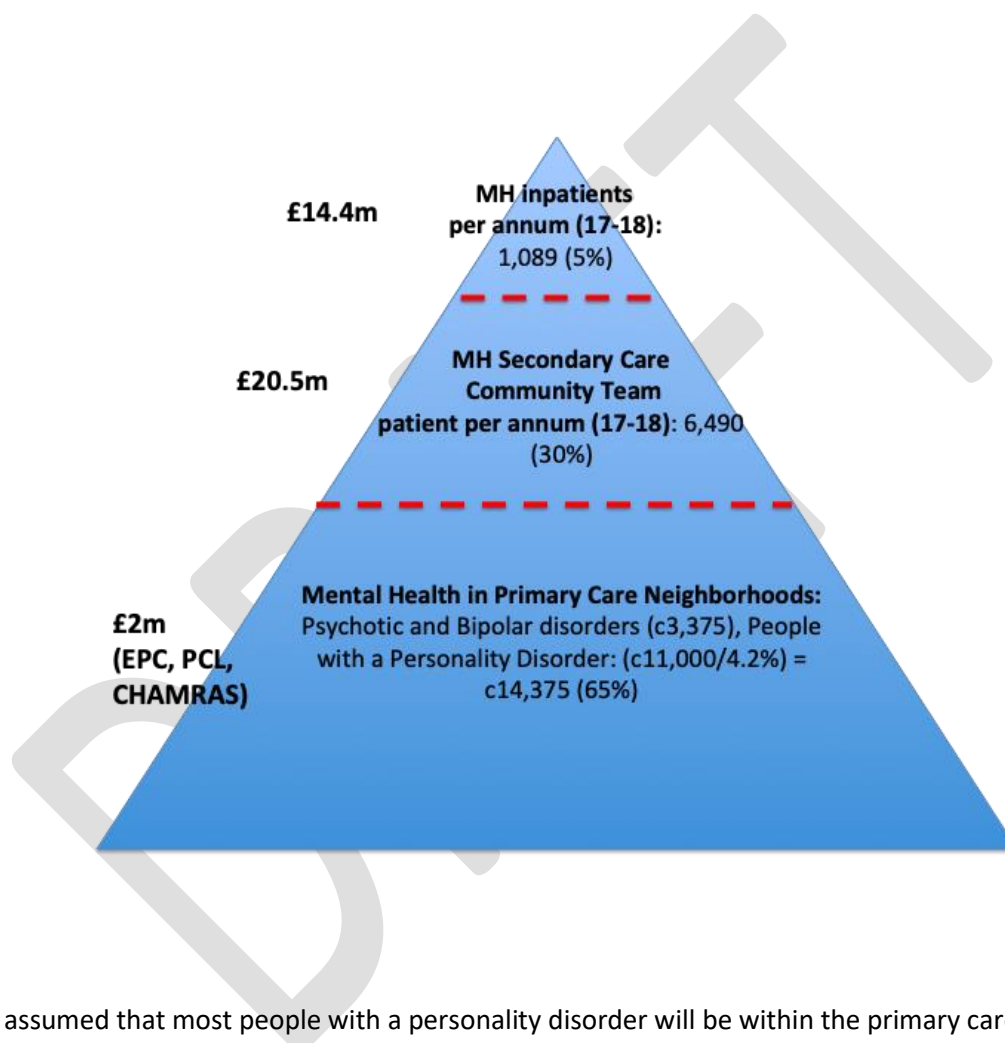
City and Hackney has a high prevalence of psychotic and bipolar disorders, with the fifth highest rate in England, and over 4,500 people on the Serious Mental Illness (SMI) Register. About three quarters of this group will be managing their condition with the support of GP and other primary care services, often with some voluntary and community sector involvement. However, nearly half of this group (2,200) engaged with secondary mental health services in City and Hackney at some point over a 12 month period.

This group has far poorer physical health than the general population. Smoking rates are 36% and obesity is 50% higher, and life expectancy is between 8 and 18 years lower. Co-morbidity with long term conditions is far higher than in the general population. The figure below shows that 17% of those on the SMI register (763) have either diabetes or CHD.



Based on estimates for the UK, we estimate that there are about 11,000 adults in City and Hackney with a personality disorder, such as borderline personality disorder and antisocial personality disorder (PD). People with PD may have other problems in their lives, such as alcohol and drug misuse, and will overlap with the 'complex need' group (see below).

Taking all these groups together, 6,490 people in City and Hackney with severe and enduring mental health problems entered secondary care services in 2017-18, of which 1,089 were inpatients on the acute wards or Psychiatric Intensive Care Unit (PICU). Service use by people with severe and enduring mental health problems is captured in the diagram below.



It is assumed that most people with a personality disorder will be within the primary care setting. We have not included people with severe and enduring anxiety and depression in primary care within this data set, but this is also a significant number.

People with SMI often have other challenges in their lives, including lack of employment, financial problems, issues with benefits and housing problems.

Employment rates are lower for people with mental health problems, than for any health condition. Rethink estimates that only 43% of all people with mental health problems are in employment, compared to 74% of the general population. Only 8% of people with schizophrenia are in work. Most people with mental health problems say that they want employment. People with SMIs are also

over-represented in the homeless population (see below), while others may find themselves in insecure or inappropriate accommodation.

Complex needs and undiagnosed mental health problems

A national report estimates that there are around 58,000 people across England experiencing severe and multiple disadvantage involving substance misuse, homelessness and/or contact with the criminal justice system. Over half (55%) had a diagnosed mental health problem and nearly all (92%) had a self-reported mental health issue. This group can find it difficult to get the holistic help they need to address their needs, and may be 'bounced between' services - e.g. mental health and substance misuse services.

Drug and alcohol misuse. UK studies suggest that the prevalence of co-existing mental health and substance misuse problems in mental services is between 32% and 46%. In City and Hackney, 386 people who started drug and alcohol treatment in 2017-18 (over 40%) had a mental health treatment need. Over a third (37%) of them were receiving no treatment at all, with 20% engaging in specialist services, and 42% receiving treatment from their GP.

Homelessness. 80% of homeless people in England have a mental health problem, with 45% diagnosed, according to the Mental Health Foundation. In Hackney in 2017-18, 58 of 118 rough sleepers who were assessed (49%) had mental health needs; the equivalent figure for the City of London was 151 of 265 (57%). 58% in Hackney and 47% in the City of London had alcohol treatment needs. The respective figures for drug treatment need were 49% and 51%. Only 15% of the street homeless population across City and Hackney had no identified alcohol, drug or mental health needs.

Crime and offending. HM Chief Inspector of Prisons Annual Report 2017-18 concluded that 79% of women and 71% of men in prison said they had mental health problems. The majority of prisoners who are drug dependent have a least two mental health problems. A significant proportion of police time and resource is spent dealing with mental health related problems, including the detention of people in crisis for assessment under s. 136 of the Mental Health Act.

Mental health and physical health comorbidity. Mental health problems may be undiagnosed and untreated where people present to health professionals with unexplained physical symptoms. In City and Hackney there are currently 272 people who have attended hospital A&E services ten times a year or more without a clear physical causation, over 3,000 A&E attendances. The pressure on A&E services could be alleviated and outcomes improved if these frequent attenders were receiving appropriate psychological, emotional or practical support. Additionally there are 15,169 patients in City and Hackney who have diabetes, of which 2,471 (18%) have uncontrolled diabetes as they are unable to manage their long term condition. This cohort may also benefit from appropriate psychological emotional or practical support.

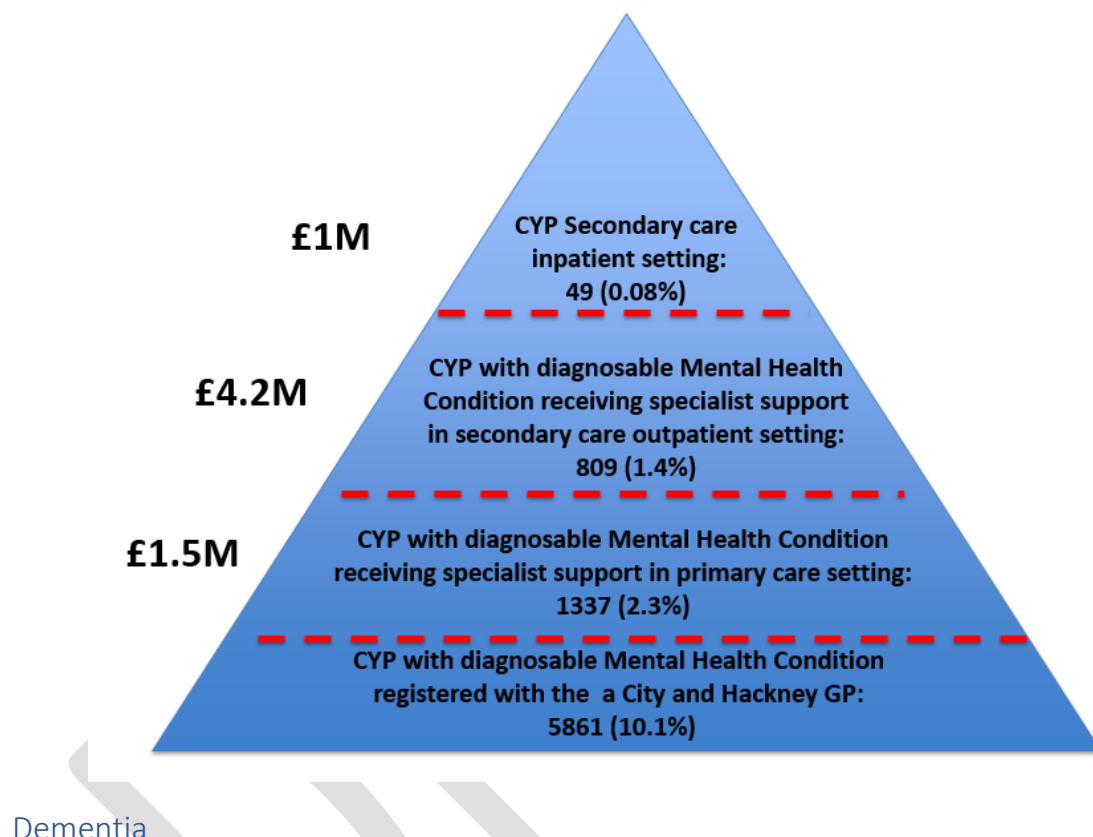
Children and young people's mental health

City and Hackney has a relatively young population that has grown significantly in recent years, and will continue to grow. This is an ethnically and culturally diverse population, with significant variations in levels of affluence and deprivation.

Compared to similar areas of London, Hackney has significantly higher numbers of children and young people with Special Education Needs - including more with Social, Emotional and Mental Health Needs - more looked after children, more in Pupil Referral Units and more 16-18 year olds

who are not in education, training and employment. While the number of vulnerable children and young people is relatively low in the City of London, this includes some with high risk of emotional and mental health problems - for example, looked after children in the City of London are generally unaccompanied asylum-seeking children.

Across City and Hackney in 2017-18 (check) 49 children and young people required inpatient care, over 2,000 received specialist support in the community, and nearly 6,000 were treated for a diagnosable mental health problem by their GP. NOTE: JG to add in non NHS spend/ GC to add in data on exclusion rates etc. 07 02 19



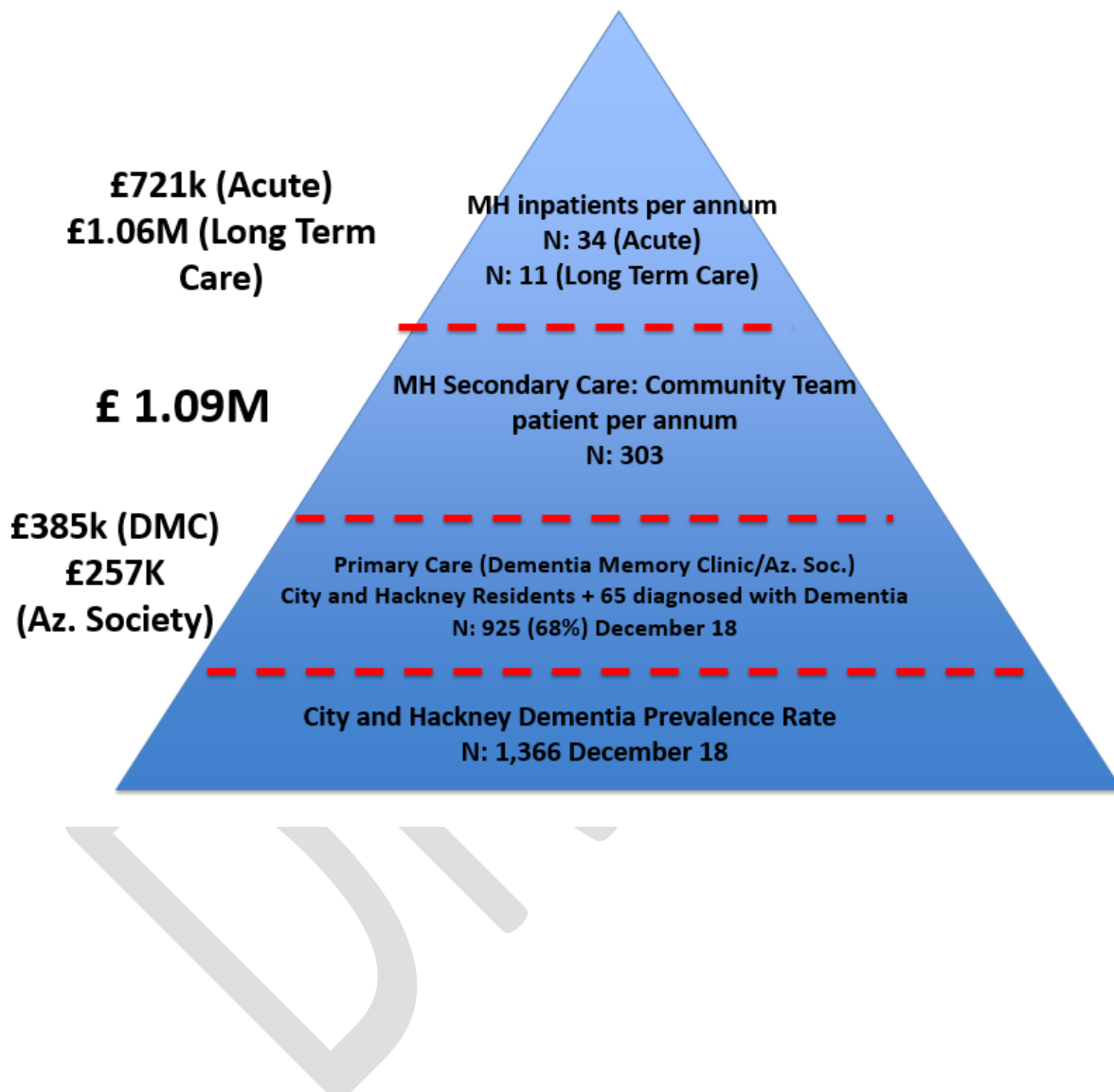
Dementia

Dementia is one of the main causes of disability in later life. It is characterised by progressive memory loss, behavioural and personality changes, impaired reasoning and ability to care for oneself. In the later stages, people become increasingly frail, may have difficulty eating and swallowing, experience incontinence and lose communication skills, including powers of speech, and become increasingly dependent on others. This also impacts the emotional wellbeing and mental health of carers.

It is estimated that approximately 1,300 Hackney and 90 City of London residents aged 65+ have dementia. Around half of those affected have their condition recorded by their GP. In addition, 40 Hackney and City residents *under* the age of 65 have dementia recorded by their GP. These residents are almost all aged 50-64.

Assuming the prevalence of dementia remains the same, the number of people living with dementia in Hackney is expected to increase by one third between 2015 and 2025, from 1,200 to 1,700. The number of people with dementia in the City of London is expected to more than double in this period, from 90 to 190.

Hackney has high rates of dementia detection, compared to both London and England. The diagnosis rate for January 2018 was 71.2% against a target of 66.7%.



Appendix 2: City and Hackney CAMHS Transformation Plan (Phase 3): Implementation (2019-20)

Our vision is that by 2020/21 we will have in place a system that meets the mental health needs of every child in City and Hackney. There will be no thresholds and no wrong doors. The system will exist beyond traditional health care settings extending into schools and the wider community. It will be a seamless and child / family centred service, continually adapting through local service user empowerment and engagement. It will be optimised to catch mental health issues as early as possible preventing long term mental problems developing or escalating. Every intervention given will be supported by the robust evidence as every service becomes part of the CYP IAPT Programme. In doing so, it will be highly cost effective, making best use of every penny spent.

City and Hackney has a relatively young population which has grown significantly in recent years and is projected to continue to grow. The City of London and London Borough of Hackney are both ethnically diverse and are projected to become increasingly diverse with extreme variances in levels of deprivation across the area. Although children in City and Hackney are reporting relatively good levels of happiness there are underlying issues that make it stand out from similar local authorities in London. Hackney has significantly higher numbers of children in SEMH and Pupil Referral Units. It has higher proportion of children with Special Education Needs (SEN), 16-18-year olds who are not in education, employment or Training (NEET) and looked after children. These children are likely to have increased mental health need when compared to others.

City and Hackney has a relatively high quality and comprehensive provision of CAMHS available to all children and young people in the area. The CCG has historically invested significantly in CAMHS and this investment continues to grow through the CAMHS Alliance and CAMHS Transformation Programmes, both of which are transformational. The CAMHS Transformation Programme is now entering Phase 3. The first phase is now operational with a recurring investment of £526,769 addressing previously identified gaps locally and in alignment with Future in Mind. Phase 2 and 3 represents an overarching whole-system strategy to improve mental health and wellbeing outcome for children and young people through 18 comprehensive workstreams representing additional investment of £1.2M into children's mental health:

1. Schools, Education, Training and Employment
2. Transitions
3. Crisis and Health Based Places of Safety (HBPOS)
4. Families (previously parenting)
5. Core CAMHS Pathways
6. Communities (previously Reach and Resilience)
7. Youth Offending
8. Eating Disorders
9. Perinatal and Best Start

10. Safeguarding
11. Early Intervention in Psychosis
12. Primary Care
13. Wellbeing and Prevention
14. Physical Health and Wider Determinants
15. Quality and Outcomes
16. Digital and Tech
17. Workforce Development and Sustainability
18. Demand Management and Flow

The table below provides a summary of CAMHS investments increases from 2014/15 baseline. CAMHS transformation represents an increase of £1.7m.

CCG Funded : City and Hackney	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
ELFT: Specialist CAMHS	£3,413,106	£3,467,000	£3,964,502	£3,968,602	£4,211,540	£4,215,752	£4,219,967
ELFT: Perinatal Services	£215,373	£287,793	£288,000	£288,288	£331,068	£331,399	£331,730
HUH: CAMHS Enhanced ASD	£41,000	£42,000	£45,000	£46,817	£47,566	£47,614	£47,661
HUH: First Steps	£1,080,670	£1,070,000	£1,082,000	£1,085,970	£1,103,346	£1,104,449	£1,105,554
HUH/ELFT: CAMHS Disability	£455,508	£451,000	£458,000	£459,854	£460,314	£460,774	£461,235
Well Family Plus	£0	£285,000	£285,000	£285,000	£285,000	£285,000	£285,000
Sub Total (CCG funded)	£5,205,657	£5,602,793	£6,122,502	£6,134,531	£6,438,834	£6,444,988	£6,451,148
Reach and Resilience	£0	£82,766	£66,355	£66,355	£66,421	£66,488	£66,554
Developing CYP Outcomes	£0	£52,260	£0	£0	£0	£0	£0
Perinatal	£0	£36,472	£67,568	£67,568	£67,636	£67,703	£67,771
NICU Trauma	£0	£39,105	£36,978	£36,978	£37,015	£37,052	£37,089
ASD Ed Psych	£0	£77,090	£59,141	£59,141	£59,200	£59,259	£59,319
Psych and Paed Liaison	£0	£30,091	£80,548	£80,548	£80,629	£80,709	£80,790
Off-Centre YIAC	£0	£10,205	£39,316	£39,316	£39,355	£39,395	£39,434
Youth Offending	£0	£6,623	£26,491	£26,491	£26,517	£26,544	£26,571
Information Systems	£0	£41,785	£0	£0	£0	£0	£0
Eating Disorder Service	£0	£190,000	£175,000	£150,000	£213,476	£213,848	£213,848
Parenting	£0	£0	£38,000	£168,000	£0	£0	£0
Child to Adult Transition	£0	£0	£38,000	£70,500	£0	£0	£0
Phase 2 Crisis Pathway	£0	£0	£38,000	-	£267,000	£184,000	£117,000
Interfaces with Schools	£0	£0	£88,000	£324,469	£0	£249,000	£500,000
Project & Evaluation Costs	£0	£0	£48,000	£88,361	£0	£255,902	£248,702
Off-Centre Clinical Pilot	£0	£0	£18,350	£0	£0	£0	£0
Waiting List Initiative	£0	£0	£134,000	£0	£0	£164,000	£0
Youth Justice	£0	£0	£48,733	£0	£0	£0	£0
Conduct Disorder Pathway	£0	£0	£27,000	£0	£0	£0	£0
CAMHS Alliance	£0	£352,000	£0	£0	£0	£0	£0
Outcomes Phase 2	£0	£0	£0	£0	£0	£28,000	£0
Digital Interventions	£0	£0	£0	£0	£0	£49,000	£0
Training and Development	£0	£0	£0	£0	£0	£42,000	£42,000
Family Action (Schools)	£0	£458,351	56,250	£0	£0	£0	£0
First Step Access	£0	75,000	£0	£0	£0	£0	£0
Building Reach and Resilience	£0	186,868	£0	£0	£0	£33,000	£0
ASD Pathway Improvement	£0	£0	£0	£0	£67,000	£67,000	£67,000
Primary Care Step Down	£0	£0	£0	£0	£67,000	£90,000	£90,000
Child Bereavement	£0	£0	£0	£0	£0	£0	£0
Children's ASD	£0	£0	£0	£0	£0	£0	£0
CAMHS Transformation	£0	£1,638,616	£1,085,730	£1,177,727	£991,249	£1,752,900	£1,656,077
Sub Total CCG	£5,205,657	£7,241,409	£7,208,232	£7,312,258	£7,430,083	£8,197,888	£8,107,225
Sub Total LBH: CFS Clinical Services and other CFS	£1,409,138	£1,587,020	£1,628,641	£1,716,973	TBC	TBC	TBC

This local increase in investment equates to significant increase in front line clinical staff providing direct interventions.

Service	15/16 Baseline – Pre CAMHS Transformation		16/17 Post transformation plan phase one		17/18 Post transformation plan phase two	
	Clinical WTE	Non-Clinical WTE	Clinical WTE	Non-Clinical WTE	Clinical WTE	Non-Clinical WTE
HUH First Steps	17.5	1.5	18	1.5	18	1.5
HUH CAMHS Disability	8.3	1.0	9.9	1.0	11.2	1.2
HUH Children's ASD	0	0	0	0	1.2	0
ELFT Specialist CAMHS	34.7	10.1	36.0	10.1	38.8	10.9
Off-Centre	0	0	0.2	0	0.2	0
Family Action	0	0	0	0	3.4	0.8
LBH: CFS	10.36	0	16.8	0	22.4	0
Total	70.86	12.6	80.9	12.6	95.2	14.4

Increased capacity has allowed us to increase the number of new CYP seen per year and meet increasing demand.

	14/15	15/16	16/17	17/18
Referrals	1749	1874	2170	2422 (38% increase)
Referrals Accepted	1644	1553	1733	1842
New Patients Seen	1452	1494	1657	1782 (22% increase)
Contacts	12798	15019	16856	18605

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MENTAL HEALTH STRATEGY 2015-2018 – IMPACT ASSESSMENT

ACTION PLAN REPORT

INTRODUCTION AND COMMENTARY

1. Background

- 1.1 The [City of London Mental Health Strategy 2015-2018](#) was a joint strategy of the City Corporation City and Hackney Clinical Commissioning Group (the CCG). It was developed with partners, residents and service users.
- 1.2 The strategy was aligned to other strategies, including the Joint Health and Wellbeing Strategy, Social Wellbeing Strategy, Homelessness Strategy, Carers Strategy and Children and Young People Plan.
- 1.3 It was overseen by the Health and Wellbeing Board and Community and Children's Services Grand Committee, who monitored progress against an Action Plan.
- 1.4 The overarching aims of the strategy were:
- To improve the mental health of people in the City and keep people well; and
 - To provide effective support for people with mental health problems.
- 1.5 It identified the four priority areas of *prevention*; *personalisation*; *recovery* and *delivery*, and three target populations: *residents*, *workers* and *rough sleepers*.

2. Independent Audit

- 2.1 The strategy was subject to an independent Mental Health Provision Audit, which reported in March 2019.
- 2.2 The Audit concluded that an adequate control framework had been in place for the strategy and welcomed the Action Plan.
- 2.3 The Audit highlighted areas where compliance could be tightened up to ensure system objectives are delivered:
- The Action Plan should be updated every quarter
 - A more robust approach to managing supporting evidence should be developed to demonstrate delivery of actions.
- 2.4 These recommendations have informed the development of the accountability frameworks for a new mental health strategy, as part of a programme of work being led by the Integrated Commissioning Board. This will include closer oversight by a designated Mental Health Coordinating Committee, supported by a Joint Mental Health Team, with a focus on practice and implementation.

3. Inputs and Investment

- 3.1 The City and Hackney CCG is the main investor in mental health services, including GP practices, and invested a total of £44.5 million in mental health services in 2017-18.
- 3.2 The City Corporation's investment is also substantial with mental health accounting for around £1.4 million in 2017-18, a third of the adult social care budget. (This figure includes £282,000 for support for people with memory and cognition problems.)
- 3.3 In addition, a significant proportion of City Corporation spend in other areas supports mental health and wellbeing, notably children's social care, homelessness and rough sleeping, libraries, public health and SEND. There has been philanthropic support via the Stronger Communities Grant for key projects developed for the Social Wellbeing Strategy.
- 3.4 City Corporation funding has been critical for landmark projects in the delivery of the strategy. For example, a £150,000 investment for a Mental Health Triage Project with the CCG and City Police to run seven days a week. By supporting mental health nurses to go on patrol with police officers this has resulted in a 63% reduction in 'sections' under s. 136 of the Mental Health Act.
- 3.5 A key development in the lifetime of the strategy has been an increase in Government funding for the transformation of Child and Adolescent Mental Health Services (CAMHS). Investment in City and Hackney increased from £5.2 million in 2014-15 to £8.2 million this year. This enabled City and Hackney to see and help more young people than any other London Borough in 2017-18.

4. Key outcomes

4.1 A full breakdown of progress against the Mental Health Strategy 2015-18 is provided in the dashboard and table that follow this commentary. This section highlights some of the key achievements in progressing the four priorities.

4.2 On **prevention**:

- ✓ Business Healthy Network ran the 'Release the Pressure' mental health awareness campaign, targeting City Workers, the materials were seen 30 million times in the first four weeks.
- ✓ The Dragon Café in Shoe Lane Library has provided a bi-weekly space to 'release the pressure', with two thirds of Café users saying they were more likely to use public mental health services and that there had been a positive impact on their wellbeing.
- ✓ The number of referrals to the social prescribing services from the Neaman Practice (the City's only GP surgery) has risen with an increase in referrals to City-based activities.
- ✓ A new CCG-funded GP Dementia Lead for City and Hackney was appointed to improve rates of diagnosis.
- ✓ Development of Mental Health Street Triage (see 3.4 above).

4.3 On **personalisation**:

- ✓ Increased numbers of people with more serious mental health problems supported to live in the community through transfers from specialist care to GP and other primary care services.

Personalisation (continued)

- ✓ The First Steps programme at Sir John Cass Children's Centre has provided drop in sessions and parenting workshops on mental health and wellbeing with a third of families saying they've found the programme very useful.
- ✓ The Improving Access to Psychological Therapies (IAPT) programme saw an increase of investment from £3.2 million in 2015-16 to 3.4 million in 2017-18, with a reduction in waiting times in line with NHS standards, and over 3,000 people completing treatment in 2018-19.

4.4 On **recovery**:

- ✓ To support people on discharge from hospital, a full-time floating support officer was created as part of the rehabilitation contract with the East London Foundation Trust (ELFT), to work with service users to develop a personalised support plan for recovery in the community.
- ✓ The recovery rate in City and Hackney IAPT services is above the national target of 50%.
- ✓ There has been an improvement in employment advice and support for people with mental health problems, through the City and Hackney Psychological Therapies Alliance and the Working Capital and Central London Works programmes of employment support.

4.5 On **delivery**:

- ✓ A £300,000 investment in IAPT to improve access, including for BAME communities, delivering a 2% rise in access rates.
- ✓ Development and implementation of a Suicide Prevention Strategy.
- ✓ Improving access to settled accommodation for people with

- ✓ Getting people experiencing their first episode of psychosis into treatment within two weeks of referral, with City and Hackney achieving the national target in 2017-18.
- ✓ Ensuring children with diagnosable mental health conditions have access to evidence-based treatment by delivering the CAMHS transformation programme for City and Hackney.

5. Conclusion

5.1 Overall, the 2015-18 strategy has been implemented successfully with significant progress in mental health and wellbeing support for City residents and workers.

5.2 There are several areas where we do need to make further progress, and which will be central to a successor strategy.

5.3 Looking at the amber areas we need to:

- Transfer more people with serious and enduring mental health problems from secondary to primary care services;
- Further develop the pathways between CAMHS and adult mental health services
- Develop 24/7 community-based crisis support for children and young people
- Get more people into settled accommodation; and
- Ensuring we fully meet standards for our peri-natal services.

Other areas where there is more work to do include improving access for the most vulnerable people, people with physical health problems and all sections of our diverse communities.

5.4 We anticipate that the City and Hackney Mental Health Strategy 2019-23 will be finalised in September 2019, with an accompanying Action Plan. It will be delivered as part of the programme of work overseen by the Integrated Care Board.

2015-18 STRATEGY: DASHBOARD AND TABLE

Priority 1: PREVENTION

20 Actions completed or ongoing	NO Actions outstanding
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Priority 2: PERSONALISATION

9 Actions completed or ongoing	1 Action Outstanding
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AMBER: Transfers from secondary care to primary care increased to meet the target of 50 per month.

Priority 3: RECOVERY

5 Actions completed or ongoing	No Actions Outstanding
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Priority 4: DELIVERY

13 Actions completed or ongoing	4 Actions Outstanding
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AMBER: Provide a robust pathway for young people transitioning from CAMHS to Adult Mental Health services.

Provide a 24/7 community-based mental health crisis response for children and young people.

Increase the number of people with a mental health illness in settled accommodation.

Ensure we are meeting all care standards for Perinatal mental Health needs

PRIORITY 1 Prevention

Objective: Promote good mental health and mental health self-help, and support prevention and early identification of mental health problems through mental health services, healthcare pathways and our work with the community.

Action:	Measure/outcome:	Lead partner	Comments:	RAG status
1.1 Deliver services that support primary prevention of mental health issues and support emotional wellbeing	Deliver 'Books on Prescription' throughout City libraries.	COL	Books on Prescription has been delivered Shoe Lane Library has "Sanctuary Spaces" and hosts talks to support mental health and wellbeing. Since February 2018 Shoe Lane has hosted the Dragon Café.	Green
	Promote the libraries role in mental health and wellbeing.			
	Extend the Learning Well Programme for people with low level mental health problems.	COL	Programme was extended for two years to 2016-17.	Completed
	Increase social prescribing by the Neaman Practice and to City-based activities.	COL CCG Family Action	The number of referrals increased in 2017/18.	Green
	A City lead allocated for the City and Hackney 5 to thrive programme and City based 5 to thrive events delivered.	COL CCG	This forms part of the Square Mile service and the City will monitor this at monitoring meetings.	
	Prevention-focused education through City and Hackney Young People's Services Plus	COL	Services launched in 2016. Ongoing work with the providers to increase engagement of City children and young people.	
	The Living Wise service enables informed choices for mental health and wellbeing.	COL	Service operating since October 2018	

1.2 Provide Mental Health education and promote positive Mental Health messages through our commissioned services	The Square Mile Health service provides information on the links between substance misuse, smoking and mental health.	COL	This forms part of the offer from the Square Mile Health Tobacco, Alcohol and Drug Support service	Green
	The Toynbee Hall City Advice Service training programme to cover advising where people have mental health problems.	COL	Service manager attended workshops on Mental Health provision, and shared learning with the team. Referral and joint working arrangements have been set up with Mind and a local suicide prevention charity.	
1.3 Commission clinical services that enable early identification of mental health issues and provide treatment for mild to moderate issues	Swift referral into brief psychological support for children and young people through a new young person health and wellbeing service.	COL	City and Hackney Young People's Services Plus operating, with work ongoing to increase engagement of City young people.	Green
	Reduced waiting times for Improving Access to Psychological Therapies (IAPT).	CCG	City & Hackney Mental Health Programme Board has invested additional funding to reduce waiting times.	
1.4 Commission Mental Health first aid training for frontline corporation staff	Number of frontline-staff trained in mental health first aid.	COL	Mental Health First Aid Courses have been taking place twice a year through the Business Healthy network.	Green
1.5 Provide training to increase support for children and young people's emotional health to practitioners	Mental health first aid training for front line staff and partners who work with children.	COL	Delivered to the 8 City family of schools in May 2019.	Green
1.6 Provide extra support to children and unborn children in families where adults have mental health and/or substance abuse issues.	Audit and evaluate the use of the 'Think Family' approach.	COL	A multi-agency audit by the Safeguarding Children Board in 2019 found that the Think Family approach was having a positive impact in addressing need.	Green

1.7 Identify and provide additional mental health support for our most vulnerable children and young people with social care needs and children in care	Conduct mental health needs assessments	COL	Included in: 0-5 Needs Assessment; Substance Misuse Needs Assessment 5-19 Needs Assessment Assessments are being reviewed and updated.	Green
	Commission an enhanced CAMHS service for looked after children.	COL	Contract for an enhanced CAMHS service is in place.	Green
1.8 Deliver additional mental health support to vulnerable new and expectant mothers	Commission an enhanced health visiting service	COL	New health visitor service provided by the Homerton Hospital.	Green
1.9 Implement the Carers' Strategy to reduce the risk that a caring role may lead to mental ill health	Implementation of a COL Carers' Strategy	COL	The Carers Strategy has been renewed.	Green
	City Carers Service as part of the Reach Out Network to provide help, advice and support for Adult Carers.	COL	The Reach Out Network will now become part of the new Early Intervention and Ongoing Support Service.	Green
1.10 Identify and support young carers, including their mental health and wellbeing	Refresh the Young Carers Strategy	COL	A new Carers Strategy covering young carers has been produced and signed off	Completed
1.11 Integrate care pathways to meet the mental health needs of people with long-term physical health issues	Depression screening is included in the diabetes template in primary care.	CCG	Depression screening has been included.	Completed
	Five to Thrive reminder in Recovery Care Plans	CCG	Now routinely included.	Completed
	Mental Health check included in young people's health checks in primary care,	CCG	Mental health questions in template for clinicians	Completed

1.12 Develop and deliver an action plan to address social isolation and promote community cohesion to help prevent mental health issues from developing	Social Wellbeing Strategy developed and implemented.	COL	Launched in 2017, progress against an action plan is reported to CCS Committee.	Green
	Extend the City's befriending scheme to include people with low level mental health needs.	COL	The number of people accessing the befriending scheme has been increasing since its launch in 2016.	Green
	Include a Wellbeing and Independence Service in the new Reach Out network.	COL	The Reach Out Network service will be part of the new Early Intervention and Ongoing Support Service	Completed
	Provide a 'Little Explorers' program for mothers with young children at risk of social isolation.	COL	Little Explorers programme took place in 2016/17.	Completed
1.13 Improve diagnosis rates for dementia	Early identification and improved coding practices for dementia in primary care	CCG	A GP Dementia Lead and mental health facilitator are working with practices to improve diagnosis rates.	Green
1.14 Ensure that advice and support is available to those diagnosed with dementia and carers.	The Reach Out network to include a City Memory group to provide group and peer support	COL CCG	The Reach Out Network will now become part of the new Early Intervention and Ongoing Support Service.	Completed
	Establish a new integrated Dementia Care Pathway	COL CCG	The dementia care pathway is currently being updated.	Completed
	Provide those diagnosed with dementia with advanced care plans and crisis plans	COL CCG	The Dementia Alliance has capacity to ensure those diagnosed with dementia have a Coordinate My Care plan and an allocated dementia navigator.	Green
	All carers offered an assessment of their needs and receive carers support package	COL CCG		Green

1.15 Protect, and where possible enhance, the acoustic environment to mitigate against the Mental Health effects of noise	Identification of spaces in the City that would benefit from further protection or enhancement of the acoustic environment.	COL	City of London Noise Strategy 2016-26. Implementation of the Noise Strategy Action Plan.	Green
	Protection of areas of tranquillity			
	Encourage developers, architects and planners to consider acoustic environments.			
1.16 Improve the identification and treatment of mental health issues amongst rough sleepers through outreach services and on-street assessments	Evaluation of the EASL service to determine what further action is required to help rough sleepers with mild mental health needs into accommodation.	COL	The evaluation was completed in 2016 and has informed the development of homeless services.	Completed
	Assess the mental health needs of rough sleepers in the City.	COL CCG	Assessment completed and health care service for rough sleepers commissioned by CCG.	
1.17 Support the business community by providing tools and training to mitigate the impact of stress and anxiety on City Workers	Information on the Business Healthy resource pages.	COL	Business Healthy has added evidence onto the website,	Green
	City of London Corporation to run the 'This is Me' campaign.	COL	The campaign was run in 2018.	Completed
	A suicide prevention event for the business community.	COL	Business Healthy hold suicide prevention awareness training sessions 4 times a year with the Samaritans.	Green
	Identify and appraise options for providing non-NHS mental health services for City workers and those on lower incomes.	COL	A Mental Health Centre in Middlesex Street is in development, with the expectation it will open in 2020.	
	Release the pressure campaign.	COL	Release the Pressure launched in summer 2017.	Completed

1.18 Increase access to Individual Placement Support (IPS) to provide routed into employment for people with severe and enduring issues	Increased access to IPS for SMI in secondary care services by 25%	CCG	An IPS service is being developed in community mental health teams (CMHTs). The mental health employment network has also been strengthened.	Green
1.19 Reduce rates of detention under the Mental Health Act	Rates of detention are reduced for those with SMI, psychotic disorders and those in crisis, particularly BAME people	COL CCG COLP	Mental Health Street Triage has reduced the rates of incarceration under s.136 of the Mental Health Act by 63%. COL is providing funding to enable the services to run seven days a week.	Green
1.20 Physical health screening and interventions for those with SMI	60% of those on GP SMI register have screening and NHS Health Checks	CCG	In 2018-19 the 60% target was supported by GP performance incentives and the employment of two HCAs.	Green

PRIORITY 2: Personalisation

Objective: Design and deliver services that are tailored to meet individual needs and offer people the greatest possible choice and control over their lives

Action:	Measure/outcome:	Lead partner	Comments:	RAG status
2.1 Design and deliver services that improve the experience of those with specific cultural needs and ensure equal access to services	Enable service users to feedback on Mental Health services.	CCG	The Mental Health Programme Board (MHPB) is consulting groups on how to improve services. The CCG is commissioning a co-design group of people with lived experience to support the MHPB.	Green
	Provide community psychology providing outreach to BME communities.	CCG	Tree of Life piloted with the BME population, as well as group therapy with Turkish and Kurdish communities.	Completed

2.2 Invest in mental health care in the community	Statutory sectors deliver care in accessible, less stigmatised community-based locations	CCG	A Crisis Café opened in 2016. More secondary care patients are being seen in primary care locations.	Green
	Community groups represented in commissioning and service design	CCG	The CCG Innovation fund is supporting a community psychology model for emotional health and well-being.	Green
	Community based specialist in team for children and young people.	CCG	The community team is in place.	Completed
	Community based staff recognise signs of psychosis to enable swifter referrals	CCG GP	The CCG Innovation fund supports a community psychology model for emotional health and well-being.	Green
	Provide First Steps sessions, which offer support for young people and their families experiencing emotional difficulties, in the community	COL	The first steps programme is run at SJC children's centre. This is now part of the wider children's centre review currently taking place.	Completed
2.3 Offer mental health support on GP practice premises where possible and transfer more case management to primary care	Increase cohort for Enhanced Primary Care mental health and increase staff capacity and skills.	CCG	This has been progressed by the CCG.	Completed
	Transfers increased to 50 per month.	CCG	Currently achieving approximately 50 a month	Amber
2.4 Increase the capacity of psychological therapy services	Reduce the waiting times for IAPT services.	CCG	NHSE waiting times standards have been met.	Green

2.5 Offer an extended range of Mental Health services	Increase range of interventions for Children and Young People, Dementia, Perinatal disorders, BME, Veterans, Homeless and those in crises.	CCG	Various work streams are extending services funded from recurrent, non- recurrent and innovation funding. For children and young people this includes implementation of the City and Hackney CAMHS transformation plan.	Green
2.6 Improve the physical health of those with enduring mental health issues.	Include a community health and mental health engagement service as part of the weight management and exercise on referral service	COL	This is provided as part of the Living Wise service.	Completed
	Refer people with low level mental health needs to physical activity services through social prescribing.	COL	Referrals increased between 2016 and 2018, with work ongoing to increase referrals of City residents.	Green
2.7 Provide vulnerable patients with enhanced care plans to help manage their needs and ensure that the care they receive is integrated.	Care planning in primary care for complex patients to improve service integration.	CCG	Shared care plans in place for frail/complex patients with dementia (on review, these were not felt to be a good option for less frail patients).	Green
	Establish a new integrated Dementia Care Pathway.	CCG COL	The pathway is in place and is being updated.	Green
	Develop a Care Act compliant Care Programme Approach for mental health with ELFT	COL	The new CPA process is in place. COL is represented on the Development Board	Green
	Establish a multi-agency hoarding and self-neglect panel	COL	The panel was set up in 2016 and has continued to meet. Six cases of hoarding/self-neglect have been progressed with a multi-disciplinary protection plan.	Completed

2.8 Research and assess the need for mental health services and support for victims and perpetrators of domestic violence and abuse, and their children	Include questions on mental health in assessments of victims and perpetrators and children, and refer appropriately.	COL	This action is complete. We either refer to CAMHS or to the Positive Change Programme.	Completed
	Explore options for a non-clinical alternative CAMHS for children and young people affected by domestic abuse	COL	Domestic Violence specialist social worker is in post.	Completed
2.9 Create a “dementia-friendly” City of London, so that people with dementia are well supported by the wider community.	Achieve Dementia friendly City status	COL	Dementia Friendly Status achieved	Completed
	Raise awareness amongst City residents and workers	COL	Adult Social Care workers have Dementia training and awareness raising as an appraisal objective. Commissioned providers in domiciliary care and community services have dementia targets.	Green
2.10 City residents registered with GPs in neighbouring areas will receive joined up mental health care	Explore options for referral routes and care pathways for City residents registered with out-of-area GPs.	COL Tower Hamlets CCG	COL meets regularly with the Tower Hamlets CCG to link across to their local integrated care networks and review referral routes and care pathways.	Green

PRIORITY 4: Recovery

Objective: Provide support that is focused on recovery and self-management

Action:	Measure/outcome:	Lead partner	Comments:	RAG status
3.1 A Mental Health Rehabilitation Programme for those stepping down from supported living	Mental Health rehabilitation project in place.	COL	Rehabilitation contract with ELFT.	Completed
3.2 Employ a floating support worker to facilitate integration and support independence	Floating support worker recruited.	COL	Full time Floating support for individual service users was included with the ELFT rehabilitation contract and personalised support plans were put in place.	Completed
3.3 Provide employment support and advice for individuals with mental health issues	Individuals with mental health issues receive employment support as part of their care package to gain employment or stay in employment.	CCG COL	Implemented as part of the delivery of the CCG's Psychological Therapies Alliance. Provided through COL participation in the Working Capital and Central London Works programmes.	Green
3.4 Provide recovery methods to support those who find it difficult to commit to regular treatment	Establishment of Service User Network, for individuals who frequently present to health services in crisis to provide recovery/self-help strategies.	ELFT/ City and Hackney Mind	The Service User Network is operating successfully.	Green
3.5 Increase IAPT recovery rate (50% national target)	IAPT recovery rate is above target.	CCG	The recovery rate is above target and is projected to stay that way.	Green

Objective: Commit to delivering effective Mental Health Services and respond effectively to people in crisis

Action:	Measure/outcome:	Lead partner	Comments:	RAG status
4.1 Minimise the number of suicides in the City by co-ordinating a multi-agency approach to suicide prevention	A Suicide Prevention Action Plan developed and implemented.	COL	The Suicide Action Plan was renewed in June 2017 and is a joint document with the City of London Police, with progress regularly reported to the Health and Wellbeing Board (last report was on 14 June 2019).	Green
	The implementation of the Bridge Pilot to reduce the number of people committing suicide from City Bridges.	COL	The bridge pilot ran from April 2016-April 2017. A formal evaluation was completed in 2018. Samaritans signs are up on all but one City bridge and 10,000 leaflets have been distributed.	Green
	Front-line staff and members of the general public trained in suicide prevention.	COL	Suicide prevention awareness training is being delivered with Samaritans.	Green
4.2 Provide an out-of-hours "safety net" for those with recurring mental health problems or at crisis point	Set up a crisis network which includes a 24 hours helpline and an open door, drop in service for vulnerable individuals.	ELFT/ C&H Mind	Both the Service User Network and Crisis Café are open and successfully operational. Both have been agreed for extended funding. Mental Health Street Triage is supporting people in crisis.	Completed
4.3 Provide a robust pathway for young people transitioning from CAMHS to Adult Mental Health services	Continue to discuss cases transitioning to adult services through the Transitions Forum.	COL/ CCG	A new Carers Strategy has been developed and signed off, which includes young carers.	Amber
4.4 Work to create better physical health for people with mental health issues	Include a community health engagement service as part of the weight management and exercise on referral service.	COL	The City Living Wise service commenced delivery in October 2017.	Completed

Work to create better physical health for people with mental health issues (Continued)	Development of a shared-care protocol to improve the physical healthcare of patients prescribed psychotropic medication.	CCG	A protocol has been developed and is being agreed with providers.	Green
	Improved identification and referral to MH treatment for people with long-term conditions and medically unexplained symptoms.	CCG	The current target for health checks for people with serious and enduring mental health problems is 50%. A frequent attenders review has been included in the GP contract, along with mandatory training on medically unexplained symptoms.	
4.5 Develop a robust pathway together with substance misuse services to ensure that those with a dual diagnosis receive better care.	WDP and Adult Social Care have redeveloped the pathway for those with dual diagnoses.	COL	The revised pathway document was signed off. Work is currently in progress to recommission this service.	Green
4.6 Increase ease of accessing treatment for City residents.	There is provision and access to mental health services for hard to reach community groups	CCG	Development of self-referral and referral by schools for CAMHS services.	Green
4.7 Reduce suicide rates by 10%.	Reduction of suicide rates in Hackney by 10%	COL CCG	There is a joint multi-agency plan to reduce suicide rates by 10%. Key areas of progress included Mental Health Street Triage and creation of a 24/7 crisis line, supported by a crisis café and crisis therapy project.	Green
4.8 Increase access to IAPT by 15.8%.	An increase in access rates for IAPT, including access and recovery rates for BAME and older people	CCG	Investment of £300,000 will increase access rates by 2%. This includes work with three voluntary sector organisations with reach into BAME communities. GPs are being encouraged to increase referrals of older adults, with the CCG monitoring progress.	Green

4.9 Reduced waiting times for IAPT services	75% of people to have been seen by IAPT within 6 weeks, and 95% within 18 weeks.	CCG	These targets are being achieved consistently.	Completed
4.10 Ensure children with diagnosable MH condition have access to evidence-based treatment.	28% of children with diagnosable MH condition have access to evidence-based treatment.	CCG	Delivery against these targets is on track as part of the CAMHS Transformation Plan.	Completed
4.11 24/7 community-based mental health crisis response for CYP	A 24/7 community based mental health crisis response for CYP is available	CCG	In 2018-19 the response in A&E was expanded through investment in Psychiatric Liaison for children and young people. A crisis café for this group will also be piloted.	Amber
4.12 95% of CYP receive treatment for eating disorder within 4 weeks (routine) or 1 week (urgent) – community eating disorder teams	95% of CYP with eating disorder receive treatment within 4 weeks (routine) or 1 week (urgent)	CCG	This is part of the CAMHS Transformation Programme. Current standards requirements are being met. We are on target to meet future trajectories as more requirements / targets come into place	Green
4.13 Ensure people with first experience of psychosis start treatment within 2 weeks of referral	People with first experience of psychosis start treatment within 2 weeks of referral	CCG	National waiting time target achieved in 2017-18.	Green
4.14 Eliminate out of area placements for non-specialist acute care by 2020/2021	No out of area placements for non-specialist acute care for City & Hackney	CCG	There are no out of area placements for non-specialist acute case for City and Hackney.	Green
4.15 Ensure 24/7 access to community crisis resolution teams, home treatment teams and MH liaison in acute trusts	Reduced mental health admissions including self-harm and detention under the Mental Health Act	CCG	Funding has been allocated to provide a 24/7 home visiting emergency assessment service, with NHS England funding for a psychologist to run a self-harm clinic for adults	Green

4.16 Increase the number of people with a mental health illness in settled accommodation	Reduced level of unsettled accommodation for people with mental health problems.	CCG COL	City of London commissions ELFT to deliver a Reablement Step-Down service for people with mental health issues in supported housing to be ready to move-on and offers ongoing support in their new home. Funding has been secured for a one-year Housing First pilot.	Amber
4.17 Ensure we are meeting all care standards for Perinatal mental Health needs	100% of perinatal mental health needs are met and care is NICE compliant		City and Hackney has a reasonably comprehensive service which is mostly NICE compliant. A bid has been submitted to the STP for additional investment in perinatal care.	Amber

Committee(s)	Dated:
Community and Children's Services – For Information	12th July 2019
Subject: Revenue Outturn 2018/19 – Community and Children's Services Committee (City Fund)	Public
Report of: The Chamberlain and the Director of Community and Children's Services	For Information
Report author: Louise Said, Chamberlain's Department	

Summary

This report compares the 2018/19 revenue outturn for the non-Housing Revenue Account (HRA) services overseen by your Committee with the final agreed budget for the year. The Director of Community and Children's Services local risk budget was underspent by £94,000 with an underspend on all risks including recharges of £111,000. This is summarised in the table below.

Summary Comparison of 2018/19 Revenue Outturn with Final Agreed Budget – Community & Children's Services Committee			
	Final Agreed Budget £000	Revenue Outturn £000	Variations Increase/ (Reduction) £000
Local Risk	(10,751)	(10,657)	94
Central Risk	(816)	(774)	42
Surveyors R&M	(22)	(17)	5
Total all Risks	(11,589)	(11,448)	141
Recharges	(2,243)	(2,273)	(30)
Overall Totals	(13,832)	(13,721)	111

The Director of Community and Children's Services is proposing to carry forward £94,000 of his local risk underspend for identified purposes of this Committee. These proposals will be considered by the Chamberlain in consultation with the Chairman and Deputy Chairman of the Resource Allocation Sub-Committee and, if agreed, will be added to the Director's budgets for 2019/20.

Recommendation

It is recommended that this revenue outturn report for 2018/19 is noted together with the Director of Community and Children's Services' proposal to carry forward £94,000 to 2019/20.

Main Report

Revenue Outturn for 2018/19

- Actual net expenditure for your Committee's services during 2018/19 totalled £13.721m. A summary comparison with the final agreed budget for the year of £13.832m is tabulated below. In the tables, figures in brackets indicate expenditure or adverse variance.

Comparison of 2018/19 Revenue Outturn with Final Agreed Budget					
	<i>Original Budget</i> £000	Final Agreed Budget £000	Revenue Outturn £000	Variations to Final Agreed Budget (Increase) / Reduction £000	Paragraph
Local Risk					
Supervision & Management	(1,317)	(1,449)	(1,428)	21	4
Partnerships & Commissioned Services	(1,121)	(1,054)	(982)	72	
People's Services	(7,372)	(7,117)	(7,134)	(17)	
Housing Services	(679)	(1,131)	(1,113)	18	
Total Local Risk	(10,489)	(10,751)	(10,657)	94	
Central Risk	(430)	(816)	(774)	42	3
Surveyors R&M	(122)	(22)	(17)	5	
Recharges	(2,300)	(2,243)	(2,273)	(30)	
Overall Totals	(13,341)	(13,832)	(13,721)	111	

- A reconciliation of original local risk budget to the final agreed local risk budget is provided in Appendix A. The original local risk budget of £10,489m was increased to £10,751m in the year mainly due to the agreed carry forward from prior year underspend (£32k), additional resources being allocated in relation to inflation (£194k) and the transfer of the Marriage registration budget from central risk (£29k). The remaining (£7k) comprises a number of small adjustments including additional resources in relation to the contribution pay scheme.
- The 2018/19 final approved central risk budget includes significant additional resources due to successful bids from the Priorities Investment Pot.

Reasons for significant variations

4. The underspend of £72k on Partnerships and Commissioned Services relates largely to vacant posts which were not filled at the start of the year.
5. The table below shows a breakdown of the Capital and Support Services budgets and expenditure.

	<i>Original Budget</i> £000	Final Agreed Budget £000	Revenue Outturn £000	Variation (Increase)/ Decrease £000
CAPITAL & SUPPORT SERVICES				
Capital Charges	(634)	(493)	(498)	(5)
Support Services, including Chamberlains, Comptrollers & Town Clerks	(1,390)	(1,367)	(1,374)	(7)
Surveyors Employee Recharges	(13)	(13)	(13)	0
IS Recharges	(688)	(735)	(758)	(23)
Guildhall Admin Buildings	(237)	(223)	(244)	(21)
Insurances, including premises & Liability	(50)	(43)	(47)	(4)
Recharges to Barbican	43	43	46	3
Recharges to HRA	637	556	58	27
Corporate & Democratic Core	32	32	3	0
			32	
TOTAL CAPITAL & SUPPORT SERVICES	(2,300)	(2,243)	(2,273)	(30)

The budgets for Community & Children's Services departmental support service costs were based on 2017/18 actual attributions whereas the final charges for 2018/19 reflect the most recent time and costs attributions.

Recharges have a corresponding contra entry in their own accounts. Consequently these charges have no overall impact on net expenditure for the Corporation as a whole

Local Risk Budget Carry Forward to 2019/20

1. Chief Officers can request underspends of up to 10% or £500,000 (whichever is the lesser) of the final agreed local risk budget to be carried forward provided the underspending is not fortuitous and the resources are required for a planned purpose. Such requests are subject to the approval of the Chamberlain in consultation with the Chairman and Deputy Chairman of the Resources Allocation Sub Committee.
2. The Director of Community and Children's Services' is able to request a total carry forward of £94,000 to 2019/20 for this Committee, in accordance with the budgetary arrangements for local risk resources.
3. The Director is proposing to allocate £94,000 of his carry forward to this Committee to facilitate more effective team working across the department. The office space is being refurbished in order to provide more flexible, effective working for staff. The work commenced during 2018/19 and will be finalised during 2019/20.
4. These requests will be considered by the Chamberlain in consultation with the Chairman and Deputy Chairman of the Resource Allocation Sub Committee and, if agreed, added to the budgets for 2019/20. All requests for carry forwards are currently being consolidated into a report to be submitted before the summer recess

Appendices

- Appendix A – A reconciliation of 2018/19 original local risk budget to the final agreed local risk budget 2018/19

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Appendix A

	£'000
Original Local Risk Budget 2018/19	(10,489)
Local risk carry forward from Director's underspend in 2017/18	(32)
Additional resources from Finance Committee for inflation	(194)
Transfer of marriage registration budgets from central risk	(29)
Net other movements - mainly contribution pay funding uplift	(7)
Final Agreed Local Risk Budget 2018/19	(10,751)

Committee(s)	Dated:
Community and Children's Services Committee	12 July 2019
Subject: Housing Revenue Account - Outturn 2018/19	Public
Report of: The Chamberlain and the Director of Community and Children's Services	For Information
Report author: Mark Jarvis Head of Finance, Chamberlains	

Summary

- This report compares the outturn for the Housing Revenue Account (HRA) in 2018/19 with the final agreed budget for the year.
 - The total net transfer from reserves for the year was £3.402m, £0.664m lower than the final agreed budget of £4.066m, mainly as a result of a higher than expected service charge income and lower than budgeted transfer to the Major Repairs Reserve. Revenue Reserves ended the year with a balance of £3.768m.
 - The Major Repairs Reserve (MRR) ended the year with a balance of £3.254m, £0.104m lower than budgeted, mainly due to lower than expected transfer from the Revenue Account.

Table A - Summary Comparison of 2018/19 Outturn with Final Agreed Budget			
	Final Agreed Budget	Outturn	Variation Underspend / (Overspend)
	£000	£000	£000
HRA Revenue (see Table B)			
Expenditure	(14,817)	(14,870)	(53)
Income	14,009	14,558	549
Other	100	114	14
Transfer to MRR	(3,358)	(3,204)	154
(Deficit) in year	(4,066)	(3,402)	664
Opening Reserves	4,468	4,468	0
Transfer from Opening MRR Reserves	0	2,702	2,702
Closing Reserves	<u>402</u>	<u>3,768</u>	<u>3,366</u>
Major Repairs Reserve (see Table C)			
Opening reserve	8,515	8,515	0
Transfer to Opening HRA Reserves	0	(2,702)	(2,702)

Net Capital exp in year	(8,515)	(5,763)	2,752
Transfer from Revenue	<u>3,358</u>	<u>3,204</u>	(154)
Closing Reserves	<u>3,358</u>	<u>3,254</u>	(104)

Recommendation(s)

- It is recommended that this outturn report for 2018/19 is noted.

Main Report

Housing Revenue Account

- The HRA is ringfenced by legislation which means that the account is financially self-supporting. Although the "Capital" Account is not ringfenced by law, the respective financial positions of the HRA and the City Fund has meant that capital expenditure is financed without placing a burden on the use of City Fund resources. All HRA related capital expenditure continues to be funded from the HRA, including the Major Repairs Reserve and certain capital receipts from sales of HRA assets, with homeowners making their appropriate contributions. In practice, therefore, the capital account is also ringfenced.

HRA Revenue Outturn for 2018/19

- The HRA revenue outturn has a net deficit of £3.402m, £0.664m lower than the expected deficit in the budget, mainly due to higher than expected service charge income and lower than budgeted transfer to the Major Repairs Reserve.

Table B

	Original Budget 2018/19 £000	Final Agreed Budget 2018/19 £000	Revenue Outturn 2018/19 £000	Variation (Underspend) / Overspend 2018/19 £000	Paragraph Number
<u>Expenditure</u>					
Repairs, Maintenance & Improvements					
Breakdown and Emergency Repairs	(1,980)	(1,980)	(3,006)	(1,026)	5
Contract Servicing	(951)	(951)	(731)	220	
Cyclical and Minor Improvements	(550)	(562)	(349)	213	
Supplementary Revenue Projects	0	(2,693)	(2,693)	0	
Technical Services and City Surveyor's					
Costs	(762)	(1,210)	(1,125)	85	
Total Repairs, Maintenance & Improvements	(4,243)	(7,396)	(7,904)	(508)	

Supervision and Management	(5,502)	(4,805)	(4,531)	274	6
Specialised Support Services					
Central Heating	(295)	(271)	(199)	72	
Estate Lighting	(246)	(266)	(217)	49	
Caretaking and Cleaning	(1,522)	(1,550)	(1,527)	23	
Community Facilities	(64)	(134)	(153)	(19)	
Welfare Services	(185)	(152)	(139)	13	
Garden Maintenance	(237)	(243)	(201)	42	
Total Expenditure	(12,294)	(14,817)	(14,870)	(53)	
Income					
Rent					
Dwellings	10,581	10,540	10,414	(126)	
Car Parking	526	493	469	(24)	
Baggage Stores	129	128	129	1	
Commercial	1,254	1,240	1,350	110	
Community Facilities	91	97	102	5	
Service Charges	2,359	1,479	2,059	580	7
Other	32	32	35	3	
Total Income	14,972	14,009	14,558	549	
Interest Receivable	100	100	114	14	
Net Operating Income	2,778	(708)	(198)	510	
Transfer to Major Repairs Reserve	(6,000)	(3,358)	(3,204)	154	
	(3,222)	(4,066)	(3,402)	664	
Opening Reserves	5,295	4,468	4,468	0	
Transfer to MRR	0	0	2,702	2,702	
Closing Reserves	2,072	402	3,768	3,366	

- Repairs, Maintenance and Improvements costs were overspent by £1,026k. Increased expenditure was due to increased demand for breakdown and emergency repairs including fire safety work.
- A reduced amount of expenditure in Supervision and Management, due to reduction in employees cost in 2018-19 compared to 2017-18 due to vacant posts.
- Service Charge income has a favourable variance by £580k compared to the latest budget profiled, this is mainly due to higher than expected supplementary revenue projects, being carried out in the year, which resulted in higher amounts recoverable.

8. Comparison of 2018/19 Major Repairs Reserves Outturn with Final Budget as set out in Table C below.

Table C

Table C	Final Budget £000	Revenue Outturn £000	Variation (Underspend)/ Overspend £000	Notes
HRA Reserves				
Major Repairs Reserve				
Balance Brought Forward	(8,515)	(8,515)	0	
Transfer to Opening Reserves	0	2,702	2,702	
Transfer from HRA	(3,358)	(3,204)	154	Table B
Capital Expenditure	27,302	10,855	(16,447)	Annex B
Section 106 funding	(4,876)	(2,429)	2,447	
Capital Receipts applied	(3,238)	(1,000)	2,238	
Community Infrastructure Levy	(225)	(226)	(1)	
GLA Grant		(270)	(270)	
Reimbursements from Homeowners	(2,949)	(1,167)	1,782	
City Fund Loan	(7,499)	0	7,499	
Major Repairs Reserve Balance Carried Forward	(3,358)	(3,254)	104	

9. The net underspend of £0.104m in the balance on the Major Repairs Reserve was mainly due to a reduced level of funds transferred from the Revenue Account. There has been a significant slippage in capital expenditure, as detailed in Annex B, which was offset by the city fund loan not being taken up.

10. Members note the reasons for the underspend set out in the report above.

Appendices

- Annex A - Movement from the 2018/19 Original Budget to the 2018/19 Final Approved Budget.
- Annex B - CAPITAL PROJECTS

Dr P Kane

Andrew Carter

Chamberlain

Director of Community & Children's Services

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Annex A

HRA – Comparison of 2018/19 Original Budget
With Latest Agreed Budget

	£'000
Original Budget	0
Decrease in Customer, Client Receipts	(817)
Increase in Other Grants, Reimbursements and Contributions	708
Increase in Employees	(560)
Increase in Premises	(2,833)
Decrease in Recharges across and within Funds	404
Increase in Supplies and Services	(302)
Increase in Support Services	(77)
Increase in Transfer Payments	(13)
Decrease in Transfer to Reserve	3,486
Decrease in Transport	4
Latest Approved Budget	0

	CAPITAL PROJECTS	Forecast Budget 2018/19 £000	Actual 2018/19 £000	Variance Overspend/ (Underspend) £000	Comments on main variations
	Avondale Square Estate				
29100080	Avondale Square George Ellison & Eric Wilkins New Flats	615	13	(602)	Tenders received, costs considerably greater than estimate. Report to next Committee to determine whether to proceed with contract.
29100081	Avondale Square George Ellison & Eric Wilkins House Roofs & Windows	0	5	5	
29100042	Avondale Square Estate - Redevelopment of the Community Centre	155	19	(136)	
29100036	Avondale Square Decent Homes Upgrade Works	511	33	(478)	Final account to be agreed. Refusals are to be taken into account, but we have returned to some properties and this figure may change.
29100083	Avondale Square Estate - Decent Homes Works (CAP)	641	391	(250)	Final account to be agreed. Refusals are to be taken into account, but we have returned to some properties and this figure may change.
29100070	Avondale Square Estate Window Overhaul (Cap)	137	4	(133)	Works late to site due to section 20/ tender issues.
		2,059	466	(1,593)	
	Dron House				
29100091	L5-Dron House Decent Homes	22	166	144	Final account to be agreed. Refusals are to be taken into account, but we have returned to some properties and this figure may change.
29100090	L5-Dron House Door Entry System	12	0	(12)	
29100105	L5-Dron House Windows Replacement	23	8	(15)	
		57	174	117	
	Golden Lane Estate				
29100049	Lift Refurbishment - Golden Lane Estate	366	214	(152)	Combination of works delayed and under budget.
29100086	Golden Lane Community Centre	1,037	362	(675)	Practical Completion certified in 2018, DLP due up this Summer 2019 and release of retention.
29100093	Golden Lane Decent Homes	593	420	(173)	Final account to be agreed. Refusals are to be taken into account, but we have returned to some properties and this figure may change.
29100032	Golden Lane Estate Refurbishment Works to Door Entry Systems	0	1	1	
29100102	Golden Lane Estate Windows Replacement Programme	112	1	(111)	Design Team being tendered in June - working to revised programme.
29100085	Great Arthur House New Flats	12	21	9	
29100010	Golden Lane Gt Arthur Windows & Cladding	1,759	2,477	718	
29100050	Heating & Hot Water Systems Golden Lane Estate (CAP)	174	199	25	Contract still under budget and works held up by another project.
		4,053	3,695	(358)	
	Holloway Estate				
29100033	Electrical Rewiring	405	386	(19)	Final account being agreed.
29100038	Decent Homes Upgrade Works	0	3	3	
29100047	Refurbishment Works to Door Entry Systems	0	1	1	
29100103	Windows Replacement	43	1	(42)	Design team appointed and awaiting first valuation.

		448	390	(58)	
	Isleden House				
29100079	Isleden House provision of Additional Social Housing	838	22	(816)	Tenders being invited this summer with a view to start on site in January 2020.
		838	22	(816)	
	Middlesex Street Estate				
29800075	Middlesex St Conversion of 9 Shops	741	1,438	697	
29800060	Middlesex St Refurbishment Works	500	23	(477)	Should be part of the above project.
29800112	Fire Safety Doors - Petticoat Tower	789	27	(762)	Works late to site after contract issues.
29800073	Petticoat Tower Stairwell Panels	4	15	11	Works procured, awaiting start date.
	Non-Emergency Electrical Works - Phase 1	0	366	366	Works being completed.
		2,034	1,871	(163)	
	Richard Cloudesley Site				
29800004	L5-Richard Cloudesley Housing	1,019	18	(1,001)	See below comment
29100098	Richard Cloudesley Residential Design	0	1,553	1,553	This and the code above should be one in the same project. City of London Primary Academy Islington on site.
		1,019	1,571	552	
	Southwark Estate				
29800115	L5-Sumner Buildings Proposals	52	0	(52)	Works delayed for further consultation.
29100020	Pakeman Door Entry	30	0	(30)	Works delayed for further consultation.
29100058	Refurbishment of Lifts	0	1	1	
29100104	Windows Replacement	81	1	(80)	Design team appointed and awaiting first valuation.
29100094	Decent Homes Southwark	1,205	859	(346)	Final account to be agreed. Refusals are to be taken into account, but we have returned to some properties and this figure may change.
		1,368	860	(508)	
	Sydenham Hill				
29100067	Sydenham Hill Provision of Social Housing	1,520	610	(910)	Project design proceeding with a view to submitting the Planning Application in September 2019.
29100095	Sydenham Hill Decent Homes	164	73	(91)	Final account to be agreed. Refusals are to be taken into account, but we have returned to some properties and this figure may change.
29100106	Sydenham Hill Windows Replacement Programme	11	0	(11)	Design team appointed and awaiting first valuation.
		1,695	683	(1,012)	
	William Blake Estate				
29800098	L5-William Blake/Dron Hse Door Entry System	1	0	(1)	
29100059	Refurbishment of Lifts	0	6	6	
29100107	L5-William Blake Windows Replacement	27	0	(27)	Design team appointed and awaiting first valuation.
29100088	William Blake CCTV	202	0	(202)	Works reprogrammed.
29100037	William Blake Decent Homes Upgrade Works	0	3	3	

29100121	Blake House Renew Roof Coverings	0	110	110	
		230	119	(111)	
	Windsor House				
29100097	Windsor House Decent Homes	458	366	(92)	Design team appointed and awaiting first valuation.
29100108	Windsor House Windows Replacement Programme	22	0	(22)	
		480	366	(114)	
	York Way Estate				
29100048	York Way Estate Refurbishment Works to Door Entry Systems	0	1	1	
29100092	York Way Decent Homes	194	191	(3)	
		194	192	(2)	
	Decent Homes (various estates)				
29800063	Decent Homes Various Estates	20	33	13	
29100100	Roof Replacements	2,000	0	(2,000)	Final account to be agreed.
29100051	Decent Homes Works Programme Call Backs 2017-2020	215	412	197	Works split into estates see 29100121.
29100101	Fire Door Replacements - Various Estates	4,000	0	(4,000)	Gateway 1-4 next.
29100125	Installation of Sprinklers in Social Housing Tower Blocks	40	0	(40)	Procurement of Design Consultant underway.
29100099	Islington Arts Factory	3,300	0	(3,300)	Project on hold, not likely to proceed.
29100120	Rewire Landlord Electricity Supply	650	0	(650)	Currently being tendered.
29100061	York way & Middx St Heat & Hot Water	2,600	0	(2,600)	
29100027	Horace Jones House	2	0	(2)	
		12,827	445	(12,382)	
	Total 2018/19	27,302	10,855	(16,447)	

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Committees: Community and Children's Services Policy and Resources	Dates: 12 July 2019 19 September 2019
Subject: Pledge of support for the "Our Turn" campaign	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Decision
Report author: Simon Cribbens, Assistant Director – Commissioning and Partnerships	

Summary

The City of London Corporation has been asked to make a pledge of support to the "Our Turn" campaign which commits to resettle 10,000 additional asylum-seeking and refugee children each year over ten years if central government were to create a new fully funded scheme.

This report seeks support for such a commitment.

Recommendations

Members are asked to:

- pledge to resettle five additional asylum-seeking and refugee children each year for ten years as part of a fully funded government scheme as proposed by the Our Turn campaign.

Main Report

Background

1. The Our Turn campaign is calling for the establishment of a new 'Children at Risk' resettlement scheme to bring 10,000 asylum-seeking and refugee children to the UK over the next 10 years. It is led by the organisation Safe Passage, working in partnership with the Alf Dubs Children's Fund.
2. The scheme seeks to build on and extend Britain's existing resettlement commitments - the Vulnerable Children's Resettlement Scheme (VCRS), which is due to expire in 2020, and the "Dubs Amendment" which will conclude when it has transferred 480 unaccompanied refugee children to the UK from other countries in Europe.
3. The campaign aims to demonstrate to government the willingness of local authorities to voluntarily resettle more children if adequate funding is provided by government to support them to do so.

4. To deliver the aim of 10,000 children resettled over 10 years would require each local authority to resettle three children per year were all to participate. However, the campaign asks local authorities to pledge more than three places to ensure enough places are offered.

Current Position

5. The City Corporation currently provides statutory care to 24 looked-after unaccompanied asylum-seeking children (UASC), and ongoing support to a further 20 young people who have left care, but who entered services as UASC. Typically, young people who are UASC come into care in their late teens, and our support extends until they are 25.
6. The City Corporation is committed to providing an outstanding level of care and support to the children and young people it looks after. Social work support is structured to provide young people with continuity of social worker throughout their care. Accommodation is provided by foster families or (for some older young people) semi-independent living projects. The City Corporation provides extra tuition to support educational progress – including a programme run jointly with the City of London School. For those progressing into further or higher education, bursary support is provided. The City Corporation ensures children in our care have access to leisure activities and holidays. For those leaving care we prioritise them for our social housing.
7. Given the size and business focus of the Square Mile, children in the care of the City Corporation are placed in other local authority areas. To that extent the City Corporation competes with the host local authorities (and others) for what can be scarce resources.
8. The care and support provided to UASC in its care is funded by the government and the City Corporation. The Department's budget to support UASC in 2019/20 is £795,000 against which it will receive £264,000 in Government grant for this purpose.

Proposals

9. The City Corporation is asked to make an in-principle pledge to resettle an additional number of unaccompanied and vulnerable children in support of the Our Turn campaign. This is contingent on central government creating a new fully funded scheme to resource the resettlement.
10. No specified number is requested. The campaign only asks supportive authorities to pledge more than three a year for 10 years – which is the minimum required across the country to meet their target of 10,000 children.
11. Children looked after by the City Corporation remain in care or receiving our support for several years. Therefore, if Member's are supportive of the campaign, it is proposed that the City Corporation pledges to take five additional young people each year.

Implications

12. The Our Turn campaign seeks a scheme fully funded by the Government. The current funding formula does not meet the full cost to the City Corporation of supporting these children. The Home Office has recently reviewed and increased the funding for UASC up to the age of 18 years. This will reduce the current cost to the City Corporation of supporting these young people, but not fully meet it.
13. The Home Office has further committed to review the funding support for UASC who are supported as care leavers beyond the age of 18.
14. The commitment of this campaign is to a fully funded scheme. However, it should be noted that increased levels of provision could require additional social work and commissioning resources that may not be covered by funding.
15. Local authorities already have a legal duty to protect and support unaccompanied migrant children as soon as a child is referred to a local authority or is found in the local authority area.
16. The campaign is consistent with the Corporate Strategy objective to “contribute to a flourishing society”.

Conclusion

17. The City Corporation is committed to supporting those children and young people it provides care to – the vast majority of whom are UASC. It further recognises the vital role that local authorities play in supporting vulnerable unaccompanied children.

Appendices

- None

Background Papers

Community & Children's Services Committee, 8th May 2019: Request for additional support for unaccompanied asylum seeking and refugee children

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Committee: Homelessness and Rough Sleeping Sub-Committee Community and Children's Services Committee	Dated: 01/07/2019 12/07/2019
Subject: Responses to Resolutions from Wardmotes: Homelessness and Rough Sleeping	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Information
Report author: Will Norman, Head of Homelessness Prevention and Rough Sleeping, Department of Community and Children's Services	

Summary

This report addresses the four Wardmote Resolutions concerning rough sleeping arising from March 2019.

Recommendation

Members are asked to note the report.

Main Report

1. What action will be taken to ensure that we stop the worrying trend of increasing numbers of rough sleepers on the streets in the City of London?
 - We have commissioned a specialist rough sleeping and homelessness charity to carry out research into potential options that the City could adopt to reduce the numbers of rough sleepers. These options could include, additional Assessment Hub capacity; increased availability in move-on accommodation; increased Outreach capacity. The final report is due to be presented to the Rough Sleeping Sub Committee in October 2019.
2. How is the City Corporation working together with other local authorities across London to address this crisis?
 - The City of London works closely alongside other neighbouring local authorities. For example, we are part of a bi-borough partnership with Tower Hamlets to deliver a homelessness prevention service called No First Night Out. This initiative has been running since 2016 and has supported 343 people in avoiding homelessness. We have also procured specialist beds from other local authorities as part of our 'pathway off the streets' offer. At a strategic level we are a core member of the Mayor's

Rough Sleeping, No Nights Sleeping Rough Task Force, alongside other local authorities with high numbers of rough sleepers.

3. When will consideration be given to creating a day centre or other measures to address rough sleeping?
 - Please see above response to Resolution no. 1 – this will be considered within the options appraisal.
4. Is the City of London Corporation intending to join charities such as St Mungo's to ask the government to repeal the 1824 Vagrancy Act which criminalises rough sleeping?
 - This matter was initially discussed at the Rough Sleeping Sub-Committee in May 2019. It is not the current intention to join charities in asking the government to repeal the 1824 Vagrancy Act, however, this matter will be subject to further discussion and consideration.

Appendices

- None

Will Norman

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Committee: Community and Children's Services	Dated: 01/07/2019
Subject: Responses to Resolutions from Wardmotes Golden Lane Estate (GLE)	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Information
Report author: Paul Murtagh, Assistant Director, Barbican Estate & Property Services	

Summary

This report addresses the Wardmote Resolutions concerning the Golden Lane Estate arising from June 2019.

Recommendation

Members are asked to note the report.

Main Report

1. That the City of London Corporation commission a study, reporting in no more than one year, regarding pedestrian flows through the Golden Lane Estate (GLE) resulting from current and anticipated property developments in the vicinity of the GLE and consult with GLE residents regarding the current "private" status of the GLE as a result of which residents pay for the maintenance of areas of the GLE that are in practice open to the public
 - The City of London Corporation is investing over £25million in the maintenance and refurbishment of the homes on the Golden Lane Estate. Residents on the Golden Lane Estate have consistently told us that new windows and essential maintenance works are their top priority.
 - Previous investigations with the Department of Built Environment have estimated a cost of approximately 4.5 million in order to bring the walkways / pavements to a condition to allow them to transfer from the private to the public realm.
 - There is no funding identified to commission a study of pedestrian flows through the Golden Lane Estate.

- If the works required to bring the walkways / pavements up to a standard to be adopted by the public realm are maintenance, then the costs will be service chargeable in the usual way.
- If the works are enhancements, Members will need to identify additional funding or agree programmes to stop or delay to generate funding.
- Members need to consider the costs and benefits of any proposals, inline line with agreed priorities.

Appendices

- None

Paul Murtagh

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Committee:	Date:
Community and Children's Services Committee	12 July 2019
Subject: Decision taken under Urgency since the last meeting of the Committee	Public
Report of: Town Clerk	For Information
Report author: Julie Mayer, Town Clerk's Department	

Summary

This report advises Members of action taken, under Urgency, by the Town Clerk in consultation with the Chairman and Deputy Chairman of the Community and Children's Services Committee, in accordance with Standing Order No. 41 in respect of:

a) The Terms of Reference of the Integrated Commissioning Board.

At the end of 2018, a governance review of integrated commissioning was undertaken by external consultants. Subsequently, the updated Terms of Reference of the ICB were agreed by the Community and Children's Services Committee on 7 June 2019, before being presented to the ICB on 13 June 2019 for endorsement. At the ICB on 13 June, Members agreed to some further minor changes, related to the wording around co-production. The City Solicitor reviewed the additional suggested amendments and had no comments.

REASON FOR URGENCY:

The Section 75 Agreement for Integrated Commissioning was due to be signed on 5 July 2019. An updated version of the Terms of Reference for the ICB needed to be included in the Agreement and the next ordinary meeting of the Community and Children's Services was not scheduled until 12 July 2019. Approval was therefore sought to these minor changes under urgency procedures in order to progress the Agreement as planned.

Action taken:

The Town Clerk, in consultation with the Chairman and Deputy Chairman of the Community and Children's Services agreed the updated Terms of Reference for the Integrated Commissioning Board, which included the Integrated Commissioning Sub-Committee.

b) City Mental Health Centre

This project consists of renovation works to 75 and 77 Middlesex Street to ensure the premises are fit for purpose to deliver a mental health centre, in the Square Mile, offering low cost medium and long-term treatments. This report is a Gateway 3/4 (Options Appraisal) that makes a recommendation on the preferred option (Option 2).

REASON FOR URGENCY:

Approval was sought, under urgency, in order to reduce financial loss to the Housing Revenue Account (HRA) and delay to the refurbishment process. Another risk, if the deadline for completion of the project were to be extended, was that the provider may pull out from providing the service, incurring further financial costs.

Action taken:

The Town Clerk in consultation with Chairmen and Deputy Chairmen, approved:

- **Option 2** – 7 consultation rooms, 2 toilets (one wheelchair accessible), kitchen and staff room.
- A budget of £59,690 to reach next Gateway;

and noted:

- A revised project budget of £71,440
- A total estimated cost of the project at 381,440 (exc. risk)

T

RECOMMENDATION – that, the report be noted.

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