Public Document Pack

Health and Wellbeing Board

Date: **FRIDAY, 24 NOVEMBER 2023**

Time: 11.00 am

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

Members:
Mary Durcan, Court of Common Council (Chair)
Ruby Sayed, Chairman, Community and Children's Services Committee (Deputy Chairman)
Deputy Marianne Fredericks, Court of Common Council
Gail Beer, Healthwatch
Nina Griffith, City and Hackney Place Based Partnership and North East London Integrated Care Board
Dr Sandra Husbands, Director of Public Health
Gavin Stedman, Port Health and Public Protection Director
Deputy Randall Anderson, Court of Common Council
Helen Fentimen, Port Health and Environmental Services Committee
Simon Cribbens, Safer City Partnership
Tony de Wilde, City of London Police
Matthew Bell, Policy and Resources Committee
Judith Finlay, Executive Director, Community and Children's Services

Enquiries: **emmanuel.ross@hackney.gov.uk - Agenda Planning**
kate.doidge@cityoflondon.gov.uk - Governance Officer/Clerk to the Board

Accessing the virtual public meeting

Members of the public can observe all virtual public meetings of the City of London Corporation by following the below link:
https://www.youtube.com/@CityofLondonCorporation/streams

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

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

Ian Thomas CBE
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES FOR ABSENCE**

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

3. **MINUTES**

   To agree the minutes of the previous meeting.

   For Decision
   (Pages 7 - 12)

4. **BETTER CARE FUND Q2 RETURN**

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

   For Decision
   (Pages 13 - 28)

5. **THE CHILD Q UPDATE REPORT**

   Report of the City & Hackney Safeguarding Children Partnership.

   For Information
   (Pages 29 - 32)

6. **CITY AND HACKNEY SAFEGUARDING ADULTS BOARD (CHSAB) ANNUAL REPORT 2022/23**

   Report of the Group Director Adults, Health and Integration, London Borough of Hackney

   For Information
   (Pages 33 - 84)

7. **HOMELESSNESS & ROUGH SLEEPING STRATEGY 2023-27**

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

   For Information
   (Pages 85 - 144)

8. **INTRODUCTION TO CITY OF LONDON HOMELESS HEALTH WORK**

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

For Information
(Pages 145 - 152)

9. **CLIMATE & HEALTH - OPPORTUNITIES FOR COLLABORATION**

Report of the Director of Public Health.

For Discussion
(Pages 153 - 190)

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

Report of the Healthwatch, City of London.

For Information
(Pages 191 - 198)

11. **ANNUAL REVIEW OF THE TERMS OF REFERENCE OF THE HEALTH AND WELLBEING BOARD**

Report of the Town Clerk.

For Discussion
(Pages 199 - 202)

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

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

14. **EXCLUSION OF PUBLIC**

MOTION - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.

For Decision

Part 2 - Non Public Reports

15. **NON PUBLIC MINUTES**

To agree the minutes of the previous meeting.

For Decision
(Pages 203 - 204)

16. **SEXUAL HEALTH SERVICES IN THE CITY OF LONDON**

Report of the Director of Public Health.

For Decision
(Pages 205 - 214)

17. **SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) IN THE CITY OF LONDON AREA**

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

For Information
(Pages 215 - 236)

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

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

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HEALTH AND WELLBEING BOARD

Friday, 22 September 2023

Minutes of the meeting of the Health and Wellbeing Board held at Committee Rooms - 2nd Floor West Wing, Guildhall on Friday, 22 September 2023 at 11.00 am

Present

Members:
Deputy Marianne Fredericks
Deputy Randall Anderson
Helen Fentimen
Matthew Bell
Mary Durcan (Chair)
Steve Stevenson – Healthwatch
Jonathan McShane – City and Hackey Place Based Partnership and Northeast London Integrated Care Board

In Attendance

Officers:

Chris Lovitt	-	City and Hackney Public Health Service
Froeks Kamminga	-	City and Hackney Public Health Service
Ellie Ward	-	City and Hackney Public Health Service
Georgina Choak	-	City and Hackney Public Health Service
Claire Giraud	-	City and Hackney Public Health Service
Emmanuel Ross	-	City and Hackney Public Health Service
Andrew Trathen	-	City and Hackney Public Health Service
Caroline Hay	-	City of London Police
Kate Doidge	-	Town Clerk’s Department
Julie Mayer	-	Town Clerk's Department

1. **APOLOGIES FOR ABSENCE**
   Apologies were received from Nina Griffith, Gavin Stedman, and Judith Finlay.

   Jonathan McShane attended on behalf of Nina Griffith.

   Steve Stevenson attended on behalf of Healthwatch.

   Ruby Sayed, Deputy Chair, observed the meeting virtually.

2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
   There were no declarations.

3. **MINUTES**

RESOLVED – That the minutes and non-public summary of the previous meeting held on 29 June 2023 be approved as a correct record.

4. **BETTER CARE FUND 2023-25**

The Board received a report of the Executive Director for Children's and Community Services to consider the Better Care Fund (BCF) plan for 2023-25.

RESOLVED – That Members approve the City of London Better Care Fund Plan 2023-25.

5. **APPOINTMENT OF CO-OPTEES UPDATE**

The Board heard a joint verbal report from the Town Clerk and Deputy Director of Public Health, providing an update on the appointment of co-optees.

The Board heard that three invitations had been sent to St Bartholomew's Hospital (St Bart's), East London NHS Foundation Trust (ELFT), and Homerton Healthcare NHS Foundation Trust (Homerton) to become co-opted members of the Board. A response had been received from Homerton. No response had been received from ELFT. St Bart's had enquired whether the Board wished for the member to be a representative of public health, or St Bart's Hospital. The Board were asked for guidance on whether the co-opted members be voting or non-voting. The Board also heard that under its current terms of reference, it could have up to two co-opted members, and were asked whether it wished to increase the number of co-opted members to three.

The Board agreed that it would prefer three co-opted members. It was noted that the Board were due to review its terms of reference at its next meeting and would agree to recommend increasing the number of co-opted members. It also agreed that the co-opted members should be voting members. Finally, it was agreed that the representative from St Bartholomew's Hospital should represent the hospital itself.

A Member of the Board suggested that membership of the Board should be expanded to include the business community and suggested that officers investigate and contact City Mental Health Alliance.

6. **THE HEALTH AND WELLBEING OF THE CITY'S HIDDEN AND ESSENTIAL WORKERS**

The Board received a report of the Director of Public Health to consider resolutions for adoption by the City Corporation to support the health and wellbeing of the City's hidden and essential workforce, including two key recommendations for third party employment contracts relating to immediate sick pay (also known as Safe Sick Pay) and death in service benefits.

The Board heard that the resolutions had been received by the City Corporation's Senior Leadership Team (SLT) and the Chief Operating Officer. This was the direction provided when the report was previously received at the Board.

The Board agreed that the resolutions and a report should be received by the Corporate Services Committee, especially if there were any potential financial implications for adopting the resolutions. The cost needed to be properly considered prior to the resolutions being broadened out to other parties. The Board discussed that the implications could include the cost versus the benefit of improving health and wellbeing, including small studies and implementation plans. Once the resolutions were implemented as policy and the benefits demonstrated, the Board could consider broadening the resolutions to apply to other partners.

Members of the Board suggested sharing best practices with businesses within the City of London, including contacting CCLA.

RESOLVED –

(i) That Members note the actions taken or planned since the last update to the Board.
(ii) That Members agree to adopt the resolutions by the relevant committees of the City of London Corporation, and refer the resolutions to the Corporate Services Committee.

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

The Board received a report of the Chair of Healthwatch, City of London, concerning the progress against contractual targets and the work of Healthwatch City of London (HWCoL) with reference to Quarter 2 2023/24.

A Member enquired on the progress of signing the new contract with Healthwatch, the deadline being April 2024. The Board heard that Healthwatch had been extended for another year, at which point options would be appraised for future healthwatch providers. The Board agreed that it did not want to lose Healthwatch.

The Board heard that the overprescribing at the Portman Pharmacy was an unusual case. The Board heard that there had been new management at the pharmacy, and the system had been duplicating prescriptions. The incident had been resolved.

The Board heard from the representative of Healthwatch that resident engagement was difficult. For example, focus groups often had little resident attendance. Residents were encouraged to attend Healthwatch Board meetings as these were held in public. Resident engagement was often held via neighbourhood forums, but there were issues with access (such as time of day and location). There was a wish for wider integration and a move away traditional engagement models, but there were few innovative models for resident engagement.

A Member of the Board noted the good feedback for the London Ambulance Service. The representative of Healthwatch noted that responses were quick for urgent medical emergencies, especially those in public places, but there were issues with slower response for non-life-threatening medical emergences in private (such as residential) areas.

The Board heard that no funding had been provided to Hackney CVS. There was potential for a joint bid for grant funding, but this would be to develop the volunteer sector.

The Board thanked Healthwatch for the report, and especially thanked and recognised the work undertaken by the Chair of Healthwatch.

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

8. **SUICIDE PREVENTION IN THE CITY OF LONDON ANNUAL REPORT**

The Board received a report of the Director of Public Health, concerning an update on the suicide prevention action plan and data on suicides in the City of London.

The Board discussed the street triage operating hours. The hours would be reviewed 12 months following their implementation. The NHS are the lead commissioner so would make the decisions on changing the operating hours, if required.

A Member raised engaging with taxi companies for mental health and suicide prevention and expressed disappointment that Transport for London (TfL) had not responded. The Board heard that suicide alliance online training was promoted, and there were negotiations for suicide prevention to become mandatory training for taxi companies. Other partners were suggested for suicide prevention, such as business healthy, schools, and universities.

A Member queried the available facilities for watch patrols for suicide prevention. The response was that patrol volunteers could facilities at London Bridge station.

The Board noted that the City of London Police Authority Board had discussed the reduced involvement of police in mental health.

The Board expressed thanks for the report and the work undertaken as part of the suicide prevention action plan.

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

9. **MENTAL HEALTH SERVICES FOR PEOPLE WITH SEVERE MENTAL ILLNESS**

The Board received a report of the Director of Public Health, concerning how mental health services in the City of London were governed, delivered and integrated with other services, specifically those services for people with severe mental illness.

A Member enquired what types and the waiting times for therapies offered. The response was these would be followed up and confirmed.

A Member of the Board requested a follow-up from an issue of a response from Maudsley in relation to the Safeguarding Adults Review. The response was that this would be followed up after the Board meeting.

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

10. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
There were no public questions.

11. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
The following items of public urgent business were raised, as follows:

- Members heard that there were continuing discussions with community pharmacies for provision of season Covid-19 and flu vaccinations. The pharmacies would be confirmed in due course, and the vaccination offer promoted. This would include house-bound patients.

- There was one community pharmacy in the City of London not provided by Boots. There would be discussions with Boots to provide enhanced local services, as Boots were only providing national services.

- An update in the Pharmaceutical Needs Assessment would be received at the next meeting of the Board.

- The Board heard that a breakfast briefing session would be held for World AIDs Day. It would take place prior to World AIDs Day. The invitation would be extended to all members of the Court of Common Council and Hackney Council members.

12. **EXCLUSION OF PUBLIC**
RESOLVED - 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.

13. **CITY OF LONDON SUICIDE AUDIT**
The Committee received a report of the Director of Public Health concerning the most recent audit for suicide in the City of London.

14. **NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
There was one non-public question.

15. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**
There were no non-public items of urgent business.

The meeting ended at 12.33 pm

Chairman

Contact Officer: emmanuel.ross@hackney.gov.uk - Agenda Planning
kate.doidge@cityoflondon.gov.uk - Governance Officer/Clerk to the Board

Committee(s): Health and Wellbeing Board	Dated: 24 Nov 2023
Subject: Better Care Fund Q2 Return	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1,2,3,4
Does this proposal require extra revenue and/or capital spending?	**N**
If so, how much?	**N/A**
What is the source of Funding?	
Has this Funding Source been agreed with the Chamberlain's Department?	**N/A**
Report of: Judith Finlay, Executive Director, Community and Children's Services	**For Decision**
Report author: Ellie Ward	

Summary

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

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

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

Quarterly reports on progress of the plans and metrics are required and these must be signed off by the Health and Wellbeing Board. This report seeks approval for the Q2 Better Care Fund return.

Recommendation(s)

Members are asked to:

- Approve the Better Care Fund Quarter 2 return

Main Report

Background

1. The Better Care Fund (BCF) was established in 2013 and encourages integration by requiring Integrated Care Boards (ICBs) and local authorities to enter into pooled budget arrangements and agree an integrated spending plan.

2. Every year, local systems agree how the money will be spent within criteria set out by the Department of Health and Social Care (DHSC) and produce plans in accordance with BCF policy and requirements. A key component of the requirements focus on supporting hospital discharge and out of hospital care.

3. City of London Corporation BCF plans were submitted in June 2023 and approved by the DHSC in September 2023.

4. The City Corporation is required to report quarterly on progress with the plans and these progress reports must be approved by the Health and Wellbeing Board (HWBB).

Current Position

5. For 2023/24, the pooled budget is £1,303,408, consisting of an NHS contribution of £897,282 and a City of London Corporation (City Corporation) contribution of £406,126. This increases in 2024/25 to £1,387,981 consisting of £952,531 and £435,450 respectively. The City Corporation does not put in any additional funds.

6. A range of schemes are funded through the BCF and of the pooled budget for 2023/24, £347,597 is being spent on City Corporation Adult Social Care Services (not including the Improved Better Care Fund (iBCF) and Disabled Facilities Grant (DFG)), above the £163,508 required.

7. The BCF Quarter 2 report can be found at Appendix one and sets out progress against certain mandatory conditions and metrics. All the mandatory conditions are met apart from signature of the Section 75 agreement which is in train. With regard to the metrics, all are on track, apart from the avoidable admissions to hospital. Avoidable admissions are defined as those that relate to long term conditions that could have been managed in the community.

8. There are also large sections in the return monitoring capacity and demand across a range of services in the system. City of London numbers here are small and are not seen as an area of risk.

9. Members of the Health and Wellbeing Board are asked to approve the return.

Corporate & Strategic Implications

Strategic implications

The BCF aligns with our corporate priorities of:

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.

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

Financial implications

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

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

Resource implications

None

Legal implications

None

Risk implications

None

Equalities implications

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

Climate implications

None

Security implications

None

Conclusion

10. The City of London HWBB is asked to approve the BCF Q2 report.

Appendices

- Appendix 1 – BCF Q2 report

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

T: 020 7332 1535
E: ellie.ward@cityoflondon.gov.uk

HM Government

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

2. Cover

Version 3.0

Please Note:

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

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

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

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

			Checklist Complete:
Health and Wellbeing Board:	City of London		Yes
Completed by:	Ellie Ward		Yes
E-mail:	ellie.ward@cityoflondon.gov.uk		Yes
Contact number:	020 7332 1535		Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No		Yes
If no, please indicate when the report is expected to be signed off:	Wed 22/11/2023	<< Please enter using the format, DD/MM/YYYY	Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D Hospital Discharge	Yes
5.3 C&D Community	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: City of London

Has the section 75 agreement for your BCF plan been finalised and signed off?	No
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	30/11/2023

Confirmation of National Conditions		
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist
Complete:
Yes
Yes
Yes
Yes

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board: City of London

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

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

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

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.	Checklist Complete:
		Q1	Q2	Q3	Q4					
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	25.8	38.0	38.0	77.0	116.2	Not on track to meet target	Reviewing the actual avoidable admissions performance for Q1 and Q2 (July and August data for Q2),City are at 94% of the planned overall target .Q1 performance was 116.2 above the planned target and Q2 performance was 51.7 above the planned target. Therefore both Q1, Q2 planned targets have been surpassed, with the overall planned target will not be met.The planned targets are significantly lower than the demand seen.	Nothing to add	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.7%	94.2%	94.2%	93.3%	94.12%	On track to meet target	Q1 actual performance is 93.43% above the Q1 planned target and currently at 96.34% above the Q2 planned target. The actual performance average of Q1 and Q2 is 94.7% above the planned Q1 and Q2 average of 93%. On track.	Nothing to add	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				847.7	176.8	On track to meet target	Q1 actual performance is 78.2, which is 9% of the overall target. Despite Q2 data not being available City is still on track to meet the planned overall target.	Nothing to add	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				410		On track to meet target	Q1 permanent admissions to residential care is 1 and Q2 is 2. We have less than 10 admissions every year.	We are able to keep people at home for long periods. People generally enter residential care later and for shorter periods. BCF funding around hospital discharge supports this.	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				96.0%		On track to meet target	Our performance on reablement and keeping people out of hospital is excellent.	Reablement is included in BCF plans	Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board: City of London

5.1 Assumptions

1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed projections?

We have added to capacity and demand for UCR and rehab at home. These services are provided jointly across the City of London and the London Borough of Hackney and the total teams capacity was re

2. Please outline assumptions used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce overprescription of care). Please also set out your rationale for trends in demand for the next 6 months (e.g how have you accounted for demand over winter?)

Demand:

Intermediate care packages are always reviewed to reduce overprescription of care. The City have capacity to do care act assessments when required to enable adult social care to pick up packages of care from intermediate care teams.

Capacity:

Some of the health services are provided jointly across the City of London and the London Borough of Hackney and it is hard to determine exact demand and capacity for the City as the figures are very small.

The capacity stated is 3% of the overall services capacity, although the teams respond to demand and flex as needed regardless of whether it's a City or Hackney resident.

3. What impact have your planned interventions to improve capacity and demand management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed plan?

N/A

4. Do you have any capacity concerns or specific support needs to raise for the winter ahead?

Nothing specific. Given our small numbers, any increases in hospital discharges and need have an impact but we are well equipped to cope with this volatility but it is difficult to predict.

5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data).

Some of the health services are provided jointly across the City of London and the London Borough of Hackney and it is hard to determine exact demand and capacity for the City as the figures are very small.

6. Where projected demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?

N/A

Checklist

Complete:

Item	Complete
1	Yes
2 Demand	Yes
2 Capacity	Yes
3	Yes
4	Yes
5	Yes
6	Yes

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and question & answer document

5.1 Assumptions

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- actual demand in the first 6/7 months of the year
- modelling and agreed changes to services as part of Winter planning or following the Market Sustainability and Improvement Fund announcement
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

5.2 and 5.3 Summary Tables

The tables at the top of the next two tabs show a direct comparison of the demand and capacity for each area, by showing = (capacity) – (demand). These figures are pre-populated from the previous template as well as calculating new refreshed figures as you complete the template below. **Negative figures show insufficient capacity and positive figures show that capacity exceeds demand.**

5.2 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record their refreshed expectations of monthly demand for supported discharge by discharge pathway.

Data from the previous capacity and demand plans will be auto-populated, split by trust referral source. You will be able to enter your refreshed number of expected discharges from each trust alongside these. The first table may include some extra rows to allow for areas who are recording demand from a larger number of referral sources. If this does not apply to your area, please ignore the extra lines.

This section in the previous template asked for expected demand for rehabilitation and reablement as two separate figures. It was found that, by and large, this did not work well for areas so the prepopulated figures for these service types have been combined into one row. Please enter your refreshed expectations for rehabilitation and reablement as one total figure as well.

Virtual wards should not be included in intermediate care capacity because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, please select the relevant trust from the list.

From the capacity and demand plans collected in June 2023, it emerged that some areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By social support, we are referring to lower level support provide outside of formal rehabilitation and reablement or domiciliary care. This is often provided by the voluntary and community sector. Demand estimates for this service type should only include discharges on Pathway 0 that require some level of commissioned low-level support and not all discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 rather than defaulting to all Pathway 0 discharges.

5.2 Capacity - Hospital Discharge

This section collects refreshed expectations of capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS) (pathway 0)
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

The recently published Intermediate Care Framework sets out guidance on improving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF Capacity and Demand plans.

As with the 2023-24 template, please consider the below factors in determining the capacity calculation. Typically, this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

The template now asks for the amount of capacity you expect to secure through spot purchasing. This should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it may impact on people's outcomes and is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

5.3 Demand - Community

This section collects refreshed expectations of demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. As with the previous template, referrals are not collected by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the 2023-25 Planning Requirements.

The units can simply be the number of referrals.

As with all other sections, figures from the 2023-24 template will be auto-populated into this section.

5.3 Capacity - Community

This section collects refreshed expectations of capacity for community services. You should input the expected available capacity across health and social care for different service types. As with the hospital discharge sheet, data entered in the assured BCF plan template has been prepopulated for reference. You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to
support recovery, including Urgent Community Response and VCS support. The template is split into these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Please see the guidance on 'Demand – Hospital Discharge' for information on why the capacity and demand estimates for rehabilitation and reablement services is now being collected as one combined figure.
Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services."

Better Care Fund 2023-24 Capacity & Demand Refrresh

5. Capacity & Demand

Selected Health and Wellbeing Board: City of London

Hospital Discharge

Capacity - Demand (positive is Surplus)	Previous plan					Refreshed capacity surplus. Not including spot purchasing					Refreshed capacity surplus (including spot puchasing)				
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS) (pathway 0)	-8	-9	-9	-7	-5	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home (pathway 1)	-2.3271842	-5.3602269	-3.2712801	-2.4137882	-1.3482345	1	0	1	0	0	1	0	1	0	0
Short term domiciliary care (pathway 1)	-2	-4	-2	0	1	0	0	0	0	1	0	0	0	0	1
Reablement & Rehabilitation in a bedded setting (pathway 2)	-0.9724147	-1.9660316	-0.9725387	-0.9854770	1.0273976	0	0	1	0	1	0	0	1	0	1
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	1	-3	-2	0.0828122	0.1020891	0	0	0	0	0	1	1	0	1	0

Capacity - Hospital Discharge

Service Area	Metric	Prepopulated from plan:					Refreshed planned capacity (not including spot purchased capacity					Capacity that you expect to secure through spot purchasing					Checklist Complete:
		Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Social support (including VCS) (pathway 0)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new clients.	0.6728158	0.6397730	0.7287198	0.5862117	0.6517654	4	6	5	3	2	0	0	0	0	0	Yes
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new clients.	2	2	2	2	2	4	6	4	2	2	0	0	0	0	0	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new clients.	1.0275852	1.0339683	1.0274612	1.0145229	1.0273976	2	3	3	2	1	0	0	0	0	0	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new clients.	1	1	0	0.0828122	0.1020891	0	4	2	0	0	1	1	0	1	0	Yes

Demand - Hospital Discharge

Pathway	Trust Referral Source	Prepopulated from plan:					Please enter refreshed expected no. of referrals:					Checklist
		Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Social support (including VCS) (pathway 0)	**Total**	**8**	**9**	**9**	**7**	**5**	**0**	**0**	**0**	**0**	**0**	Yes
	BARTS HEALTH NHS TRUST	2	2	2	2	2	0	0	0	0	0	Yes
	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	2	2	2	2	1	0	0	0	0	0	Yes
	HOMERTON HEALTHCARE NHS FOUNDATION TRUST	0	1	1	0	0	0	0	0	0	0	Yes
	OTHER	2	2	2	2	1	0	0	0	0	0	Yes
	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRU	2	2	2	1	1	0	0	0	0	0	Yes
	(blank)											Yes
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Reablement & Rehabilitation at home (pathway 1)	**Total**	**3**	**6**	**4**	**3**	**2**	**3**	**6**	**4**	**3**	**2**	Yes
	BARTS HEALTH NHS TRUST	2	2	2	2	2	2	2	2	2	2	Yes
	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	0	0	1	0	0	0	0	1	0	0	Yes
	HOMERTON HEALTHCARE NHS FOUNDATION TRUST	0	1	0	0	0	0	1	0	0	0	Yes
	OTHER	0	1	0	0	0	0	1	0	0	0	Yes
	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRU	1	2	1	1	0	1	2	1	1	0	Yes
	(blank)											Yes
	(blank)											Yes
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Short term domiciliary care (pathway 1)	**Total**	**4**	**6**	**4**	**2**	**1**	**4**	**6**	**4**	**2**	**1**	Yes
	BARTS HEALTH NHS TRUST	1	2	1	1	1	1	2	1	1	1	Yes
	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	1	1	1	0	0	1	1	1	0	0	Yes
	OTHER	0	1	0	0	0	0	1	0	0	0	Yes
	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	2	2	2	1	0	2	2	2	1	0	Yes
	(blank)											Yes
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Reablement & Rehabilitation in a bedded setting (pathway 2)	**Total**	**2**	**3**	**2**	**2**	**0**	**2**	**3**	**2**	**2**	**0**	Yes
	BARTS HEALTH NHS TRUST	1	1	1	1	0	1	1	1	1	0	Yes
	HOMERTON HEALTHCARE NHS FOUNDATION TRUST	0	1	0	0	0	0	1	0	0	0	Yes
	OTHER	1	1	1	1	0	1	1	1	1	0	Yes
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Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	**Total**	**0**	**4**	**2**	**0**	**0**	**0**	**4**	**2**	**0**	**0**	Yes
	BARTS HEALTH NHS TRUST	0	1	0	0	0	0	1	0	0	0	Yes
	HOMERTON HEALTHCARE NHS FOUNDATION TRUST	0	1	1	0	0	0	1	1	0	0	Yes
	OTHER	0	1	0	0	0	0	1	0	0	0	Yes
	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRU	0	1	1	0	0	0	1	1	0	0	Yes
	(blank)											Yes
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Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board: City of London

Community

Capacity - Demand (positive is Surplus)	Previous plan					Refreshed capacity surplus:				
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	0	0	0	0	0	4	4	4	3	4
Reablement & Rehabilitation at home	1	1	1	1	1	1	1	1	1	1
Reablement & Rehabilitation in a bedded setting	1	1	0	0	0	1	1	0	0	0
Other short-term social care	1	1	1	1	1	1	1	1	1	1

Capacity - Community

Service Area	Metric	Prepopulated from plan:					Please enter refreshed expected capacity:					Checklist Complete:
		Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Social support (including VCS)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	Yes
Urgent Community Response	Monthly capacity. Number of new clients.	0	0	0	0	0	8	8	8	7	8	Yes
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	1	1	1	1	1	2	2	2	2	2	Yes
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	1	1	0	0	0	1	1	0	0	0	Yes
Other short-term social care	Monthly capacity. Number of new clients.	1	1	1	1	1	1	1	1	1	1	Yes

Demand - Community

Service Type	Prepopulated from plan:					Please enter refreshed expected no. of referrals:					Checklist
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	Yes
Urgent Community Response	0	0	0	0	0	4	4	4	4	4	Yes
Reablement & Rehabilitation at home	0	0	0	0	0	1	1	1	1	1	Yes
Reablement & Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0	Yes
Other short-term social care	0	0	0	0	0	0	0	0	0	0	Yes

Committee(s): Safeguarding Sub Committee – For information Health & Wellbeing Board – For information	Dated: 23 November 2023 24 November 2023
Subject: The Child Q Update report – Why was it me?	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	***Contribute to a flourishing society*** 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.*
Does this proposal require extra revenue and/or capital spending?	**N**
If so, how much?	**N/A**
What is the source of Funding?	**N/A**
Has this Funding Source been agreed with the Chamberlain's Department?	**N/A**
Report of: Jim Gamble QPM & Rory McCallum, City & Hackney Safeguarding Children Partnership	**For Information**
Report author: Jim Gamble QPM & Rory McCallum	

Summary

In 2020, Child Q, a Black female child of secondary school age, was stripped searched by female police officers from the Metropolitan Police Service (MPS). The search, which involved the exposure of Child Q's intimate body parts, took place on school premises, without an Appropriate Adult present and with the knowledge that Child Q was menstruating.

A Local Child Safeguarding Practice was initiated by the City & Hackney Safeguarding Children Partnership (CHSCP). It was authored by Jim Gamble QPM (Independent Safeguarding Children Commissioner) and Rory McCallum (Senior Professional Advisor) and published in March 2022. The review made eight findings and 14 recommendations for improving practice.

At the request of Hackney's Mayor, the Independent Safeguarding Children Commissioner committed to providing an independent update on the progress made in response to the first review.

The Child Q update report - *Why was it me*? was published in June 2023. It is 104 pages long, covers 9 sections and provides an evaluation of progress against the review's initial 14 recommendations and looks at the work undertaken on trust and confidence in the police, schools and anti-racism.

Recommendation(s)

Members are asked to note the report.

Main Report

Background

1. The Child Q update report and an accompanying video can be read/seen on the CHSCP website – HERE. A short summary is set out below.

1.2 **Overview**

- The immediate response to the Child Q review reflected the shock that went through the system. The police and school in question initially adopted a defensive position.

- Hackney council's leadership responded with a clear vision regarding the issues and recognised the need for a coordinated multiagency response. This leadership was key.

- There was evidence of strong and effective leadership from many individuals and organisations.

- The appointment of the new BCU Commander has seen a shift in approach and there is some cautious optimism.

1.3 Engagement / Voices

- The report primarily focuses on the voice of children. The update engaged with about 100 local children (overwhelmingly from the Black community).

- They were engaged in spaces and places where they felt able to speak and we believe that their input is an authentic reflection of their own experiences.

- For many adults, the incident involving Child Q caused shock, disbelief and fear. There was also anger. However, for children, many felt no sense of shock. They saw Child Q as another example of a Black child being treated unfairly by the police.
- They could also draw parallels with their own experiences and what some saw as the insensitive practices within their schools. Their comments focused on discipline and welfare, racism, how schools search children and their views about the police.

- The views of children were echoed in those of parents, carers and community representatives.

1.4 The Police

- There has been progress in the MPS, but much remains to be done.
- The MPS has improved how they record and present the data on strip searching and there is a much better level of scrutiny. Some pilots have also been started to look at the best way to support young people when they are stopped and searched by the police.
- There have been no MTIP searches of children in Hackney for over a year and a 45% reduction across London. Improvement in the number of Appropriate Adults being used is also noted (although the report acknowledges some wider difficulties on this matter.
- Authority levels have been increased and in Hackney, the BCU Commander has enhanced the requirement to Supt (from inspector and to the Commander on out of hours decisions)
- The Report highlights several other issues including.
    - A call for the MPS Commissioner to acknowledge institutional racism.
    - The requirement for better and more meaningful engagement at a local level regarding the appointment of future BCU Commanders and more insightful and meaningful local scrutiny of policing.
- It also covers issues related to the need to revisit the law (PACE Codes) and the approach to reasonable grounds when conducting a search.

1.5 Education

- Children had concerns about the nature and frequency of searches undertaken by teaching staff in schools and what was felt to be an overly authoritarian approach in some education establishments.
- The report highlights the lack of consistency in the way schools identify what is considered a prohibited item, i.e. something you can be searched for. The report makes recommendations in this regard.
- The report also makes several recommendations that will give the LA and CHSCP greater insight into how children feel or do not feel safe and supported in schools.

Child Q asked, "*why was it me?*" and the report has been given that title. It makes the point that it is time to focus on the root cause and move on from Child Q's experience. She needs time and space to grow.

Corporate & Strategic Implications

Strategic implications – Whilst the Child Q case relates to a Hackney child, the findings and recommendations from the review have implications for the strategic focus on safeguarding practice within the City of London.

There remains ongoing and active consideration of these issues via the City's statutory safeguarding partners, the CHSCP Exec and the City of London Safeguarding Children Partnership Board.

Financial implications - None

Resource implications -None

Legal implications -None

Risk implications- None

Equalities implications – The issues raised by this case highlight broader issues regarding the need for greater understanding of anti-racist practice, adultification and disproportionality. The learning from the case will seek to support and improve practice across these areas.

Climate implications - None

Security implications – None

Conclusion

As stated in the Child Q update report, following its publication:

'it is now essential that our partnership takes a whole systems approach to improvement. This needs to be coordinated and overseen in a way that drives and demands progress – in a way that practically addresses the alienation and isolation experienced by far too many people because of the colour of their skin. It also needs to engage all relevant partners, including colleagues in adult services and have an unapologetic focus on humanising relationships.'

Appendices

https://www.chscp.org.uk/case-reviews/

Background Papers

The initial Child Q review, the update report and associated statements are available on the CHSCP website:

https://www.chscp.org.uk/case-reviews/

Jim Gamble QPM
Independent Safeguarding Children Commissioner
Rory McCallum
Senior Professional Advisor

T: 02083564183
E: chscp@hackney.gov.uk

Committee(s): Health and Wellbeing Board - For Information	Dated: 24/10/2023
Subject: City and Hackney Safeguarding Adults Board (CHSAB) Annual Report 2022/23	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1 and 2
Does this proposal require extra revenue and/or capital spending?	**N**
If so, how much?	**£N/A**
What is the source of Funding?	**N/A**
Has this Funding Source been agreed with the Chamberlain's Department?	**N/A**
Report of: Helen Woodland, Group Director Adults, Health and Integration, London Borough of Hackney	**For Information**
Report author: Shohel Ahmed, City and Hackney Safeguarding Adults Board Manager	

Summary

The City and Hackney Safeguarding Adults Board (the Board) is a statutory board required under s43 of the Care Act 2014. One of the statutory duties of the Board is to complete an annual report outlining what it has achieved in respect of adult safeguarding in the previous year.

This report outlines the key achievements of the Board as well as what the Board will prioritise in the forthcoming year. An overview of the safeguarding data for the London Borough of Hackney is also included for reference.

Recommendation(s)

Members are asked to note the report.

Main Report

Background

1. The City and Hackney Safeguarding Adults Board is a multi-agency partnership, represented by statutory and non-statutory stakeholders. The role of the Board is to assure itself that robust safeguarding procedures are in place across the City and Hackney to protect adults with care and support needs who are at risk of abuse and neglect. Where abuse and neglect does occur the Board and its partners are committed to tackling this and promoting person centred care for all adults experiencing abuse or neglect. The annual report sets out an appraisal of safeguarding adults' activity across the City of London and Hackney in 2022/23.

Current Position

2. In line with its strategy, some of the key achievements of the Board in 2022/23 include:

- The Board commissioned one Safeguarding Adults Review which was published in March 2023 and held two learning events to help embed learning from the Phillip SAR and the Daniel SAR in 2022/3. The Independent Reviewers worked through the findings and the recommendations from the review with staff from the agencies involved.
- The SAR action plan group measured how well learning had been embedded into practice. This was done by undertaking feedback exercises with frontline staff and partners to understand how well SARs were known and perceived across the City and Hackney.
- The Board commissions a package of training for frontline line staff working across the City and Hackney on a yearly basis. This year the Board commissioned 8 different safeguarding courses delivered quarterly, including a new course on trauma informed approaches to safeguarding. In total, 135 people attended training in 2022/23.
- The Board has commissioned a new training system so that all training will be presented in the same place. This system allows delegates to browse and book themselves on to training modules.
- The Board held a number of bite-sized learning sessions on different areas of safeguarding for professionals. In total, over 160 professionals attended these sessions.
- The Board provided funding for 3 community organisations to hold their own Safeguarding Adults Awareness events across Hackney, in total these events had over 60 guests, the Board provided these events with posters and safeguarding information resources.
- The Board undertook a self assessment using the Safeguarding Adult Partnership Assessment Tool, which was assessed by an independent reviewer and the findings presented during the partnership development day in March 2022.
- The Independent Chair of the Board has initiated yearly check-ins for all Board partners. The purpose of these check-ins is to ensure that all safeguarding issues affecting residents are identified and addressed and to continue to improve engagement with partner agencies.
- The Board worked with the City and Hackney Safeguarding Children's Partnership to update the Think Family guidance, which will be signed off by both partnerships in 2023.
- The Board has trained a group of 5 Safeguarding Champions who have started to deliver 90 minute safeguarding awareness sessions in the community. The Board is continuing to promote this across Hackney and City.

3. The Board has set itself the following strategic priorities for 2023/24:

- To continue to raise awareness in relation to mental capacity assessment.
- To engage with the community and voluntary sector to support them to build their confidence in delivering their safeguarding duties and raise awareness of adult safeguarding.

- To continue to embed engagement with people with lived experience and ensure that they can influence all aspects of the Board's work.
- To identify and respond to the needs of people who are at the 'edge of care' and may not have safeguarding needs that meet the criteria for section 42(2) safeguarding.
- To work collaboratively with agencies and partnerships across the City and Hackney to respond to the safeguarding needs of residents.
- To support frontline professionals to respond to complex issues relating to self-neglect
- To deliver and implement recommendations that arise in relation to both local, regional and national Safeguarding Adults Reviews.
- To ensure that all agencies across the City and Hackney deliver their core duties in relation to safeguarding.

Options

4. N/A

Proposals

5. N/A

Key Data

6. Key data was collected in relation to safeguarding for the City of London Corporation:
    - 50 safeguarding concerns were raised.
    - 24 of the concerns led to a Section 42 Enquiry.
    - A Section 42 Enquiry relates to the duty of the Local Authority to make enquiries, or have others do so, if an adult may be at risk of abuse or neglect. This happens whether or not the authority is providing any care and support services to that adult. It aims to decide what, if any, action is needed to help and protect the adult.
    - The trend over the last five years shows that concerns have increased by 11 cases and enquiries by 2 cases with a gradual decrease of the conversation rate since 2020-21.
    - Out of 44 individuals that had a concern in the year, 32 were from a white ethnic background.
    - Neglect has been the highest risk registered this year in safeguarding concerns and enquiries which is similar to the national average in 2021/22.
    - The majority of safeguarding concerns related to alleged abuse that happened within the person's own home. The continued increase in cases in people's own homes this year is related to the increase in neglect. This is

consistent with national data which identifies that abuse typically happens within someone's own home.

Corporate & Strategic Implications – None

Financial implications

None

Resource implications

None

Legal implications

Risk implications

None

Equalities implications

None

Climate implications

None

Security implications

None

Conclusion

7. The Annual Report summarises the key achievements of the Board and outlines the priorities going forward. The Annual Report will be published online.

Appendices

- Appendix 1 – CHSAB Annual Report 2022/23

Background Papers
N/A

Shohel Ahmed
City and Hackney Safeguarding Adults Board Manager
E: shohel.ahmed@hackney.gov.uk

CHSAB Annual Report **2022–23**

People should be able to live a life free from harm in communities that are intolerant of abuse, work together to prevent abuse and know what to do when it happens

City and Hackney
Safeguarding Adults Board

Accessibility statement

If you require this document in a different format, please email

CHSAB@hackney.gov.uk

We will consider your request and get back to you in the next five working days.

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Introduction by the Independent Chair

I am very pleased to introduce the Annual Report of the City and Hackney Safeguarding Adults Board 2022/23 (the Board), which is a key statutory duty. As the Independent Chair of the Board, I am extremely grateful to all partners for their continued engagement and support to safeguard people living in the City and Hackney in the wake of the Covid-19 pandemic and ongoing challenges in responding to changing safeguarding risks and needs. The relationships between the Board's partners continue to be positive and collaborative, and appropriately challenging when seeking assurance that we are all meeting our safeguarding responsibilities. The annual report describes what the Board has been doing as well as what individual partners have achieved during 2022/23. It provides a picture of who is safeguarded and why. This helps to inform the Board's annual strategic plan and priorities for 2023/24. There continues to be learning from Safeguarding Adults Reviews that provide a focus for improvements in safeguarding practice and process. This is reflected in the annual strategic plan and out priorities for 2023/24. There continue to be significant contextual factors that impact on people's lives and potentially increase safeguarding risks, such as the rise in energy prices, the ongoing increases in the cost of living, and the legacy of the Covid-19 pandemic. The Board and its members continue to address these challenges and seek ways in which residents experiencing risks of abuse or neglect can be supported and protected. I want to use this opportunity to thank all the practitioners and staff from the wide range of partner organisations and agencies, volunteers and residents in City and Hackney who are committed to keeping people safe in the City and Hackney. They have supported and continue to support people at risk of abuse or neglect, often without recognition, and make a huge and significant positive contribution to many peoples' lives.

Dr Adi Cooper OBE,
Independent Chair, City and Hackney Safeguarding Adults Board
June 2023

What is the Safeguarding Adults Board?

Role of the Safeguarding Adults Board

The City and Hackney Safeguarding Adults Board (CHSAB) is a partnership made up of both statutory and non-statutory organisations. A range of organisations attend the Board including health, social care, housing, criminal justice and fire services, voluntary sector and residents who use services in the City of London and Hackney. The role of the CHSAB is to assure itself that organisations based in the City and Hackney have effective safeguarding arrangements. This is to ensure that adults with care and support are protected and prevented from experiencing abuse and neglect.

The CHSAB has three core legal duties under the Care Act 2014:

1) Develop and publish a Strategic Plan outlining how the Board will meet its objectives and how partners will contribute to this
2) Publish an Annual Report detailing actions that the Board has taken to safeguard the community and how successful it has been in achieving this
3) Commission Safeguarding Adults Reviews (SARs) for any cases that meet the criteria.

In addition to this, the CHSAB is able to lead or undertake work in respect of any other adult safeguarding issue it feels appropriate.

Membership

The CHSAB has three statutory partners: the Local Authority, IIntegrated Care Board (health), police, and a wide range of non-statutory partners.

Below is a full list of our partners and their attendance at our quarterly Board meetings:

2022-23	
Independent Chair	100%
London Borough of Hackney Adult Social Care	100%
City of London Corporation	100%
North East London Integrated Care Board	100%
Homerton University Hospital	100%
Barts Health NHS Trust	25%
East London NHS Foundation Trust	100%
London Fire Brigade	25%
Metropolitan Police	100%

2022-23	
City of London Police	75%
Hackney Community and Voluntary Service	100%
London Borough of Hackney Housing	100%
Age UK	50%
Turning Point	100%
Department for Work and Pensions	100%

Principles

The Board's strategy and annual strategic plan is underpinned by the six safeguarding principles:

- **Prevention –** It is better to take action before harm occurs.
  "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
- **Empowerment –** People are supported and encouraged to make their own decisions and informed consent.
  "I am asked what I want as the outcomes from the safeguarding process and this directly informs what happens."
- **Proportionality –** The least intrusive response appropriate to the risk presented.
  "I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."
- **Protection –** Support and representation for those in greatest need.
  "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."
- **Partnership –** Local solutions through services working together and with their communities. Services share information safely and each service has a workforce well trained in safeguarding. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
  "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

- **Accountability –** Accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life and so do they.”

Board Governance

Subgroups

The Board has a number of subgroups in place to ensure the delivery of its annual priorities:

Quality Assurance:

The group examines quantitative and qualitative data to help identify safeguarding trends and issues across the City and Hackney. This information is provided to the Executive group and helps inform the work and priorities of the Board.

Safeguarding Adults and Case Review:

The group fulfils the Board's s44 Care Act duty by considering requests for a Safeguarding Adults Review (SAR). The group reviews referrals and makes recommendations to the Chair when it considers a SAR is required. It also monitors the embedding of action plans from reviews that have an adult safeguarding theme to them.

Workforce Development:

This group meets periodically to review and identify training and development opportunities in respect of adult safeguarding. It is also responsible for quality assuring the safeguarding training delivered by partners.

Transitional safeguarding:

The task and finish group was set up to identify how to better support young people aged 16 - 25 years old with their safeguarding needs around exploitation and abuse.

SAR action plan task and finish group:

This group was designed to ensure that the actions from our most recent SARs are completed in a timely manner. The group also identified how to ensure that learning from SARs has a long-term impact on improving practice.

Anti-social behaviour and safeguarding:

This group was set up to improve the multi-agency response to people both perpetrating or experiencing anti-social behaviour. The role of the group was to ensure that a proportionate response is provided to residents as well as support frontline professionals in responding to anti-social behaviour.

The work of the sub and task and finish groups is overseen by the Executive Group, whose role it is to monitor the progress of work undertaken by the groups and identify any other work the Board needs to undertake. The Executive group is attended by statutory partners, the Independent Chair and the Board Manager.

There are also quarterly CHSAB meetings attended by the whole partnership, this allows for discussions on key safeguarding issues, networking and identifying further opportunities for partnership working.

City of London Adult Safeguarding Committee

The City of London has a Safeguarding Adult Committee, which focuses on safeguarding issues affecting residents living in the City of London. The Committee meets quarterly, where partners share their responses in relation to different safeguarding issues and provide updates in respect of their progress against the Board's strategic priorities.

CHSAB strategic links

The CHSAB has links with partnerships and boards working with residents in the City of London and Hackney, including: the City and Hackney Safeguarding Children's Partnership, Community Safety Partnerships and Health and Wellbeing Boards. The Board will also engage with other partnerships where there may be opportunities to work collaboratively or provide an adult safeguarding expertise.

Budget

In 2022/23 the budget was £216,775 from the partners listed below:

Partner contributions to the CHSAB	CHSAB Partnership 2022/23 (£)
City of London Corporation	(28,875)
East London NHS Foundation Trust	(27,500)
Homerton University Hospital	(12,000)
North East London Integrated Care Board	(20,000)
Metropolitan Police Authority	(5,000)
Barts Health NHS Trust	(5,000)
City of London Police	(4,400)
LB Hackney	(113,000)
Total income	**216,775**

The expenditure for the Board in 2022/23 was £215,645

The Board have made the decision to keep the partner contributions the same, on the basis that there is a current reserve of £199,396, to meet any unplanned expenditure that may be incurred in this financial year.

Supporting the CHSAB

The CHSAB has a full-time Board Manager and Business Support Officer to manage the work of the Board.

Case Study 1:
London Borough of Hackney Adult Social Care

William is an elderly gentleman living with a diagnosis of Charles Bonnet syndrome, macular degeneration of the eyes and Glaucoma. He lives alone in council owned accommodation, and presents symptoms consistent with short term memory loss and forgetfulness in the context of his daily functioning. There were reports of long standing issues with the council regarding outstanding disrepair issues in the kitchen and bathroom area of his property. William was in the process of being evicted from his home as a result of rent arrears and had previously been served eviction notifications. Following a referral to Adult Protection services to investigate the concerns into Williams ability to manage his finances, his views were that he was unwilling to pay his rent unless housing services addressed the disrepair issues in his property. It was also

revealed that he was subject to financial exploitation from his neighbour who attempted to defraud him out of his life savings. William reported that he does experience forgetfulness which appears to contribute to the possibility of short term memory issues. Although this was not a formal diagnosis, this did appear to have a debilitating impact on his cognitive functioning. He was identified for a social care assessment during a section 42 safeguarding enquiry and was assessed to lack decision making capacity to manage finances independently. Adult Social Care undertook multiple home visits once the referral was raised, and an ongoing assessment is currently in place to establish a formal diagnosis of cognitive impairment.

Case Study 2:
North East London Integrated Care Board

Tom is a young man who resides at a local supported living accommodation. Tom's life changed when he experienced a brain injury which affected his cognitive functioning. He is largely independent but struggles with some aspects of his life including, maintaining his home environment. However, he does not always wish to engage with support around his needs. Tom is supported by staff at the residential centre, his neuro-navigator at the Continuing Health Care Team and his family. Tom's support team became concerned about food shortages which were caused by his difficulties with budgeting. His family manage his finances and release money to him at regular intervals but this does not appear to be sufficient for his needs. There were ongoing concerns about Tom gifting money to others and then being left without money for his daily needs. Staff at the residential centre raised their concerns with Tom about food shortages and his frustrations when he was without money. Tom reported to staff that he owed money to a friend, and that he had been buying large items for a friend. This conversation triggered a wider concern about risks of possible financial exploitation. A safeguarding meeting was convened to share concerns about Tom and assess the level of risk. Tom's family were part of the meeting and described how Tom's anxiety around money would cause hostility and tension in their relationship as he would call frequently requesting more money and become angry if it was withheld. Each member of the team around Tom sought to support his needs around financial management and improve his quality of life. The residential care home staff used key working sessions to discuss Tom's pattern of lending money to others. The community policing unit were advised of a particular person whom Tom reported he had been giving money to – and that person was advised that they would not be welcome at the residential centre. Tom's family increased the frequency of Tom's payments and also directed a fund to the residential centre to be used for grocery shopping. All parties agreed to continue to monitor the situation.

Tom reported that his 'friend' no longer hassled him for loans and felt relieved by this.

CHSAB Achievements for 2022/23

Safeguarding Adults Review (SARs)

- The Board commissioned one Safeguarding Adults Review which was published in March 2023.
- The Board held two learning events to help embed learning from the Phillip SAR and the Daniel SAR in 2022/3. The Independent Reviewers worked through the findings and the recommendations from the reviews with staff from the agencies involved.
- The SAR action plan group measured how well learning had been embedded into practice. This was done by undertaking feedback exercises with frontline staff and partners to understand how well SARs were known and perceived across the City and Hackney.

Training and engagement with professionals

- The Board commissions a package of training for frontline line staff working across the City and Hackney on a yearly basis. This year the Board commissioned 8 different safeguarding courses delivered quarterly, including a new course on trauma informed approaches to safeguarding. In total, 135 people attended training in 2022/23.
- The Board published quarterly bulletins for frontline staff providing them with updates on adult safeguarding issues.
- The Board has commissioned a new training system so that all training will be presented in the same place. This system allows delegates to browse and book themselves on to training modules.

Safeguarding Adults Week 2022

- The Board held a number of bite-sized learning sessions on different areas of safeguarding for professionals. In total, over 160 professionals attended these sessions.
- The Board provided funding for 3 community organisations to hold their own Safeguarding Adults Awareness events across Hackney, in total these events had over 60 guests, the Board provided these events with posters and safeguarding information resources.
- A number of posters and promotional resources were circulated across all staff at the London Borough of Hackney.

Quality Assurance

- The Board undertook a self assessment using the Safeguarding Adult Partnership Assessment Tool, which was assessed by an independent reviewer and the findings presented during the partnership development day in March 2022.

- There was a review of how well the Board was meeting its statutory obligations under the Care Act 2014 and Care Act statutory guidance.
- The Independent Chair of the Board has initiated yearly check-ins for all Board partners. The purpose of these check-ins is to ensure that all safeguarding issues affecting residents are identified and addressed and to continue to improve engagement with partner agencies.

Multi-agency working

- The Board worked with the City & Hackney Safeguarding Children's Partnership to update the Think Family guidance, which will be signed off by both partnerships in 2023.
- There was Board attendance at a number of partnership groups including the suicide prevention group, death in treatment panel, community safety officer group and domestic abuse work streams.

Anti-Social Behaviour and Safeguarding Task and Finish Group

- The group worked on the escalation protocol which was signed off and promoted widely from April 2022. This protocol has been utilised once so far with positive outcomes.
- The group worked on mapping the high risk panels currently existing in Hackney, to share across the partnership.
- This group finished its regular meeting in April 2022 and agreed to meet again annually to review the impact of the work streams.

Transitional Safeguarding Task and Finish Group

- The group has undertaken extensive scoping work, with some challenges in data collection due to the Cyber attack.
- The group worked with the Advocacy Project to identify the advocacy rates among young people, which highlighted the need for more promotional work among young people.

Resident engagement

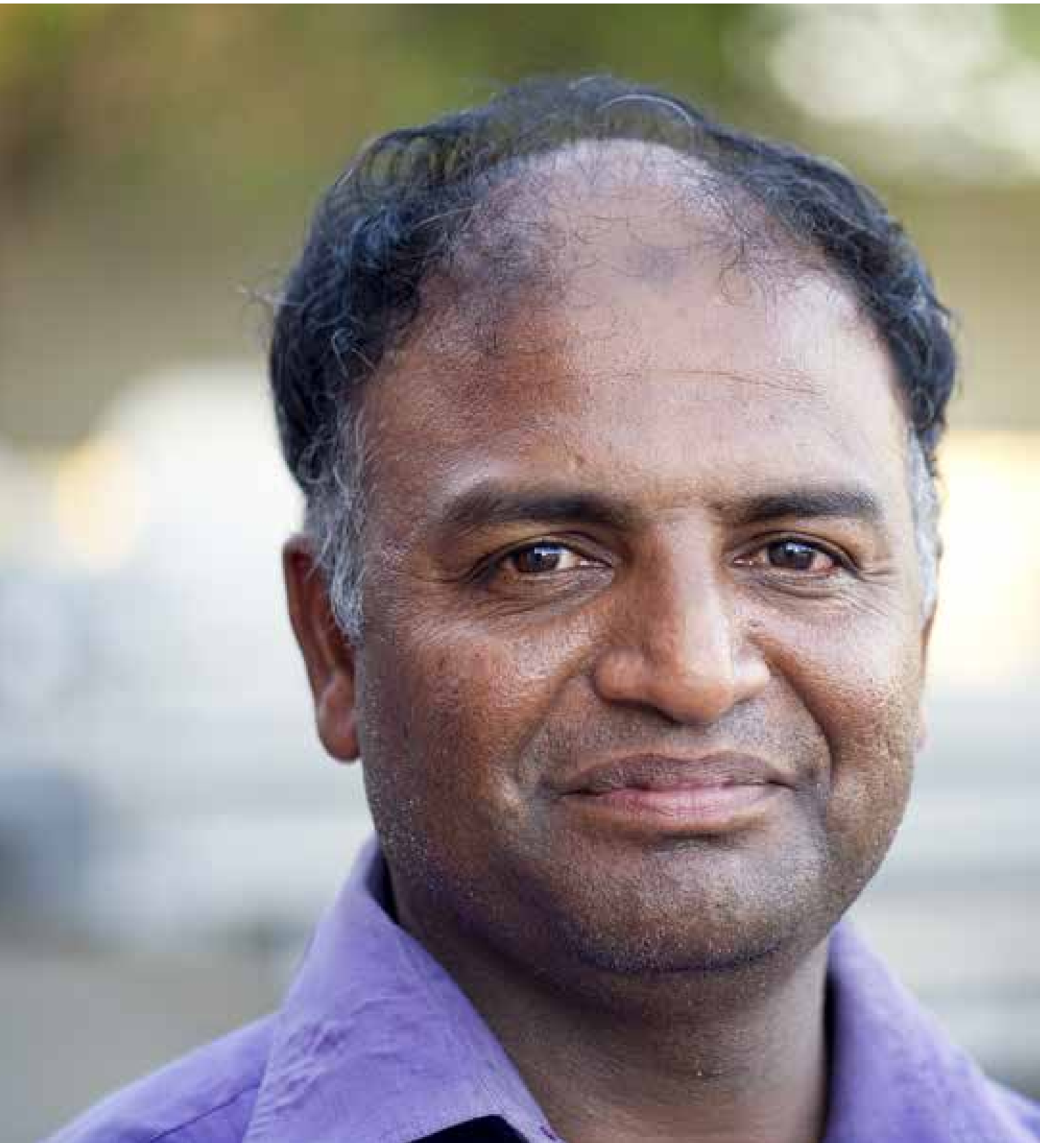
- The Board has commissioned a voluntary sector agency, The Advocacy Project, to obtain feedback from residents who have lived experience of safeguarding processes.
- The Board has trained a group of 5 Safeguarding Champions who have started to deliver 90 minute safeguarding awareness sessions in the community. The Board is continuing to promote this across Hackney and City.
- The Board continues to publish quarterly newsletters to residents and also provided an article to the Older People's Reference Group on keeping safe over the Christmas period.

Case Study 3:
Metropolitan Police

Tanya reported to police that she had been the victim of rape by a male who worked for the same company as her, a couple of months previously. A complicating factor was that the suspect's children went to the same primary school as Tanya's and this meant that there was quite the potential for crossing paths. Tanya was late in reporting this to police due to uncertainty of what would happen to her or her children if she did, and for fears of repercussions should she see this suspect again either at work or on the school run. The stress of this caused her to suffer significant mental health difficulties which had gone untreated. The police supported Tanya to provide her evidence in a video recorded interview, and identified early on that she did not have anyone to turn to for emotional support. The police ensured a Merlin was completed and her situation raised with the local community mental health team. As a result Tanya was able to receive professional support for her deteriorating mental state. The police were further able to safeguard Tanya by discreetly arranging with the school for her children to be able to leave school via a separate exit whilst the investigation was ongoing to reduce the likelihood of seeing the suspect or his partner, which again was causing anxiety and stress. On Tanya's behalf, the police also arranged for her to be allowed to work from a separate site within her company where there would be no way for her to bump into the suspect, doing so in a manner which ensured the sensitivity of the situation was only shared with Tanya's direct line manager (with her consent). As a result of these actions, Tanya was not only protected from the potential of further offences by an alleged perpetrator known to her, but was supported in her mental health recovery.

Case Study 4:
Age UK

Robert was referred to Age UK by the City of London Adult Social Care team. Robert was noted to have a tendency for self-neglect and needing blitz cleaning in his home. Regular cleaning of his flat had been added to his care package, to help him prevent the continuation of the problem which would cause hygiene and health issues if left untreated. Robert was feeling socially isolated due to spending time at home alone, and found it hard to access social activities and volunteering opportunities due to his poor health and mobility issues. Robert was provided with transport support through City Advice by a successful Dial A Ride application, and was able to pick some activities which he could get involved in. Robert chose a poetry club and a drop in cafe, which he attributes to helping him with making social connections and allowing him to socialise again.



"Due to the support I receive, I feel that I'm starting to get my life back."

Neighbourhoods Team

- The Board has continued to work collaboratively with the Neighbourhoods Team, through regular meetings and reporting back to the Board.
- The Neighbourhoods Team were involved in the Board's Development Day safeguarding audit.

Engagement and partnership work

- The Board expanded its professionals mailing list and networks to ensure that all professionals in the City and Hackney are up to date with safeguarding news. If you would like to join this network please contact: **chsab@hackney.gov.uk**.
- The Board is part of a wider range of different stakeholder groups that includes the: Carers Partnership Board, Death in Treatment Panel and domestic abuse work streams.

National work

- Members of the Board attend a number of national work streams including, the London Safeguarding Adults Board, National Network of Chairs of SABs, SAB Manager Networks and Local Government Association and the Association of Directors of Adult Social Services Safeguarding worksteam.
- Members of the Board have presented at national safeguarding events that have occurred across England.

Safeguarding Adults Reviews (SARs)

The Board has a statutory duty to undertake Safeguarding Adults Reviews (SAR) under section 44 of the Care Act 2014. The following criteria must be met for a SAR:

1. An adult has died or suffered serious harm.
2. It is suspected or known that is was due to abuse or neglect.
3. There is concern that agencies could have worked better to protect the adult from harm.

The Board is also able to undertake a discretionary SAR under the Care Act, where a case does not meet the threshold for a review but it is considered that there is valuable learning to be gained in terms of addressing abuse and neglect.

In 2022/23, the Board published three Safeguarding Adults Review. Of the three reviews, two were SAR's as defined under section 44 of the Care Act and the other was a discretionary review. The Board did not initiate any new reviews during this period.

Angela was discharged with an allocated social worker...

Case Study 5:

Barts Health NHS Trust

Angela was a female patient with complicated cardiac history and poorly controlled diabetes. Angela had a history of adverse childhood experiences, trauma and mental ill-health, including several long admissions to SBH over a 3 year period. Angela had a very difficult and complicated relationship with professionals, often exhibiting challenging behaviours and variable engagement. There were concerns regarding self neglect and emotional abuse at home, but Angela did not consent for a referral to adult services. Angela was deemed to lack mental capacity in regard to an adult services referral and was discharged with an allocated social worker, and an agreement in place regarding a personal care budget.

CHSAB Strategy 2020-25

Under the Care Act 2014, Safeguarding Adults Boards are required to publish a strategy outlining how it will meet its obligations in respect of adult safeguarding. The Board renewed its Strategy in 2020 and published a five year plan on how it will deliver its goals.

In the forthcoming year (2023/24) the Board will focus on the following priorities:

1. To continue to raise awareness in relation to mental capacity assessment.
2. To engage with the community and voluntary sector to support them to build their confidence in delivering their safeguarding duties and raise awareness of adult safeguarding.
3. To continue to embed engagement with people with lived experience and ensure that they can influence all aspects of the Board's work.
4. To identify and respond to the needs of people who are at the 'edge of care' and may not have safeguarding needs that meet the criteria for section 42(2) safeguarding.
5. To work collaboratively with agencies and partnerships across the City and Hackney to respond to the safeguarding needs of residents.
6. To support frontline professionals to respond to complex issues relating to self-neglect.
7. To deliver and implement recommendations that arise in relation to both local, regional and national Safeguarding Adults Reviews.
8. To ensure that all agencies across the City and Hackney deliver their core duties in relation to safeguarding.

CHSAB Board Partners Safeguarding Achievements

This section outlines the Board Partners main achievements in relation to adult safeguarding for 2022/23:

London Borough of Hackney

- We improved the way that we learn from the experience of local people who may be at risk of or experience abuse. We did this by bringing in a new local system for auditing local practice, looking at cases both as individuals and peer audits across teams. This helps us to understand if we are always using the principles of Making Safeguarding Personal, and helping people to achieve the outcomes that matter to them. Our safeguarding data demonstrates that in the majority of instances, people fully or partially achieve the outcomes they want.
- We have worked closely with staff and our partners to update some of our key policies and procedures in safeguarding. There are some areas of practice which are complex because of how the law is interpreted for people with particular needs. Doing targeted work with staff, we improved understanding of fire safety and have rewritten the policy on self-neglect for all CHSAB partners. This work will also enhance our preparation for the forthcoming Care Quality Commission assurance of local authorities adult social services.
- Over the past year, we continuously reflected on our safeguarding practice and identified ways in which we can speed up decision-making in the system. If we can do things quicker while paying attention to 'quality' then it means that we can reach more people and empower them to make decisions about how to keep themselves safe. So we commenced a journey of culture change in the way we use data on safeguarding. We aligned this with regular forums for the managers who make safeguarding decisions. This has given them the opportunity to discuss their cases and begin developing a shared understanding of the issues that are referred to the local authority for safeguarding interventions.

City of London Corporation

- The City of London has realigned its Adult Social Care service to enable a stronger focus on early intervention and prevention. This is in line with the second principle of safeguarding in the Care Act; it is better to take action before harm occurs. Occupational Therapy capacity has been increased and a new innovative Strengths-based practitioner role created. The Strengths-based practitioners provide intensive early intervention with a reablement type ethos supporting people with low level support needs, clutter or hoarding tendencies and self-neglect to improve their wellbeing and achieve their personal goals. The Strengths-based practitioners undertake welfare calls and visits where risk is identified in situations such

as hospital discharges. They also act as Trusted Assessors providing equipment to increase independence and safety, including Telecare and Fire detection or prevention equipment. Following a successful pilot, a new Early Intervention approach has been adopted across Adult Social Care aimed at improving wellbeing and reducing risk. The approach is to trust in the expertise of the practitioner and the expressed outcomes of the adult with care and support needs to identify low-cost one-off interventions which may improve their independence and wellbeing while increasing safety and mitigating risk. The majority of adults benefitting from the approach are those considered to be at the edge of care where risks may be present that, while not meeting formal safeguarding criteria, may benefit from interventions to reduce risk and improve safety. A review of the initial pilot showed the approach to have a demonstrable impact for relatively low cost and was welcomed by practitioners with positive feedback from the adults concerned.

- The City has responded to the challenges of the cost-of-living crisis setting up a steering group to plan and oversee the provision of universal information and advice around benefits and personal finance, and enlisting Green Doctors to help residents stay well and warm at home and save money on their household bills. Extra contingency payments were made for all adults with direct payments to ensure support could be purchased when needed. Additional one-off payments were made to informal carers to relieve pressures and help support continuity in their caring role. Winter weather packs were distributed to those most at risk containing thermal blankets, socks, hats, gloves and hand warmers. Residents with electric fan heaters or other types of heaters with high fire risks were offered free replacement oil filled radiators which are both low fire risk and more economical.

- The City of London continued to drive forward initiatives to support and safeguard those who were homeless or rough sleeping in the square mile. Work has been informed by post pandemic learning along with that from the MS Safeguarding Adults Review and the more recent discretionary Daniel SAR. Multi-agency systems are in place and agencies continue to engage at a level which recognises the level of safeguarding risks and poor health outcomes experienced by this cohort. City of London have been working with partners across different local authority areas both at a strategic level in terms of short and longer accommodation options, and at an operational level working across boundaries on s42 safeguarding enquiries as well as completing and sharing portable Care Act assessments. Homelessness services have also started piloting a new Strengths Based Practitioner post to work alongside the Social Worker for Rough Sleeping and Homelessness offering more intensive and personalised early intervention support which mirrors the approach in Adult Social Care

North East London Integrated Care Board (NEL)

- NEL has established a clear safeguarding accountability structure leading to the Chief Nurse. NEL has appointed a Designate Safeguarding Adult Manager at each place and these individuals are working collaboratively to where possible in developing a safeguarding response. There are 8 clinical reference groups leading our work and development on specific areas of safeguarding need including for example health inequalities, domestic abuse; and learning from enquiries.
- NEL ICB coordinated a health response locally when the Home Office established two hotels in Hackney as accommodation centres for their clients. This includes urgent response in commissioning primary care outreach to the residents, site visits to support with staff safeguarding development and public health oversight. This response extended to lobbying the Home Office against particular hotels thought to be unsuitable for this purpose.
- NEL included responding to the experience of inflation as a key strategic objective. Work in this area included a NEL wide conference to share local initiative and plot strategic responses. NEL actions included a review of the impact of prescription charges on specific medicine usages, and crisis support for providers including nursing homes.

Homerton University Hospital NHS Foundation Trust

- Increase in uptake of clinical practitioners trained in level 3 adult safeguarding. Over 25% of all applicable staff have now received level 3 training.
- Safeguarding adults' team has commenced Simulation training - Funded communication simulation course to help health care professionals explore communication strategies to better manage any challenging conversation in the assessment of mental capacity.
- Raising awareness of the adult safeguarding agenda which has led to an increase in concerns raised by HHFT this year.

East London Foundation Trust

- ELFT Safeguarding Lead has provided one to one support to Ward and Community staff in managing complex safeguarding cases.
- Rio systems have developed to the point that each team /ward has easy access to information relating to safeguarding for their service.
- Carers support workers are now routinely Involved in supporting safeguarding cases and professional meetings where carers are involved.

"My social worker has helped me to build my confidence and to start the process of returning to work."

Case Study 6:
City of London Corporation

John was referred to the City of London Adult Social Care for self neglect. John was living alone and was reported to be a binge drinker, which had led to a deterioration of his mental and physical health. A social worker was allocated and a safeguarding enquiry was undertaken; working in partnership with John and other relevant services. John had difficulty holding down a job and his ability to socialise had been impacted because of an unaddressed post traumatic stress disorder. The social worker completed a Care Act assessment with John and continued to work with him, focusing on employing relationship-based practice and supporting him to be motivated and focused on his goals. As a result of his drive and determination, John is now abstinent and is planning to return back into work.

Case Study 7:

Homerton University Hospital Foundation Trust

Kim is an elderly women with a background of learning disabilities, epilepsy and personality disorder, who was referred to Homerton due to vulval intraepithelial neoplasia. When Kim was seen in April 2022 it was noted that she lacked capacity to consent to the therapy she needed. As a result, a best interest meeting took place where it was decided to go ahead with the therapy, to prevent a risk of cancer developing in the future. At the meeting, Kim's carer advised that she would no longer be able to stay with him in his flat as he felt he wouldn't be able to support her.

After her therapy, Kim was medically fit for discharge but needed to remain an inpatient until a discharge destination could be identified. A subsequent occupational therapy functional assessment concluded that Kim would benefit from housing with care.

During the course of Kim's admission, she became more agitated and verbally and physically aggressive with staff on occasions. A psychiatry review was requested, which assessed that Kim was displaying acute psychotic features stemming from a mix of mental health causes. A first recommendation was made for Kim to be detained under section 2 of the Mental Health Act. Kim was transferred to an acute mental health unit in a patient bed later on in the year.

Barts Health NHS Trust

- Barts Health established an onsite safeguarding advisor to provide support, advice and training to the St Bartholomew's hospital team.
- Devolving of safeguarding to trust sites in order to focus on issues specific to each site and to provide timely and focused advice to staff.
- The Trust participated in a 360 assurance audit regarding MCA/DoLS, which helped inform the work plan for 2023-24.

Metropolitan Police Service

- Police in Hackney achieved the second highest sanctioned detection rate for Domestic Abuse (DA) in the MPS of 14.3% for the financial year. This stood at 16.2% for 2021/22.
- Maintaining 'business as usual' high level of service throughout the cost of living crisis and associated increased societal unrest.
- Delivering and overseeing an effective MARAC process to support those deemed at the highest risk of DA whilst ensuring all key partners take part in a holistic approach to long-term safeguarding.

City of London Police

- The City of London Police (CoLP) completed a small study on the negative effect that those in crisis have with police due to the process that many officers have to complete in order to safeguard individuals. Where a patient has been defined as a "high intensity user" of the service (someone that comes to notice more than three times and presents in risky locations), CoLP identified that those individuals tend to be drawn into a repeating pattern of behaviour to sustain their need for interaction. In doing so the patient will place themselves at substantial risk and by default, any person potentially trying to interact or rescue them. To adopt a more holistic approach to those who find themselves in crisis, CoLP's P&P hub worked with the Mental Health Street Triage service to triage these patients away from the place of risk and then worked to arrange regular interactions with the patient to build their confidence with the police and to establish a more suitable risk-reduced alternative when they felt that they were in crisis. As a result, the rate of reattendance reduced in 15 cases.
- The CoLP initiated a monthly partnership operation, tackling different themes all within the Violence Against Women and Girls (VAWG) workstream to 'Reframe The Night'. Under this operation, the Night Time Economy (NTE) is facilitated and not just policed. By bringing all responsible authorities together out in the NTE, everyone gets to understand what the realities are and how this feeds into the requirements of their areas, for example, lighting, cleansing, Anti-Social Behaviour (ASB). A safe space for women and vulnerable people was also created in the NTE. The results of Operation Reframe are published and fed into the Licensing Committee and PAB.

- Operation Luscombe is an initiative designed to combat begging by targeting beggars with a traffic-light system of tickets, utilising powers under the Antisocial Behaviour, Crime and Policing Act. Recipients of tickets are initially invited to attend a bi-weekly intervention hub attended by support agencies, those found persistently begging are required to attend the intervention hubs. The intervention aspect is crucial to the initiative and aims to effectively connect individuals to and readily available services that may be able to assist with any factors that are causing that individual to beg. A bid for funds to continue the initiative for another year has been approved at CoLP's Tactical Tasking and Coordination Group.

Age UK

- Age UK improved connection to hospital social workers in order to aid safer hospital discharge.
- Age UK provided a range of preventative services which helped safeguard residents.
- In response to unprecedented demand and complexity of need, Age UK adopted a RAG rated, risk based approach to triaging all incoming referrals. This ensured that those most at risk were responded to first.

Turning Point

- Appointed a transitional age specialist substance misuse worker to support young people to address their alcohol and drug use, to reduce the harm it causes them and prevent it from becoming a greater problem as they get older. City and Hackney recovery service operates as part of a wider network of universal and targeted prevention services, which aim to support young people with a range of issues including housing, mental health, employment and support them in their identified recovery path.
- Turning Point continued to recruit new team members, induct and allocate service users as part of their caseload, allowing colleagues to have more manageable caseloads of high-risk individuals.
- Continuation of supporting individuals and working in a multi-disciplinary way for those who are identified 'at the edge of care'. City and Hackney have a hospital liaison team who work closely with hospital safeguarding, IDVA, main City and Hackney team and homeless contacts to support transition back to community following admission. City and Hackney Recovery Service's Rough Sleeper team continue to work effectively with a number of services- housing, street outreach teams, health, voluntary sector to provide engagement with hard to engage individuals – most of whom have a long history of rough sleeping, complex needs and difficulties with substances and mental health.

...Rosie was moved to a higher needs supported accommodation, which was deemed most appropriate to meet her mental health needs...

Case Study 8:

East London Foundation Trust

Rosie is a middle-aged women well known to mental health services. A safeguarding enquiry for physical abuse commenced following an incident report where Rosie reported she was assaulted by an unknown female and man at her property.

Rosie was a sex worker, and had reportedly been assaulted in drug related incidents in the community. Rosie who was known to take illicit substances.

Following recommendations from the Court of Protection, to assign a waking night staff to stop Rosie from having male visitors overnight in her accommodation, she began meeting with her friends in the community instead, raising concerns she was at risk from the same physical/sexual abuse and financial exploitation that was believed to be occurring at supported accommodation. There had been 7 prior safeguarding enquiries for Rosie, around areas of concern including sexual abuse, financial abuse, cuckooing and self-neglect. Rosie declined all support and services relating to her sexual and physical wellbeing, and engaged solely with an advocate where she was able to convey that she understood the risks associated with her lifestyle. Rosie was moved to a higher needs supported accommodation, which was deemed most appropriate to meet her mental health needs and minimise her safeguarding risks. As a result, the risk of physical abuse was significantly reduced. It was also agreed that any remaining risks would be managed via care coordination under case management.

Safeguarding data for 2022/23

The safeguarding data for 2022/23 is presented separately for the City and Hackney. This data is submitted to NHS Digital's Safeguarding Adults Collection, which collects statutory returns on safeguarding.

City of London

50

50 safeguarding concerns were raised

24 of the concerns led to Section 42 Enquiry

29 concluded S42(S2) enquiries in 2022-23 compared to **35** the previous year. **72%** of adults were asked about their desired outcomes and they were expressed. **88%** had their outcomes fully or partially met.

Concerns and Enquiries

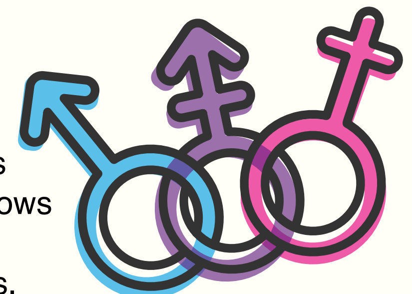
The trend over the last five years shows, concerns have **increased by 11 cases and enquires by 2 cases** with a **gradual decrease** of the conversation rate since 2020-21.

The concerns rate per **100,000** has been increasing in line with the national average in the last seven years with a slight decline in 2022-23 given the intervention work from the service. The national average increased by **9%** from 2020-21 and is yet to be updated later this year.

Ethnicity

The population adult structure of city of London is mostly from the white ethnic background. The data shows the consistency that adults at risk to be mostly from the white background. Out of **44** individuals that had a concern in the year, **32** were from a white ethnic background. Of which **17** met s42 enquiries.

Gender



The male population in the City of London Corporation makes up **55%** in the **18+** group in the 2021 Census. The data shows the male clients had slightly more safeguarding concerns this year than female clients which is similar to previous years.

The data shows of the **44** individuals who had a concern raised during the year 2022-23, **21** were in the **25-64** age grouping. Although this is consistent with previous years, there has been a decrease of concerns in this group compared to the **34** individuals in 2021-22.

Type of Risk

Neglect has been the highest risk registered this year in safeguarding concerns and enquires which is similar to the national average in 2021-22. Neglect and acts of omissions had **15** cases and **18** people were at a risk of self-neglect, to make **63.5%** of all concerns. There is a slight rise in self-neglect in concerns by **10.6%** from 2021-22.

Source of Referral and Risk

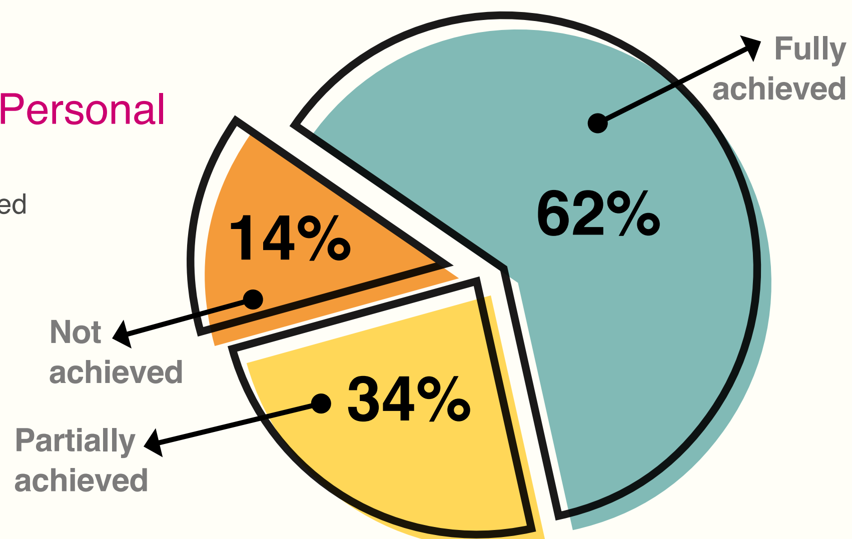
There was an increase in other referrals by **9%** from the previous year. The 'Other' category included concerns being reported in by the Home Office and London Fire Brigade. The health services, police and service providers are the top sources of referral. **It is positive to see a wider range of agencies refer concerns into the City of London Adult Safeguarding.** In line with the national and London average, the data shows **74%** of the client's risk comes from someone known to the individual. This is a decrease from the previous year 2021-22 which was **80%**. There has been a slight increase in risks reported regarding service providers at **24% compared to 13%** the previous year.

Location of Risk

The **majority** of safeguarding concerns related to alleged abuse that happened within the **person's own home.** The continued increase in cases in people's own home this year is related to the **increase in neglect.** This is consistent with national data which identifies that **abuse typically happens within someone's own home.**

Making Safeguarding Personal

% outcomes of concluded S42 enquiries where an adult was asked their desired outcomes and the outcome was expressed.



There were **29** concluded S42 enquiries in 2022-23 compared to thirty-five the previous year. **72%** of adults were asked about their desired outcomes and they were expressed. Of which, **86%** had their outcomes fully or partially met. **The local management system recording has been improved to capture the outcomes better than in previous years** and there has been some discussions at Safeguarding Adults Board Quality Assurance group around whether further improvements could be made to the form data fields to capture a more in-depth understanding of the MSP data.

London Borough of Hackney

Data has been collated from three different sources for this reporting year, as the Local Authority changed how data was recorded during the year.

Concerns and Enquiries

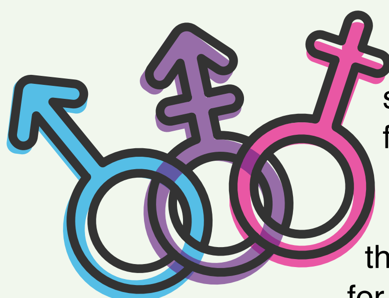
1774 safeguarding concerns were raised

The number of accepted section 42 enquiries is generally in line with the previous two years.

Ethnicity

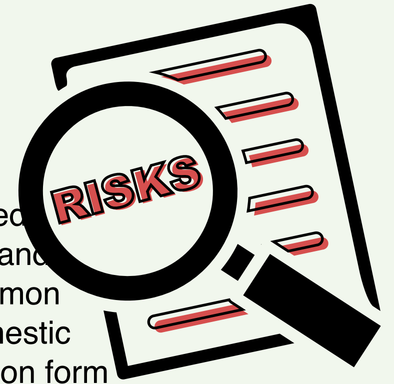
The proportion of concerns broken down by ethnicity for 2022/23 is very similar to 2021/22, except that the proportion without a declaration has dropped significantly. This is due to the usage of a better case management system, which was better able to capture ethnicity compared to the interim systems used in 2021/22, The most concerns continue to relate to adults from a White or Black African, Caribbean, or British background. This is generally consistent with the demographic profile of Hackney.

Gender



The proportion of concerns split by gender shows a slight increase in the number of women being referred into adult safeguarding; increasing from **52.1%** last year to **55.9%** for 2022/23. This is consistent with the 2021 census for Hackney which highlights there are more females living in the Borough and therefore there is an expectation that there would be a higher proportion of safeguarding referrals for females.

The highest number of concerns being raised in respect of age has remained the same as last year; those between the ages of **26-64**. This contrasts with the national picture of safeguarding, which highlights that abuse is typically experienced by older adults. The younger demographic within Hackney could be an explanation for this. Concerns raised within the age band **75-84** has increased most significantly from last year, going up from **15.9% to 20.9%**.



Type of risk

Self-neglect continues to be the most common form of abuse reported into adult safeguarding as a concern. Neglect and Acts of Omission and Financial or Material abuse make up the second and third most common types of abuse, in line with what we saw last year. Interestingly, Domestic Abuse has overtaken Psychological Abuse as the fourth most common form of abuse; increasing from **5.4%** in 2021/22 to **14.9%** in 2022/23. A possible explanation for this could be the impact of Covid-19 and lockdown leading to an increase in the number of domestic abuse cases being reported. The Board will continue to review trends over the forthcoming years.

Source of Referral and Risk

The data shows that the source of risk is most likely to be someone known to the individual, which makes **78%** of concerns referred to adult safeguarding. There has been a significant increase in the service provider being identified as the source of risk, from **4%** in 2020/21 to **9.4%** in 2021/22 to **15%** in 2022/23. The Board will continue to review this trend.

The number of safeguarding concerns from Hospitals have overtaken Health Professionals and Other Commissioned Service compared to 2021/22. There continues to be a consistent number of concerns raised by friends and family, which is encouraging for the Board and evidence of the engagement work done with many community groups in Hackney.

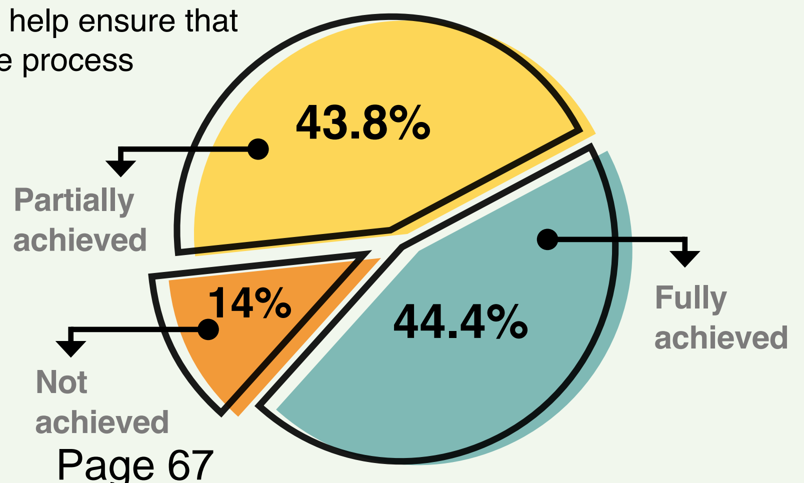
Location of Risk

The data continues to show that most abuse occurs within the home. This could correlate with the increase in the cases of self-neglect, which tend to occur within peoples own homes.

Making Safeguarding Personal

In **85%** of concluded section 42 enquiries, adults were asked what their desired outcome was. This is slightly down from the previous year's figure of **92%.**

Of the **85%** that were asked, **88%** had their desires partially or fully achieved. This information is helpful to help ensure that safeguarding is person-centred and the process focuses on the wishes and needs of the individual.



% outcomes achieved for concluded S42 enquiries where an adult expressed desired outcomes.

East London NHS Foundation Trust (ELFT)

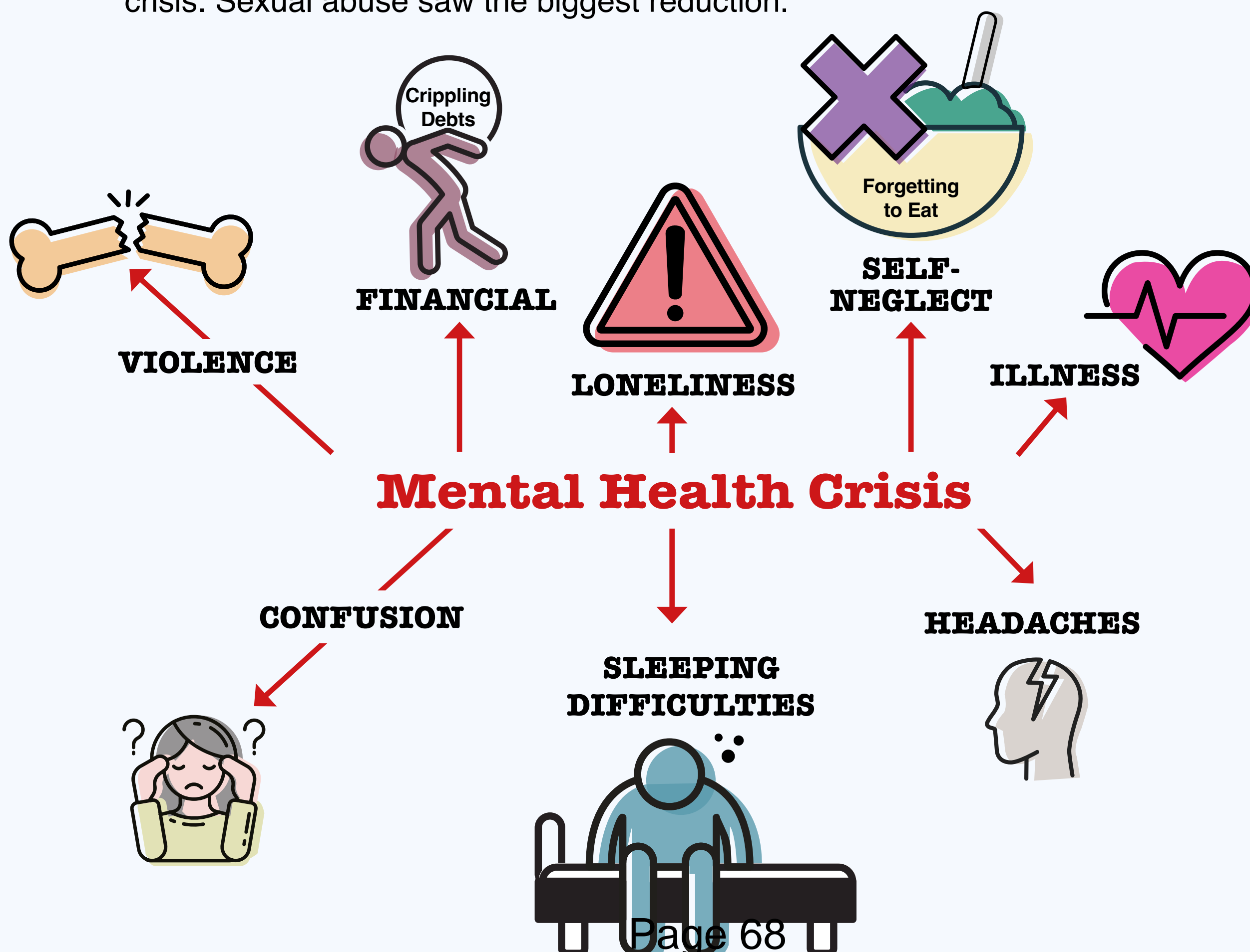
249 safeguarding concerns were raised

The number of accepted section 42 enquiries is generally in line with the previous two years.

A large number of safeguarding concerns received by ELFT are raised in relation to mental health crises and have often been acted upon when the safeguarding concern is received. This might explain the number of concerns that are not registered as s42 enquiries. It is worth noting that the level of complexity being managed in the communities has risen sharply within mental health services over the last year and many issues often in the safeguarding domain are managed under care coordination in community teams.

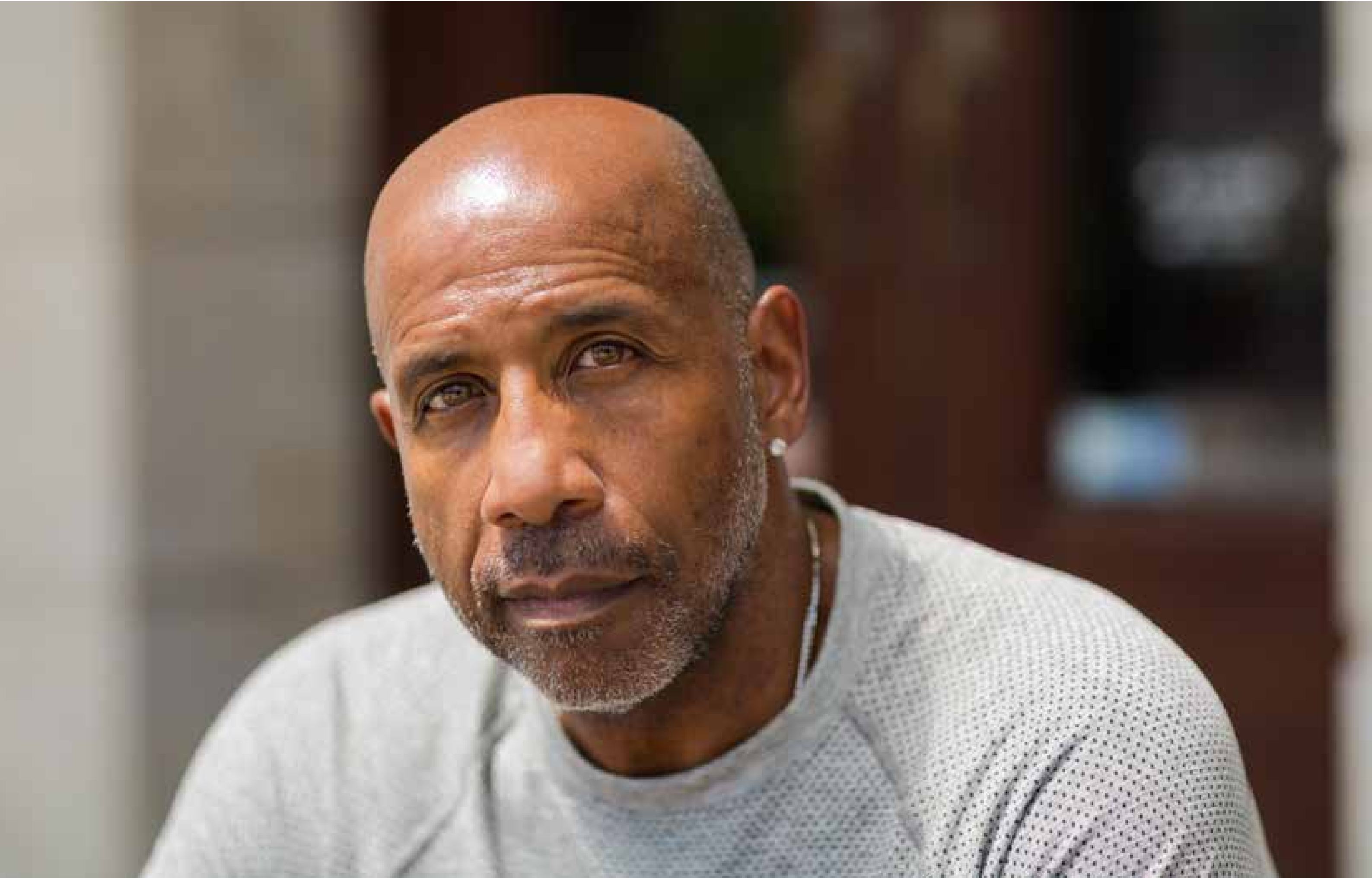
Type of Abuse

Since the pandemic, there have been increasing reports of financial abuse and self-neglect in the community. The high levels of physical abuse will be impacted by incidents of violence on the psychiatric wards and mental health crisis. Sexual abuse saw the biggest reduction.



Case Study 9:
Turning Point

Alex is a middle-aged man known to drug and alcohol services in the borough. Alex resides in a one bedroom, private rented flat, and has a care package.



He has had 14 hospital admissions across a number of London hospitals in the last 6 months, but often discharges himself prior to clinical treatment/input being completed.

Requests made were for the hospital to carry out capacity assessments to determine whether Alex has capacity to make decisions relating to his physical health. Turning Point queried if his Care Act assessment, and social services assessment include a long-term plan around the collection and administration of his methadone in the community. His methadone is a health treatment, and due to his difficulties around his memory and alcohol use, methadone could not be administered in the community without supervision. Concerns were also raised about the position of the private landlord, in terms of this vulnerable adult living alone in the property, and seemingly not being able to manage in terms of his physical health. The consultant psychiatrist advised community prescribing would recommence if Alex resided in a supported living environment. In addition, interim supported living arrangements were being made for Alex to safeguard his wellbeing.

Appendix A:

CHSAB Annual Strategic Plan 2023-2024

City and Hackney
Safeguarding Adults Board

CHSAB Annual Strategic Plan 2023 – 2024

The CHSAB Plan addresses the six core principles contained in the CHSAB's Strategy for 2020 – 2025

Partner	Lead
London Borough of Hackney (LBH)	Helen Woodland / Georgina Diba / Godfred Boahen
City and Hackney ICB	Diane Jones / Celia Jeffreys / Mary O'Reardon
City of London Police	Kelly Fisher
Barts Health NHS Trust	Clare Hughes
London Fire Brigade (City of London and Hackney)	James O'Neill
National Probation Trust	Stephanie Salmon
Healthwatch Hackney	Sally Beaven
Hackney CVS	Tony Wong
London Borough of Hackney and City of London Public Health	Andrew Trathen
Turning Point (substance misuse service)	Jude Unsworth
Older Person's Reference Group	Cynthia White
Commissioning LBH	Zainab Jalil

Partner	Lead
City of London Corporation (CoL)	Chris Pelham
Hackney Metropolitan Police (MPS)	Ralph Coates
Homerton University Hospital Foundation Trust (HUHFT)	Breeda McManus / Jennie Wood
East London Foundation Trust (ELFT)	Dinh Padicala
Age UK	Larissa Howells
Department of Work and Pensions	Laura Anderson
Healthwatch City of London	Rachel Cleave
The Advocacy Project	Judith Davey
London Borough of Hackney Benefits and Housing Needs	Jennifer Wynter
City and Hackney Safeguarding Children's Partnership	Jim Gamble
City of London Commissioning	Sacha Lewis
City of London Housing	Liam Gillespie

Sub-group	Chair
SAR & Case Review	Chris Pelham
Quality Assurance	Godfred Boahen
SAR Action Plan Group	Mary O'Reardon

Sub-Committee	Chair
City of London	Dr Adi Cooper

Task & Finish Groups	Chair
Transitional Safeguarding (joint group with Community Safety Partnership & Children's Safeguarding Partnership)	Dr Adi Cooper
Safeguarding and Anti-Social Behaviour	Dr Adi Cooper

Principle 1: Proportionality - "I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."				
Priority	**Action**	**Lead**	**Intended Impact**	**Update**
1. To continue to raise awareness in relation to mental capacity assessment. Please see section 6 on self-neglect for aligning actions.	1.1 The workforce development leads will review and commission training in relation to mental capacity assessment, to ensure that it provides practical approaches to responding to complex issues relating to mental capacity.	CHSAB Manager (Shohel Ahmed) / Head of Adult Safeguarding (Godfred Boahen) (Ian Tweedie) City of London and London Borough of Hackney	1. There is assurance that mental capacity training gives staff practical advice on how to apply the Act and key learning around mental capacity. 2. There is more support offered to residents who have fluctuating or lack executive capacity.	

Principle 2: Empowerment - "I am asked what I want as the outcomes from the safeguarding process and this directly informs what happens."				
Priority	**Action**	**Lead**	**Intended Impact**	**Update**
2. To engage with the community and voluntary sector to support them to build their confidence in delivering their safeguarding duties and raise awareness of adult safeguarding.	2.1 The Board will support the cohort of Safeguarding Champions to deliver safeguarding awareness sessions across the community.	CHSAB Manager (Shohel Ahmed) / HCVS (Tony Wong)	1. There will be increased awareness of adult safeguarding amongst residents in the City and Hackney	
	2.2 The Board will create a feedback loop with voluntary sector staff and volunteers so that safeguarding issues and intelligence can be routinely shared with the Board.	CHSAB Manager (Shohel Ahmed)/ HCVS (Tony Wong)/ The Advocacy Project (Ritu Guha)/ Age UK (Larissa Howells)	1. There will be a better understanding of the safeguarding issues affecting residents in the City and Hackney. 2. There will be increased engagement with the Board's work.	
3. To continue to embed engagement with people with lived experience and ensure that they can influence all aspects of the Board's work.	3.1 The Advocacy Project will deliver the Lived Experience of Safeguarding Service, obtaining feedback on people's experiences of safeguarding. As part of this, the organisation will be required to provide quarterly feedback on the delivery of the service.	The Advocacy Project (Ritu Guha)	1. The Board will be able to identify how to improve adult safeguarding services for residents 2. The Board will be able to ensure that safeguarding services are person centred.	

Principle 2: Empowerment...

Priority	Action	Lead	Intended Impact	Update
	3.2 The Board Manager will work with corporate communications teams to set up a system of yearly consultation to ensure that residents in the City and Hackney are given the opportunity to influence the work of the Board.	CHSAB Manager (Shohel Ahmed)/ London Borough of Hackney corporate teams/ City of London Corporation	1. The Board's annual strategic plan will reflect the needs and concerns of residents within the City and Hackney.	

Principle 3: Prevention - "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."				
Priority	**Action**	**Lead**	**Intended Impact**	**Update**
4. To identify and respond to the needs of people who are at the 'edge of care' and may not have safeguarding needs that meet the criteria for section 42(2) safeguarding.	4.1 To audit concerns that do not reach the criteria for a s42(2) Enquiry under the Care Act 2014 to identify whether there are any particular groups that are 'at the edge of care' to be a focus for preventative support.	Quality Assurance Subgroup, London Borough Hackney Adult Social Care (Godfred Boahen) / City of London Corporation Adult Social Care (Ian Tweedie)	1. The Board will better understand which groups require support in terms of prevention 2. The Board will be able to identify key priorities for future years.	
	4.2 To develop a pathway for people who may have safeguarding needs but are not eligible for support under s42(2) of the Care Act 2014 so that frontline staff know how to support this cohort.	Quality Assurance sub-group	1. There is more equitable access to safeguarding services for all residents 2. Professionals will have a better understanding of how to apply legislation around the Care Act 2014, therefore leading to greater compliance with statutory duties.	

Principle 4: Partnership - "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."				
Priority	**Action**	**Lead**	**Intended Impact**	**Update**
5. To work collaboratively with agencies and partnerships across the City and Hackney to respond to the safeguarding needs of residents.	5.1 The Board will work with the London Borough of Hackney and the City of London to ensure that safeguarding issues arising from the economic crisis are identified and addressed.	Executive Group / Poverty Reduction Strategy Leads	1. Safeguarding influences the Poverty Reduction Strategy 2. The Board is aware of arising issues relating to the economic crisis and puts tools in place to mitigate this risk.	
	5.2 The Board will seek assurance on the impact of out of borough placements on the wider supported housing pathways.	CHSAB Manager (Shohel Ahmed) / Executive Group	1. The Board has better oversight on out of borough placements and is assured that there are effective protocols in place.	
	5.3 To develop a multi agency dashboard that has a clear focus on outcomes and helps identify emerging safeguarding risks and trends.	Quality Assurance subgroup	1. The Board is better able to respond to emerging risks and trends within the community.	
	5.4 The Independent Chair will review partners contributions to the Board and will identify how key roles (e.g. chairing task and finish and sub-groups) can be evenly distributed amongst partners.	Independent Chair of the Safeguarding Adults Board (Dr Adi Cooper)	1. The work of the Board is evenly distributed across Board partners and strategic priorities meet the needs of all partners.	

Principle 5: Protection - "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

Priority	Action	Lead	Intended Impact	Update
6. To support frontline professionals to respond to complex issues relating to self-neglect.	6.1 The Board Manager will promote the Board's resources available to support staff to respond to cases involving self-neglect.	CHSAB Manager (Shohel Ahmed)	1. Professionals are given the tools to ensure that they can effectively support residents experiencing self-neglect 2. There will be improved outcomes for people experiencing self-neglect.	
	6.2 A working group of Board partners will develop a toolkit to support staff to respond to self-neglect and mental capacity issues. This toolkit will bring together existing tools as well as new tools such as good practice case studies.	Adult Social Care London Borough of Hackney & the City of London Corporation (Ian Tweedie) (Shohel Ahmed)/ East London Foundation Trust / Turning Point / North East London CCG / London Fire Brigade	1. There will be better outcomes for people who self-neglect 2. Self-neglect is detected and disrupted at an earlier stage.	

Principle 5: Protection...

Priority	Action	Lead	Intended Impact	Update
7. To deliver and implement recommendations that arise in relation to both local, regional and national Safeguarding Adults Reviews.	7.1 A roundtable review will be undertaken into fire deaths that have occurred in the London Borough of Hackney and the City of London to assess how future fire deaths can be prevented.	SAR sub-group	1. There will be assurances that professionals understand fire safety risk and how to manage this effectively 2. There will be a reduction in fire related deaths in Hackney and the City of London.	
	7.2 The board will aim to embed learning from SARs more effectively through learning events and 7 minute briefings.	SAR sub group	1. Agencies and professionals will be able demonstrate learning from SARs and improve safeguarding practice as a result.	

Principle 6: Accountability - "I understand the role of everyone involved in my life and so do they."				
Priority	**Action**	**Lead**	**Intended Impact**	**Update**
8. To ensure that all agencies across the City and Hackney deliver their core duties in relation to safeguarding.	8.1 The Board to undertake a Making Safeguarding Personal temperature check with all partners.	Quality Assurance sub-group	1. MSP has been embedded into practice properly 2. The Board can identify areas where MSP needs to be strengthened.	
	8.2 Partners will report on preparation for the forthcoming Care Quality Commission assurance regime (London Borough of Hackney and City Adult Social Care, NEL ICB) as well as the Housing inspection.	London Borough of Hackney Adult Social Care (Godfred Boahen)/City of London Corporation (Ian Tweedie) NEL ICB	1. The Board will have assurance regarding delivery of adult safeguarding responsibilities.	

Case Study 10:
City of London Police

Helen was a patient of the Dartmouth Park Mental Health Unit, diagnosed with an emotionally unstable personality disorder and Bi-polar. She had become disenfranchised with her crisis care team and would often refuse to engage with the team. Whilst in crisis, Helen would usually seek to end her life at various locations, with any intervention resulting in an aggressive response. Helen would repeatedly be sectioned and taken to the Homerton Mental Health suite, where she would be placed under section or discharged very quickly. The stress Helen would suffer during these incidents would usually exacerbate her mental state. The City of London Police worked with Helen and discussed what was causing her moments of crisis and what could be done. Since engaging with Helen on a one to one basis, her attendance at risky locations in London has stopped completely.

“I'm still learning to love myself.”

Accessibility statement

If you require this document in a different format, please email

CHSAB@hackney.gov.uk

We will consider your request and get back to you in the next five working days.

City & Hackney Safeguarding Adults Board
1 Hillman Street
Hackney
London
E8 1DY

Email: **CHSAB@hackney.gov.uk**

Tel: **020 8356 6498**

City and Hackney
Safeguarding Adults Board

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Committee(s): Health & Wellbeing Board - **For Information**	**Dated:** 24/11/2023
Subject: Homelessness & Rough Sleeping Strategy 2023-27	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1,2,3,4
Does this proposal require extra revenue and/or capital spending?	**N**
If so, how much?	**N/A**
What is the source of Funding?	**N/A**
Has this Funding Source been agreed with the Chamberlain's Department?	**N/A**
Report of: Judith Finlay, Executive Director – Community & Children's Services	**For Information**
Report author: Scott Myers, Strategy & Projects Officer, Community & Children's Services	

Summary

This report presents the City of London Corporation's Homelessness & Rough Sleeping Strategy 2023-27 for information.

This strategy has been endorsed by the Homelessness & Rough Sleeping Sub-Committee and incorporates changes they proposed and was approved by the Community & Children's Services Committee on the 1st of November 2023.

The strategy sets out the vision, approach, and commitment to tackle homelessness and rough sleeping in the Square Mile in all its forms.

Recommendation(s)

Members are asked to:

- **Note the Homelessness & Rough Sleeping Strategy 2023-27 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. Members of the Homelessness and Rough Sleeping Sub-Committee have been involved in the development of the Homelessness and Rough Sleeping Strategy 2023-27 throughout the stages of development and public consultation, as well as after the public consultation had ended.

5. This involvement has also included involvement in development sessions with relevant Officers to investigate in more detail how the strategy outcomes and priorities would be delivered and measured for success.

6. As a result of these sessions at the request of Members of the Sub-Committee, additional changes were made to the strategy to strengthen it and include additional details on national and local legislative context and data, an update on progress achieved during the previous strategy, an expansion of why the priorities were chosen and case studies showing good practice.

7. In addition to including relevant contextual information, the strategy includes details of the various actions that will help deliver the priorities identified in the strategy and will form part of the ongoing Service Development Plan for delivery of this strategy.

8. As well as making changes to the strategy, an evidence bank showing the picture of homelessness and rough sleeping within the City of London was developed, which can be seen in Appendix 2.

9. The Homelessness & Rough Sleeping Sub-Committee endorsed this strategy on the 4th October 2023.

Homelessness Strategy 2019-23

10. The strategy shown in Appendix 1 has been shaped by analysis of homelessness and rough sleeping in the City of London, current service delivery, a review of the previous strategy, engagement with key stakeholders and service providers, and feedback from service users. It also reflects changes in related government legislation, guidance and strategy, and the City Corporation's participation in the Mayor of London's Life of the Streets Taskforce.

11. A twelve-week public consultation period was also undertaken which informed the strategy further and resulted in positive contributions from participants on our identified priorities.

12. Promotion of the consultation was targeted to gather feedback from our partners, current service users, individuals who have experience of homelessness and or rough sleeping, and members of the public. Further input from those with experience of homelessness or rough sleeping was gathered through our commissioned partners and work with the Homelessness and Rough Sleeping Strategy Group.

13. As part of this consultation and engagement work, an up-to-date evidence bank has also been developed setting out a picture of homelessness within the City of London and can be seen in Appendix 2.

Vision

14. The strategy sets out the City Corporation and its partners vision for homelessness and rough sleeping services over the next four years. This vision is 'homelessness is brief, it does not reoccur, its impact on the individual, families and children, and our communities is minimised, and it is prevented where possible'.

Strategic Priorities

15. To deliver this vision, the strategy sets out four strategic priorities. These are:
    1. Providing rapid, effective and tailored interventions
    2. Securing access to suitable and affordable accommodation
    3. Working collaboratively
    4. Supporting beyond accommodation

Delivery

16. The City of London Corporation's Homelessness & Rough Sleeping Strategy will govern our approach until 2027. However, as economic and political shifts could happen during this period, it will be underpinned by a Service Development Plan which will be continuously refreshed to adapt to changing priorities and demands.

17. This Service Development Plan will set out the actions we will undertake to deliver the vision and strategic priorities listed above and within the strategy.

18. The implementation and delivery of the Service Development Plan will be overseen by the Rough Sleeping Strategy Group and reported to the City Corporation's Homelessness & Rough Sleeping Sub-Committee.

Corporate & Strategic Implications

Financial implications – Within existing resources

Resource implications – Within existing resources

Legal implications – The City of London Corporation has a statutory duty under the Housing Act (1996) to prevent homelessness and provide assistance or advice to those who are homeless, or at risk of homelessness. Under the Homelessness Act, 2002, the City of London Corporation is required to have a strategy in place covering all forms of homelessness in its locality, that must be updated at least every 5 years.

Risk implications – None identified

Equalities implications - Developing a dedicated Homelessness and Rough Sleeping Strategy with strong evidence on how we will deliver the strategy will work towards tackling inequality of opportunity. A dedicated Equality Impact Assessment has also been developed to demonstrate this, as inequality disproportionately impacts on those with protected characteristics. This can be seen in Appendix 3.

Climate implications – None identified

Security implications – None identified

Conclusion

15. The Homelessness & Rough Sleeping Strategy 2023 - 27 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.

Appendices

- **Appendix 1 – Homelessness & Rough Sleeping Strategy 2023-27**
- **Appendix 2 – Homelessness & Rough Sleeping Evidence Bank**
- **Appendix 3 – Equality Impact Assessment**

Scott Myers
Strategy & Projects Officer, Community & Children's Services
T: 020 7332 3653
E: Scott.Myers@cityoflondon.gov.uk

City of London Corporation

Homelessness and Rough Sleeping Strategy 2023-2027

1 Introduction

Homelessness is a crisis that can have a profound impact on the lives of those affected. Within the Square Mile, homelessness is most obviously seen on our streets, but it is an issue that is wider than rough sleeping – including those hidden from view who may sleep on a friend's sofa, or those housed in accommodation which is unsafe or severely overcrowded.

The groups most likely to experience homeless are the most vulnerable in our society with related mental and physical health issues within single person households. However, anyone can experience homelessness and those who have been in care, experienced exclusion from school or college, the criminal justice system substance misuse, victims of domestic abuse and non-UK nationals are all over-represented within homelessness statistics.

As well as these referenced groups, this strategy relates to those homeless whether they are individuals, couples, households with children or without.

The City of London Corporation is committed to prevent or end the homelessness of those seeking our help. Whichever route brings people, families, or children into our services, we aim to act swiftly and effectively with compassion, fairness and respect.

We spend more than £4 million each year to deliver the services, support and accommodation to prevent or resolve homelessness. This strategy provides the priorities to focus our delivery and investment going forward, to shape our services and guide our decision making to deliver our vision, that:

Homelessness is brief, it does not reoccur, its impact on the individual, families and children, and our communities is minimised, and it is prevented where possible.

To secure this vision, we have identified four strategic priorities:

1. **Providing rapid, effective and tailored interventions** to minimise the duration of homelessness, prevent the loss of accommodation and prevent the crisis of street homeless leading to the harm of long-term rough sleeping
2. **Securing access to suitable and affordable accommodation** by maximising access to a range of housing options, delivering more homes; providing supported specialist housing accommodation for those with support needs
3. **Working collaboratively** with other agencies including the voluntary and Business Improvement Districts to reach across traditional boundaries and support those facing homelessness or are rough sleeping and deliver a consistency of service across service and local authority boundaries

4. **Supporting beyond accommodation** to provide support alongside appropriate accommodation to secure better outcomes, enhance employability, support recovery and prevent repeat homelessness

These priorities provide the framework for our strategy to deliver better outcomes for individuals, and more efficient and effective services. They will be underpinned by a 5-year Service Development Plan that will be continosly refreshed, so that it remains responsive to political, policy and economic change.

2 STRATEGIC CONTEXT

This strategy is shaped and responds to the drivers of national and regional policy, and the interface with a range of City Corporation strategies and responsibilities.

2.1 National

The UK Government sets the legislative framework for preventing and addressing homelessness. Since 2017 the UK government has acted to strengthen legislation, to shift the focus to prevention, and to reduce the barriers to help for specific groups such as those, including children, who experience domestic violence and those who have served in the armed forces. Legislation gives local authorities the primary role in responding to homelessness. It is backed by significant funding in the form of Homelessness Prevention Grant.

The Government is also committed to end rough sleeping in this parliament. To meet this commitment, the Government has published a cross-government strategy, *Ending Rough Sleeping for Good* which introduced several initiatives and funding so that local authorities, voluntary, faith and community sectors can intervene swiftly when someone is sleeping rough.

These commitments include funding to local authorities in the form of the Rough Sleeping Initiative Grant, and programmes to increase the supply of supported accommodation.

The government has also expanded its Rough Sleeping Drug and Alcohol Treatment Grant Programme, with the scheme providing funding for substance misuse treatment services for people sleeping rough or at risk of sleeping rough.

2.2 Regional

The Mayor of London has set out his vision and priorities for tackling the shortage of affordable housing across London, and its links to homelessness in his London Housing Strategy. The strategy highlights the importance of prevention and the need to address the root causes of homelessness to drive forward effective prevention work.

He is committed to ending rough sleeping and has established the Life Off the Streets Executive Board – of which the City Corporation is a member – to work in partnership with organisations across London to monitor the effectiveness of interventions in tackling rough sleeping and identifying further interventions.

2.3 Local

The City of London Corporation is the governing body of the Square Mile, dedicated to vibrant and thriving City, supporting a diverse and sustainable London within a globally successful UK.

Its Corporate Plan 2018-2023 seeks a flourishing society in which:

- 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

This strategy supports the delivery of that plan, and both contributes to and is supported by the delivery of a range of strategies and plans including the *Joint Health and Wellbeing Strategy,* the *Local Plan,* the *Safer City Partnership Strategy,* the *Violence and Women and Girls Strategy* and the *Department of Community and Children's Services Business Plan*.

3 Background

Homelessness describes a range of situations that include those described by legislation, and situations we might recognise as homelessness such as sofa surfing or in its worst form, rough sleeping.

Government legislation describes a household as homelessness where:

- they have no accommodation they are legally entitled to occupy, either in the UK or overseas
- they have accommodation but cannot secure entry to it
- they have accommodation designed or adapted to be lived in that consists of a 'moveable structure' (such as a caravan, mobile home, or canal boat) but they have nowhere to put it
- they have accommodation but it is not reasonable or suitable to continue living there

Somebody is threatened with homelessness if:

- they are likely to become homeless within 28 days
- they have been giving a valid notice (known as a Section 21 notice) to leave a property, and that notice will expire within 56 days

Local authorities have a legal responsibility to support people and families who are threatened with homelessness or who are homeless. As well as the 1996 Housing Act, this strategy has also been informed by the following national legislation.

- Homelessness Reduction Act 2017
- Domestic Abuse Act 2021
- Armed Forces Act 2021

- Children Act 1989

These four Acts add to existing legislation and strengthen the response to tackling homelessness. The explicitly state that a person who is homeless as a result of being a victim of domestic abuse is classed as being in priority need, as well as those who previously served in the regular naval, military or air forces.

The picture of statutory homelessness in London highlights the challenges local authorities in London are facing, with rising demand and cost for housing, temporary accommodation and homelessness and rough sleeping services. The average cost of privately rented accommodation has risen by 5% in the 12 months to May 2023 up from an increase of 5% in the 12 months to April 2023. (Office for National Statistics, 2023). The average private rent in London was £2039 per month which is beyond the means of many families. This is also true of properties for purchase within London, particularly with higher mortgage borrowing rates and the price of housing means that secure home ownership is out of reach for many individuals and families within London, and places more pressure on the rental market, which has increased rent prices. This has placed acute stress on the budgets of many households within London and has increased the number of individuals or families presenting to us for homelessness assistance or tenancy and social housing support.

Applications for homelessness in London have risen by 54% between 2013 and 2023 and UK Government statistics show that in 2022, 59% of people in temporary accommodation across England were in London.

The number of people seen sleeping rough in London is also increasing. In 2023, the GLA reported that the number of people sleeping rough in London has increased by 9% compared with 2022. The figures show that 3,272 individuals were sleeping rough in the capital from April to June 2023, compared to 2,998 individuals from April to June 2022. Of those 84% were male, and half were UK nationals.

3.1 The City

With London's smallest population, the City Corporation deals with the lowest number of approaches for homeless assistance – having a duty to assist 29 households in 2022/23 - and has the lowest number of households placed in temporary accommodation in London.

With over 500,000 jobs are supported within the Square Mile, it is unsurprising that the majority of those seeking homelessness advice, information and assessment are connected to the City through work.

In 2022/23 512 people approached the City Corporation for help because of the risk of experience of homelessness – an increase of 16 per cent on 20/22. In the same year, 129 households were placed into temporary accommodation over the course of the year – an increase of 20 per cent on 2021/22.

In 2022/23 outreach services recorded 482 people sleeping on the streets of the Square Mile – the sixth highest level among London's local authorities. Half of those sleeping rough were new to the streets – having no record of street homelessness anywhere in London.

Among those homeless on the streets 38 per cent had long term histories of rough sleeping and 17 per cent had returned to street homelessness. The profile of those sleeping rough in the Square Mile has moved towards a younger, more complex cohort with higher support needs.

3.2 Our strengths

- A commitment to deliver comprehensive services that has been backed by a significant growth in funding by the City Corporation
- Quality services, co-located with social care, that deliver advice, guidance and assessment that is accessible through an inclusive range of channels
- Spot purchasing of interim accommodation allowing us to search in or as close as we can to the areas where a homelessness applicant last resided to help maintain links with support networks and services where possible
- Provision of specialist and enhanced services – such as a dedicated homelessness social work, enhanced tenancy sustainment and “Housing First” accommodation
- Integrated and tailored response to street homelessness that goes beyond accommodation to support those who sleep rough to sustain a life away from the streets
- The learning and success of our “everybody in” approach during the pandemic evolved into an “in for good” approach to prevent a return to the streets
- Successfully securing external funding and partnerships to strengthen our approach and expand services
- Committed partnerships with neighbouring local authorities, the City and Hackney Health and Care Board, City of London Police and the voluntary sector

3.3 Our challenges

- Housing insecurity and homelessness is increasing, and the wider economic context would suggest this will continue in the period ahead
- Increasing demand places pressure on our services and budgets, and is increasing London wide competition for - and the cost of - temporary accommodation
- The diversity of need we respond to – including from those fleeing domestic violence, those from the LGBTQI+ community, those with uncertain migration status and youth homeless - is growing and more evident
- Secure, affordable housing options are severely limited and constrain the timely move-on from our hostel and interim accommodation provision
- Many of those homeless on our streets are very transient – moving across service boundaries and interrupting service interventions
- Housing solutions are predominantly beyond the boundaries of the Square Mile and the statutory remit of our wider services
- Access to primary care for those homeless on the streets is limited by location of provision

- Some of those homeless on our streets can be associated with anti-social behaviour or other criminality – as victim or perpetrator – causing concern to those who live, work in or visit the City
- Services that play a vital role in preventing homelessness and sustaining life away from the streets – including mental health services and voluntary sector services – are facing significant pressures

4 Progress since the last strategy

Since the last Homelessness and Rough Sleeping Strategy in 2019, the City Corporation has delivered new initiatives to tackle homelessness and rough sleeping. These include:

- a pilot for a safe and secure accommodation project for women fleeing domestic abuse to help address violence against women and girls (VAWG)
- a high support hostel to provide 29 additional beds, securing a more effective response to rough sleeping
- funding for a tri-borough "staging post" hostel for those street homeless to relieve pressure on assessment and emergency placements
- a Rough Sleeping Mental Health Programme (RaMHP) in partnership with East London Foundation Trust (ELFT)
- a Homeless Health Coordinator to deliver a dedicated work plan to improve the health of rough sleepers
- a new partnership with Guy's and St Thomas' to provide clinical in-reach to Grange Road hostel
- an extended substance misuse offer to those who have left street homelessness and been accommodated beyond the Square Mile
- improved Homelessness & Rough Sleeping web pages to provide enhanced information and advice

5 Developing this strategy

This strategy has been developed through consultation with key stakeholders, including those who have experienced homelessness and those who remain homeless in the City.

This process has identified the four key priorities, set out in the section below. For each priority, we set out what the implementation of this strategy will achieve in addressing that priority, and what will be done to secure those achievements.

6 Priorities

6.1 Priority 1: Providing rapid, effective and tailored interventions

By focusing on the prevention of homelessness before it occurs, we recognise that early interventions are important to minimising the duration and preventing homelessness. We believe that for this to be the most effective, these early interventions should be personalised to provide the most appropriate response in conjunction with the City of London Housing department.

> Case Study – City of London Corporation Women's Project
>
> The City of London opened its first dedicated women's accommodation project in April 2023. The Domestic Abuse Act (2021) introduced new requirements for local housing authorities to have safe accommodation available to any applicant on approach where domestic abuse is the reason they have given for leaving their home. Recognising the national and regional shortage of affordable, suitable accommodation, The City of London commissioned an existing housing provider to refurbish a 6-bed housing in a London Borough. Security was upgraded and its location is kept confidential to protect anonymity of residents. To date, the City Corporation have placed 6 women using this project.

To deliver this priority, over the next four years we will focus on the following:

- Improve access to rapid 'off the street' options for rough sleepers to end rough sleeping events quickly
- Deliver a clear, consistent approach to protect those sleeping rough, our communities and our services from ASB and criminality ensuring our community feels safe for all
- Strengthen our communication methods to improve referral pathways to local providers and outreach services
- Embed co-production with people with lived experience of homelessness when designing or renewing services

Key actions to deliver these include:

- Open a new Rough Sleeping Assessment Centre in the Square Mile (under construction, due to complete in 2024)
- Review and recommission our frontline outreach services that consider inclusion of best practice examples and input from those with lived experience of homelessness and or rough sleeping
- Implement new Severe Weather Emergency Protocols (SWEP) so these interventions reach more people in an impactful way
- Re-commission the City Advice Service so that all groups of people including residents and young people have access to accurate information and support.

Some of our key measures of success on the delivery of these are:

- Increase in the rate of homelessness preventions
- Increase in referrals received under the Duty to Refer
- Reduction in the number of individuals entering temporary accommodation
- Reduction in the number of individuals sleeping rough during severe weather events

6.2 Priority 2: Securing access to suitable and affordable accommodation

Case Study – High Support Hostel

The City of London Corporation and its commissioned partners conducted research to determine what additional projects could be introduced to have the highest impact in supporting those in our rough sleeping popular who have the most complex needs. In November 2022, The City of London Corporation opened a 29-bed high support hostel. This new service occupies a site that was redeveloped from the ground up and designed with psychologically informed principles in mind. The project removes barriers between staff and residents and creates mixed areas for residents and staff to share time and participate in activities.

We recognise that access to suitable and affordable accommodation is central to promoting good health and wellbeing of our service users, as well as being a way off the streets for those rough sleeping. We believe that access to suitable and affordable accommodation needs to be appropriate to the level of need of the client and will help prevent homelessness occurring in the first place.

To deliver this priority, over the next four years we will focus on the following:

- Increase access to safe and suitable accommodation for those fleeing domestic abuse and violence against women and girls (VAWG)
- Work to keep families and children near local services and schools
- Minimise the use of inappropriate temporary accommodation
- Improve options within the private rented sector to support move on
- Reduce the number of rough sleepers returning to the streets

Key actions to deliver these include:

- Maximise our temporary accommodation offer by using targeted support, help with rent deposits and support to sustain long-term tenancies
- Create and implement a temporary accommodation framework for procurement of interim and emergency housing
- Deliver new accommodation solutions, such as increases in the number of available hostel beds and access to social housing in the City of London
- Expand the City of London's Housing First offer to maximise the number of tenancies available to rough sleepers

Some of our key measures of success on the delivery of these are:

- Reduction in the number of households placed in temporary accommodation
- Reduction in the length of stay in temporary accommodation
- Increase in the number of properties available to individuals facing homelessness or are rough sleeping
- Number of commissioned and appropriate hostel beds increases

6.3 Priority 3: Working collaboratively

Homelessness and rough sleeping cannot be solved in silo. Working in partnership with multiple agencies that reach across traditional boundaries is key in supporting those facing homelessness or are rough sleeping. By working in partnership with key services when developing or delivering services, services will be delivered consistently across service and local authority boundaries.

Case Study – Health Community Wellbeing Van

The City of London Corporation's Health Community Wellbeing Van is a partnership between City & Hackney Public Health, North-East London Integrated Care Board and East London Foundation Trust. This weekly, GP led services brings vital primary care interventions directly to rough sleepers found in the Square Mile. The service operates from a fully converted vehicle and launched in February 2023. The van offers a private consultation space, storage for clinical equipment and signposting resources and facilities for making hot drinks. The van also delivers and range of health and wellbeing interventions to people experiencing homelessness and who are less likely to access traditional healthcare sessions

To deliver this priority, over the next four years we will focus on the following:

- Develop sub regional and pan-borough solutions to homelessness
- Strengthen our engagement with health partners to improve interventions for the most vulnerable
- Maximise the use of commissioned drug and alcohol services, City Advice and psychological services to prevent homelessness
- Deliver an embedded multi-agency response to ASB and criminality to protect rough sleepers and our communities
- Collaborate with Business Improvement Districts within the City of London to build on relations with the business community and improve the sharing of information with employers to tackle persistent issues.

Key actions to deliver these include:

- Develop and implement a new Youth Homelessness Protocol to improve the holistic approach to supporting young people facing homelessness
- Implement an improved pathway for non-UK nationals who have no recourse to public funds

- Improve the safeguarding of vulnerable adults who are street homeless by developing solutions with the City & Hackney Safeguarding Adults Board
- Amplify key messages through shared communication with Business Improvement Districts within the City of London
- Maximise funding opportunities alongside Business Improvement Districts to increase the use of joint communication campaigns and related activity.

Some of our key measures of success on the delivery of these are:

- Increase in cross-sector buy in to homelessness prevention within the Square Mile
- Reduction in anti-social behaviour reported
- Up take of commissioned services increases
- Improved pathways for those who have no recourse to public funds

6.4 Priority 4: supporting beyond accommodation

We recognise that it is important to provide wrap around support alongside appropriate accommodation for those who are rough sleeping or facing homelessness to enable them to remain in long term accommodation and prevent a return to the streets. By providing wrap around support that is tailored to the needs of the individual, we aim to secure better outcomes, improve health and wellbeing, enhance employability and support recovery, all of which will reduce the likelihood of returning to the streets or homelessness occurring in the first place.

Case Study – Employment and Progression Service – ‘Streets to Work’

The first project of its kind in the City of London, ‘Streets to Work’ launched in February 2023. The project has a remit to work across all our cohorts – vulnerably housed social tenants, residents in supported accommodation and rough sleepers. The service offers individuals the opportunity to build up their skills through education, training and employment opportunities as well as through volunteering. The service offers a mix of one-to-one and group sessions held in the community or at a client’s accommodation. We expect to see the project work with a minimum of 40 people per year, with 15 of these gaining stable employment.

To deliver this priority, over the next four years we will focus on the following:

- Improve health and wellbeing outcomes among those facing homelessness or are rough sleeping
- Improve tenancy sustainment in the private rented sector so clients on the path to recovery remain housed
- Improve the employability of former and current rough sleepers
- Support service users with complex substance misuse needs remain in long term accommodation

- Strengthen feedback opportunities by giving service users a stronger voice to shape the services they use

Key actions to deliver these include:

- Reduce delays in hospital discharge by improving communication with hospital teams
- Expand the support offer available to those with complex substance misuse needs by maximising the involvement of commissioned Pan-London services
- Deliver a clinical space in the Square Mile to provide primary care for those sleeping rough
- Encourage local businesses to employ and train those who have or who are experience homelessness

Some of our key measures of success on the delivery of these include:

- Reduction in the number of people sleeping rough
- Reduction in the number of repeat rough sleepers
- Reduction in delayed transfers of care
- Increase in number of service users entering education, employment or training

7 Implementation and delivery

This strategy is delivered in the context of legislative change – particularly the government's commitment to fully imbed the Homelessness Reduction Act 2017 and its commitment to prevention, and the enactment of the Domestic Abuse Act 2021.

It aligns with the government's strategy "Ending Rough Sleeping for Good" and with the City Corporation's participation in the Mayor of London's Life of the Streets Taskforce and its framework to address the wider determinants of rough sleeping with partners across the capital

In its delivery it supports the City of London Corporation to meet the objectives of its Corporate Plan and is supported by the delivery of the Housing Strategy, Joint Health and Wellbeing Strategy and Safer City Partnership Strategy.

The Homelessness and Rough Sleeping Strategy is agreed, renewed, and monitored by the City of London Corporation's Homelessness and Rough Sleeping Sub-Committee. A detailed service development plan will support the delivering of this strategy and refreshed to reflect service demand and legislative change.

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<u>**Evidence base - Homelessness and Rough Sleeping Strategy 2023-27**</u>

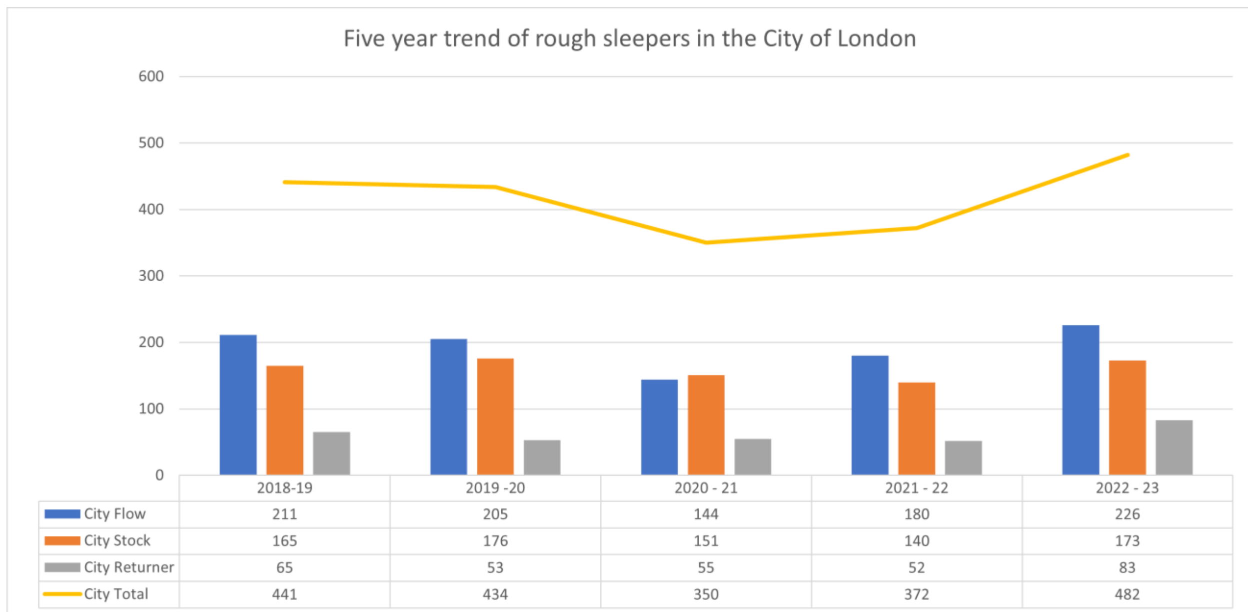
Rough sleeping

The first quarter 2023 – 2024 CHAIN data (April to June 2023) reports an increase of rough sleepers in the City of London from the same period last year, with a total of 180 rough sleepers. This is an increase of 32 rough sleepers from the same period last year.

Of those 180 rough sleepers, 45 have been recorded as new rough sleepers (those not contacted by outreach teams rough sleeping before the period). Eighty-two rough sleepers were recorded as living on the streets (those who have a high number of contacts with outreach over three weeks or more), an increase of 26 from the same period last year. Finally, 59 rough sleepers were recorded as intermittent (people seen rough sleeping before the period began but not regularly enough to be considered as living on the streets). This is an increase of eight rough sleepers from the same period last year.

Comparisons between City of London and Greater London.

Figure 1 breaks down the number of rough sleepers in the City of London across 2018 – 2023 (five-year timeline) in total and by CHAIN recorded sub-categories of flow, stock and returner. Figure 2 by comparison outlines the same for Greater London.

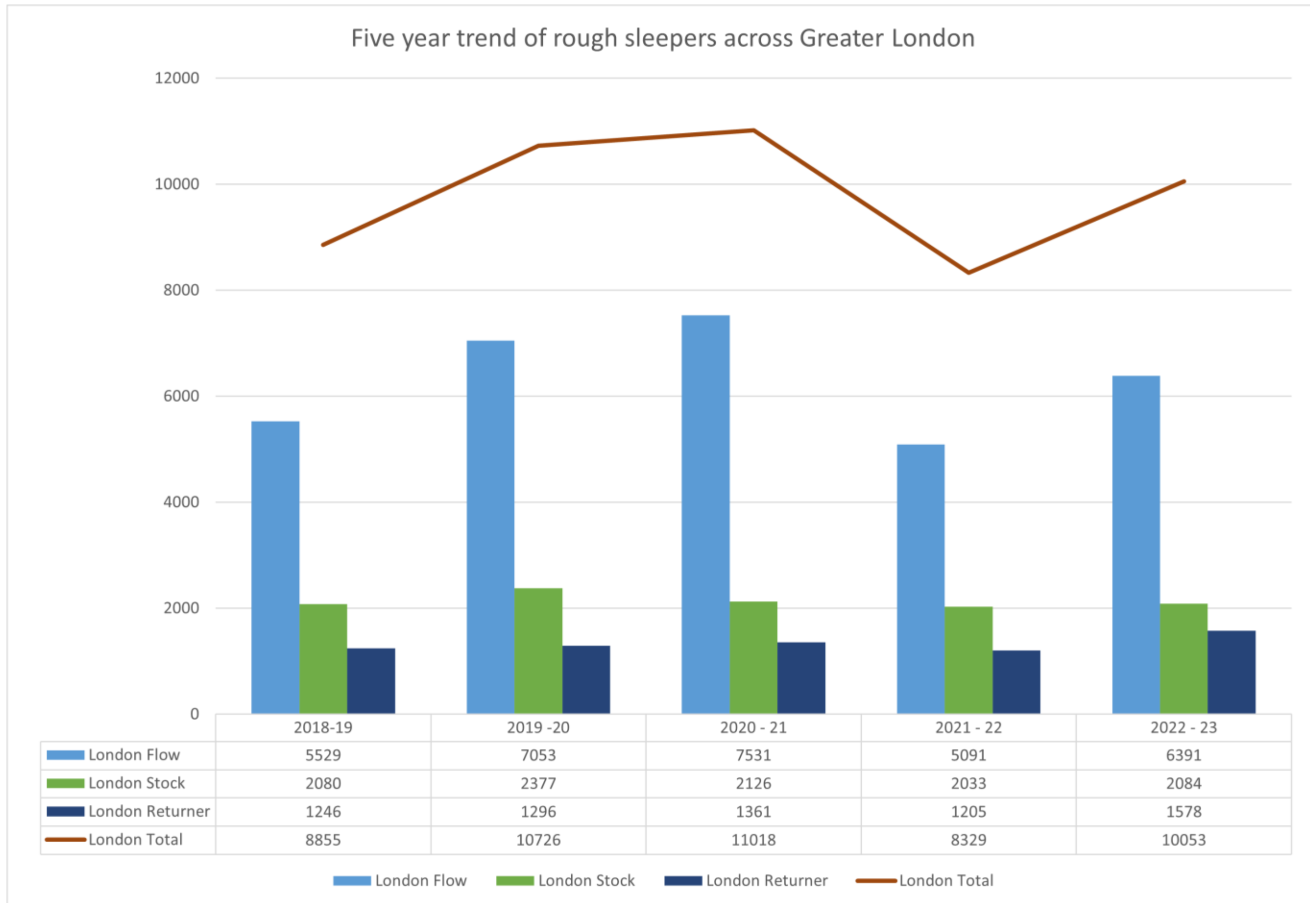


	2018-19	2019 -20	2020 - 21	2021 - 22	2022 - 23
City Flow	211	205	144	180	226
City Stock	165	176	151	140	173
City Returner	65	53	55	52	83
City Total	441	434	350	372	482

Figure 1: rough sleepers in the City of London across 2018 – 2023 by total and by CHAIN recorded sub-categories of flow, stock and returner.

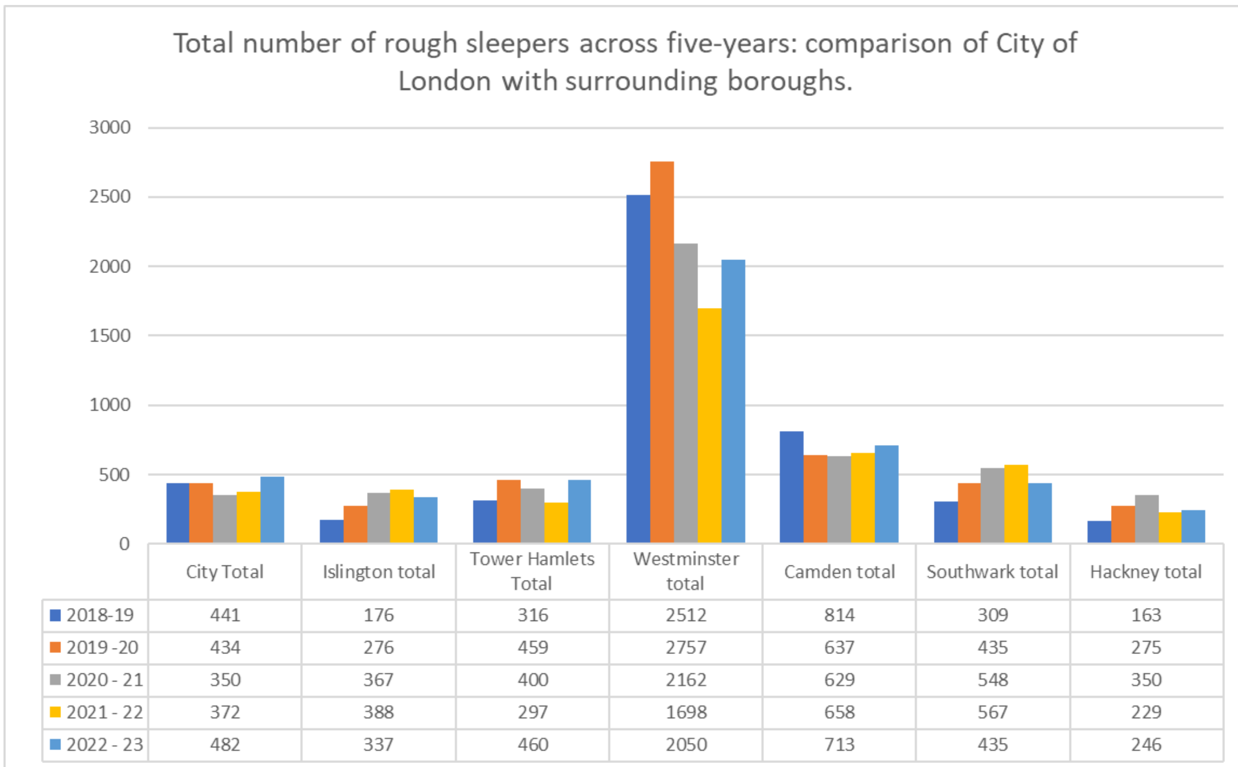
There is a divergence between the total number of rough sleepers in the City of London and London as a whole across the five-year period of 2018 to the end of the reporting period in 2023. Whilst the City of London saw a steady drop across 2020 to 2021 (which would coincide with measures taken during the pandemic to support rough sleepers) after a plateau over 2018

- 2020, London as a whole saw a gradual increase of rough sleepers before a sharp drop off over 2020 into 2021. However, both the City of London and London as a whole have seen a sharp increase in rough sleepers from 2022 onward. Both the City of London and Greater London are seeing numbers of rough sleepers in line with peak numbers from previous years. The City of London reported the highest number since 2018-2019.



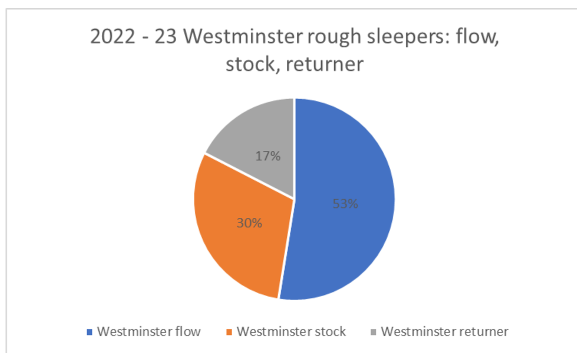
	2018-19	2019 -20	2020 - 21	2021 - 22	2022 - 23
London Flow	5529	7053	7531	5091	6391
London Stock	2080	2377	2126	2033	2084
London Returner	1246	1296	1361	1205	1578
London Total	8855	10726	11018	8329	10053

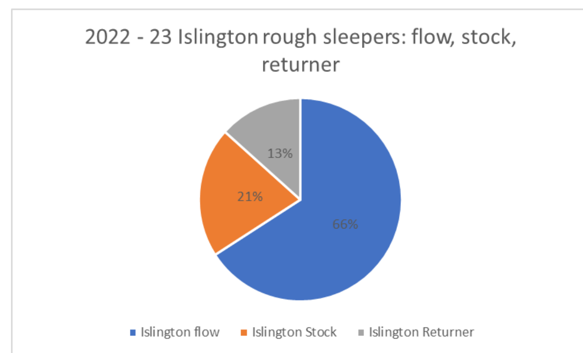
Figure 2: rough sleepers across Greater London across 2018 – 2023 by total and by CHAIN recorded sub-categories of flow, stock and returner.

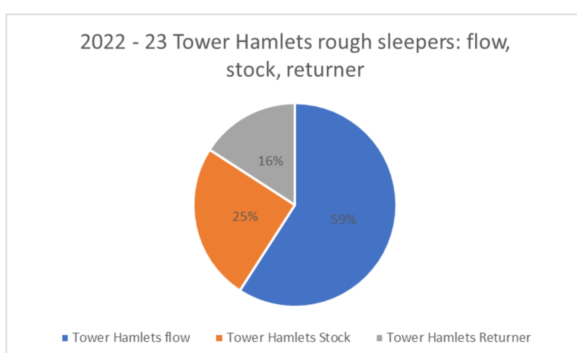


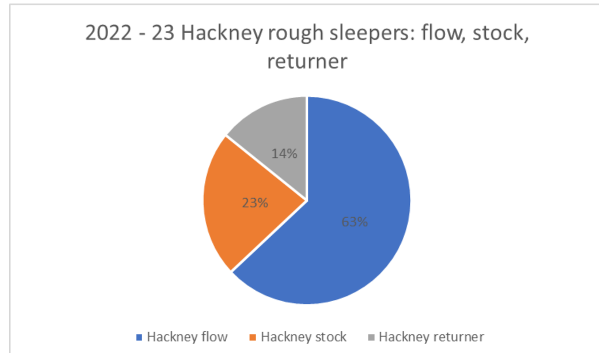
	City Total	Islington total	Tower Hamlets Total	Westminster total	Camden total	Southwark total	Hackney total
2018-19	441	176	316	2512	814	309	163
2019-20	434	276	459	2757	637	435	275
2020 - 21	350	367	400	2162	629	548	350
2021 - 22	372	388	297	1698	658	567	229
2022 - 23	482	337	460	2050	713	435	246

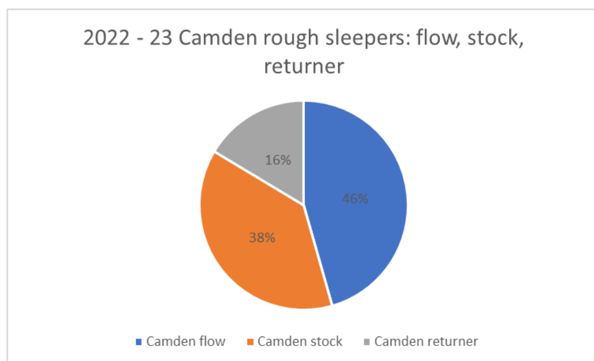
Figure 3 shows how City of London rough sleeping data compares to the boroughs surrounding the City of London. Westminster has the highest levels of rough sleepers across the five-year period. However, only City of London and Tower Hamlets show the highest number of rough sleepers in 2022-23, than compared with any other year in that five-year period.

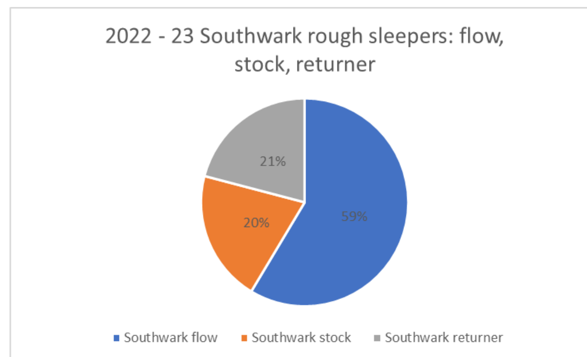












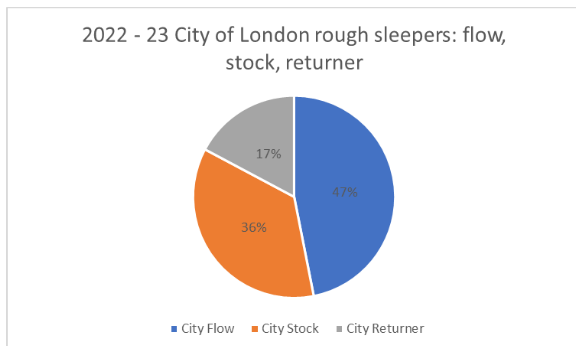


Figure 3: total number of rough sleepers across five-years: comparison of City of London with surrounding boroughs.

Only Camden has a higher percentage than the City of London of its rough sleeping total categorised as stock rough sleepers over 2022 – 23. The number of returning rough sleepers across all boroughs is on average 16% of their totals. Flow has the biggest percentage change across the seven boroughs, with Islington showing the highest percentage of its total as flow rough sleepers at 66%.

City of London annual CHAIN report findings, 2022/23

The CHAIN 2022 – 2023 report for the City of London showed the highest number of rough sleepers in the City of London yet recorded by CHAIN at 482 (looking over a 10-year period). This represents a 30% increase when compared to 2021/22. Figure 1 shows that the latest annual report recorded the highest number of both flow and returner rough sleepers in the City of London over a five-year period.

In October 2022, recording of people's history prior to first being seen rough sleeping was changed on CHAIN. The changes were made in order to collect more detailed information about where people had been staying, why they had left the accommodation and how long ago this was, and whether they had approached a local authority for help in relation to leaving the accommodation. Recording of this information was extended to people who had returned to rough sleeping, in addition to those who were seen rough sleeping in London for the first time. The timing of the change means that, in this area of reporting, we do not have a single consistent dataset covering the whole year. In order to provide full information, we have presented both datasets in this report, accompanied by an explanation of the differing underlying bases. The original methodology is referred to here as 'legacy recording'.

Demographics and support needs

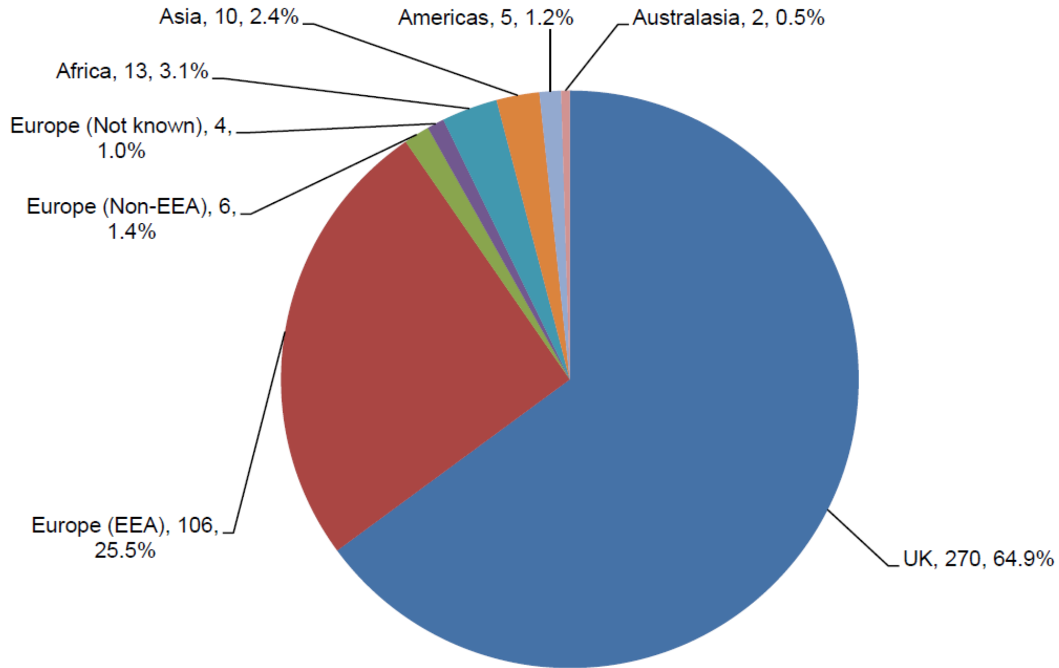


Figure 4: people seen rough sleeping in 2022/23, by nationality.

	Flow	Stock	Returner	Total	
Nationality	**No.**	**No.**	**No.**	**No.**	**%**
UK	108	108	54	270	64.9%
Romania	10	12	3	25	6.0%
Poland	11	18	3	32	7.7%
Lithuania	3	4	4	11	2.6%
Portugal	1	3	2	6	1.4%
Ireland (Republic of)	5	2	1	8	1.9%
Bulgaria	4	1	0	5	1.2%
Italy	0	3	0	3	0.7%
Latvia	0	0	2	2	0.5%
France	0	2	0	2	0.5%
Spain	0	0	1	1	0.2%
Other European (EEA) countries	2	5	4	11	2.6%
Europe (EEA)	36	50	20	106	25.5%
Europe (Non-EEA)	2	2	2	6	1.4%
Europe (Not known)	2	2	0	4	1.0%
Eritrea	1	2	1	4	1.0%
Sudan	1	0	0	1	0.2%
Nigeria	2	1	0	3	0.7%
Somalia	0	0	1	1	0.2%
Ethiopia	0	0	0	0	0.0%
Other African countries	3	0	1	4	1.0%
Africa	7	3	3	13	3.1%
India	0	0	1	1	0.2%
Afghanistan	0	0	0	0	0.0%
Iran	0	1	1	2	0.5%
Pakistan	0	0	0	0	0.0%
Bangladesh	0	1	0	1	0.2%
Other Asian countries	5	0	1	6	1.4%
Asia	5	2	3	10	2.4%
Americas	3	2	0	5	1.2%
Australasia	2	0	0	2	0.5%
Not known	*61*	*4*	*1*	*66*	
Total (excl. not known)	**165**	**169**	**82**	**416**	**100.0%**
Total (incl. not known)	226	173	83	482	

Total excluding not known is used as base for percentages.

Table 1: nationality of people seen rough sleeping during 2022/23, by flow, stock and returner breakdown.

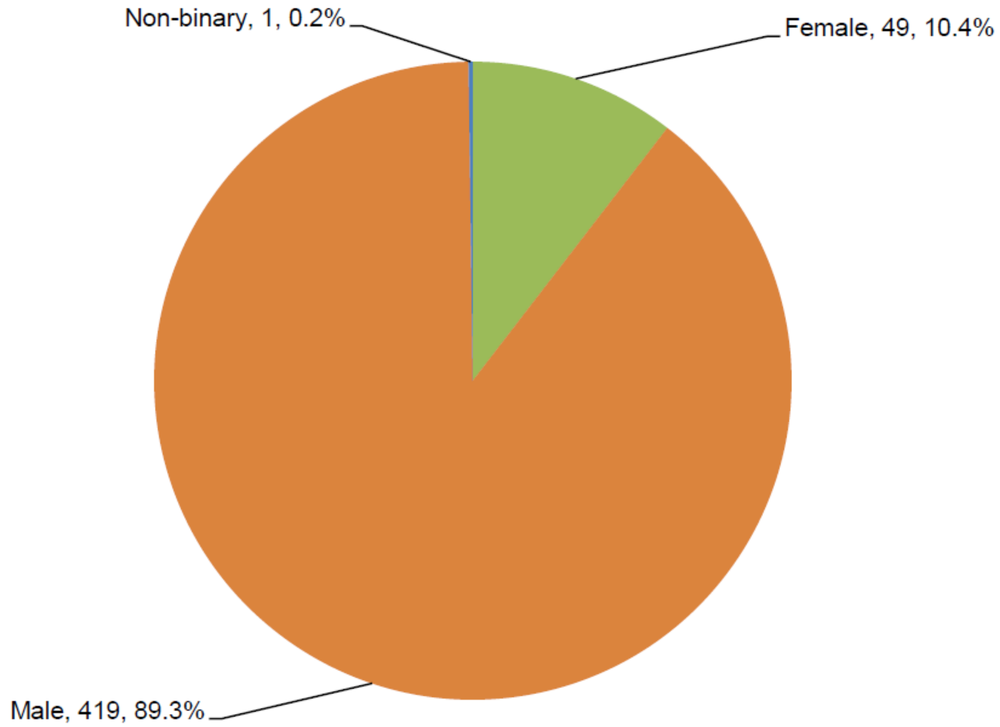


Figure 4: people seen rough sleeping in 2022/23, by gender. This excludes 13 people whose gender is not known.

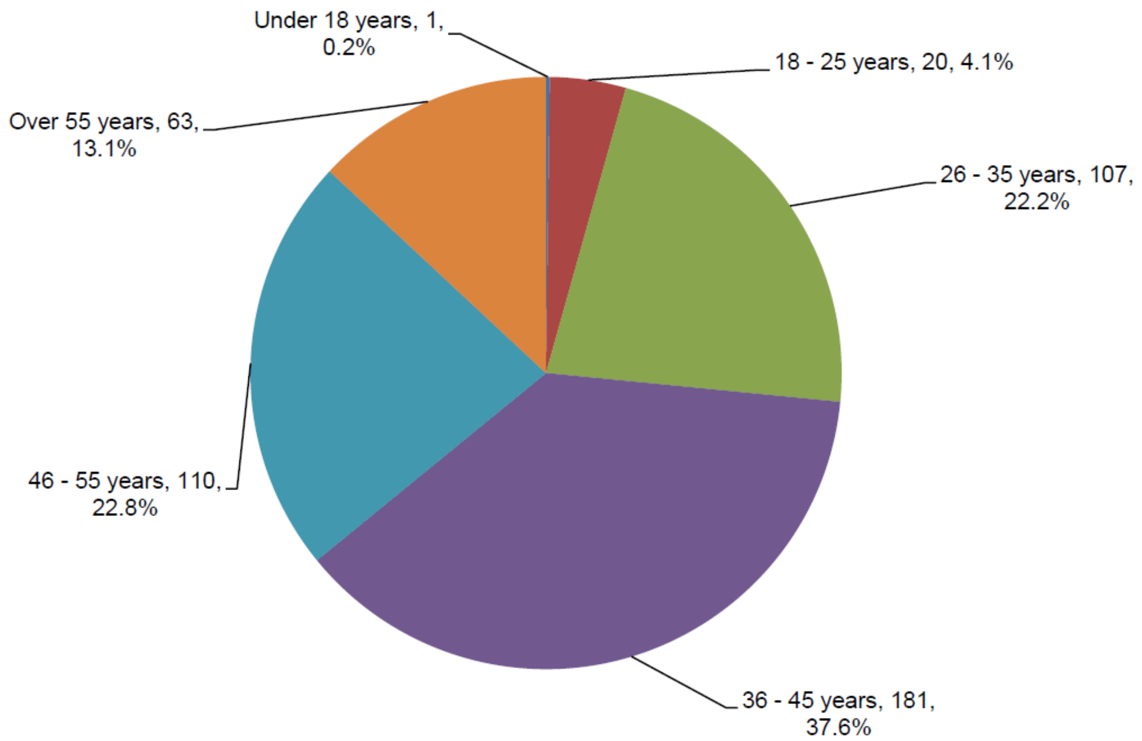


Figure 5: people seen rough sleeping in 2022/23, by age.

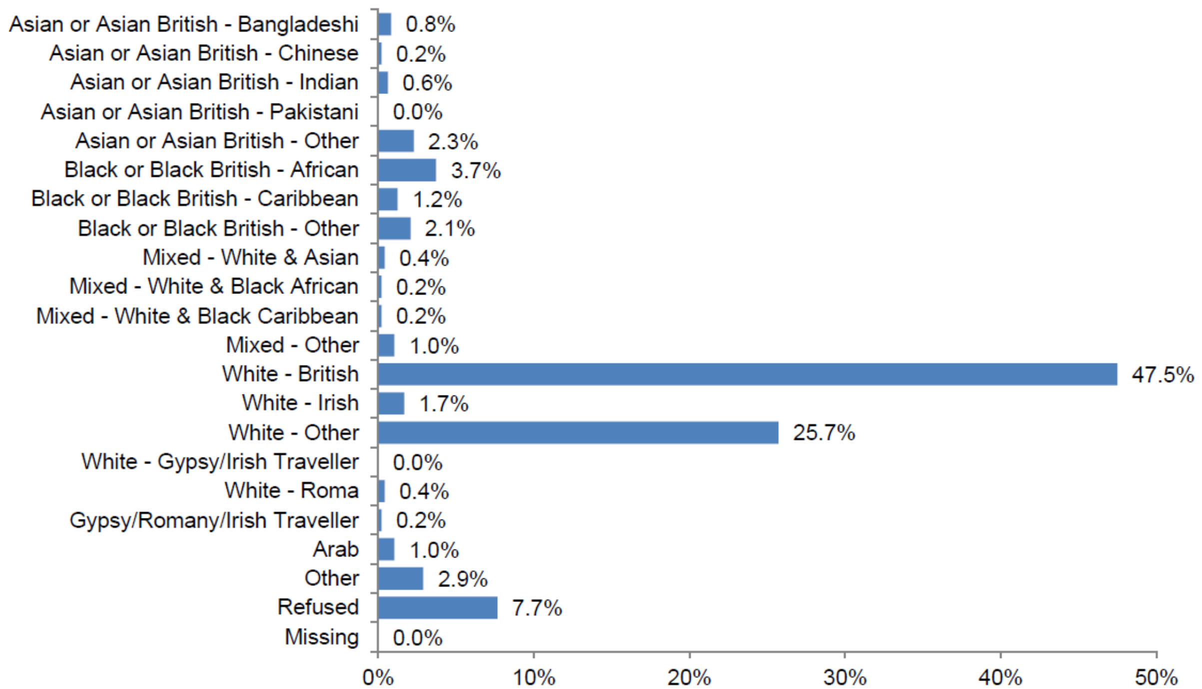


Figure 6: people seen rough sleeping in 2022/23, by ethnicity. The previously employed category of 'Gypsy/Romany/Irish Traveller' was replaced in 2021 with separate categories for 'White - Gypsy/Irish Traveller' and 'White - Roma' in order to bring CHAIN recording into line with Office for National Statistics usage. Some people seen rough sleeping during the period have not had their ethnicity information updated to reflect these new categories, so the original category is also included in the chart.

Support needs data in CHAIN is derived from assessments made by support workers in the homelessness sector. It is important to note that 36% of people seen rough sleeping in the borough in 2022/23 did not have a support needs assessment recorded.

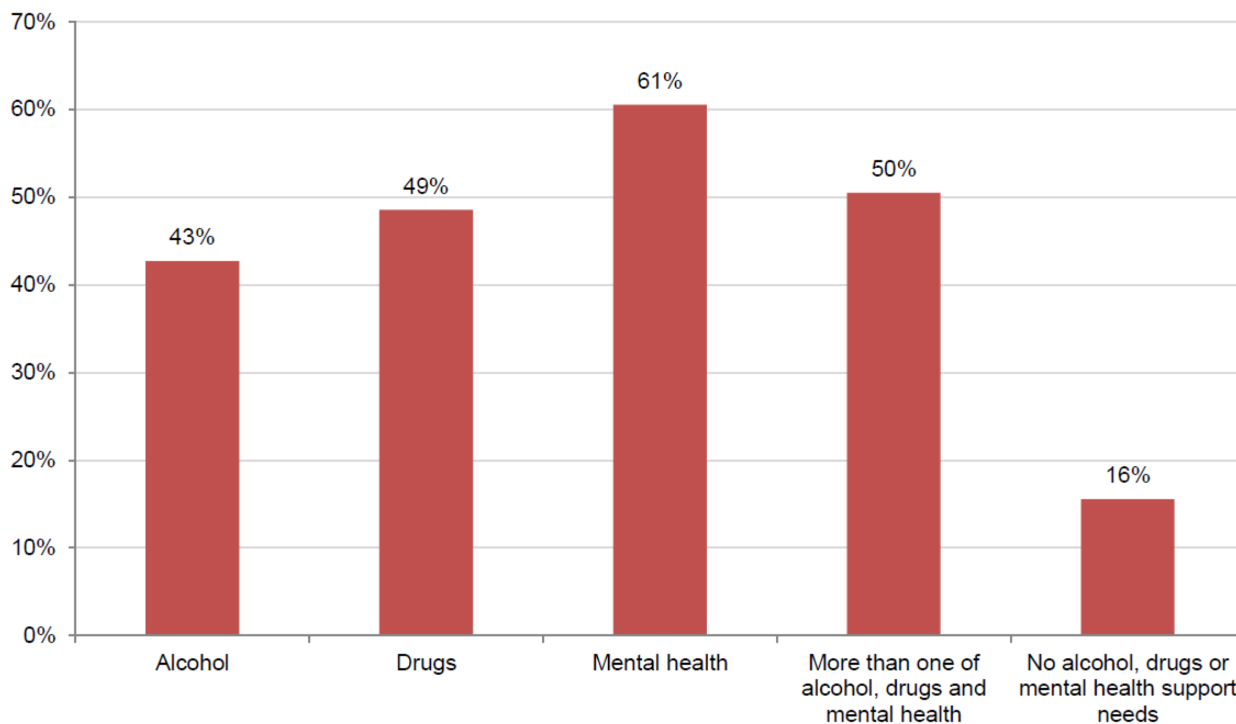


Figure 7: people seen rough sleeping in 2022/23, by support needs. Note that the base figure for this chart excludes people for whom none of the three support needs were known or assessed (173).

Support Needs	No.	%
Alcohol only	28	9%
Drugs only	19	6%
Mental health only	47	15%
Alcohol and drugs	16	5%
Alcohol and mental health	25	8%
Drugs and mental health	52	17%
Alcohol, drugs and mental health	63	20%
All three no	48	16%
All three no, not known or not assessed	11	4%
All three not known or not assessed	173	
Total (excl. not assessed)	**309**	**100%**
Total (incl. not assessed)	482	

Total excluding not known or assessed is used as base for percentages.

Table 2: people seen rough sleeping in 2022/23, by support needs combination.

23 people seen rough sleeping in the borough in 2022/23 had experience of serving in the armed forces, of whom 12 were UK nationals. Time spent in the forces could have been at any point in the person's life, and it is not necessarily the case that the person has recently been discharged.

Statutory homelessness

There has been an increase in approaches across the board since the pandemic, with a significant increase in 2020/21. The largest cohort of approaches remains single applicants, however, there has been an increase in the number of families.

Financial Year	Number of approaches
2018/19	87
2019/20	85
2020/21	338
2021/22	429
2022/23	512

Table 3: Number of approaches over 5 years.

Reason for approaches

However, there has been a sustained 20-25% increase year on year since. Reasons for the increase in approaches are as follows:

- a continuing trend of applicants misunderstanding the City's geographical location and jurisdiction,
- the cost-of-living increases,
- landlord evictions re-commencing after lockdowns,
- rising cases of domestic abuse and sexual violence, and
- the general impact of lockdown exposing more hidden homelessness such as sofa-surfing.

Domestic violence

The biggest change in reasons for approaching statutory services has been due to domestic abuse. This is now the second most common reason for homelessness. There was an initial rise in cases due to the lockdowns, and due to the introduction of the Domestic Abuse Act 2021 in July 2021. The Act made fleeing domestic abuse an automatic priority need and introduced additional duties for the service in this area, including additional requirements for the accommodation provided to victims of domestic violence. For context, the period 2018/19 recorded three approaches over the year due to domestic abuse, while the period 2022/23 recorded 53 approaches due to this reason. Approaches due to domestic violence are not required to have a local connection to the City of London.

Work connection

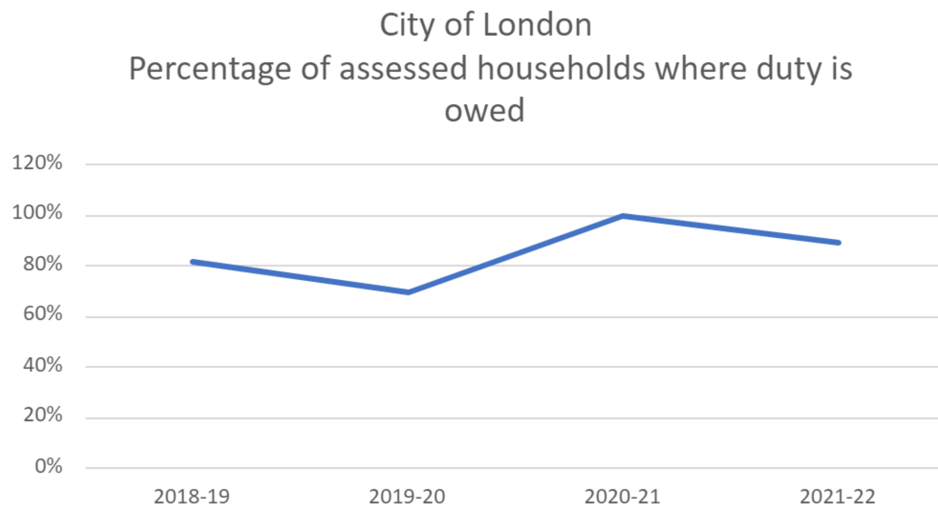
A high proportion of approaches are from people with a work connection to the City of London, rather than existing residents – which makes up a much lower proportion of approaches.

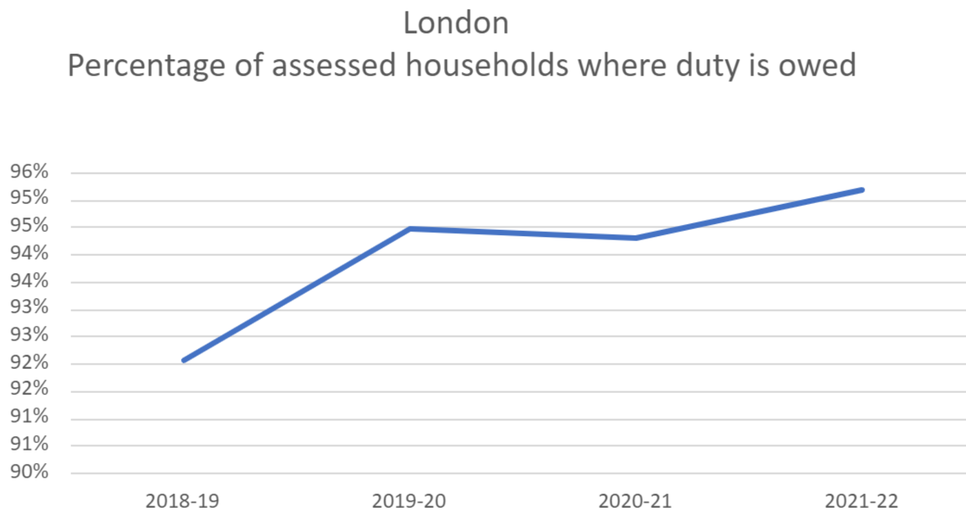
Changes in policy after the pandemic

Usage of temporary accommodation increased post pandemic due to the 'Everyone In' policy ending, and the subsequent decanting of hotels and hostels of people placed during this time. This resulted in a larger number of discretionary placements and more statutory placements in line with the general increase in approaches/duties.

Accepted as owing a duty

The two figures below (8 and 9) portray visually the percentage of cases assessed as being owed a duty across 2018 – 2022 in the City of London, and across London as a whole.





Total cases accepted due to prevention or relief, by reason, across 2018 – 2024 (to date)

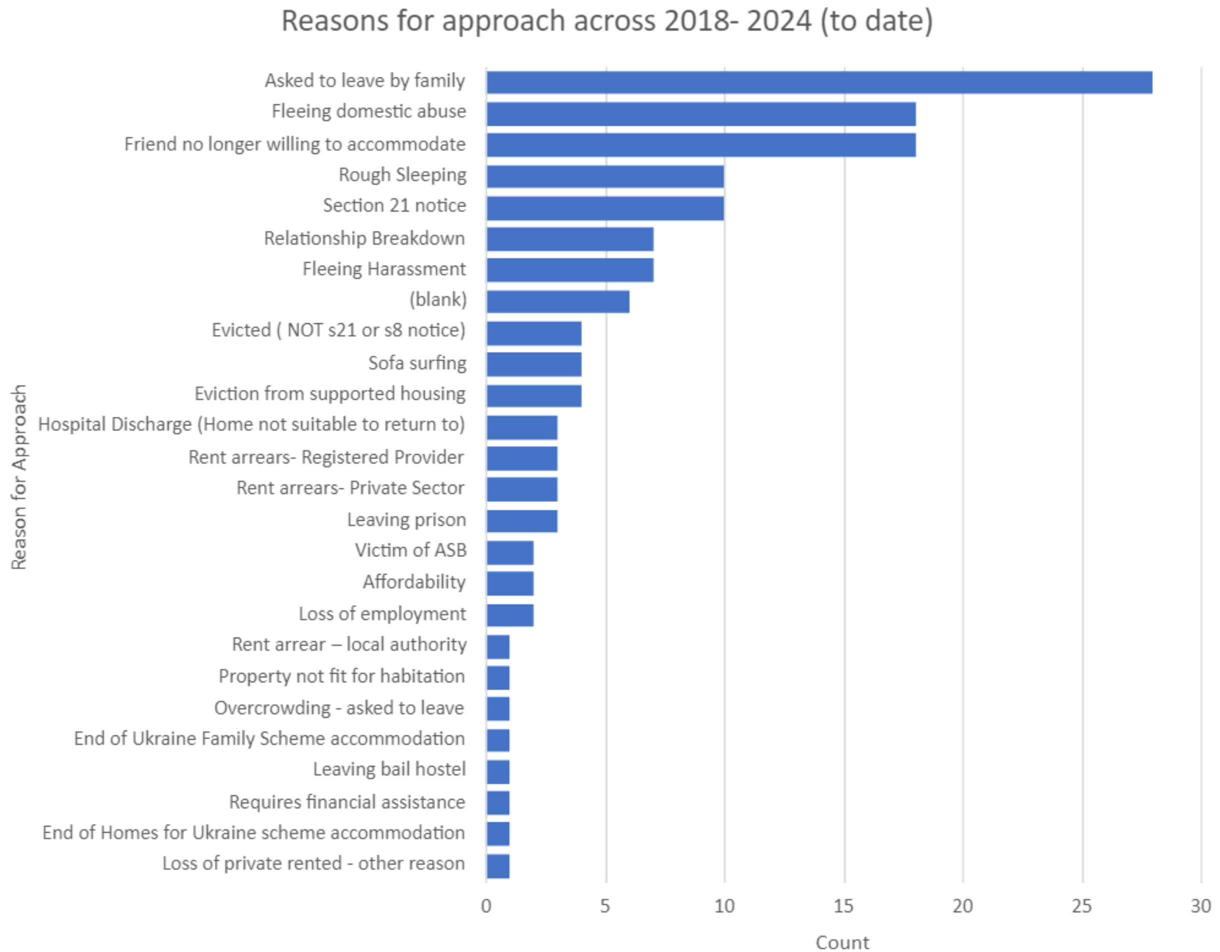


Figure 10: Reasons for homelessness for cases accepted as either a prevention or relief duty, across 2018 – 24 (to date)

Financial Year	Households with dependent children	Single applicants
2018/19	8	21
2019/20	8	20
2020/21	5	13
2021/22	6	17
2022/23	12	17

Table 4: Breakdown of household compositions accepted as either a prevention or relief duty, by year

Temporary accommodation

The following table provides an overview of homeless households placed in temporary accommodation by type of accommodation, across 2018 – 2023.

Year	Type		
	Shared accommodation/B&B	**Self-contained accommodation**	**Hostels and commercial hotels**
2018 - 19	19	50	2
2019 - 20	18	48	2
2020 - 21	6	63	0
2021 - 22	13	91	0
2022 - 23	20	77	32

Table 5: Homeless households placed in temporary accommodation by type of accommodation, across 2018 – 2023

Housing need

As of August 2023, the City of London Corporation housing waiting list was as follows:

Housing type	Waiting list
studio	362
1 bed	204
2 bed	250
3 bed	133
4 bed	028
total	977

Table 6: City of London Corporation waiting list, August 2023

Of the 977 on the waiting list, the following are existing tenants on City of London Corporation estates across the capital.

Housing type	transfer
studio	0
1 bed	32
2 bed	63
3 bed	48
4 bed	14
total	175

Table 7: Existing tenants on City of London Corporation waiting list, August 2023

Most households on the Housing Register do not live in the City of London "Square Mile" but do have a local connection through working in the City of London.

Overcrowding in the City of London is determined as follows:

- If a household has one bedroom less than their assessed need (e.g., they have two-bedroom need and are in a one-bedroom property) they will be moderately overcrowded as they are lacking one bedroom.
- If they have a three bedroom need and are in a one-bedroom property, they would be severely overcrowded and get severe overcrowding priority.

It is not possible to report from current statistics on whether or not any overcrowding in the City of London is due to children or adult family members. Further, analysis can only be done on households who are registered and eligible. There may be households in owner occupied properties who are overcrowded but would not be eligible as homeowners. This is also true for households which are not eligible due to no recourse to public funds.

The table below is an analysis completed on 6th June 2023 of overcrowded households living in the City of London, "Square Mile", on the Housing Register:

Summary by estate	Building	Moderate = lacking one bedroom	Severe = lacking two or more bedrooms	Total
Golden Lane:	Crescent House	2	2	4
	Cullum Welch House	0	1	1
	Basterfield House	2	0	2
	Hatfield House	2	0	2
	Great Arthur House	4	0	4
	Bayer House	1	0	1
	Stanley Cohen House	1	0	0
	Bowater House	2	0	2
Middlesex St	Petticoat Square	14	1	15
	Petticoat Tower	4	0	4
Guinness Trust	Iveagh Court	2	0	2
	Mansell St	8	2	10
Private rent	Fetter Lane	1	0	1
	Bishopsgate	0	1	1
Overall Total:		**43**	**7**	**50**

Table 8: Overcrowding in Estates across City of London, June 2023

EQUALITY ANALYSIS (EA) TEMPLATE

Decision		Date	

What is the Public Sector Equality Duty (PSED)? Double click here for more information / Hide

What is an Equality Analysis (EA)? Double click here for more information / Hide

How to demonstrate compliance Double click here for more information / Hide

Deciding what needs to be assessed Double click here for more information / Hide

Role of the assessor Double click here for more information / Hide

How to carry out an Equality Analysis (EA) Double click here for more information / Hide

The Proposal *Click and hover over the questions to find more details on what is required*

Assessor name: Kate Bygrave

Contact details: kate.bygrave@cityoflondon.gov.uk

1. What is the Proposal?

The Homelessness Strategy 2023-27 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.

2. What are the recommendations?

Outcome 1: We will aim that homelessness is Prevented

Outcome 2: We will provide effective and early Intervention to prevent homelessness

Outcome 3: We will provide effective and early Recovery support to minimise the impact of homelessness

Outcome 4: We will work in Collaboration to provide support those who are affected by homelessness

3. Who is affected by the Proposal?

Homelessness is defined as not having a secure place to stay. This could include rough sleeping on the street, being in temporary or unsuitable accommodation, sleeping on a friend's sofa, or in a squat, or just not having some where safe to live. Homelessness can affect anyone, including families and children, couples, and single people, and can occur due to a variety of circumstances, including employment, health issues, family breakdown, housing costs and availability.

The most visible, and most dangerous form of homelessness is rough sleeping on the streets. Those sleeping rough in the Square Mile are predominately white British nationals between 26 and 45 years of age.

Local Authorities have a statutory duty to provide advice and assistance to residents and households who are risk of homelessness, including sourcing temporary accommodation. Some people are at higher risk of becoming homeless, including those on low incomes, in unstable employment or living in insecure or poor quality accommodation. The strategy and ongoing actions need to ensure that no one facing homelessness is allowed to slip through the gaps.

Age Double click here to add impact / Hide

Check box if NOT applicable ☐

Key borough statistics:
The City has proportionately more people aged between 25 and 69 living in the Square Mile than Greater London. Conversely there are fewer young people. Approximately 800 children and young people under the age of 18 years live in the City. This is 11.8% of the total population in the area. Summaries of the City of London age profiles from the 2011 Census can be found on our website. A new census was carried out in 2021, although only basic estimates have been released

A number of demographics and projections for demographics can be found on the Greater London Authority website in the London DataStore. The site details statistics for the City of London and other London authorities at a ward level:

- Population projections

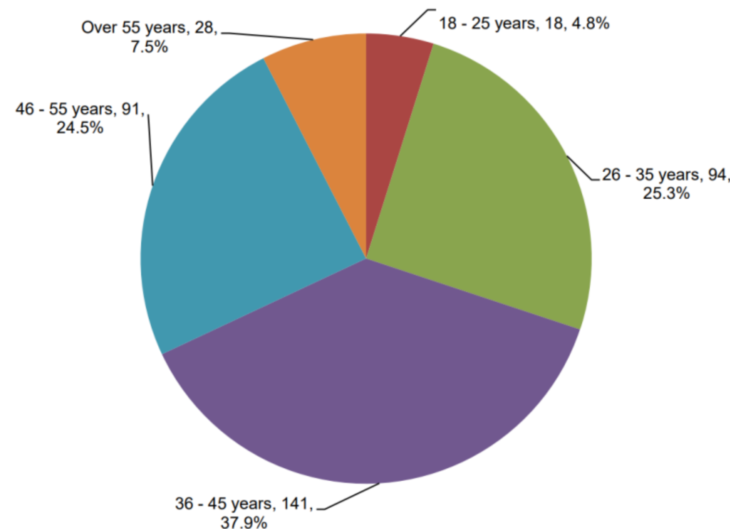
The populations of residents of the square mile are predicted to rise, and for the

Double click here to show borough wide statistics / hide statistics

Age

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Rough Sleepers
The chart below shows the age profiles of those recorded as rough sleeping in the City of London from Counts conducted in 2021. The largest cohort of rough sleepers remains the 36-45 year old (37.9%) ages 26-35 and 46-55 are the next highest (25.3% and 24.5% respectively). The City of London has a relatively low percentage of rough sleepers over the age of 55, and under 25 (7.5% and 4.8% respectively). The majority of the rough sleepers identified in the City of London are working age.



Statutory Homelessness
Data from. Only 28 requests were made to the statutory homelessness team for Duty. Of theses 36% were made by those 25-34 and 45-54. There were no applications by anyone over the age of 55, or below 18, with only 4% of applications being aged 18-24, 24% were aged 35-44. This again shows that the majority of those at risk or experiencing homelessness.

Age

What is the proposal's impact on the equalities aims? *Look for* ***direct impact*** *but also evidence of* ***disproportionate impact*** *i.e. where a decision affects a protected group more than the general population, including* ***indirect impact***

Young people
The City of London has low figures for those aged 25 and under sleeping rough. However, this figure will not include or identify the 'hidden homeless' who are more likely to be young people.

Action for Children have estimated that over 120,000 children and young people are homeless in the UK. (*What is the extent of youth homelessness in the UK? | Action For Children – accessed October 2022*). The research also suggests that 26% of care leavers have slept on a friend's sofa, and 14% have slept rough. Research from Centrepoint also shows that there are strong links between rough sleeping as a young person and long-term rough sleeping and social exclusion in later life.

The drivers and impacts of youth homelessness and rough sleeping are often very different from those of older adults, and as such consideration of these issues should be included in any work, and distinct and tailored services and support in both the statutory and voluntary sector are in place.

The research from Centrepoint (*Centrepoint (2019) No place to stay: Experiences of Youth Homelessness. London: Centrepoint.)* also suggests that the impacts of the Covid-19 pandemic have intensified the key drivers for youth homelessness and rough sleeping for example family breakdown and domestic abuse, and there is also a likelihood for this to increase in the financial drivers of youth homelessness due to the cost-of-living crisis. The Youth Homelessness Data bank, which captures youth homelessness data regardless of whether or not they have been assessed, shows a decrease for youth Homelessness in London, despite an overall year-on-year increase of youth Homelessness across the UK. Centrepoint's report also highlights that 4 in 10 of the young people spoken to were either in care or care experienced. This suggests that local authorities may not be meeting their duties around providing children's care services, leaving vulnerable children to fall through the safety net. Relationship breakdown, bereavement and leaving care all acted as triggers that contributed to young people sleeping rough. These circumstances are

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

In order to prevent young people or older people from becoming homeless and resorting to rough sleeping the action plan that accompanies the homelessness strategy will need to:

- Ensure that statutory services and teams across the Community and Children's Services department are aware of situations that can lead young people to homelessness.

- Ensure that all services and teams are able to identify those at risks, leading to support from the necessary service in a timely manner.

- Ensure that all City of London front line staff are able to signpost young people to the right service and information they may need. This includes involving education services and across borough.

- Review the offering of housing to young people and that it is affordable for them to rent.

- Ensure that housing issues faced by older people, and those at risk are identified, and that services take into account housing needs

- Ensure that the complex nature and multiple needs of older homeless are recognised and that older people experiencing homelessness or at risk of homelessness are not marginalised.

Age	
consistently identified in research as precursors to young people becoming homeless (*Watts, E. E., Johnsen, S., & Sosenko, F. (2015). Youth Homelessness in the UK: A Review for The OVO Foundation. Edinburgh: Heriot-Watt University*). Reports differ on their estimation of youth hidden homelessness, the study by Centrepoint estimated that as many as 73% of homeless young people had experience of being hidden homeless or sofa-surfing, Clark (2006) (*Clarke, A., (2016) The Prevalence of Rough Sleeping and Sofa Surfing Amongst Young People in the UK. Social Inclusion Volume 4, Issue 4. Available at: https://www.cogitatiopress.com/socialinclusion/article/viewFile/597/597*) identified in the region of 35% of all young people had experience of sofa-surfing and hidden homelessness and 26% of all young people had slept rough at some point. Whereas reports from Crisis suggest that over 100,000 young people in England, over half of young people homeless, rough sleeping or in unsuitable or temporary accommodation had experience of sofa surfing. (*Crisis (2022) The Homelessness Monitor 2022: England. London: Crisis. Available at: https://www.crisis.org.uk/media/246967/the-homelessnessmonitor-england-2022_full-report.pdf\)* In March 2021 the Mayor of London launched an initiative to provide specialist accommodation for 18-25 year olds rough sleeping in Greater London. It is estimated that across Greater London 11% of those rough sleeping are between 18 and 25 years old Figures from DLUHC (*Department for Levelling Up, Housing and Communities (DLUHC), Live Tables on Homelessness. Available at: https://www.gov.uk/government/ statistical-data-sets/live-tables-on-homelessness)* show that in England 61,960 16-24 year olds were assessed for prevention duties , which also shows an increase in these assessments of this age group since 2018. **Older people** Research also support that homelessness amongst older people is also increasing, with the Centre for Policy and Aging rapid review (2017) (*CPA-Rapid-Review-Diversity-in-Older-Age-Older-Homeless-People.pdf*) showing that between 2010 and 2015 the number of street homeless older people has more than doubled. The increased health issues experienced by those who are homeless and rough sleeping is likely to have a higher significant impact on those over 50 years of age -	

Age

considered older people (*Crane M and Warnes A M (2010) Homelessness among older people and service responses, Reviews in Clinical Gerontology, 20; 354-363*).

Crane (1999) estimated in a review that as many as 10 times the number of older people in England were sleeping rough to those in short-term or long-term temporary accommodations (*Crane M (1999) Understanding older homeless people, Open University Press, Buckingham*). The demographics of homelessness has changed in recent years with older people (aged 60 and above) currently form just 4% of statutory homeless households, and older people (aged 50 and above) make up between 9% and 12% of rough sleepers and homeless-hostel dwellers, despite this it is predicted that with a global aging population that the numbers of older people experiencing homelessness will increase.

CHAIN Data reported since 2005 has shown an increase in older people rough sleeping.

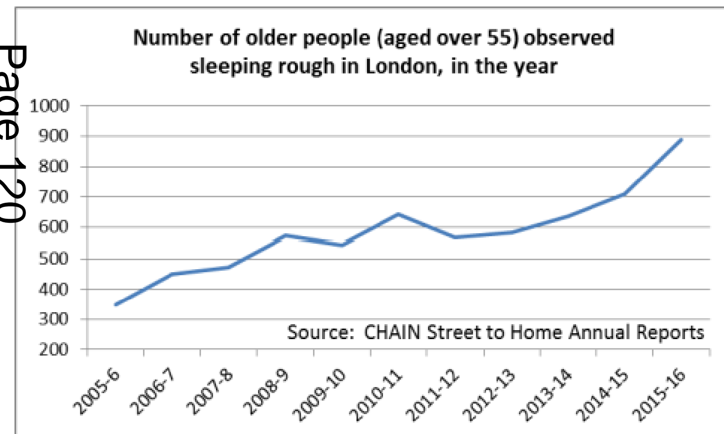


Figure 3

There has been no research carried out to the likelihood of older people to sofa-surf or be hidden homeless. Data is however available for those staying in hostel accommodation, and this suggests that older people have a tendency to remain in hostel accommodations for longer periods. The CPA report estimated this to be approximately 40% of hostel dwellers in London are older people who have been in place for over 5 years.

Age

Again as with young people the drivers for homelessness in older people, is often different from other age demographics. Older women are more likely to cite relationship breakdown as a reason for becoming homeless, while older men associate becoming homeless with job loss and drug and alcohol problems (Crane & Warnes, 2010).

Homeless older people are more likely than other groups to experience social isolation and its associated problems, as well as issues surrounding personal safety and health (*Warnes A, Crane M, Whitehead N and Fu R (2003) Homelessness Factfile Sheffield Institute for Studies on Ageing, University of Sheffield; Crisis*).

Disability Double click here to add impact / Hide

Check box if NOT applicable ☐

Key borough statistics:
Day-to-day activities can be limited by disability or long term illness - In the City of London as a whole, 89% of the residents feel they have no limitations in their activities – this is higher than both in England and Wales (82%) and Greater London (86%). In the areas outside the main housing estates, around 95% of the residents responded that their activities were not limited. Extract from summary of the 2011 Census relating to resident population health for the City of London can be found on our website.

The 2011 Census identified that for the City of London's population:

- 4.4% (328) had a disability that limited their day-to-day activities a lot
- 7.1% (520) had a disability that limited their day-to-day activities a little.

Source: 2011 Census: Long-term health problem or disability, local authorities in England and Wales

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under "additional equalities data".

Double click here to show borough wide statistics / hide statistics

Disability

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Rough Sleepers

Current research estimates that 1 in 5 working age adults in the UK has a disability as defined by the Equalities Act 2010, and that 50% of households will have experience of disability. This suggests that when it is considered that the highest proportion of the rough sleepers recorded within the Square Mile are working age, that it is very likely that at least 20% will have a disability

The Combined Homelessness and Information Network (CHAIN) analysis from 2021/22 showed that 57% of all recorded rough sleepers, had mental health support needs. This figure went up to 66% of all rough sleepers within the City, although it should be noted that CHAIN does not record any data on the other disability status of rough sleepers.

Disability

Chain Annual Report City of London 2021/22 – Breakdown of support needs among rough sleepers

N.B Total excluding unknown or unassessed used as base for percentages.

Support Needs	No.	%
Alcohol only	15	6%
Drugs only	24	10%
Mental health only	45	19%
Alcohol and drugs	9	4%
Alcohol and mental health	19	8%
Drugs and mental health	46	19%
Alcohol, drugs and mental health	48	20%
All three no	21	9%
All three no, not known or not assessed	13	5%
All three not known or not assessed	132	
Total (excl. not assessed)	**240**	**100%**
Total (incl. not assessed)	**372**	

Note: Total excluding not known or assessed is used as base for percentages.

Statutory homelessness

DLUHC's data for the statutory homelessness for the City of London does not record the disability status of those applying for prevention or relief duties. However a report produced in England, from April-June 2018, 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).

The number of homeless households in England identified by councils as priority cases because they contain someone who is classed as vulnerable because of their mental illness, has risen from 3,200 in 2010 to 5,470 in 2017.

Of the 83 households registered with the City of London Housing Team in 2018-19 55% are classed as having a disability (11 have a physical disability, 18 have a mental ill health, 4 have learning disabilities and 13 have a long-term illness or condition). There is always a risk that a disability can hinder people from finding and retaining a home.

What is the proposal's impact on the equalities aims? *Look for* ***direct impact*** *but also evidence of* ***disproportionate impact*** *i.e. where a decision affects a protected group more than the general population, including* ***indirect impact***

A report by the Housing Rights Watch (Homelessness and disabilities: the impact of recent Human Rights developments in Policy and Practice | Housing Rights Watch) identifies that research and data surrounding disability and homelessness as limited, it has been identified that there are substantial overlaps between those

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

The Homelessness Strategy will need to refer and respond to the findings of the June 2018 report on how to better support rough sleepers. This can be done through considering solutions, such as:

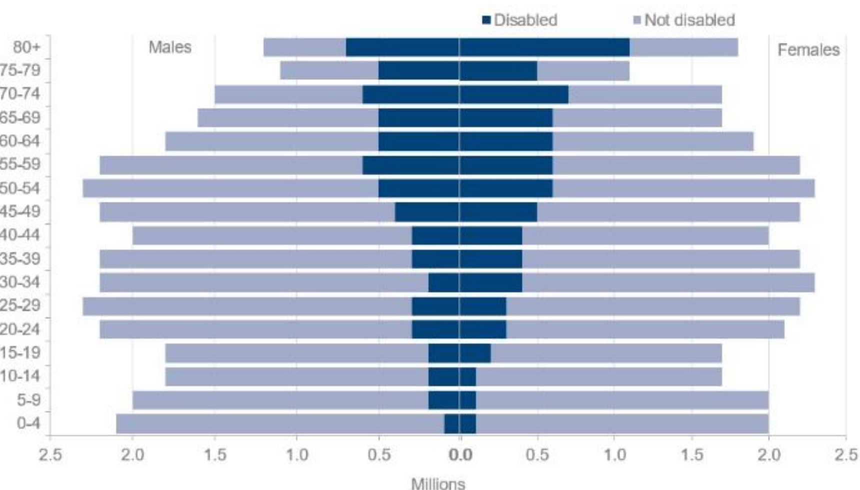
with long-term health conditions and disabilities and those who experience or at high risk of homelessness.

Equality and Human rights report that only 7% of homes offer minimal accessibility features (*housing-and-disabled-people-britains-hidden-crisis-main-report_0.pdf (equalityhumanrights.com)*)

Data from the ONS shows that people with disabilities are less likely to own their own home (42.4%), with some specific forms of disability making that much less likely, for example only 4.1% of people with learning disabilities own their own home, and those with mental health conditions and epilepsy also have low proportions of home ownership (17.5% and 25% respectively). Disabled people between the ages on 25-54 years old are more likely to live with their parents, although those between 16-24 years old are less likely to live with their parents. 25% of disabled people between 16 and 64 years old are in rented social housing, compared to 8.2% of non-disabled people.

Issues surrounding disability and homelessness also need to consider the increase in disabilities and long-term health conditions that are associated with older ages.

Population distributions of disabled and non-disabled people by age group.



- New roles like a specialist health professional e.g. nurse practitioner and/or peer worker completes assessments. These will likely be carried out over time, allowing for trust and relationships to form.
- A record that could be shared across organisations, perhaps using technology.
- Partners make a public commitment to a 'no wrong door' approach.
- Employ care navigators to co-ordinate care and support around an individual and enable individuals to access, and benefit from health services. Peer advocacy would also be appropriate for some individuals, including those who have moved off the streets but still have high health needs. These roles would follow an individual wherever they go in Greater London to access services.
- Care and support needs should be assessed through a Care Act assessment as it must be assumed that:
  - Physical and/or mental ill-health are associated with rough sleeping, and there are likely needs arising from this ill-health;
  - These needs are likely to prevent an individual sustaining a home and related outcomes e.g., accessing work;
  - The needs and inability to achieve the specified outcomes cause or risk causing a significant impact on their wellbeing.
- 'Care passport' for the individual which captures information about experiences, preferences and aspirations (including that gained through the health assessment).
- Enable access to health services (not just health care) in locations in the City of London.
- Learning from the assessment and care navigator approach should inform pathways/transitions between services and across local authority and CCG boundaries.
- Assessments of need should identify needs for mental health and wellbeing services – these should not be limited to the treatment of ill-health but the promotion of good mental health, and opportunities for individuals to benefit from health-promoting activity e.g. physical activity, social interaction etc.
- With Healthwatch, and support from an appropriate organisation e.g. Groundswell, Providence Row, St Mungo's, complete an exercise with people experiencing rough sleeping/people who have moved on from rough sleeping, to identify what the ideal pathway would be for people experiencing mental ill-health, and enable this work to inform service redesign (including addressing gaps).

Disability

Inappropriate or inadequate accommodations can lead to or exacerbate health conditions, for example damp and mould, heating issues

And research supports that there is a significant tendency for those experiencing homelessness and rough sleeping to have increased incidents of mental health issues.

Issues surround the suitability of accommodations, housing adaptations and access to community support services must be at the forefront of considerations for those with disabilities and health issues.

Rough Sleepers

Research by Action for Children suggests that compared to the general population, individuals who are rough sleeping are far more likely to report mental health issues. A report for the City of London on healthcare for rough sleepers (Revolving Doors Agency, Health care provision for people sleeping rough in the City of London, June 2018) identified the following challenges:

- Health needs and preferences of people experiencing rough sleeping are not known or shared between services working with them.

- People experiencing rough sleeping in the City of London are likely to be accessing health services elsewhere in Greater London. Although little is known about the circumstances, experiences and effectiveness of treatment received, evidence suggests that experiences and outcomes are unlikely to be positive. It is also unclear if care and support services on offer to housed residents in City of London are accessible to people sleeping rough e.g. those accessed through a Care Act assessment.

- Mental ill-health is a significant issue for people experiencing rough sleeping. There is no clear pathway to services, and gaps in services, across the spectrum of need, for people in this situation, and those who have moved off the streets e.g., living in the Lodge, who may need continued support to sustain their homes.

- There are many services working across sectors that engage with people experiencing rough sleeping in the City of London, albeit to achieve different and potentially conflicting outcomes. Provision is weighted towards reactive and crisis management rather than planned and preventative. There is more than one meeting of partners to discuss individual cases and it is unclear how they relate, who is accountable for what, or how learning is applied.

- Provide a spot-purchase fund to enable individual’s needs to be met in a timely manner, and to buy-in services that are not otherwise available in the City of London. This would include mental health services that are not time-bound.
- The Homelessness strategy secures a shared ambition, better understanding of collective resources, roles and responsibilities, and agreement over how to achieve the best possible outcomes for individuals.
- Implement a single multi-disciplinary team approach to people experiencing rough sleeping.
- Consider how the findings from the three integration work streams (planned care; unplanned care; prevention) apply to people with experience of rough sleeping and chronic homelessness to ensure these factors inform redesign.

As part of the prevention work it is vital that services are able to flag those at risk of potential homelessness, so they receive timely support. For example, if someone is not coping with a mental health illness the health practitioner needs to be well informed as to how that individual can be supported. This could include advocacy between the individual and their work place, or with a private landlord.

Disability

The Housing Act (1996) prioritises housing for disabled people and those with health conditions. The United Nations Convention on the rights of Persons with Disabilities (UNCPRD) has introduced a new benchmark for the provision of adequate housing to disabled people.	

Pregnancy and Maternity Double click here to add impact / Hide

Check box if NOT applicable ☐

Key borough statistics: Under the theme of population, the ONS website has a large number of data collections grouped under: • Conception and Fertility Rates • Live Births and Still Births • Maternities	NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under "additional equalities data".

Double click here to show borough wide statistics / hide statistics

Page 125

Pregnancy and Maternity

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals.*

CHAIN data for rough sleepers in the City of London only identifies a small population of female rough sleeps (10.3%) and no data recorded for pregnancy or women rough sleeping with children.

20% of households owed a prevention duty within the City of London were single parent households of women with children, and a further 20% were single parent households of men with children. Of those owed a relief duty 15%were single parent families, and all of these were households of single women.

The number of homeless families in London has increased by 51% since 2011 and nationally by 15% since 2012. Within the homeless population, the number of couples with dependent children has increased by 73%, and lone parents by 50% (42 000 households). Crisis reports that there has been a 22% drop in the numbers threatened with homelessness of households with families in 2019/2020. It is likely however that this reduction is in some part due to the measures put in place to protect households from homelessness during the Covid-19 pandemic (*the-homelessness-monitor-england-2022_report.pdf (crisis.org.uk)*). This report also estimates that in April-May 2021 approximately 7% of households in England in the Private Rented Sector were in rent arrears, and that a rise of 4% of temporary accommodation placements is continuing a steady increase which has seen the number of temporary accommodation placements double since 2010.

Pregnancy and Maternity

What is the proposal's impact on the equalities aims? *Look for* ***direct impact*** *but also evidence of* ***disproportionate impact*** *i.e. where a decision affects a protected group more than the general population, including* ***indirect impact***

The limited research on the specific impact of homelessness on babies shows that homeless infants experience a significant decline in general developmental function between 4 and 30 months. Evidence also shows that homelessness and temporary accommodation during pregnancy are associated with an increased risk of preterm birth, low birth weight, poor mental health in infants and children, and developmental delay, and there is anecdotal evidence that the increase stressed experienced during pregnancy and early maternity on those at risk of or experiencing homelessness may also have an adverse effect on foetal and early child development.

Families with children are generally prioritised as they are identified as needing statutory support. The highest reason for households to be accepted as in priority need is due to have dependants (across England there were 38,370 cases accepted due to this reason in 2017). Due to individuals faced with homelessness often fail to be recognised as vulnerable, despite being in danger, particularly single males who are identified as being at the lowest priority need.

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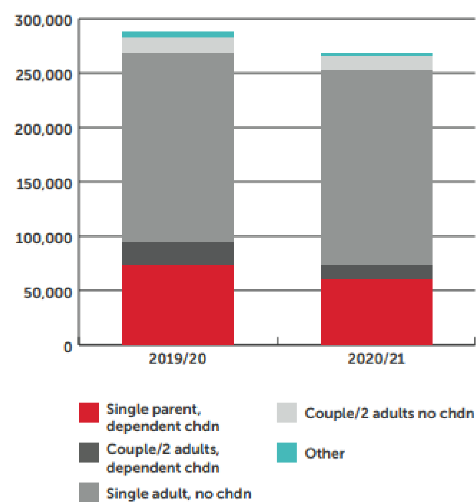


What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Despite the City of London having low numbers of women with dependants or pregnant, services must still be capable of responding to their needs in a timely manner.

However, as this demographic are generally prioritised as in priority need, the strategy and on-going actions must look at how individuals are also supported. This will be done by ensuring that the duties under the Homelessness Reduction Act (HRA) 2017 are fully undertaken by the City Corporation. 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. Individuals will be better supported through:

- A strengthened duty to provide advisory services.
- An extension to the period during which an applicant considered 'threatened with homelessness' from 28 to 56 days.
- New duties to assess all 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.

Pregnancy and Maternity

Reports from St. Mungo's show that socially excluded and vulnerable women are less likely to engage with services, and have an increased risk of maternal death. Pregnancy is also a period where an individual is more vulnerable from a variety of factors, including an increase risk of abuse and exploitation. Pregnancy has also been shown to either start or escalate domestic abuse. (*Saving Mothers Lives – Reviewing maternal deaths to make motherhood safer: 2006-2008 (2011) British Journal of Obstetrics and Gynaecology, vol 118, S.1.*)

A survey of people accessing St Mungo's services found that over 50% of women are mothers and of those 79% have had children taken into care (*St Mungo's. (2014). Rebuilding Shattered Lives. London: St Mungo')*

Access to health care is frequently cited as a barrier to those homeless and rough sleeping, and therefore during periods of pregnancy and maternity, when access to access to health care is important, and this should also be in consideration.

Race Double click here to add impact / Hide

Check box if NOT applicable ☐

Key Borough Statistics:

Our resident population is predominantly white. The largest minority ethnic groups of children and young people in the area are Asian/Bangladeshi and Mixed – Asian and White. The City has a relatively small Black population, less than London and England and Wales. Children and young people from minority ethnic groups account for 41.71% of all children living in the area, compared with 21.11% nationally. White British residents comprise 57.5% of the total population, followed by White – Other at 19%.

The second largest ethnic group in the resident population is Asian, which totals 12.7% - this group is fairly evenly divided between Asian/Indian at 2.9%; Asian/Bangladeshi at 3.1%; Asian/Chinese at 3.6% and Asian/Other at 2.9%. The City of London has the highest percentage of Chinese people of any local authority in London and the second highest percentage in England and Wales. The City of London has a relatively small Black population comprising 2.6% of residents. This is considerably lower than the Greater London wide percentage of 13.3% and also smaller than the percentage for England and Wales of 3.3%.

See ONS Census information or Greater London Authority projections

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below

Double click here to show borough wide statistics / hide statistics

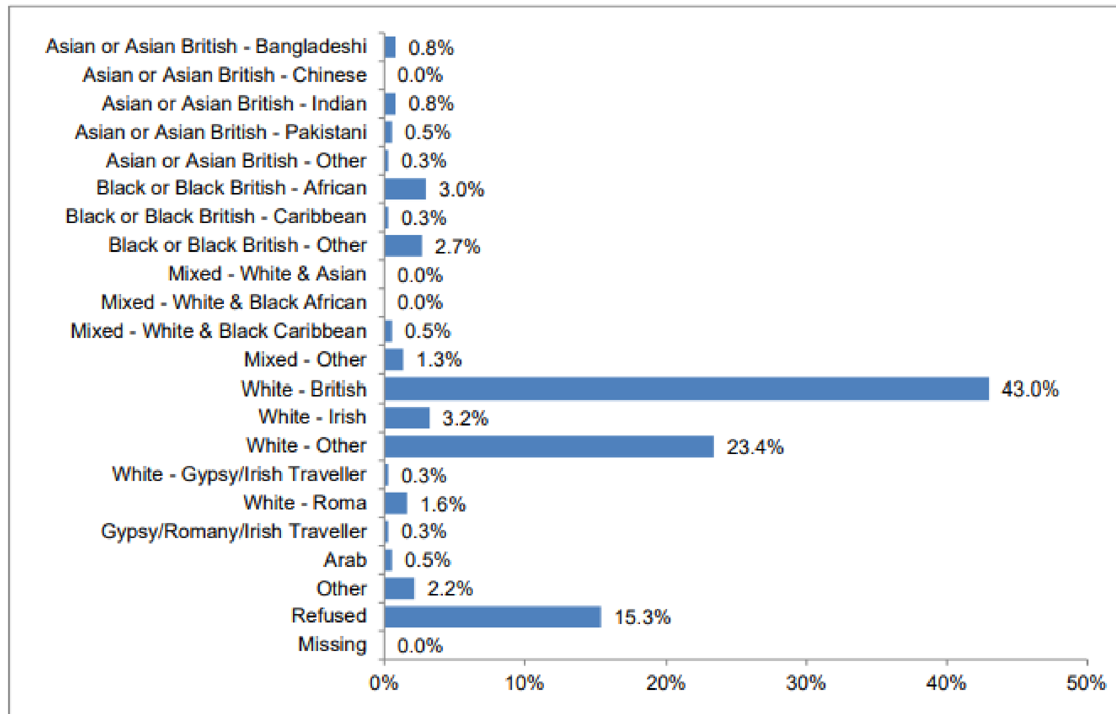
Race

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Rough Sleepers

The majority of the rough sleepers recorded in the Square mile in the 2021/22 CHAIN report where white (69% in total with the largest proportion being White British – 43%)

Race



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Statutory Homelessness

The Ethnicity of applicants to statutory relief duties follows a similar pattern to those rough sleeping. (although the data collected is less detailed). Figures from DLUHC state hat 60% of applicants for prevention or relief duty were white, 16% other ethnicities and 8% were black, Asian or multiple ethnicities respectively.

What is the proposal's impact on the equalities aims? *Look for* ***direct impact*** *but also evidence of* ***disproportionate impact*** *i.e. where a decision affects a protected group more than the general population, including* ***indirect impact***

A report from Crisis shows that there is clear evidence that ethnic minority and global majority groups are disproportionately affected by homelessness. Compounded with this is the increased likelihood for working adults from these communities to be in less affordable housing.

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

The Homelessness Strategy and on-going actions must ensure the awareness and understanding of race issues are factored in to full wrap around support – from prevention to ensuring that no one needs to return to homelessness.

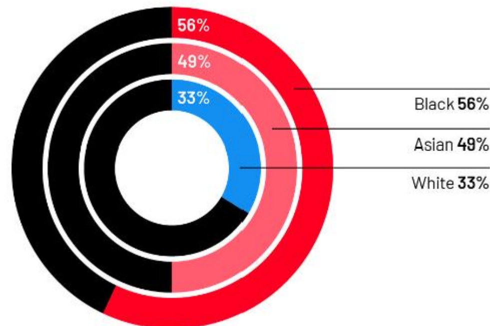
This could be done through:

Race

10% of applications for prevent and relief duty in 2020-21 were from black led applicants, which when considered that in England lack people make up 3.5% of the population indicates the disproportionality of the risks to homelessness. According to research conducted by Shelter Bangladeshi households are also twice as likely to claim housing benefits than white households. (*The fight for home is a fight against racism - Shelter England*)

The Joseph Rountree Foundation found that disparities in the labour market and inequalities, and wider discrimination, from landlords and services was disproportionately affecting global majority communities.

Anecdotal studies have found that abuse, threats and assaults as hate crimes in hostels also lead to many global majority individuals preferring to rough sleep or sofa-surf than go into hostels, and very little research has been carried out in this arena. Crisis is currently scoping research into race homelessness and housing



Immigration policies and controls also have an influence in this area, and for those with No Recourse to Public Funds (NRPF)it is even more challenging to access support. Those with NRPF are more likely to skip meals, rely on food banks and face increased debt (*Why are people of colour disproportionately impacted by the housing crisis? | Shelter*). And even research from the Joint Council for the Welfare of Immigrants (JCWI) in 2017 found that over half of landlords (51%) were less likely to consider renting to foreign nationals from outside of the EU because of the Right to Rent scheme

- Training for all front-line staff on the challenges faced by different population groups, including prejudice from the private rent market.
- Training for staff on how to support non-UK nationals, including ensuring they access the full range of support they are entitled to.
- Commissioning work into how services can tailor their support to meet the different needs of the population based on nationalities and cultural responses.

Through the national homelessness strategy, a cross-government working group has been set up around supporting non-UK nationals off the streets. There has also been a commitment of £5 million new funding to support non-UK nationals who sleep rough, with an increased focus on rough sleeping in the Controlling Migration Fund.

Race

According to Shelter's report, Shut out: The barriers low-income households face in private renting, racial prejudice within the lettings market is likely to be a factor. Private landlords are able to cherry-pick who they let to and research undertaken by Shelter shows that a high proportion (40% of those making some letting decisions) admit that it is 'natural for prejudices and stereotypes to come into letting decisions'.

The Right to Rent checks, which criminalise landlords who let to people without regularised immigration status, is likely to lead to landlords being wary of letting to anyone who they might perceive as an immigrant. This might be because of their race, name or accent, especially if they are among the 14% of English people without a passport.

Despite the population of City of London rough sleepers and statutory homeless being predominately UK nationals and white, awareness and training of the challenges facing the BAME and non-UK population are essential.

Research has also shown that a multi-agency multi-disciplinary approach is key to responding to issues raised in these communities.

Religion or Belief Double click here to add impact / Hide

Check box if NOT applicable ☐

Key borough statistics – sources include:	NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under "additional equalities data".
The ONS website has a number of data collections on religion and belief, grouped under the theme of religion and identity. Religion in England and Wales provides a summary of the Census 2011 by ward level	

Religion or Belief

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Data is not collected on the religion or belief of rough sleepers, those at risk of homelessness or those applying to the City of London for prevention or relief duties. Despite this there are faith groups that provide support for rough sleeper in the City of London

Religion or Belief

What is the proposal's impact on the equalities aims? *Look for **direct impact** but also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact***

There is little to no research available in the United Kingdom for the direct or indirect impacts of spirituality and belief on incidents or individuals. The Department of Health (2011) identifies belief and spirituality as a broader way in which individuals understand and live their lives, through their core beliefs and values (*Department of Health. 2011. Spiritual Care at the End of Life: a systematic review of the literature*.)

There are anecdotal reports that religion and belief may lead to incidents of homelessness and rough sleeping, for example where differences in family beliefs may lead to family breakdown and tensions leading to homelessness and exclusions.

Also linked to this is the Hate Crime that may be experienced by an individual through perception of faith based on race

In the USA there is wider research into religion, belief and spirituality, as is also the case in the Republic of Ireland. For Ireland research suggested that there was an identifiable need to assess the faith and spirituality of those experience homelessness and rough sleeping, particularly with older people (*Walsh K. 2013. Homelessness, Ageing and Dying*).

Some research also argues that the trauma experienced by those who are homeless and/or rough sleeping may be supported by additional spiritual support (*Hudson B, Flemming K, Shulman C, Candy B. 2016. Challenges to access and provision of palliative care for people who are homeless: a systematic review of qualitative research*). A report from Faith Action makes the recommendation that faith groups are recognised as a source of support for those suffering relationship breakdown or bereavement which may be a driver of homelessness and also identify that faith groups may be more appropriately placed to support immigration issues (*Homelessness AW.indd (faithaction.net)*),

Consideration should be made that faith groups commissioned or providing services are not excluding individuals of different faiths.

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

The Homelessness Strategy and on-going actions must ensure the awareness and understanding of faith issues are factored in to full wrap around support – from prevention to ensuring that no one needs to return to homelessness.

This could be done through:

- Consideration to training for all front-line staff on the challenges faced by different faith groups, including prejudice that may exist within the faith
- Training for staff on how to support non-UK nationals, including ensuring they access the full range of support they are entitled to.
- Commissioning work that ensures that no individual is excluded on the basis of faith.

Sex Double click here to add impact / Hide

Check box if NOT applicable ☐

Key borough statistics:
At the time of the 2011 Census the usual resident population of the City of London could be broken up into:

- 4,091 males (55.5%)
- 3,284 females (44.5%)

A number of demographics and projections for demographics can be found on the Greater London Authority website in the London DataStore. The site details statistics for the City of London and other London authorities at a ward level:

- Population projections

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under "additional equalities data".

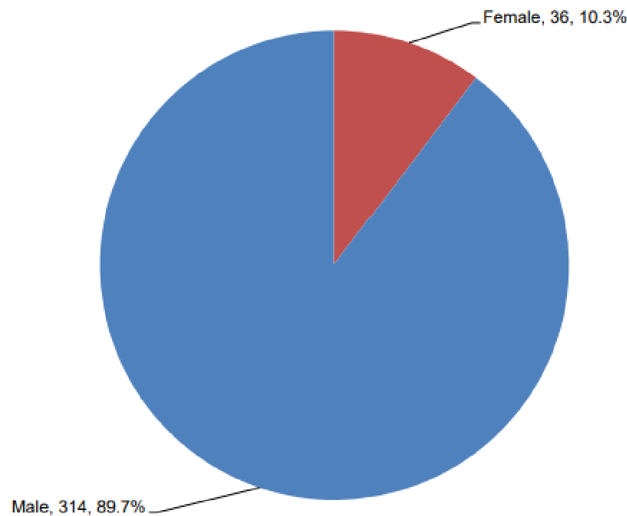
Double click here to show borough wide statistics / hide statistics

Sex

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Rough Sleepers

The 2021/22 Annual CHAIN report showed that the overwhelming majority of Rough Sleepers in the City were male- 90%. Only 10% of all recorded rough sleepers that year had been female. A spot count carried out across the City of London Identified 4 women sleeping rough.



Statutory Homelessness

Within the City of London, 60% of households owed a prevention duty were female, with 30% of those owed a relief duty being female.

Sex	
What is the proposal's impact on the equalities aims? *Look for* ***direct impact*** *but also evidence of* ***disproportionate impact*** *i.e. where a decision affects a protected group more than the general population, including* ***indirect impact***	**What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?**
2021 saw a shift in focus for many organisations to identify and create work specifically to support women who experience homelessness and rough sleeping. Especially as it is well known that women are likely to be much harder to identify. There is growing evidence that men and women experience homelessness differently, and the results of gender-neutral services can often lead to women avoiding seeking support. Women's homelessness makes up the majority of all recorded homelessness in the UK when taking into account families in temporary accommodation, sofa surfing, rough sleeping and 'hidden' forms of homelessness. Women comprise 67% of statutory homeless people, and single mothers make up two-thirds (66%) of all statutory homeless families with children (*Women's Budget Group (2018) Housing and Gender: Briefing from the UK Women's Budget Group on the gender impact of changes in housing policy since 2010. London: Women's Budget Group*) Women who are homeless are especially vulnerable to violence and experience risk differently to men, subject to stigma, sexual abuse and harassment, robbery, and severe stress, in addition to violence, with the serious impact on physical and mental health that this has, as well as on self-esteem (*Groundswell (2020) Women, homelessness and health: A peer research project. London: Grounswell*). Research from St Mungo's found that one-third of the women involved said that domestic abuse had contributed to their becoming homeless (*Hutchinson, S., Page, A. and Sample, E. (2014) Rebuilding Shattered Lives. London: St Mungo's*) Furthermore, this research found that many women experiencing homelessness are mothers, although they may not have their children with them currently due to their circumstances, and the high degree of shame and cultural judgement this carries cannot be underestimated. Homelessness is frequently viewed through the perspective of rough sleeping, yet studies have found that women will turn to sleeping on the streets as a last resort, as they would be at such risk, opting for other precarious and potentially unsafe arrangements, such as long-term sofasurfing, remaining with or returning to	Even if few, actions to support women sleeping rough in the City of London will be part of the strategy and on-going action plan. This can be done through: • Training for all front-line staff that may come into contact with females suffering from domestic abuse that need help. • Training for all outreach workers on how to best support any females found sleeping rough in the City of London. Mitigation of disadvantage among the statutory homeless can be done by ensuring that the duties under the Homelessness Reduction Act (HRA) 2017 are fully undertaken by the City Corporation. 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. Individuals will be better supported through: • A strengthened duty to provide advisory services. • An extension to the period during which an applicant considered 'threatened with homelessness' from 28 to 56 days. • New duties to assess all 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. • Strengthen understanding of VAWG and the direct and indirect impacts on women.

Sex	
dangerous partners, or sexual exploitation in exchange for accommodation (*Bretherton, J. and Maycock, P. (2021) Women's Homelessness: European Evidence Review. Brussels: FEANTSA.).* Whilst the majority of people known to the City of London Housing Team are male, this should not prevent further mitigation to ensure that individual males in need are not disadvantaged. St Martin's have produced a specific report on ending Homelessness for women in London *(Womens-Development-Unit_Womens_Homelessness_Evidence_Report.pdf (connection-at-stmartins.org.uk)*)	

Sexual Orientation and Gender Reassignment Double click here to add impact / Hide

Check box if NOT applicable ☐

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Key borough statistics – suggested sources include: • Sexual Identity in the UK – ONS 2014 • Measuring Sexual Identity – ONS	NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under "additional equalities data".

Double click here to show borough wide statistics / hide statistics

Sexual Orientation and Gender Reassignment

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Rough Sleepers
No data is collected on the sexual orientation of rough sleepers as part of the regular CHAIN reporting.

Statutory Homelessness
48%of the City of London statutory homeless population owed a duty identified as heterosexual. 24% identified as homosexual and the remaining 28% were either characterised as other or preferred not to say.

Sexual Orientation and Gender Reassignment

What is the proposal's impact on the equalities aims? *Look for **direct impact** but also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact***

Gender identity is not identified in English homelessness statistics, even though AKT's research suggests that within the LGBTQ+ community, it is trans young people who are currently suffering the most. DLUHC confirms to *Inside Housing* that local authorities are instructed to collect data on gender identity. The official question asks people to identify as "male", "female" or "transgender". But most trans people would be unlikely to tick that last option

Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer (LGBTIQ+) people's experiences of homelessness is an under-explored area of housing and homelessness studies, despite this group making up 20–40% of homeless population (*Fraser B, Pierse N, Chisholm E, Cook H. LGBTIQ+ Homelessness: A Review of the Literature. Int J Environ Res Public Health. 2019 Jul 26;16(15):2677*)

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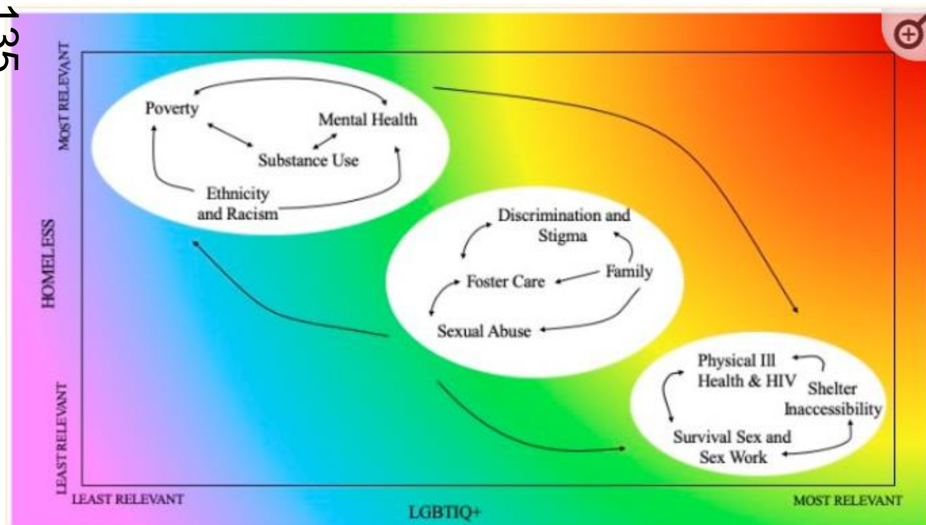
Action for children estimate that 24% of all homeless young people are LQBTQ+



Many people in the LGBTQ+ community, do not feel comfortable disclosing their sexual orientation or gender identity when rough sleeping

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

The Homelessness Strategy and on-going actions must ensure that training and awareness is incorporated across all service front line staff on how to effectively support LGBTQ+ people.
Given that it is unclear how many LGBTQ+ people are among the City of London homeless population, it is critical that all front-line staff are aware of specific LGBTQ+ services and that signposting to these services makes up part of the standard package offered.

Sexual Orientation and Gender Reassignment

LGBTIQ+ homeless people have higher rates of substance use when compared to non-LGBTIQ+ homeless people (*Van Leeuwen J.M., Boyle S., Salomonsen-Sautel S., Baker N.D., Garcia T.J., Hoffman A., Hopfer C.J. Lesbian, Gay, and Bisexual Homeless Youth: An Eight-City Public Health Perspective. Child Welfare. 2005;**85**:151–170*)

Once in a service, abuse and homophobia, biphobia and/or transphobia can be perpetrated by services themselves, which means some individuals may disengage and leave the service before they are able to start recovery. It is important for projects to understand the needs of LGBTQ+ groups so that they can tailor their provision and ensure their service remains inclusive for those who identify as LGBTQ+. It is also important not to assume that there are no LGBTQ+ services users in a particular service simply because they are not 'out' about their gender identity or sexuality. Given the lack of data across all forms of homelessness in the City of London this is of particular importance.

Young people identifying as LGBTQ+ are more likely to find themselves homeless than their non-LGBTQ+ peers, comprising of 24% of the youth homelessness population across England. Approximately 4% of individuals using services for people experiencing homelessness identify as being lesbian, gay, bisexual or transgender (LBGT). In contrast to the evidence for the general cohort of homeless individuals, young people that identify as LGBTQ+ reported that the top three reasons for their homelessness were parental rejection, abuse within the family, and aggression/violence in the family. Prior to entering homelessness services, LGBTQ+ people may have issues relating to substance misuse as well as a higher incidence of mental health needs.

While young LGBTQ+ people are generally able to move on and exit the cycle of homelessness permanently, a 2018/19 study by Shelter found that trans people are at risk of homelessness and housing precarity throughout their lifespan.56 Common themes for young trans people are becoming trapped in unsafe relationships upon which their housing is dependent and with no family to turn to, sofa surfing, and experiences of hate crime, domestic abuse and sexual exploitation. The research also indicated that trans people had an overwhelmingly negative view of mainstream services and thus were unlikely to seek out services that could support them. This was due to a perception that they would not have anything to offer them that met their needs

Marriage and Civil Partnership Double click here to add impact / Hide

Check box if NOT applicable ☐

Key borough statistics - sources include: • The 2011 Census contain data broken up by local authority, Homelessness statistics - GOV.UK (www.gov.uk) and CHAIN data	NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under "additional equalities data".

Double click here to show borough wide statistics / hide statistics

Marriage and Civil Partnership

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Rough Sleepers

No data is collected on the marital or civil partnership status of rough sleepers as part of the regular CHAIN reporting. Some commissioned service partners have reported challenges when working with couples who are homeless and being able to provide them with appropriate support and accommodation

Statutory Homelessness

DLUHC data on the status of households owed a prevention duty identifies that 40% were single male applicants, and 60% of applications owed a relief duty were also single men. No couples were owed a prevention duty and only 2 couples with dependent children were owed a relief duty

In 2016, government figures reported that relationship breakdown was responsible for 1 in every 6 cases of homelessness in England, making it the third most common cause of homelessness in the country. Over the quarter ending March 2018, a violent breakdown of a relationship involving a partner accounted for 12% of homelessness across England and non-violent breakdown of a relationship with a partner accounted for 6% of homelessness- totalling at 18% of the overall homelessness figure.

What is the proposal's impact on the equalities aims? *Look for* ***direct impact*** *but also evidence of* ***disproportionate impact*** *i.e. where a decision affects a protected group more than the general population, including* ***indirect impact***

Rough Sleeping

Rough sleeping couples have become a familiar sight on the streets of many English towns and cities. The BWC report shows that most of these relationships develop among those already homeless, fuelled by a belief among highly vulnerable women that they are safer on the street in a couple, even where a relationship might be controlling, abusive or harmful. (*Brighton Women's Centre, Couples first? Understanding the needs of rough sleeping couples, October 2018*)

Fewer than 10% of services in England will accept couples together, meaning that the couple may choose not to access support at all rather than be housed separately (*St Mungo's (2020) Homeless Couples and Relationships Toolkit. London: St Mungo's*)

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

The Homelessness strategy and on-going action will support those who are impacted negatively by not being married or in a civil partnership due to the increase in duties through the HRA 2017. 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. Individuals will be better supported through:

- A strengthened duty to provide advisory services.
- An extension to the period during which an applicant considered 'threatened with homelessness' from 28 to 56 days.
- New duties to assess all applicants **(now including those who are not in priority need)** and to take reasonable steps to prevent and relieve homelessness.

Marriage and Civil Partnership

In addition much of the support available to women experiencing homelessness who are in an abusive relationship does not take into account the complexities of street-based relationships and instead are focused on her leaving the perpetrator, rather than tackling the other issues she may face. For example, MARACs (Multi-Agency Risk Assessment Conferences), focus on a victim of abuse leaving their partner. Yet it can be extremely challenging for her to leave an abusive partner when homeless and may not even be desirable for her.

The existing research on homeless couples has highlighted the need to identify and celebrate more positive relationships using a strengths-based approach in an appropriate and safe way, despite the assumptions and fear that there is domestic abuse occurring in homeless peoples relationships, or that a couple refusing to be seen separately is a sign of controlling and coercive behaviours.

Statutory homelessness

The law on the housing rights of separating couples is complicated. It is based on a mix of housing and family law. It is important to seek advice as every case is different and this can mean that relationship breakdowns account for a high number of people approaching local authorities for help. If the couple were never married or in a civil partnership the options available become more limited.

According to a report by HomelessLink (*Exploring_Womens_Homelessness_Final_VA_-_Copy.docx*) Statutory homelessness is more gender-balanced. Part 7 of the Housing Act 1996 (alongside subsequent amendments) assigns priority need to households with dependent children. As a result, statutory homelessness is made up of a large number of families most of which include a woman or are female-headed households. Agenda reported that 56% of statutorily homeless households in 2019 were women with dependent children or lone women (*Agenda (2020) Women and girls who are homeless https://weareagenda.org/wp-content/ uploads/2020/04/Women-and-girls-who-are-homeless_2020-Agenda-Briefing-2.pdf*). In 2021-22, families with children represented 62.5% of households owed a main housing duty as well as 38% of those owed a prevention duty (*MHCLG (2021) Statutory homelessness Annual Report,England 2020-2021. https://www.gov.uk/government/statistics/statutory-homelessness-in-england-financial-year-2020-2*). Despite sharing information on

- These steps will be set out in a personalised housing plan that, wherever possible, must be agreed between the local authority and the applicant.

However, an outcome of the strategy and on-going actions is to better the prevention package on offer to those who may find themselves homeless. Therefore, it may be necessary to investigate what services the City has on offer to couples, both married and in civil partnerships, that may be dealing with a relationship breakdown. This would also need to be extended to what services are offered people fleeing violent relationships (whether married or in a civil partnership).

Though there may be few couples sleeping rough in the City of London it will be part of the strategy and on-going action plan to support these people through:

- Training for all front-line staff that may come into contact with couples sleeping rough. Such training should include being able to support couples into accommodation should they wish to stay together and also being able to identify whether there is any abuse.
- Ensuring the rough sleeping services commissioned by the City of London are supportive of couples that wish to remain together in seeking accommodation.

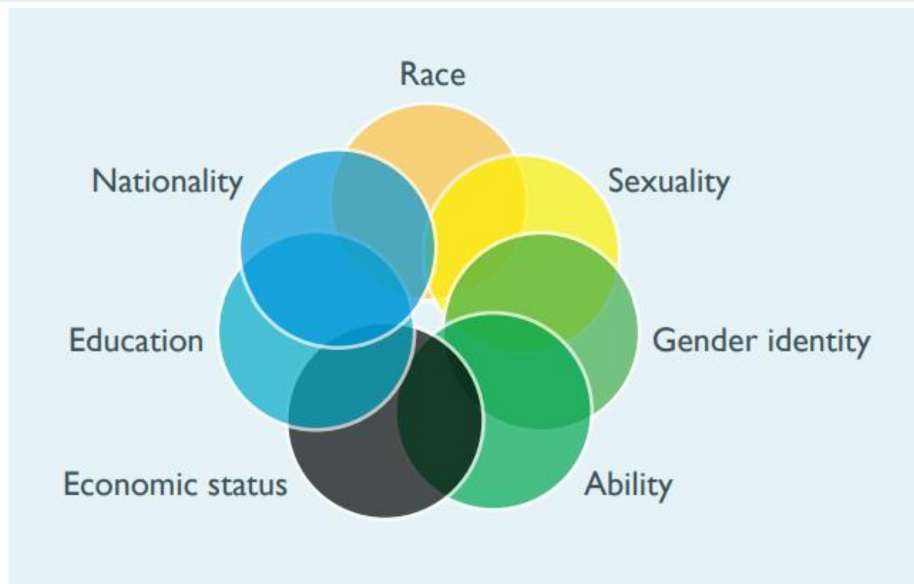
Marriage and Civil Partnership	
ethnicity and disability, there is no breakdown of households with children by sex in statutory homelessness statistical releases Domestic abuse services such as refuges are often left out of homelessness statistics but are almost exclusively for adult women and their children. This form of homelessness is therefore often missing from discussions on homelessness (*Bretherton, J. (2017) Reconsidering Gender in Homelessness, European Journal of Homelessness (11) pp 1-2*) St Mungo's have developed a specific toolkit for working with couples, supported by the City of London Corporation and other local authorities - StMungos_Homeless_Couples_Toolkit.pdf	

Intersectionality Double click here to add impact / Hide

Check box if NOT applicable ☐

Intersectionality	
Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*	
What is the proposal's impact on the equalities aims? *Look for **direct impact** but also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact*** Intersectionality of equality should also be considered, as most individuals do not only fall within one protected characteristic. Viewing homelessness through an intersectional lens needs to occur at all levels, throughout every stage of someone's journey, from data disaggregation and co-production to ensuring a service is truly accessible to all, with policies in place to reduce barriers to access – whether those are physical barriers, language barriers, or by making someone feel unwelcome or unrepresented	**What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?**

Intersectionality



Page 140

65% of LGBTQ+ homeless young people supported by Akt were also people of colour. And research by this organisation also found that a third of LGBTQ+ young people of colour facing homelessness were not aware of any support available to them, compared with 21% of white LGBTQ+

For LGBTIQ+ ethnic minorities, the intersection of minority identities increases the odds of adverse experiences through the greater likelihood they will also suffer poverty, discrimination, and victimisation (*Page M. Forgotten Youth: Homeless LGBT Youth of Color and the Runaway and Homeless Youth Act. Northwest. J. Law Soc. Policy. 2017;**12**:17–45*)

One study on the experiences of Black and minoritised women fleeing abuse in London found that they experienced cycles of victimisation when they tried to seek support and safe accommodation, and discrimination based on their race, immigration status, language skills, class and disability (*Lopes Heimer, R. (2019) A roof, not a home: The housing experiences of Black and minoritised women survivors of gender-based violence in London. London: Latin American Women's Aid*)

Male violence and abuse is an almost universal experience among women experiencing homelessness, either as a direct cause or result of homelessness, and

Intersectionality	
there is strong evidence for a considerable connection between experiences of abuse and mental ill-health either as a result of the abuse, or a result of it, leading to increased vulnerability, and potentially further abuse. Migrant women may also face further vulnerabilities due to insecure immigration status, language barriers or unfamiliarity with UK systems	

Additional Impacts on Advancing Equality & Fostering Good Relations Double click here to add impact / Hide Check box if NOT applicable ☐

This section seeks to identify what additional steps can be taken to promote these aims or to mitigate any adverse impact. Analysis should be based on the data you have collected above for the protected characteristics covered by these aims.
In addition to the sources of information highlighted above – you may also want to consider using:

- Equality monitoring data in relation to take-up and satisfaction of the service
- Equality related employment data where relevant
- Generic or targeted consultation results or research that is available locally, London-wide or nationally
- Complaints and feedback from different groups.

Conclusion and Reporting Guidance

Set out your conclusions below using the EA of the protected characteristics and submit to your Director for approval.

If you have identified any negative impacts, please attach your action plan to the EA which addresses any negative impacts identified when submitting for approval.

If you have identified any positive impacts for any equality groups, please explain how these are in line with the equality aims.

Review your EA and action plan as necessary through the development and at the end of your proposal/project and beyond.

Retain your EA as it may be requested by Members or as an FOI request. As a minimum, refer to any completed EA in background papers on reports, but also include any appropriate references to the EA in the body of the report or as an appendix.

This analysis has concluded that…

The analysis has indicated that the Homelessness Strategy 2023-27 will have a positive impact on vulnerable groups, such as single males without dependants threatened with homelessness, due to the new duties under the Homelessness Reduction Act 2017.

The analysis has highlighted that professionals and other front-line staff across health, housing, homelessness and rough sleeping need to understand that age, disability, race, sex, sexual orientation, marital status and intersectionality can all add challenges and nuances to accessing and accepting support services. Following the approval of the Homelessness Strategy 2023-27 an action plan will be developed that takes into consideration equality impact issues throughout. This will be supported by an Implementation Group that will provide scrutiny through the role of the Equalities Manager.

Outcome of analysis - check the one that applies

☐ Outcome 1

No change required where the assessment has not identified any potential for discrimination or adverse impact and all opportunities to advance equality have been taken.

☑ Outcome 2

Adjustments to remove barriers identified by the assessment or to better advance equality. Are you satisfied that the proposed adjustments will remove the barriers identified?

☐ Outcome 3

Continue despite having identified some potential adverse impacts or missed opportunities to advance equality. In this case, the justification should be included in the assessment and should in line with the duty have 'due regard'. For the most important relevant policies, compelling reasons will be needed. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact.

☐ Outcome 4

Stop and rethink when an assessment shows actual or potential unlawful discrimination.

Signed off by Director: Clare Chamberlain, Interim Director		**Name:**	**Scott Myers, Strategy & Projects Officer**	**Date:**	17/04/23

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Agenda Item 8

Committee(s): Health and Wellbeing Board – For comment	Dated: 24 November 2023
Subject: Introduction to CoL Homeless Health Work	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1, 2, 3, 4, 9, 10
Does this proposal require extra revenue and/or capital spending?	**N**
If so, how much?	**N/A**
What is the source of Funding?	**N/A**
Has this Funding Source been agreed with the Chamberlain's Department?	**N/A**
Report of: Judith Finlay, Executive Director of Community and Children's Services	**For Information**
Report author: Nana Choak, DCCS	

Summary

The report provides Members with an introduction to the Homelessness Health Workplan, a summary of progress to date, and a brief mention of upcoming actions.

The City of London homelessness health workplan has been developed to coordinate short- and medium-term interventions to address health inequalities for people experiencing homelessness in the Square Mile and increase the stakeholders' understanding of the geographical specificity of the City in the context of health disparities. These interventions are laid out in the workplan summary page (appendix 1). The priorities and activity areas are designed to meet the specific local context and National Institute for Health and Care Excellence (NICE) guidelines on tackling health inequalities. The workplan focuses on developing specialist primary care provision, broadening our partnership work, embedding lived experience in service design and delivery.

Recommendation(s)

Members are asked to:

- Note the report.

Main Report

Background

1. In November 2022, the City of London created a new post to focus our work on the health inequalities experienced by rough sleepers and those in

immediate housing crisis. The Homeless Health Coordinator role is only funded until 31 March 2025 by the Department for Levelling Up, Housing and Communities (DLUHC) Rough Sleeping Initiative (RSI) grant funding.

2. The Homeless Health Workplan links directly to the Homelessness and Rough Sleeping Strategy 2023-27 through the Service Development plans; it reports regularly at the Rough Sleeping Strategic Group and twice yearly at the Homeless and Rough Sleeping Subcommittee.

3. The Homelessness Health Coordinator does not work at a service delivery level, it is a system approach to coordinating and integrating healthcare into all homelessness services in the Square Mile, statutory and commissioned.

4. We work on behalf of vulnerable, socially and healthcare excluded people.

5. Mental Health is the most prevalent support need, 10% higher than the London average. Those with multiple support needs from alcohol, drugs and mental health represent 51% of all rough sleepers – which is the same figure as 2021/22 and is 16% higher than the London average.

6. The physical health needs of people experiencing homelessness are shown in the Homeless Health Needs Audit*, developed by Homeless Link and administered by homelessness service providers to people living in supported accommodation, emergency accommodation, and rough sleeping, with 522 usable responses.

    - 63% of respondents reported that they had a long-term illness, disability or infirmity, compared to 22% within the general population.
    - 78% (408) of respondents reported having a physical health condition.
    - 80% of those with a physical health problem have more than one such condition, with 29% having between 5-10 diagnoses.

7. The mean age of death for people experiencing homelessness across UK, in 2021 (the most recent data) was 45.4 for men and 43.2 for women. For the same year, the highest rate of deaths in homeless client group was seen amongst men between 45 and 49 years old. In women, 40 – 44 age group had the highest number of deaths.

8. A study** conducted in 2020 in a supported hostel in London, found high prevalence of frailty and geriatric conditions, similar to the levels found in care homes for older people, where frailty scores for participants with an average age of 56 were comparable to those of 89-year-olds in general population.

9. Frailty is defined by weakness, slow walking, weight loss (unintentional), fatigue, low physical activity; geriatric conditions include cognitive impairment, urinary incontinence, falls, risk of fractures, hypotension, visual impairment, low grip strength, mobility impairment, etc.

*Unhealthy state of homelessness 2022, Unhealthy State of Homelessness 2022: Findings from the Homeless Health Needs Audit | Homeless Link

** Rogans-Watson, R., Shulman, C., Lewer, D., Armstrong, M. and Hudson, B. (2020), "Premature frailty, geriatric conditions and multimorbidity among people experiencing homelessness: a cross-sectional observational study in a London hostel", *Housing, Care and Support*, Vol. 23 No. 3/4, pp. 77-91. https://doi.org/10.1108/HCS-05-2020-0007

Current Position

10. This report is structured thematically, addressing work currently ongoing and future actions.

11. Since 15th February 2023 a mobile primary care clinic has been deployed in the Square Mile to address some of the health inequalities people experiencing homelessness are facing; the deployment is coordinated by City of London and jointly delivered by NHS East London Foundation Trust (ELFT) via Greenhouse surgery, Turning Point (substance misuse), and City and Hackney Public Health via the Community Wellbeing Team, with the invaluable support of Thames Reach outreach workers and Groundswell peer workers.

12. The flu and Covid-19 vaccination programme has been jointly planned in an effective and timely way by City of London and City and Hackney Public Health, and this year it includes a walk-in vaccination opportunity from a local pharmacy and an outreach component for increased accessibility and uptake.

13. As part of the London-wide women's census, City of London have planned and coordinated an additional wellbeing event, specifically aimed at women experiencing homelessness, known or unknown to services in the City. The Homelessness Health Coordinator supported the action with coordinating the delivery of health and wellness services, including a hairdresser, massage therapist, GP, nurse practitioner, and services for women involved in prostitution.

14. To capture the real impact of homelessness on individuals and to inform any future interventions, we have reviewed the Common Assessment Tool (CAT) to include the individuals' self-assessed/reported health and wellbeing (using quality of life as an indicator) and the emerging evidence of early onset frailty.

15. This tool is compliant with housing legislation, and it is used by all homelessness statutory and commissioned services in City.

16. One of the swift and practical approaches to address health inequalities involved setting up a clinical in-reach service in Grage Rd hostel; the service is run by a specialist inclusion health nurse, and it is delivering onsite health consultations, vaccinations, and referrals to secondary services for further support.

17. We have conducted a survey, aimed at stakeholders in the City of London's homelessness and rough sleeping partnership, to better inform our collaboration and further possible health-focussed interventions. Responses showed that our stakeholders are aware of the work that CoL is undertaking around homelessness health, and they feel included in discussion and the

decision-making process. Additional suggestions support the provision of a drop in hub that is accessible and local to people experiencing homelessness in the Square Mile, as well as peer led outreach provision.

18. We are embedding coproduction in the health work and to this effect we have set health specific performance indicators for the newly commissioned coproduction service. Furthermore, we conducted a service users' survey, with questions coproduced with residents from one of the City's supported hostels, with the main objective of amplifying the voice of the experts by experience.

Next steps

- Design and deliver clinical in-reach into the Rough Sleeping Assessment Centre and coordinate stakeholders to provide wrap-around wellbeing opportunities.
- Integration of adult social care and homelessness health work to better serve people facing multiple and complex needs.
- Build on existing training and learning opportunities for frontline staff to increase knowledge and skills in inclusion health.
- Evaluate efficacy of existing primary health care provision for people experiencing homelessness and explore alternative models of practice.
- Develop a business case to pilot new specialist primary care provision based in the Square Mile.

Options

19. There are no options arising from this paper

Proposals

20. There are no proposals arising from this paper

Key Data

None

Corporate & Strategic Implications

Strategic implications – none

Financial implications - none

Resource implications - none

Legal implications - none

Risk implications - none

Equalities implications – none

Climate implications - none

Security implications - none

Conclusion

21. In conclusion, the primary aim of the Homeless Health Coordinator and the Homeless Health Workplan is *'to permanently eliminate health inequalities for rough sleepers and other groups vulnerable to homelessness.'*

22. The interventions listed above and the priorities catalogued in the work plan (appendix 1) are set to increase the focus on homelessness health, support more accurate data collection, so that we are building a more realistic picture of the health and wellbeing needs of the people as they experience them, as well as collating and using evidence to inform further interventions.

23. Progress has been made on:

    - the delivery of the mobile delivery of health care.
    - on the vaccination programme, delivered both ad hoc as well as a targeted outreach model.
    - embedding coproduction in the design and delivery of health work
    - supporting the gender informed work the homelessness services are undertaking by delivering a women specific health and wellbeing hub
    - actively involving relevant stakeholders in homelessness health work.

24. Other interventions are needed to effectively address health disparities for people experiencing homelessness and the first priority is piloting a localised specialist service.

Appendices

- Appendix 1 – Homelessness Health Work Plan Summary Page

Georgiana (Nana) Choak
Homelessness Health Coordinator
Department for Community and Children's Services
T: 07849700987
E: georgiana.choak@cityoflondon.gov.uk

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City of London Homeless Health Work Programme

Owner: **Nana Choak - City of London Homeless Health Coordinator**
SMT Lead: **Will Norman - Head of Homelessness Prevention and Rough Sleeping**

Aim: ***"To permanently eliminate health inequalities for rough sleepers and other groups vulnerable to homelessness"***

Links to: **City of London Homelessness & Rough Sleeping Strategy 2023-27**
City of London Health & Wellbeing Strategy

Priorities

1	Developing the Primary Care offer
2	Improved collaboration with health and related partners
3	Use of data to inform and influence stategic planning
4	Bring the voice of lived experience into strategic decision making
5	Better access to an extended healthcare offer

Work Plan Overview and Action Areas

Priority 1	Activity areas	Primary Care
	1.1	Pilot ELFT led clinical van in City
	1.2	Collect learning from DoTW, Driving for Change and ELFT Van and evaluate
	1.3	Create business case for targeted Primary Care delivery in CoL
	1.4	Coordination of seasonal flu and Covid-19 vaccination efforts
	1.5	Support with development of clinical inreach provision for CoL comissioned supported accommodation and assessment centre

Priority 2	Activity areas	Collaboration
	2.1	Establish hospital discharge pathway protocol
	2.2	Maximise health sector engagement with multi-agency meetings
	2.3	Use existing research to establish a theoretical basis for inclusion health
	2.4	Meet partners and establish regular meeting attendance
	2.5	Conduct needs survey - stakeholders
	2.6	Maximise People department colaboration

Priority 3	Activity areas	Using Data
	3.1	Establish data/information sharing agreements with health partners
	3.2	Use health data sets to build business cases to influence stretegic planning
	3.3	Create trend data to demonstrate impact/needs/gaps
	3.4	Improve level of cultural competence in health related work
	3.5	Build on current outreach recording of health needs practice

Priority 4	Activity areas	Integrating Lived Experience
	4.1	Embed coproduction in health work plan
	4.2	Embed coproduction in service delivery
	4.3	Increase peer led contributions to health related work

Priority 5	Activity areas	Better Access
	5.1	Integrate eye care, podiatry, smoking cessation, and dental care in healthcare provision
	5.2	Develop relationships with local pharmacies and integrate 'pharmacy first' model in healthcare provision in CoL
	5.3	Create opportunities for clients to benefit from holistic care and general wellbeing
	5.4	Map out local and neighbouring clinical services and health related provision; disseminate with service users

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Committee(s): Health and Wellbeing Board - for discussion	Dated: 24.11.2023
Subject: Climate & health - opportunities for collaboration	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	2, 3, 11, 12
Does this proposal require extra revenue and/or capital spending?	**N**
Report of: Dr Sandra Husbands, Director of Public Health	**For discussion**
Report authors: Jayne Taylor (Consultant in Public Health) Tim Munday (Lead Environmental Resilience Officer) Rebecca Waters (Deputy Programme Manager Net Zero & Anchor Organisations, North East London Health and Care Partnership)	

Summary

This report summarises a more detailed presentation (Appendix 1) which sets out:
- why climate change is an important public health issue, and the health co-benefits of mitigation and adaptation strategies
- an overview of the Corporation's Climate Action Strategy
- an overview of work being led under the North East London Health and Care Partnership Green Plan
- opportunities for (further) local collaboration to achieve shared aims.

Recommendation(s)

Members are asked to:
- note the report
- advise on areas for (further) collaboration to maximise the collective impact of local action on climate change to protect and improve population health (and reduce health inequalities) in the City of London.

Main Report

Background

1. Climate change has been described as the biggest public health crisis of our generation. We are already seeing evidence of this with unprecedented heatwaves, droughts, wildfires, floods and pollution of UK coastal waters from storm overflows. While it is difficult to reliably measure the specific health impacts of climate change, we do know that the effects are wide-ranging and (without positive remedial action) will have the greatest impact on already vulnerable residents and communities, and create additional pressure on health and care services.

2. Taking carefully planned action on climate change has many potential benefits for population health, over and above protecting people from harm.

Current Position

3. The presentation appended to this overview paper provides more detail on the impacts of climate change on population health - both the *direct* effects of weather events (such as flood damage and heat stress) and *indirect* effects mediated by natural systems (such as allergens and increased water/air pollution) and social systems (such as food supply, mental stress, health and care facilities).
4. These health impacts include harms to the respiratory, cardiovascular and respiratory systems; increases in skin cancer; adverse pregnancy outcomes; and wide-ranging implications for mental health. Those most at risk are the people and places that are less able to adapt, with the impacts most concentrated among economically and socially marginalised groups.
5. There is much we can do to reduce the negative health effects of climate change. Action is needed at international, national, regional and local level. Local action is being progressed through the City of London Corporation's Climate Action Strategy and the NHS North East London Integrated Care System (ICS) Green Plan.

Proposals

6. While the risks to population health of climate change are far-reaching, there are significant opportunities for climate action to benefit human health, via evidenced, coordinated and equitable strategies across multiple sectors/partners.
7. The Corporation's Climate Action Strategy sets out how the organisation will achieve 'net zero' and build climate resilience in its buildings, public spaces and infrastructure. At the same time, NHS North East London Integrated Care System (ICS) Green Plan seeks to create a greener NHS by reducing its carbon footprint by 80%. There are common objectives contained within these plans and both have potential to have a significant positive impact on protecting the public's health from the worst effects of climate change, and to create positive health co-benefits more generally.
8. Organisations represented on the Health and Wellbeing Board have significant power to protect and improve population health through their individual green/climate action plans. Through closer collaboration, there is an opportunity to maximise the collective impact of our local climate action to protect and improve population health (and reduce health inequalities) in the Square Mile. The Health and Wellbeing Board is in a unique position to influence partnership action to achieve this.

Corporate & Strategic Implications

Strategic implications

Climate action contributes to a number of the Corporations aims and priorities:

- contribute to a flourishing society - alleviate fuel poverty, protect health and wellbeing

- support a thriving economy - promote a world class financial centre, mitigate future costs, efficient job creation
- shape outstanding environments - improve air quality, conserve and enhance open spaces and biodiversity.

Financial implications

None

Resource implications

None

Legal implications

None

Risk implications

Risk to reputation if collaboration with the Integrated Care System is inhibited.

Risk to life if climate change is allowed to happen without system transformation, adaptation and mitigated.

Equalities implications

The presentation in Appendix I highlights the fact that the impacts of climate change are not experienced equally, with already disadvantaged and vulnerable communities (including those with protected characteristics) bearing the greatest impact, thus further exacerbating inequalities. In developing and implementing local climate action plans, the concept of 'climate justice' is key to ensure that everyone has the ability to prepare for, respond to and recover from the impacts of climate change.

Climate implications

The primary focus of this report is collaborative action to achieve health and climate co-benefits and achieve climate justice.

Security implications

Climate change brings with it a risk to energy security and increases food scarcity.

Conclusion

9. Climate change has far-reaching implications for the public's health and, without strong remedial action, will lead to a significant widening of pre-existing health inequalities.
10. There are untapped opportunities for local collaboration to protect the public's health from the worst effects of climate change, and for action on climate change to create positive health co-benefits for local people. Members of the Health and Wellbeing Board are well-placed to participate in and influence stronger partnership working to leverage these opportunities.

Appendices

- Appendix 1 – Climate action and health: opportunities for collaboration (presentation to the Health and Wellbeing Board)

Jayne Taylor, Consultant in Public Health

T: 020 8356 7885
E: jayne.taylor@hackney.gov.uk

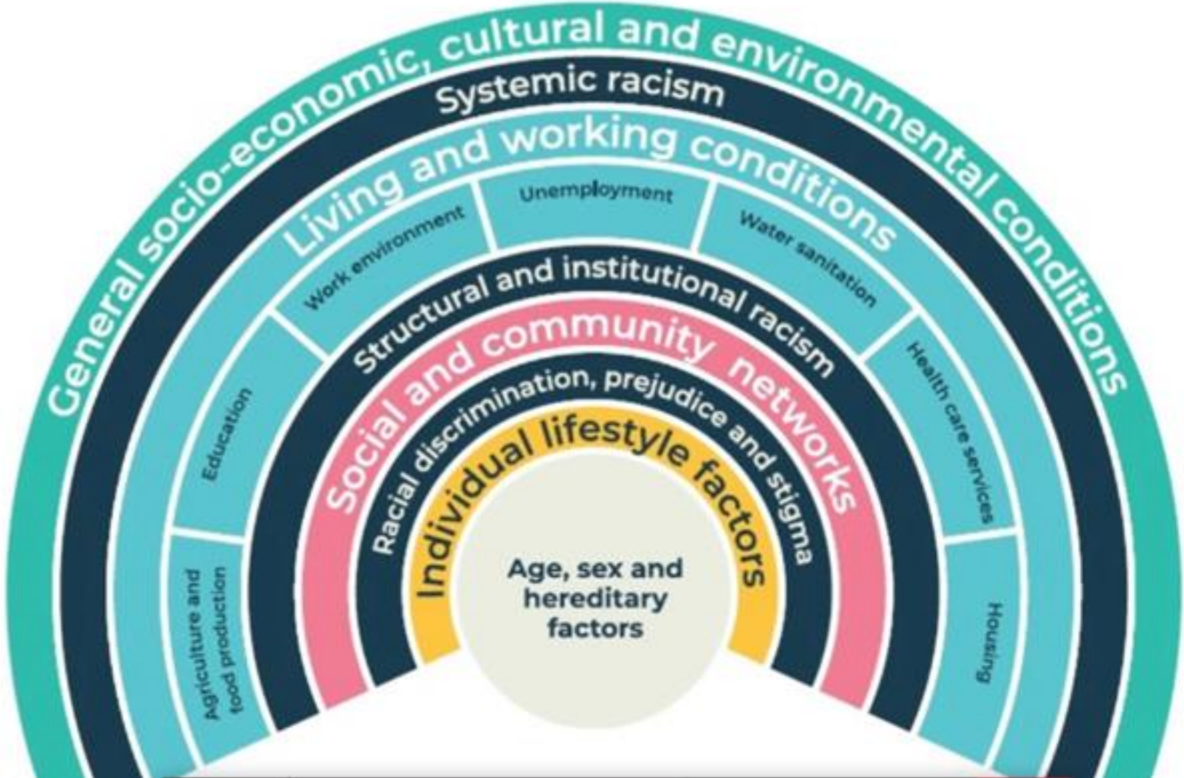
Climate action and health: opportunities for collaboration

City of London Health and Wellbeing Board 24 Nov 2023

OUTLINE OF THIS SESSION

1.	Context - climate and health a. Impacts of the climate crisis on population health b. Climate action and health co-benefits	Jayne Taylor, Consultant in Public Health (City & Hackney Public Health Team)
2.	Local action on climate change a. City of London Climate Action Strategy - update b. NHS NEL Sustainability Plans - update	Tim Munday, Lead Environmental Resilience Officer (City of London Corporation) Rebecca Waters, Deputy Programme Manager Net Zero & Anchor Organisations (North East London Health & Care Partnership)
3.	Opportunities for (further) local collaboration	All

DRIVERS OF POPULATION HEALTH (a reminder)



Adapted from Dahlgren & Whitehead (1991)

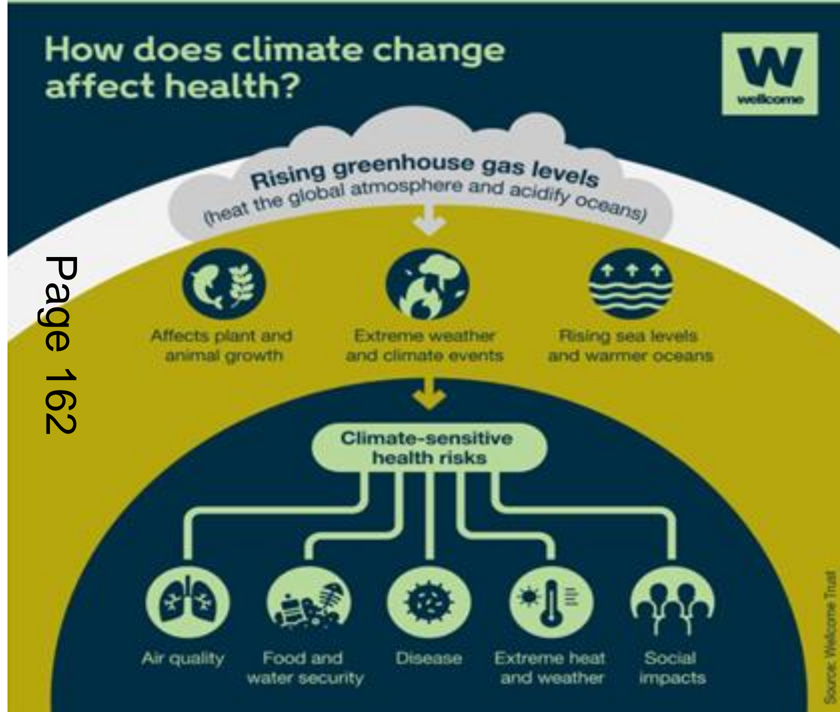
DEFINING CLIMATE CHANGE

“A change in the state of the climate that can be identified by changes in the mean and/or the variability of its properties, and that persists for an extended period, typically decades or longer”

(Intergovernmental Panel on Climate Change)

1a. IMPACTS OF THE CLIMATE CRISIS ON POPULATION HEALTH

HOW DOES THE CLIMATE CRISIS AFFECT HEALTH?



Direct effects of extreme weather events (e.g. flood damage, storm vulnerability, heat stress)

Indirect effects:

- Mediated by natural systems (e.g. allergens, changing distribution of disease vectors, increased water/air pollution)
- Mediated by social systems (e.g. food production/distribution, mental stress, violence or mass refugee flows, health and care facilities/systems)

AIR QUALITY

- Increase in allergens, harmful pollutants, and extended pollen seasons = more frequent & severe allergic reactions or asthma episodes
- More/larger wildfires = reduced air quality and increased smoke exposure = increase in respiratory & cardiovascular admissions
- Burning fossil fuels increases air pollution (as well as climate change) = chronic heart and lung conditions linked to prolonged exposure

FOOD & WATER

- Rising temperatures boost evaporation and affect rainfall patterns - implications for water supply + affects conditions for crop and livestock farming
- Loss of food production increases risk of undernutrition and consequent disease/deaths
- Warmer climates an ideal environment for food and water-borne diseases (including diarrhoeal illness) to thrive

EXTREME HEAT & WEATHER EVENTS

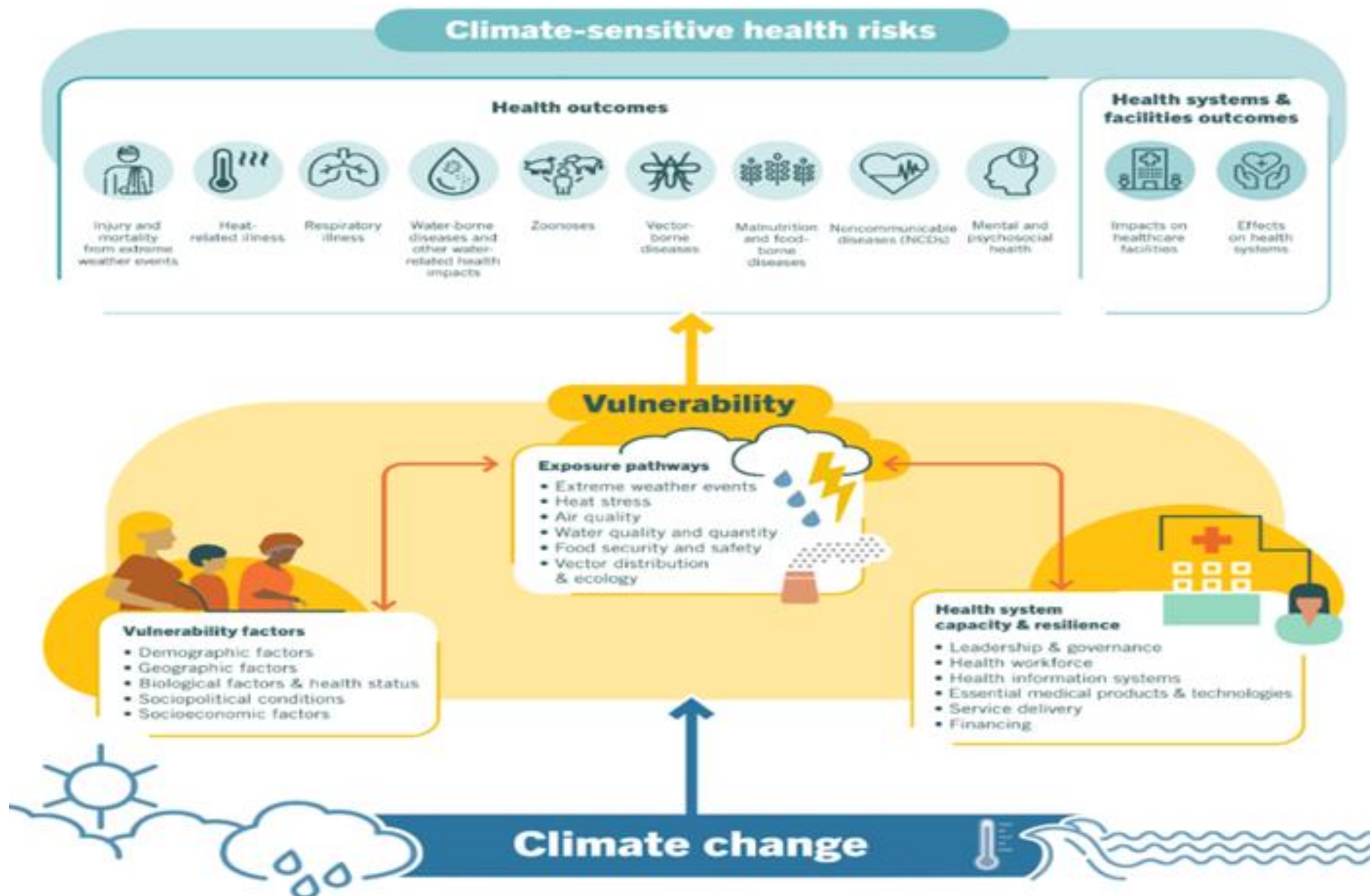
- Increasing severity and frequency of droughts, floods and heatwaves
- Increase in heat-related illness and death (maybe offset by reduction in cold-related deaths) *3,271 heatwave related excess deaths in England & Wales in 2022*
- Increase in skin cancer set to continue - *malignant melanoma ↑78% among males/48% among females 2003-2012*
- Growing evidence of extreme heat risks to maternal and neonatal health, mental health and non-communicable diseases (such as diabetes and asthma)
- Flood-related injury, infection and displacement - significant and lasting mental health impacts *1 in 6 properties in England at risk of flooding (2015)*

VECTOR-BORNE DISEASE

- Climate, temperature, precipitation and humidity all affect the lifecycle of disease vectors and infectious agents they carry
- Newly emerging diseases in tropical regions = global health risk
- Increased reporting of *ixodes ricinus* (sheep/deer tick) in Europe - a vector of Lyme disease
- Climate modelling suggests mosquitos could become established in the UK with associated risks of dengue virus, malaria etc (already appearing in Southern Europe)

OTHER SOCIAL IMPACTS

- Increasing temperatures adversely affect occupational health (especially for outdoor workers) and economic productivity
- Business and school closures, transport disruption and health system impact from extreme weather events
- Droughts and damage to ecosystems are significant drivers for population migration and conflict



Source: The health argument for climate action, COP26 Special Report (WHO, 2021)

HEALTH IMPACTS OF CLIMATE CHANGE

SKIN HEALTH

Climate change have likely contributed to increasing incidence of **cutaneous malignancy** globally and will continue to enforce a negative on influence **skin cancer incidence** for many decades to come.

MENTAL HEALTH

Climate change-related events elevate rates of anxiety and mood disorders, acute stress reactions and post-traumatic stress disorders, sleep disruption, suicide and suicidal ideation, as well as a decreased sense of self and identity from loss of place and grief reactions

RESPIRATORY HEALTH

There is a direct and indirect impact of climate change on **respiratory diseases** and there is also synergistic effects of heat, air pollution, and aeroallergens that cause **excess mortality and hospital admissions** for allergic respiratory diseases e.g. asthma, rhinitis, hay fever) and those with chronic respiratory diseases like COPD

CARDIOVASCULAR HEALTH

Short-term exposures to air pollution over a few days increases the risk for a variety of acute cardiovascular events (e.g., myocardial infarctions, heart failure exacerbations, and strokes) and living in more polluted regions over several years **increases cardiovascular morbidity and mortality** by an even larger degree

PREGNANCY OUTCOMES

Air pollution is linked with an increased risk of **low birth weight** and **preterm birth.** In 2019, it was estimated that **476,000 infants died** in their first month of life from health effects **associated with air pollution exposure.**

GASTROINTESTINAL HEALTH

Global climate change is expected to affect **waterborne enteric diseases**, including diarrhoea-associated diseases, which is one of the primary causes of morbidity and mortality globally

Source: Rapid evidence review of the health impacts of climate change (London Climate & Health Network, summer 2022)

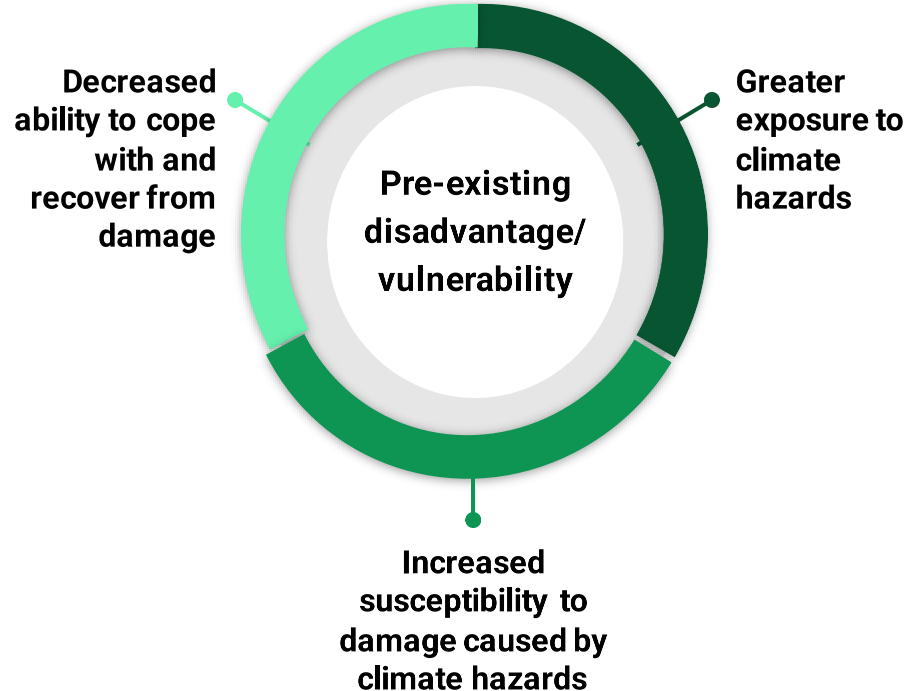
CLIMATE JUSTICE

Many of these health problems are not new, but they are unequally distributed and are made worse by climate change.

The climate crisis will continue to affect different people and places differently, creating and widening inequalities within and across nations, and between current and future generations - so creating injustice.

Climate justice means *ensuring that collectively and individually we have the ability to prepare for, respond to and recover from climate change impacts – and the policies to mitigate or adapt to them – by considering existing vulnerabilities, resources and capabilities.*[1]

[1] Banks. N et al (2014) *Climate change and social justice: An evidence review*. JRF, York.



SOCIAL VULNERABILITIES TO CLIMATE CHANGE

SOCIAL VULNERABILITY

Personal (e.g. age and health) - affect susceptibility to climate impacts

Environmental (e.g. availability of green space, quality of housing stock or elevation of buildings) - influence exposure to climate hazards

Social and institutional (e.g. income, social networks and cohesion, institutional practices in care homes etc) - affect ability to adapt

HIGHER RISK GROUPS

Older people, the very young and people in poor health - greater physical susceptibility

People living in neighbourhoods at increased exposure to climate impacts like floods and heatwaves

People living in particular types of housing (e.g. flooding risk in basements, heat stress risks in high rise blocks)

People on low incomes/living in socially deprived circumstances - limited resources to prepare for, respond to, and recover

Source: Adapted from Climate Just

1b. CLIMATE ACTION AND HEALTH CO-BENEFITS

CLIMATE CHANGE MITIGATION AND ADAPTATION

MITIGATION

Transitioning from reliance on fossil fuels to use of clean, renewable energy - **action to make the impact of climate change less severe**

Reduce greenhouse gas emissions from:

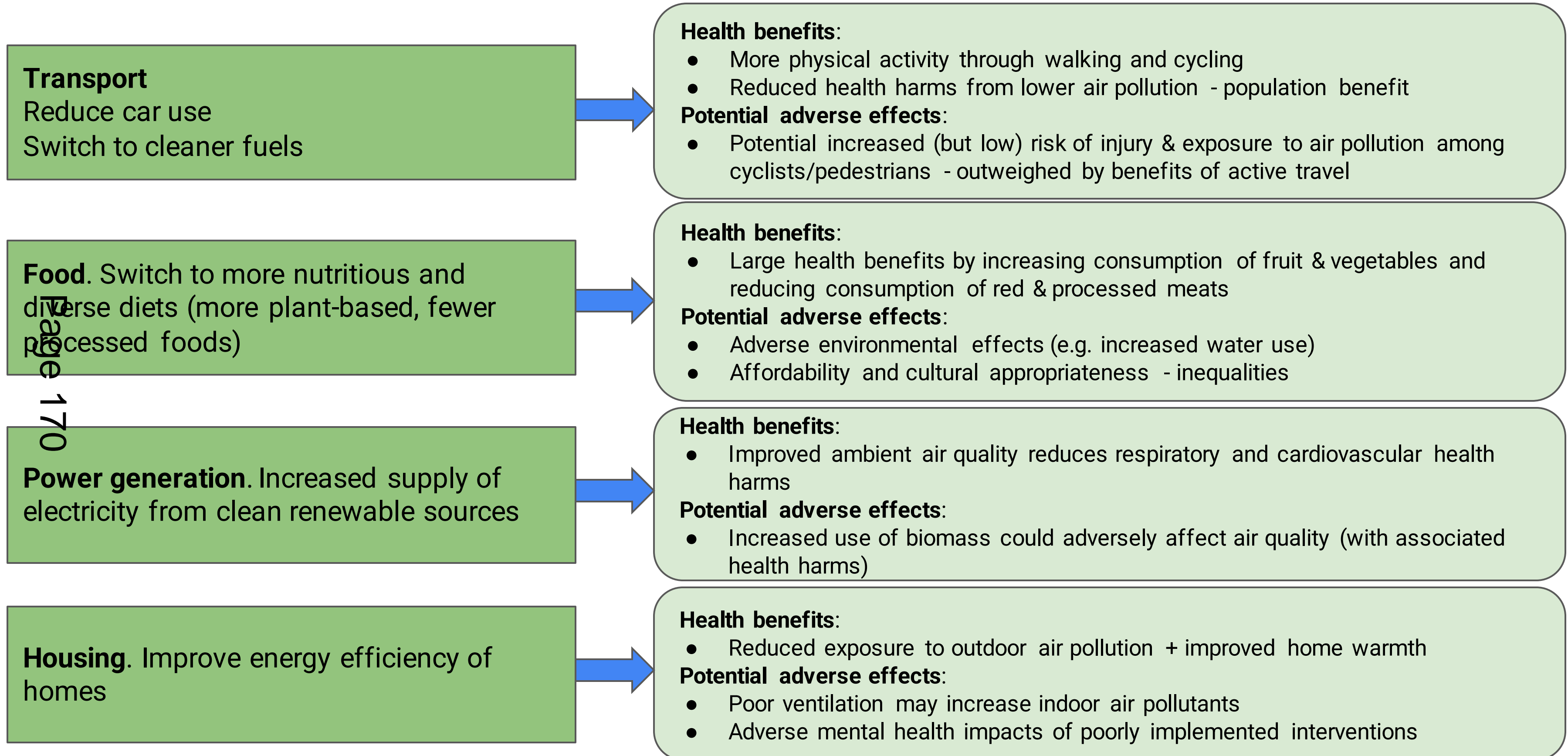
- transport
- food & agriculture
- energy & industry
- housing

ADAPTATION

Solutions that help us adapt to life in a changing climate - **steps to protect people from current and future impacts**

Adverse weather plans
Climate resilient buildings & transport infrastructure
Resilient supply chains
Cool public spaces
Sustainable drainage systems
Disease surveillance
Air quality alert systems

HEALTH CO-BENEFITS OF CLIMATE CHANGE MITIGATION



Source: Milner et al, Health benefits of policies to reduce carbon emissions, *BMJ* (2020)

HEALTH CO-BENEFITS OF CLIMATE CHANGE ADAPTATION

Strategies that increase social capital (access to social networks or other social structures)

Health benefits:
- Membership of a social network reduces vulnerability to climate risks, has a protective effect against heat-related illness - and has broader health and wellbeing benefits

Potential adverse effects:
- Misinformation spread through networks counters positive action

Strategies that influence urban design (e.g. improved shade and green spaces)

Health benefits:
- Increased physical activity, social connectivity, reduced heat-related stress and sun exposure - benefits to mental health, cardiovascular health, musculoskeletal health, protection against cancer

Potential adverse effects:
- Reliance on air conditioning can *increase* emissions (with associated health impacts)
- Poorly planned green spaces can trigger pollen allergies

Indirect health co-benefits from a more resilient public health system

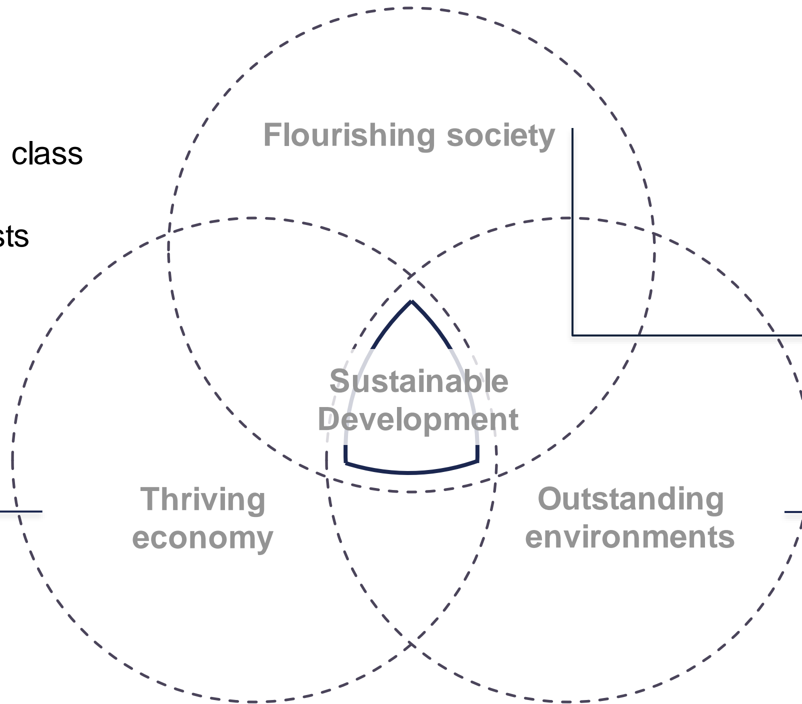
Health benefits:
- Improved population health assessment, health surveillance, health promotion, health protection, disease and injury prevention - wider health benefits

Source: Chen & Berry, Health co-benefits and risks of public health adaptation strategies to climate change: a review of current literature, *In J Public Health* (2013)

City of London Corporation
Climate Action Strategy
2020-2027

Climate Action contributes to the City Corporation's aims

- Promoting a world class financial centre
- Mitigate future costs
- Efficient job creation



- Alleviate fuel poverty
- Protect health & wellbeing

- Improve Air Quality
- Conserve & enhance Open Spaces & biodiversity

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The City Corporation has committed to achieving...

Four objectives

Net zero by 2027

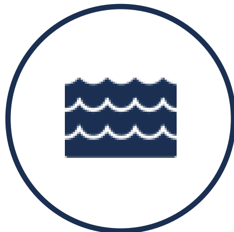
in the City Corporation's operations

Net zero by 2040

across the City Corporation's full value chain

Net zero by 2040

in the Square Mile



Climate Resilience

Climate resilience in our buildings, public spaces and infrastructure

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Climate Action Programme Governance

Governance

Policy & Resources Committee / City Bridge Foundation Board
CPR — Chair

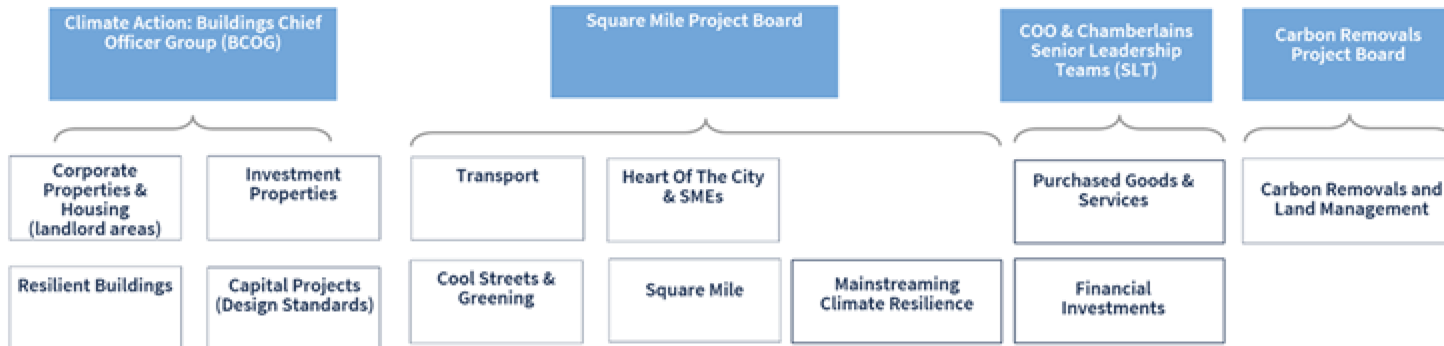
Service Committees
Investment Committee, Housing Alms Sub Committee, Port Health & Environmental Services Committee, Procurement Sub Committee, Planning & Transportation Committee, Community & Children Services Committee, Pensions Committee, Resource Allocation Sub Committee, Audit & Risk Management Committee, Natural Environment Board, Investment Committee for City Bridge Foundation.

CAS Chief Officers / Executive Leadership Board
Ian Thomas (Town Clerk)

Programme coordination

CAS Programme Team
Damian Nussbaum (SRO)

Delivery



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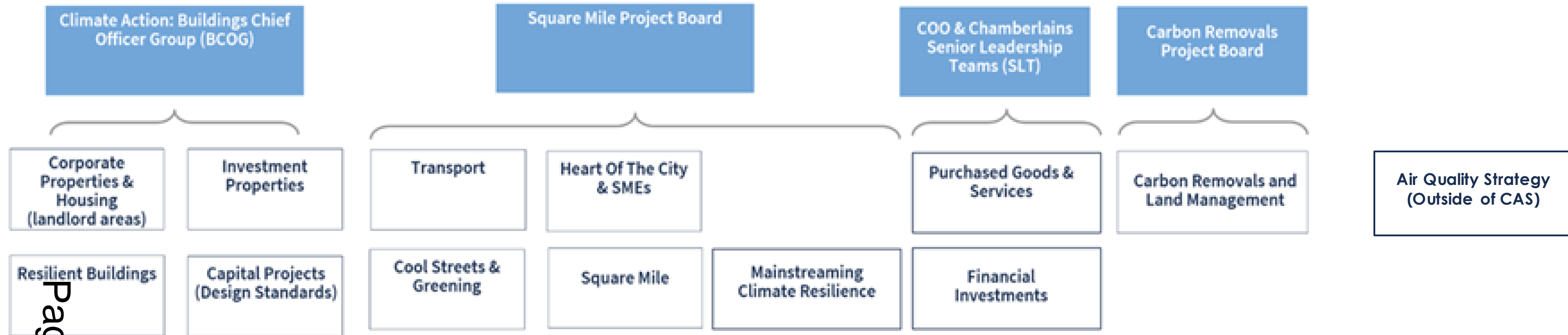
CAS - Public Health Co-benefits



Resilient Buildings
- Retrofitting and improving standards can improve employee health and air quality for occupiers.
- Reduces risk to extreme cold and heat - reduced stress on NHS during extreme weather events.
- Reduction of fuel poverty for residents.

Transport
- Encouraging active travel options (walking & cycling) within Square Mile.
- Reduction of car use improves air quality and public health.
- Reducing incidents of traffic accidents with pedestrian priority streets and wider pavements.

Cool Streets & Greening
- Some schemes partially co-funded with Healthy Streets.
- Urban greening core element of Healthy Streets Approach.
- Direct links to physical & mental health improvements.
- Reducing risk during extreme heat events, reducing NHS demand.
- Reducing flood risk and associated public health impacts.

Mainstreaming Climate Resilience
- Increased co-operation and data sharing across City Corporation and with health partners.
- Horizon scanning and early warnings strategy for pests and diseases, reducing risk of public health disease outbreaks.
- Ensuring a fair and equitable transition to climate resilient city.

Air Quality
- Reducing local carbon emissions can have benefits for air quality.
- Direct measures and strategies to improve air quality and public health.
- Co-operation and data sharing across all stakeholders.
- Community engagement to drive positive health outcomes.

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Environmental Resilience

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Environmental Resilience

The Environmental Resilience Team is responsible for:

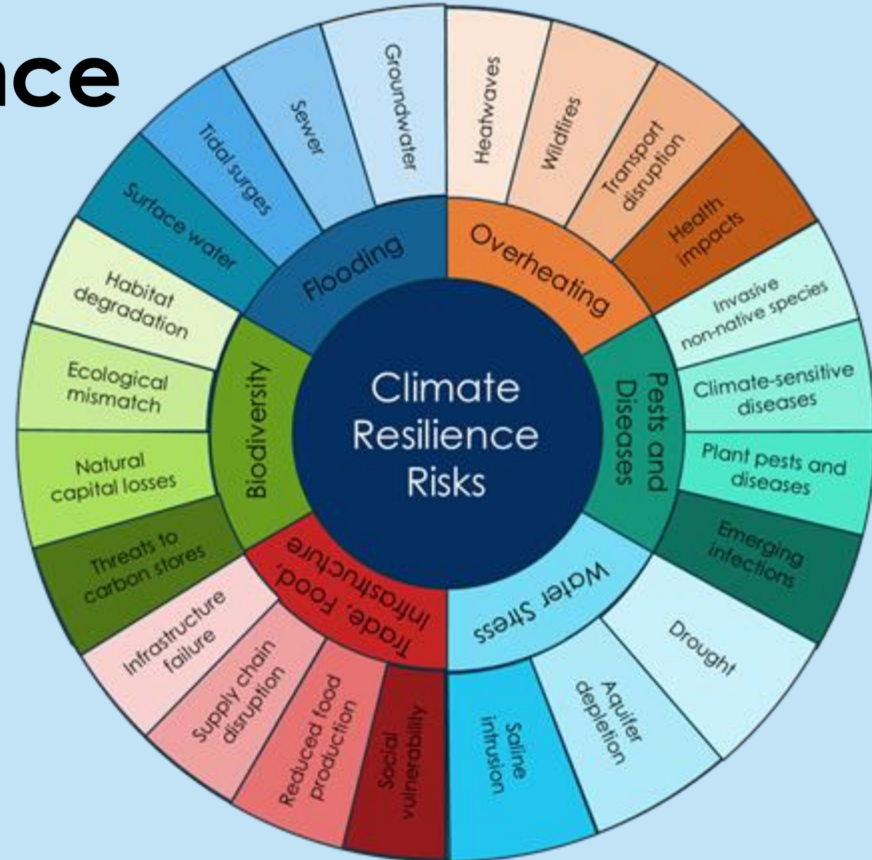
- Climate Action Strategy leads:
  - Mainstreaming Climate Resilience
  - Cool Streets and Greening
- Local Flood Risk Management Strategy.

Public health threatened by all major climate risks. At the core of climate adaptation and resilience measures.

- Effects of extreme weather, overheating, flooding, drought.

- Effects on planet's life support systems.
  - Biodiversity loss, water availability, disease, food shortage.

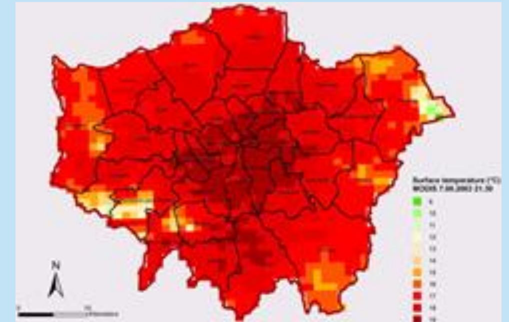
- Effects mediated by social systems
  - Supply chain disruption, healthcare pressure, food and fuel.



City of London climate resilience risk wheel showing the six risks and their manifestations

Resilience & Health – Progress to Date

- Heat risk mapping for Square Mile.
  - Approaches must accommodate unique demographic structure within the Square Mile - unique vulnerabilities.
- Temperature sensor network installation - localised data for research and collaborative planning.
  - Can we use this data to identify priority groups or places?
- Cool Streets and Greening programme.
  - Street tree planting and SuDs planting schemes – 100 plus trees. Co - benefits of healthy streets.



Pest and Diseases – Progress to Date

Horizon Scanning has identified four acute pests and diseases risk categories:

- Emerging Infections
- Rise in climate sensitive diseases
- Plant pest and diseases
- Invasive non-native species

Unique public health challenges for the Square Mile and responsibilities for the City Corporation:

- Dynamic workday population can exasperate these risks – public protection issues
- London Port Health Authority – Food & feed import monitoring.
- Heathrow Animal Reception Centre – Animal Border Control Post, increased biosecurity pressures.
- 4,500 hectares of land under the management of the City Corporation. Vulnerability and opportunity to improve public health.

How can the City Corporation lead on public health planning to manage these specific vulnerabilities?

The power of transparency

Climate Action Strategy Dashboard

Data last refreshed
12 June 2023

CITY LONDON

HOME
EXECUTIVE SUMMARY
OWN OPERATIONS
VALUE CHAIN
SQUARE MILE
RESILIENCE
STAKEHOLDER ENGAGEMENT
GLOSSARY

Powered by infogr8

Climate Action Strategy

The Climate Action Strategy sets out how the City of London Corporation will achieve net zero in its carbon emissions, build resilience to extreme weather as result of climate change and champion sustainable growth.

We will achieve:

- Net zero by 2027 in how the City Corporation operates (Scopes 1 and 2 emissions).
- Net zero by 2040 across what the City Corporation buys, sells, invests in, and leases to others (our value chain, or Scope 3 emissions).

Across the Square Mile, we will support the achievement of:

- Net zero by 2040.
- Resilience to extreme weather in buildings, public spaces and infrastructure.

The charts to the right provide the starting point (or baseline) and then show how we plan to reduce our emissions. Our plan is to reduce emissions in line with the 2015 Paris Agreement, a international agreement to limit global temperature rise to 1.5°C from pre-industrial levels. For our 2040 goals more planning and interventions are needed beyond what is shown here and we are working towards those now.

VIEW PROGRESS REPORT

OUR OWN OPERATIONS | OUR VALUE CHAIN | THE SQUARE MILE

City Corporation's Own Operations (Scopes 1&2)
ACTUAL vs. **TARGET** Net Emissions (ktCO_2e)

20 ktCO_2e

NET ZERO

2018/2019 2020/2021 2021/2022 2023/2024 2025/2026 2026/2027

How do we define net zero for a corporation? Using the highest standards set out by the Science Based Targets Initiative, this means:

- Taking action to **reduce emissions** at levels consistent with Paris Agreement (2015). That means not doing anything that contributes to more than 1.5°C of global warming from pre-industrial levels
- Balancing out any remaining emissions through the **removal of carbon from the atmosphere**. This is measured in the equivalent volume of CO_2

Source: SBTi Corporate Net-Zero Standard (October 2021)

SCAN ME

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North East London ICS Green Plan 2022 – 2025

Our journey towards a net zero health & care system

North East London Health and Care Partnership is our integrated care system, which brings together NHS organisations, local authorities, community organisations and local people to ensure our residents can live healthier, happier lives.

North East London Health & Care Partnership

The role of the North East London ICS

- Identifying at scale transformation to meet net zero targets
- Hosting system wide forums on Green Plan themes
- Providing system wide training and development
- Taking collaborative action on climate change to reduce health inequalities
- Supporting Primary Care to reduce its carbon footprint
- Developing an Air Quality Programme.

Click here to read the NEL ICS Green Plan

The challenge

NHS is 5% of UK carbon footprint.

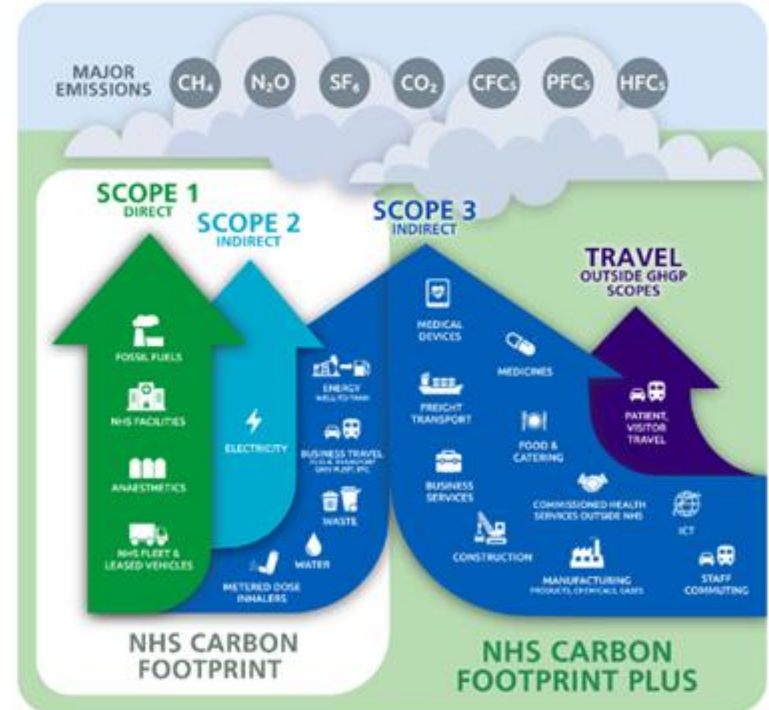
<u>NHS Carbon Footprint- our direct emissions</u>

- **40% reduction by 2025**
- An 80% reduction by 2028-2032
- Net zero by 2040

<u>NHS Carbon Footprint Plus- entire emissions</u>

- An 80% reduction by 2036-2039
- Net zero by 2045

(MtCO_2e)	November 202	80% reduction by 2028 would bring us to
Carbon Footprint	136,420	27,284
Carbon Footprint Plus	847,450	169,490



Source Delivering a ‘Net Zero’ National Health Service (scopes on page 12)

The NEL ICS Green Plan Programme Overview

North East London Health & Care Partnership

Influence & Accountability

- Every Trust and ICS has a Green Plan
- ICS Green Plan Strategy Group – system wide membership
- Local Authorities have Climate Action Plan and Directors of Climate Change

Leading Change

- Four clinical leads for Net Zero
- System wide NEL Sustainability Working Group
- Green Travel Group attended by Local authorities, Trusts, ICB
- System Clinical Forum

Embedding Change

- Responsibility to deliver Green Plan built into ICB job descriptions
- Cycle to work scheme
- Low emission vehicle salary sacrifice scheme
- ICB data servers use renewable energy
- Fairtrade Workplaces
- Low carbon, high quality asthma care
- Staff action networks

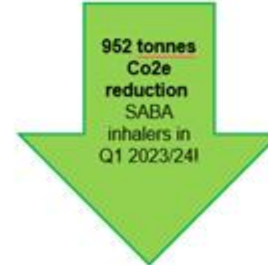
Enabling Change

- Only ICS in London with a comprehensive net zero training programme
- Low Carbon consideration built into business case templates
- Social Value in Procurement – 10% weighting includes net zero questions
- Outreach and training provided to Primary Care
- System Wide Staff Travel Survey

Celebrating success

Investing in collaborative action on climate change in North East London

Challenge	Delivering year one of the NHS North East London Integrated Care System Green Plan
Assessing the scale	✓ We held co-production workshops to listen to what key stakeholders wanted in each chapter ✓ Identified the common themes in the system ✓ Learnt the challenges in the system; multiple landlords in primary care, capital allocation policy limits the ability for NEL to invest, data that we don't have ✓ Learnt about the infrastructure and the behaviours required that needed to change ✓ Set up subject matter expert subgroups: Inhalers, Anesthetics, Active Travel, Clinical Forum. ✓ System Wide Strategy Group oversees Green Plan delivery
Impact	✓ Massive drop in inhaler emissions ✓ 311 primary care professionals attended our Green Primary Care webinars, or watched them back - hosted by Net Zero Clinical Leads ✓ Funded 16 places on the RCGP Health Creation Scholarship ✓ Hosted system-wide Clean Air Day roundtable ✓ 204 staff across ICS attending carbon literacy courses.
Lessons	✓ Our central role is to take the system on a journey to net zero – sharing and galvanizing ✓ We can source external funding to seed fund innovation ✓ Train staff on the connection between climate change and health outcomes is vital ✓ Medicines Optimisation Teams are key! Deprescribing and tackling medicines waste is most important
Social or financial impact, March 2022 – June 2023	✓ High carbon inhaler reduction = 952 tonnes CO2e saving ✓ Desflurane eliminated = 43.4 tCO2e saving (2.15% to 0%)
What was innovative	✓ Net Zero Clinical Leads - funded four GPs 1 session a week ✓ Focused ICB efforts on Primary Care from inception of Green Plan ✓ Green Travel subgroup has excellent Local Authority engagement ✓ ICB funded a Nature Recover Ranger in Homerton Hospital to increase biodiversity and provide spaces for staff and patient wellbeing activities.



Free places on sustainable healthcare training for all everyone working NEL ICS

Introduction to Sustainable Healthcare

21 November (Tues) 13.00-17.00

Green Space and Health

23 November (Thur) 13.00-17.00

Some of our courses have ended, or are full, please use the sign up form to put your name on the waiting list so we can manage demand, or give you a place if we have cancellations.

CURRENT AND POTENTIAL PARTNERSHIP OPPORTUNITIES

Current

- City of London reps attend the NEL Green Travel Group to co-design interventions that increase active travel amongst staff and patients and work collaboratively
- DEFRA Air Quality Project

Potential

- Further develop Air Quality Programme to reduce the high rates of deaths in North East London
- Use overheating patterns and alerts to manage demand on health system - improved data sharing.
- Advise those with long term conditions how to manage their health during heat waves to improve health outcomes and reduce pressure on services
- Incorporating climate risks and health opportunities into Health and Wellbeing Strategy.
- Develop and public health approach to pests and diseases risk management and adaptation.

3. OPPORTUNITIES FOR (FURTHER) LOCAL COLLABORATION - DISCUSSION

QUESTIONS FOR DISCUSSION

1. Where are the greatest opportunities for (further) collaboration to maximise the collective impact of our climate action to protect and improve population health (and reduce health inequities) in the City of London?

2. Do we have a comprehensive understanding of the current/future population health impacts of the climate crisis in the City, and the potential health co-benefits of local climate action?

   2.1. Do we currently have the data/tools/skills to effectively measure these?

Committee: Health and Wellbeing Board - For information	Dated: 10/11/2023
Subject: Healthwatch City of London Progress Report	Public
Report author: Gail Beer, Chair, Healthwatch City of London	

Summary

The purpose of this report is to update the Health and Wellbeing Board on progress against contractual targets and the work of Healthwatch City of London (HWCoL) with reference to August, September and October 2023/24

Recommendation

Members are asked to: Note the report.

Main Report

Background

Healthwatch is a governmental statutory mechanism intended to strengthen the collective voice of users of health and social care services and members of the public, both nationally and locally. It came into being in April 2013 as part of the Health and Social Care Act of 2012.

The City of London Corporation has funded a Healthwatch service for the City of London since 2013. The current contract for Healthwatch came into being in September 2019 and was awarded to a new charity Healthwatch City of London (HWCoL). HWCoL was entered on the Charities Commission register of charities in August 2019 as a Foundation Model Charity Incorporated Organisation and is Licenced by Healthwatch England (HWE) to use the Healthwatch brand.

HWCoL's vision is for a Health and Social Care system truly responsive to the needs of the City. HWCoL's mission is to be an independent and trusted body, known for its impartiality and integrity, which acts in the best interests of those who live and work in the City.

1 Current Position

The HWCoL team continue to operate from the Portsoken Community Centre and through hybrid working – both at the office and home working. The team is currently reduced due to the unexpected departure of the Volunteer and Projects officer. Recruitment is underway to fill the position.

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

The recruitment of new Trustees to the Board is ongoing; Trustees are in conversations with a possible candidate however, another Trustee to increase diversity on the Board and to ensure representation of communities across the City would be welcome. The positions have been advertised in newsletters on social media and the Barbican Life magazine.

2 **Extension of the HWCoL contract**

As reported last quarter the City of London Corporation (CoL) have extended the current contract for a further year, at the increased funding level agreed last year. HWCoL have now received official confirmation on the extension from Sarah Greenwood, Commissioning Manager, Department of Community and Children's Services period, ending on 15th September 2024. No changes to the deliverables in the current contract have been stipulated in the extension agreement.

3 Annual General Meeting

In October HWCoL held its Annual General Meeting at St Giles Church, Cripplegate. Ian Thomas, Town Clerk and CEO City of London Corporation was the key speaker at the event.

He shared how committed he and the CoL are to improving health and wellbeing and outlined how making the new health and social care organisations relevant to residents was important, giving clarity on their achievements and impact.

He spoke about the CoL's continuing desire for another GP surgery although, did acknowledge that it would be a struggle due to the number of patients required to justify a second surgery.

The importance of charities and the public sector working together more effectively for the benefit of residents was acknowledged.

The public audience raised a number of issues including;

- the suitability of the standard of the premises at the Neaman Practice and the opportunity for a more modern site.
- a question from a parent regarding information and communication between different services to support those with Special Needs and Neurodiversity.
- the amount of office building and renovation in the City and its impact on health.
- utilisation of the City's empty space for volunteer groups to use.
- the lack of access to affordable healthy food in the City

It was pleasing to have the support of members of the policy team from CoL, colleagues from City Connections and Dr Anu Kumar from Shoreditch Park and City PCN at the AGM. A fruitful discussion was held on resident engagement and feedback to the Integrated Care Board and decision-making bodies. Work is already

underway to ensure that the patient voice is heard, but with the increased involvement of the CoL policy team in Health and Social Care meetings, and the Public Health team it is now improved.

HWCoL will follow up on the issues raised with the relevant parties and report back progress to the Health and Wellbeing Board at a future meeting.

4 Healthwatch City of London Board

A HWCoL Board meeting was convened to reappoint Lynn Strother and Steve Stevenson as Trustees of Healthwatch City of London with immediate effect and to reappoint Gail Beer as Trustee and Chair of Healthwatch City of London with effect from the expiry of her current term of office on 31 October 2023.

The terms have been extended for four years.

5 Areas of concern

5.1 Over prescribing at the Portman Pharmacy

As noted in the last report, HWCoL have been made aware of over dispensing of repeat prescriptions by the Portman Pharmacy. Dr Paul Gilluley, Chief Medical Officer at NHS North East London has been made aware of this as have the Neaman Practice.

The medicines optimisation team have been looking into this matter and have held meetings with both the Pharmacy and the Neaman Practice. HWCoL have been informed that the meetings have taken place and further meetings are scheduled for this week. HWCoL will update on the situation once a report is received from the medicine's optimisation team. The HWCoL team have not received any information on the risks to patients but have continued to alert through newsletters.

5.2 COVID and Flu vaccination roll out.

The winter vaccination programme began in early September, however HWCoL did not receive confirmation of where residents could obtain their COVID vaccinations in a timely way. We understand that confirmation of the sites was made very late in the day, however, there was a lack of communication from the PCN.

6 Public Board Meetings

See item 1

7 Communications and Engagement

7.1 Patient Panels

Patient Panel – Cancer Screening
HWCoL held the first in a new series of Patient Panels at the end of September. Caroline Cook, the Early Diagnosis Lead at NHS North East London Cancer Alliance

joined the team to talk about the cancer screening programme across North East London. The event attracted five attendees who hadn't attended a HWCoL event before.

The presentation focused on the three main screenings available, breast, cervical and bowel, and the attendees had the opportunity to understand how important preventative cancer screenings are, and how and where to access them.

There was a good conversation around the difference between regular screening and diagnostic testing. For example, breast screening takes place at Mile End hospital whereas diagnostic testing would normally take place at Barts.

The most important take away from the session is, cancer screening saves lives, and we should encourage people to take the tests when offered.

The next Patient Panel will be held on 8th November 2023 with the NHS North East London Cancer alliance with the focus on the new cancer wait times standard.

7.2 NHS NEL Big Conversation

HWCoL supported the 'Big Conversation' launched by NHS NEL. The Big Conversation is about listening to people in our communities, and understanding their views about health, care and wellbeing in north east London with a view to organisations working across health and care, including local government; the voluntary, community and social enterprise sector; the NHS and wider partners are working together to plan and deliver joined up health and care services.

The results from the surveys, events and focus groups has been collated by Healthwatch Tower Hamlets and submitted to NHS NEL. Focus is on five areas in which to develop success measures.

- Compassionate care and support
- Organisations working together
- Improved access to Primary Care
- Community Wellbeing
- Employment opportunities.

These were discussed at the North East London Care Partnership Board and feedback will be collated by the NHS NEL communications team who will feedback at the next ICB meeting. Healthwatch City of London attend the North East London Partnership Board meetings, and the NEL Healthwatch meetings in which the progress on actions are monitored and discussed.

7.3 Engagement with Barts NHS Trust: Royal London Hospital
HWCoL will be meeting Neil Ashman, Chief Executive at the Royal London Hospital, to discuss increased engagement with the HWCoL team and patients, including better information on emergency pathways and access to cancer care.
This meeting will take place in November.

8 Projects

8.1 Mental Health Service Provision and Social Isolation

The team met with Jed Francique, ELFT Borough Director for City and Hackney, and Ellie Ward, Head of Strategy and Performance, Department of Community and Children's Services, CoL and Hannah Dobbin, Strategy and Projects Officer, Department of Community and Children's Services, CoL to explore the development of a project addressing the impact of social isolation.

Mental health and emotional wellbeing are being included in the refreshed carers strategy that is currently being finalised by CoL. The policy team are working on the social isolation project with HWCoL and with the carers lead at ELFT to ensure joined up support and access to services for carers and those they care for.

HWCoL volunteers will undertake a mapping exercise to fully understand all services, both NHS and voluntary, to which residents have access.
A further meeting is scheduled for January to scope further after initial actions are completed.

8.2 Digital Apps

HWCoL are currently scoping a project which will focus on the plethora of apps used by both Primary and Secondary Care services. The team will explore accessibility, integration and usefulness.

9 Enter and View programme

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

9.1 Enter and View at Goodmans Fields Medical Centre
In September HWCoL, along with colleagues at Healthwatch Tower Hamlets carried out an Enter and View at the Goodman's Field Medical Centre.

The centre opened last year incorporating several practices from across Tower Hamlets. It has around 33,000 patients and is the biggest practice in Tower Hamlets. They estimate that around 600 patients live in the Portsoken area of the City and are registered at the practice.

Colleagues at Healthwatch Tower Hamlets are currently producing the report, which will go to the Practice for discussion before it is published.

9.2 Barts Health NHS Trust
Later this month the HWCoL team are meeting with David Curran, Director of Nursing and Professor Charles Knight, Chief Executive at St Bartholomew's Hospital to discuss an Enter and View at the hospital. Based on feedback from residents the Enter and View will focus on communication, the current administrative services and the impact on care.

Further Enter and view training is scheduled in November for more HWCoL volunteers.

11 Q3 Performance Framework (Contractual Obligations)

There has been no significant change in performance as measured by the Key Performance Indicators. 20 green indicators and 4 amber indicators. The main concern is attendance of the public at HWCoL events, there was a good turnout at the AGM, however it is sometimes low at other events including public board meetings.

12 NEL Communications

Work continued with the resident involvement review task group led by NHS North East London. The group are focusing on the following;

- Training and development and community of practice across statutory and voluntary organisations.
- Social action and asset-based development
- VCS able to participate meaningfully, ensuring the voluntary sector is involved in policy guidance and fully included in service provision.
- Addressing gaps in representation, ensuring all communities are represented and has access to services.
- Coordinated and aligned local engagement activity, public facing engagement offer and City and Hackney engagement strategy

HWCoL are active in the addressing gaps in representation workstream to ensure the City voice isn't lost, and seldom heard groups are included. The team also sit on the City and Hackney Integrated Care Partnership Communications and Engagement Enabler Group (ICCEEG) which will be delivering the engagement activity in that workstream. This workstream is working on the resident engagement framework for the Integrate Care System.

The strategy and action plan for this workstream has now been written and is being presented to the following groups on these dates by the City and Hackney Population Health Hub:

- City and Hackney Public Health SMT – 7th Nov
- ICCEEG – 8th Nov
- Neighbourhoods Delivery Group – 9th Nov
- Neighbourhood Health and Care Board – 28th Nov
- LBH Adults Health and Integration DLT and City of London DLT – 6th Dec
- HISG – 1st February

13 Volunteers

Unfortunately, the new volunteer and projects coordinator has left Healthwatch due to a change in personal circumstances, however she increased the volunteer base to

17 volunteers. The team held a volunteer team meeting and training session in September.

The recruitment of new Trustees to the Board remains challenging, the team have had extensive conversations with members of the Court of Common Council from across the City, and advertisements have gone out through a range of publications Business Healthy. Increasing the diversity of the Board to ensure representation of communities of the City remains a priority.

14 Neaman Practice

The new Practice manager is now in post and the team look forward to working with him in the coming months.

HWCoL will be addressing access the Practice Participation Group including the provision of evening sessions. The Practice are open to this suggestion; however, they feel it will limit the number of partners available to attend.

15 Planned activities in Quarter 3/4 2023/24

In support of the delivery of the business plan during Q3/Q4 the team at HWCoL will:

- Recruit additional Trustees.
- Hold Patient Panels in two areas Cancer Screening wait times the NHS App
- Carry out an Enter and View visit at St Bartholomew's Hospital
- Volunteers enter and view training.

16 Conclusion

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

Gail Beer
Chair
Healthwatch City of London
E. gail@healthwatchcityoflondon.org.uk

Rachel Cleave
General Manager
Healthwatch City of London
E: rachel@healtwatchcityoflondon.org.uk

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Committee: Health and Wellbeing Board	Date: 24 November 2023
Subject: Annual Review of the Terms of Reference of the Health and Wellbeing Board	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	**N/A**
Does this proposal require extra revenue and/or capital spending?	**N**
If so, how much?	**N/A**
What is the source of Funding?	**N/A**
Has this Funding Source been agreed with the Chamberlain's Department?	**N/A**
Report of: Town Clerk	**For Discussion**
Report author: Kate Doidge, Town Clerk's Department	

Summary

As part of the implementation of the 2021 Governance Review, it was agreed that the cycle and process of annually reviewing the Terms of Reference of all Committees/Boards should be revised, to provide more time for Committees to consider and discuss changes before they are submitted to the Policy and Resources Committee. Therefore, this report is initially being brought before the Committee at its September meeting to allow time for proposed changes to be considered and developed at subsequent meetings.

This will enable any proposed changes to be considered at the Policy and Resources Committee in March 2024, in time for the re-appointment of Committees by the Court of Common Council in April.

Recommendations

It is recommended that:

- Members consider any changes to the Committee's terms of reference.

Main Report

1. The current Terms of Reference, as approved by the Court of Common Council in April 2023, are listed at Appendix 1.

2. In reviewing the Terms of Reference, it is proposed to Members of the Health and Wellbeing Board to consider the following in its discussions:

    - Increasing the number of co-opted members from two to three co-opted members.

- Amending the quorum.
- Extending the external membership of the Board (from East London Foundation Trust (ELFT), St Bartholomew's Hospital (Barts Health NHS Trust), and Homerton Healthcare NHS Foundation Trust).

3. Following consideration of any changes to the Board's Terms of Reference, including those listed above, the Terms of Reference shall be received by the Board at a future meeting, to be approved for submission to the Court of Common Council.

Appendices

- Appendix 1 – Court Order 2023/24 – Health and Wellbeing Board

Kate Doidge
Governance Officer
Town Clerk's Department
E: kate.doidge@cityoflondon.gov.uk

LYONS, Mayor	**RESOLVED:** That the Court of Common Council holden in the Guildhall of the City of London on Thursday, 27th April, 2023, doth hereby appoint the following Committee until the first meeting of the Court in April, 2024

HEALTH & WELLBEING BOARD

1. **Constitution**
A Non-Ward Committee consisting of,
- three Members elected by the Court of Common Council (who shall not be members of the Health and Social Care Scrutiny Sub-Committee)
- the Chairman of the Policy and Resources Committee (or his/her representative)
- the Chairman of Community and Children's Services Committee (or his/her representative)
- the Chairman of the Port Health & Environmental Services Committee (or his/her representative)
- the Director of Public Health or his/her representative
- the Director of the Community and Children's Services Department
- a representative of Healthwatch appointed by that agency
- NHS representative of the City and Hackney Place of the North East London Integrated Care Board ("**ICB"**) appointed by that agency.
- a representative of the Safer City Partnership
- the Port Health and Public Protection Director
- a representative of the City of London Police appointed by the Commissioner

2. **Quorum**
The quorum consists of five Members, at least three of whom must be Members of the Common Council or officers representing the City of London Corporation.

3. **Membership 2023/24**

7 (4) Marianne Bernadette Fredericks, Deputy

5 (3) Mary Durcan

2 (2) Randall Anderson, Deputy

Together with the Members referred to in paragraph 1 above.

Co-opted Members
The Board may appoint up to two co-opted non-City Corporation representatives with experience relevant to the work of the Health and Wellbeing Board.

4. **Terms of Reference**
To be responsible for:-

a) carrying out all duties* conferred by the:- Health and Social Care Act 2012, Health and Care Act 2022 ("the HSCA") and Section 128A of the NHS Act 2006 for the City of London area, among which:-

   i) to provide collective leadership for the general advancement of the health and wellbeing of the people within the City of London by promoting the integration of health and social care services; and

   ii) to identify key priorities for health and local government commissioning, including the preparation of the Joint Strategic Needs Assessment and the production of a Joint Health and Wellbeing Strategy.

   *All of these duties should be carried out in accordance with the provisions of the HSCA 2012 and 2022 concerning the requirement to consult the public and to have regard to the statutory guidance issued by the Secretary of State including "Statutory guidance on joint strategic needs assessment and joint health and wellbeing strategies (JHWBS)" https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance and non-statutory guidance " Health and wellbeing board – guidance" https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance ;

b) mobilising, co-ordinating and sharing resources needed for the discharge of its statutory functions, from its membership and from others which may be bound by its decisions; and

c) appointing such sub-committees as are considered necessary for the better performance of its duties.

d) to carry out the statutory duty to assess needs for pharmaceutical services in the City Corporation's area and to publish a statement of its first assessment and of any revised assessment.

e) to be involved in the preparation of the joint forward plan for the ICB and its partner bodies including consideration of whether the draft takes proper account to of the Joint Local Health and Wellbeing Strategy.

f) Approval of the Better Care Fund plan for the City of London area

5. **Substitutes for Statutory Members**

Other Statutory Members of the Board (other than Members of the Court of Common Council) may nominate a single named individual who will substitute for them and have the authority to make decisions in the event that they are unable to attend a meeting.

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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of the Local Government Act 1972.

Agenda Item 16

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of the Local Government Act 1972.

Agenda Item 17

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