



## Community & Children's Services Committee

**Date:** FRIDAY, 11 SEPTEMBER 2015  
**Time:** 11.30 am  
**Venue:** COMMITTEE ROOMS, WEST WING, GUILDHALL

**Members:**

Dhruv Patel (Chairman)	Deputy Catherine McGuinness
Gareth Moore (Deputy Chairman)	Brian Mooney
Randall Anderson	Deputy Alastair Moss
Alex Bain-Stewart	Barbara Newman
Deputy John Barker	Deputy Joyce Nash
Revd Dr William Campbell-Taylor	Emma Price
Deputy Billy Dove	Chris Punter
Revd Dr Martin Dudley	Adam Richardson
Emma Edhem	Delis Regis
John Fletcher	Elizabeth Rogula
Deputy Bill Fraser	Virginia Rounding
Marianne Fredericks	James Tumbridge
Alderman David Graves	Michael Welbank
Deputy the Revd Stephen Haines	Mark Wheatley
Ann Holmes	Philip Woodhouse
Deputy Henry Jones	James de Sausmarez
Alderman Sir Paul Judge	Patrick Streeter
Professor John Lumley	

**Co-opted Members:** Laura Jørgensen

**Enquiries:** Natasha Dogra tel. no.: 020 7332 1434  
Natasha.Dogra@cityoflondon.gov.uk

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

N.B. Part of this meeting may be subject to audio visual recording.

John Barradell  
Town Clerk and Chief Executive

# AGENDA

## Part 1 - Public Reports

1. **APOLOGIES**
2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **MINUTES**  
To agree the minutes of the previous Committee meeting.  

**For Decision**  
(Pages 1 - 8)
4. **PRESENTATION: CARERS UK**  

**For Information**
5. **CARERS' STRATEGY**  
Report of the Director of Community and Children's Services.  

**For Decision**  
(Pages 9 - 38)
6. **CARE ACT 2014 UPDATE**  
Report of the Director of Community and Children's Services.  

**For Information**  
(Pages 39 - 42)
7. **WELFARE REFORM AND WORK BILL REPORT**  
Report of the Remembrancer.  

**For Information**  
(Pages 43 - 44)
8. **ST BOTOLPH BISHOPSGATE BALL COURT IMPROVEMENTS**  
Report of the Director of Open Spaces.  

**For Information**  
(Pages 45 - 52)
9. **BUSINESS PLAN: QUARTER 1 UPDATE**  
Report of the Director of Community and Children's Services.  

**For Information**  
(Pages 53 - 66)

10. **DEPARTMENTAL RISK REGISTER 2015/16**  
Report of the Director of Community and Children's Services.

**For Information**  
(Pages 67 - 74)

11. **SIR JOHN CASS SCHOOL UPDATE**  
Verbal Update by Officers from the Department of Community and Children's Services.

**For Information**

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

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

14. **EXCLUSION OF THE PUBLIC**

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

**For Decision**

**Part 2 - Non-Public Reports**

15. **NON-PUBLIC MINUTES**

To agree the non-public minutes of the previous Committee meeting.

**For Decision**  
(Pages 75 - 78)

16. **PORTSOKEN PAVILION AND CAFÉ - LETTING AND MANAGEMENT CONTRACT**  
Report of the Director of Community and Children's Services.

**For Decision**  
(Pages 79 - 100)

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

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

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## COMMUNITY & CHILDREN'S SERVICES COMMITTEE

Friday, 10 July 2015

Minutes of the meeting of the Community & Children's Services Committee held at Committee Rooms, West Wing, Guildhall on Friday, 10 July 2015 at 11.30 am

### Present

#### Members:

Dhruv Patel (Chairman)	Alderman Sir Paul Judge
Gareth Moore (Deputy Chairman)	Professor John Lumley
Randall Anderson	Deputy Catherine McGuinness
Deputy John Barker	Barbara Newman
Deputy Billy Dove	Deputy Joyce Nash
Revd Dr Martin Dudley	Chris Punter
John Fletcher	Delis Regis
Deputy Bill Fraser	Elizabeth Rogula
Marianne Fredericks	Michael Welbank
Alderman David Graves	Mark Wheatley
Deputy the Revd Stephen Haines	Philip Woodhouse
Ann Holmes	Laura Jørgensen

#### Officers:

Susan Attard	Deputy Town Clerk
Natasha Dogra	Town Clerk's Department
James Goodsell	Town Clerk's Department
Paula Wilkinson	Town Clerk's Department
Ade Adetosoye	Director, Community and Children's Services
Neal Hounsell	Department of Community and Children's Services
Jacquie Campbell	Department of Community and Children's Services
Gerald Mehrtens	Department of Community and Children's Services
Sarah Greenwood	Department of Community and Children's Services
Lorna Corbin	Department of Community and Children's Services
Mike Saunders	Department of Community and Children's Services
Amy Carter	Department of Community and Children's Services
Mark Jarvis	Chamberlain's Department
Paul Chadha	Comptroller & City Solicitor's Department
Karen McHugh	Comptroller & City Solicitor's Department

#### 1. APOLOGIES

Apologies had been received from Revd Dr William Campbell Taylor, Emma Edhem, Deputy Henry Jones and James Tumbridge.

Resolved - it was proposed that the Committee Clerk consult the Remembrancer regarding committee room bookings to ensure that this Committee was allocated both committee rooms 3 and 4 for all future meetings. The motion was seconded and agreed unanimously.

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

Mr Gareth Moore declared an interest in all housing related matters, as he was a resident of the Golden Lane Estate.

3. **MINUTES**

RESOLVED – that the minutes of the previous meeting be agreed as an accurate record.

**Matters Arising:**

London Youth Games

Members were informed that there had been an increase in participation in the London Youth Games and the event had been very well attended.

Tenancy and Rents Policy

Officers informed Members that the Chancellor's recent Budget announcement would significantly affect a number of areas of social housing, notably a cap on welfare benefits.

Sir John Cass Tripartite Expansion

The Committee Clerk tabled a letter that had been sent to the Chairman by the Foundation dated 6<sup>th</sup> July 2015. The Committee noted that they had all been copied into an email sent to the Director of Community and Children's Services from the Foundation; hard copies of this letter were also made available at the meeting.

The Chairman informed Members that on 2<sup>nd</sup> July a Tripartite meeting was held with the Governing body of the school and the Foundation invited as usual. Members were further informed that the Foundation declined to attend with the general reason given was that they did not believe a meeting would be productive. Members of the Committee conveyed deep-felt concerns over the Foundation's non-attendance.

Members were informed that the matter was now being investigated by the Comptroller and City Solicitor. The Chairman said that he and other Members including the Chief Commoner Billy Dove, Deputy Henry Jones and John Fletcher had attended the tripartite meetings; the Foundation gave no indication in any of those meetings that their agreement to school expansion would not be forthcoming. The Foundation gave their in principle agreement in writing. Members felt that a full and final decision of objection to school expansion, with no discussion or coming round the table to address any of their concerns did constitute a reversal.

Members agreed that as the matter was now going through a legal process it must run its course.

Wardmote Resolutions

The Committee received the following wardmote resolutions from the Town Clerk:

**From the Ward of Portsoken (i)**

“The residents of the Portsoken Ward are becoming increasingly concerned about the rough sleeper problems that need to be urgently addressed. The residents of the Portsoken Ward request that the Community and Children’s Services Committee investigate the issues urgently and take positive and immediate action with a view to addressing the issues.”

Officers informed Members that a working party had been formed of Members and Officers to investigate further ways in which rough sleeping could be tackled in the City. Officers would report the progress made to the Committee later in the year.

**From the Ward of Portsoken (ii)**

“The residents of the Portsoken Ward are becoming increasingly concerned about the increase in rent and the aggressive approach shown by the City Surveyor’s Department and the lack of consideration given by the City Corporation to the mix of shop units to ensure that they are compatible with a predominantly residential community.”

Officers informed Members that they were working with colleagues in the City Surveyor’s department to resolve this matter and investigate opportunities for the configuration of the retail rental units. Members noted that the resolution referred to retail units only. Officers agreed to provide the Committee with an update later in the year.

**4. PRESENTATION: CITY GATEWAY**

The Committee received a presentation regarding City Gateway from Mr Robert Stanex, Youth Work Manager, Ms Hiliary Walker, Participation Manager and Miss Lulu Watuta, Chair of the City Youth Forum. Members noted that the key achievements of the past year were:

- Election of Chair of City Youth Forum
- Launch of CiCC (Children in Care Council)
- Launch of City Youth Forum
- HOPE Street Dance Crew
- Outward Bound
- Green Box Redevelopment
- Young Leaders

City Gateway also set out some of the challenges they had faced and the plans for the forthcoming year.

In response to a query from Members, officers from City Gateway explained that whilst they encouraged girls to take part in events and activities it was proving difficult to engage with girls aged 11-19 from the Bangladeshi community. Officers said they were investigating ways in which they would engage further with this group by contacting the families of the girls and informing their fathers of the advantages of taking part in the communal activities.

Members said that Officers may wish to contact the Museum of London to discuss the Hard Education project to discuss participation from the City youth services.

Members thanked Lulu for attending the meeting and the Chief Commoner informed the Committee that he and Lulu had attended the Lord Mayor's visit to West Ham Park together in May 2015. Despite the bad weather, the Members and Officers had enjoyed their day in West Ham Park and Lulu had had the opportunity to meet the Lord Mayor and Lady Mayoress.

Resolved – that the update be received.

#### 5. **GRANTS REVIEW**

The Committee received a report of the Director of Community and Children's Services which informed Members of the cross-cutting review of the grant giving activities of the City Corporation. The objectives of the review were to identify the grants programmes which are offered by the City Corporation, to suggest how to improve value for money and drive up impact.

In response to a query, Members noted that the review identified approximately £13.2m awarded in 2013/14 by the City Corporation across 15 different grants programmes, although by far the largest programme was the City Bridge Trust. The review concluded that there was no consistent approach across the City Corporation to governing or managing disbursements. Officers informed Members that this potentially exposed the City Corporation to financial, organisational and reputational risks.

The Committee received a resolution from the Education Board and considered the most appropriate means of joint governance, with the Education Board, of the Combined Education Charity and City Educational Trust Fund.

The Deputy Town Clerk agreed to circulate information regarding the amount spent on educational bursaries in 2013/14 to Members via email after the meeting.

RESOLVED – that the Community and Children's Services Committee:

- Agreed to take on governance of the Combined Relief of Poverty charity (from Finance Grants Sub Committee) and of the various 'poverty relief' charities proposed for merger; and
- Agreed to review with the Education Board the most appropriate governance arrangements for the Combined Education Charity and City Educational Trust Fund (proposed for transfer from Finance Grants Sub Committee).

#### 6. **REVENUE OUTTURN 2014/15 - COMMUNITY AND CHILDREN'S SERVICES COMMITTEE (CITY FUND)**

The Committee received the report of the Director of Community and Children's Services which informed Members of the 2014/15 revenue outturn for the non-Housing Revenue Account (HRA) services overseen by the Committee with the final agreed budget for the year.



Members noted that the Director of Community and Children's Services local risk budget was underspent by £346,000 with an underspend on all risks of £44,000. There was an overspend on recharges of £193,000. The Director was proposing to carry forward £340,000 of his local risk underspend for identified purposes of this Committee. These proposals would be considered by the Chamberlain in consultation with the Chairman and Deputy Chairman of the Resource Allocation Sub-Committee and, if agreed, would be added to the Director's budgets for 2015/16.

**Resolved** - that the revenue outturn report for 2014/15 be received.

**7. THE CITY OF LONDON CORPORATION CHILDREN AND YOUNG PEOPLE'S PLAN 2015-18**

The Committee received the report of the Director of Community and Children's Services which informed Members of the City of London Corporation Children and Young People's Plan 2015–18. Members noted that the plan was shaped through extensive consultation, engagement with and involvement of external agencies and partners, children, young people and their families.

Resolved – that the City of London Corporation Children and Young People's Plan 2015–18 be approved.

**8. HEATING AND HOT WATER EQUIPMENT REPLACEMENT - GOLDEN LANE ESTATE.**

The Committee received the report of the Director of Community and Children's Services which informed Members about the heating and hot water equipment replacement at the Golden Lane Estate. The Committee was informed that Golden Lane Estate was listed, the majority at Grade II and Crescent House at Grade II. There were 560 properties on the Golden Lane Estate. All of the tenanted properties had individual gas boilers within the property.

Members noted that where boilers were required to be replaced, modern flues and outlet pipes which extend further from opening windows must be installed. For two blocks, this poses a challenge to meet the requirements of this safety legislation and the aesthetic preservation in accordance with the listing. The option of a communal heating system was assessed as part of this project as a potential solution to this problem.

Resolved – that approval be given for £6,330 to progress the Option 2 and approval be given of the current budget estimate of £1,035,000 - £1,243,000

**9. SEXUAL HEALTH GUM (GENITO-URINARY MEDICINE) PAYMENT BY RESULTS CONTRACTS**

The Committee received the report of the Director of Community and Children's Services which informed Members that from April 2013, local authorities had been mandated to provide comprehensive sexual health services to their residential population. This included open access to genito-urinary medicine (GUM) services, which include outpatient HIV services, HIV testing, specimen

analysis and the dispensing of medication alongside a wider range of sexual health services.

Members were informed that as it was open access, City residents can access GUM services anywhere across the country and the City of London Corporation would be required to pay for it. To date, the City of London Corporation had been working with local authorities across Waltham Forest, Hackney, Tower Hamlets and Newham to negotiate the tariffs and terms for payment with the providers with the highest activity levels for our local authority areas. These negotiations had resulted in savings for each local authority.

Officers informed Members that the majority of local authorities across London are now working together to negotiate tariffs for services across London, and to commission a future Pan London service which represents value for money for all authorities involved.

Resolved – that approval be given for:

- the proposals to continue the Pan London negotiations with GUM providers across London, and involvement in the potential Pan London commissioning of GUM services from 2017; and
- officers to publish default conditions for financial year 2015/16 on the City of London Corporation website for GUM providers cross-charging for GUM services that do not partake in local tariff agreements.

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

There were no questions.

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

The Committee received the Prevent Strategy 2015/16 which informed Members how the City of London Corporation would fulfil its new duty to have due regard to the need to prevent people from being drawn into terrorism introduced within the Counter Terrorism and Security Act 2015.

Resolved – that the strategy be noted.

**12. EXCLUSION OF THE PUBLIC**

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

**13. NON-PUBLIC MINUTES**

RESOLVED – that the minutes of the previous meeting be agreed as an accurate record.

**14. BIENNIAL UPDATE ON DEPARTMENTAL COMMISSIONING AND CONTRACTS**

The Committee received the report of the Director of Community and Children's

Services.

15. **CAPITAL RECEIPT FROM REDROW - BLAKE TOWER, 2 FANN STREET**  
The Committee received the report of the Director of Community and Children's Services.
16. **SUBSTANCE MISUSE AND TOBACCO CONTROL AWARD**  
The Committee received the report of the Director of Community and Children's Services.
17. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**  
There were no questions.
18. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**  
There was no urgent business.

**The meeting ended at 12.50 pm**

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Chairman

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<b>Committee:</b>	<b>Dated:</b>
Community and Children's Services Committee	11 September 2015
<b>Subject:</b> Carers' Strategy	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For Decision</b>

## Summary

This report seeks approval for the draft Carers' Strategy 2015–18, which sets out the City Corporation's priorities for supporting adult carers in the Square Mile for the next three years.

The strategy has been developed based on analysis of evidence and consultation with carers and stakeholders, and in the context of recent legislative change. The strategy sets out six priorities that will inform an action plan to improve outcomes for carers in the City of London. A key aim of the strategy is to identify and support more carers across the City, at an earlier stage, with a focus on improving their health and wellbeing. For existing carers the strategy will deliver improved support and services tailored to individual needs.

## Recommendation

Members are asked to:

- approve the Carers' Strategy 2015–18.

## Main Report

### Background

1. The Carers' Strategy 2015–18 has been prepared to replace the current strategy, which has now reached its expiry date. It aims to improve the early identification of carers, deliver improved support and services to carers, and ensure the City Corporation is delivering the requirements of the Care Act 2014.
2. The document sets out the legislative framework and context within which carers' needs are met and profiles carers providing care to someone living in the City, and sets out the findings from a range of stakeholder engagement. From this evidence base a set of six strategic priorities are described which will inform the strategy's implementation.

## Current Position

3. The Care Act 2014 includes significant and welcome measures to improve the rights of adults caring for adults, including:
  - giving eligible carers a right to receive services
  - placing a duty on local authorities to promote the wellbeing of carers
  - duties to provide information and advice, advocacy and preventative services which reduce carers' needs for support
  - new rights to assessment, meaning that carers are put on an equal footing with the person they care for
  - a national eligibility threshold bringing greater clarity around entitlement for carers and for those they care for
  - measures to ease the transition between children's and adults' services.
4. The Census 2011 identified 576 carers living in the City. The large majority (79 per cent) provide care of between 1–19 hours a week, with 12 per cent (70 carers) reporting providing in excess of 50 hours' care a week.
5. The proportion of the City's population providing care to another adult makes up 7.8 per cent of the population – lower than both the wider London population (8.4 per cent) and across England (10.2 per cent).
6. The number of carers identified by the Census is significantly higher than those known to services provided by the City Corporation. In 2014/15 the City Corporation assessed the needs of 53 carers – about one in ten of those reported by the Census. Carers who are known to City services are more likely to be those providing higher levels of care (more than 20 hours weekly), those whose caring role is impacting on their health and wellbeing, and those who are older carers.
7. Analysis of the Census identifies that 29 per cent of the carer population are from black and minority ethnic (BME) backgrounds.
8. The City Corporation supports carers through a commissioned City Carers' Service which provides support, information and advice to adult carers and can help them to find practical and emotional support. Other support is provided through universal services such as City Advice, City 50+ and the work of the Adult Social Care team.
9. To develop a new strategy to support carers the City Corporation commissioned Carers UK – a specialist national charity working to support carers and improve services provided for them. Carers UK work across the UK and therefore their work is informed by knowledge of national good practice.
10. To develop the strategy Carers UK surveyed City carers and consulted with key stakeholders. Information was also drawn from the Carers Survey – a mandatory biennial survey undertaken by the City Corporation. This process has identified a number of opportunities to improve support through more flexible provision, better advice and awareness, promotion of services, better signposting by General Practitioners and more tailored support and service offers.

11. The resulting strategy that has been developed identifies six priorities:

**Priority 1:** carers are identified at the earliest opportunity and offered support to prevent, reduce or delay their needs and the needs of their cared for

**Priority 2:** carers are provided with personalised, integrated support that is tailored to their assessed needs and aspirations, gives them choice and control, and allows them to take a break

**Priority 3:** carers are involved and consulted in the care and support provided to their loved ones, treated with respect and dignity, and have their skills and knowledge recognised

**Priority 4:** carers are supported to improve and maintain good physical and mental health and wellbeing

**Priority 5:** carers are supported to improve their individual social and economic wellbeing, reduce isolation and fulfil their potential in life

**Priority 6:** carers are supported to cope with changes and emergencies and to plan for the future, including when the caring role is coming to an end and to have a life after caring.

12. For each priority the strategy sets out the outcome measures that will reflect their achievement. This achievement will be driven by an action plan that will be developed once the strategy has been approved. Key actions will include:

- mainstreaming of carer identification across health, social care and other internal and commissioned services
- preventative support services including improved advice and information
- assessments compliant with the requirements of the Care Act
- support to improve social and economic wellbeing
- support to carers to have a life beyond and after caring.

13. The strategy recognises the diversity within the City's population of carers. The strategy is committed to delivering more personalised approaches, ensuring the support is tailored to the needs and aspirations of individuals. Through this we will meet the needs of carers from all communities in the City, based on their individual needs.

14. The action plan driving the delivery of this strategy will be reported to and monitored by the Adult Wellbeing Partnership. Its delivery will be the responsibility of the Adult Social Care team and the City's commissioned providers.

15. Members should note that the City Corporation is participating in a peer review of its services for adult carers which will take place in September 2015. This is led by members of the London Association of Directors of Adult Social Services. Any recommendations arising from this review will also be incorporated into the strategy's action plan.

16. Members should further note that the needs of children and young people who provide caring roles are the subject of a separate Young Carers' Strategy, which reflects the specific needs and protections for this group.

### **Corporate & Strategic Implications**

17. The renewal of the Carers' Strategy is an action of the Department of Community and Children's Services Business Plan.

### **Conclusion**

18. Carers play a vital role in supporting vulnerable adults and enabling them to stay in their own homes and local communities. However, caring can have an impact on a carer's own health and wellbeing, and therefore it is critically important that they receive the support and services they need. This strategy sets out the City Corporation's commitment to deliver this support to ensure that our carers remain valued and are given the help they need in the caring role, and their life beyond that.

### **Appendices**

- Appendix 1 – Carers' Strategy 2015–18

### **Simon Cribbens**

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# Carers' Strategy 2015-18



**Document status:** Draft

**Prepared by:** Carers UK

**Reviewers:** Chris Pelham, Marion Willicome Lang, Simon Cribbens

**Owner:** Chris Pelham

**Approved by:** Community and Children's Service Grand Committee

**Implementation date:** tbc

**Review date:** + 12 months

**Document end date:** + 3 years

**Version:** 1

## Table of contents

<b>1. Executive Summary</b> .....	<b>4</b>
<b>2. Introduction</b> .....	<b>5</b>
2.1 Who are carers?.....	5
2.2 Developing this strategy .....	5
2.3 Progress since the last carers' strategy .....	6
<b>3. Strategic context</b> .....	<b>6</b>
3.1 National .....	6
3.2 Local .....	9
<b>4. Background</b> .....	<b>10</b>
4.1 The City .....	10
4.2 Carers in the City .....	10
4.3 The impacts of caring.....	13
4.4 The current City offer for carers.....	14
<b>5. Consultation and engagement</b> .....	<b>16</b>
5.1 Survey of Adult Carers in England.....	16
5.2 Carers' strategy engagement .....	18
<b>6. Priorities</b> .....	<b>19</b>
<b>7. Glossary</b> .....	<b>24</b>
<b>Appendix 1 – Action Plan</b> .....	<i>Error! Bookmark not defined.</i>

## 1. Executive Summary

This new carers' strategy for the City of London recognises the vital role that carers play in supporting vulnerable adults in the City and enabling them to stay in their own homes and local communities. It acknowledges the impact that caring can have on a carer's own health and wellbeing and explores ways to improve outcomes for all carers and the people they care for in the City.

The strategy informs future developments for carers' services and has been written in light of important new legislation, in particular the Care Act 2014, which has strengthened the rights of carers to assessment and services. It considers and incorporates national and local outcomes including those laid out in the most recent update to the national carers' strategy.<sup>1</sup>

The Census 2011 identified 576 carers living in the City of London, of which around 1 in 10 are known to the City of London Corporation. The strategy aims to identify and support more carers across the City, at an earlier stage, with a focus on improving their health and wellbeing outcomes.

This document has been developed following consultation with carers and other stakeholders and a thorough review of national and local intelligence on carers and caring. It is underpinned by **six strategic priorities** that form the basis of an action plan to improve support for carers over the next three years. The priorities have been informed by the voices of City of London carers and national best practice:

1	Carers are identified at the earliest opportunity and offered support to prevent, reduce or delay their needs and the needs of their cared for
2	Carers are provided with personalised, integrated support that is tailored to their assessed needs and aspirations, gives them choice and control and allows them to take a break
3	Carers are involved and consulted in the care and support provided to their loved ones, treated with respect and dignity and have their skills and knowledge recognised
4	Carers are supported to improve and maintain good physical and mental health and wellbeing
5	Carers are supported to improve their individual social and economic wellbeing, reduce isolation and fulfil their potential in life
6	Carers are supported to cope with changes and emergencies and to plan for the future, including when the caring role is coming to an end and to have a life after caring

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<sup>1</sup> <https://www.gov.uk/government/publications/carers-strategy-actions-for-2014-to-2016>

## 2. Introduction

### 2.1 Who are carers?

Across the UK today, 6.5 million people are unpaid carers, supporting a loved one who is older, disabled or seriously ill. That's 1 in 8 adults who care, unpaid, for family and friends.<sup>2</sup> Research has shown that carers save the state billions of pounds each year by providing much needed care to help sustain people in their own homes.<sup>3</sup>

Every day, 6,000 people become carers and this may be sudden, or something that happens gradually over time.<sup>4</sup> Some people provide unpaid care to a loved one for a few hours a week; others provide round-the-clock support. Some people care for loved ones at home; others care for people who live further away. Some caring roles are short-term; others last for many years or a whole lifetime. Every caring journey is different.

Anyone can become a carer and carers come from all backgrounds, can be any age and support a multitude of conditions. Some of the impacts of caring are common to all carers; however, some carers experience different impacts and issues to others.

Carers play vital, distinct, but interconnected roles within the health and social care system, including:

- Carers as providers of care and support to those with health and social care needs
- Carers as partners in the management and treatment of health and social care needs
- Carers as a group with statutory rights and support needs
- Carers as a population with disproportionately high health and support needs

However, improving the lives of carers does not stop at health and social care. It is a 'golden thread' that should run beyond the health and social care system, to other organisations and employers in the public, private and voluntary sector who all potentially have a role to play.

### 2.2 Developing this strategy

To develop a new carers' strategy, the City of London Corporation partnered with Carers UK to extend its capacity and fully realise the benefits of working with an external, expert carers' organisation to carry out a range of consultation and research activities, including:

- A survey of key stakeholders followed by a stakeholder workshop
- Telephone interviews with stakeholders
- A survey of carers in the City of London followed by a focus group
- An analysis of the demand for care in the City of London based on the makeup, health and levels of deprivation in the local population
- An analysis of the availability, makeup and experiences of carers in the City of London including the impacts they experience on their health and economic activity

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<sup>2</sup> Making life better for carers (Carers UK, 2014)

<sup>3</sup> Valuing Carers (Carers UK, 2011)

<sup>4</sup> Ibid

- A detailed review of carers' assessments and self-directed support

The evidence base as described above and its findings, supplemented with external evidence from the Carers UK Research Library, have informed the development of the priorities in the strategy.

This strategy has been developed as part of an integrated whole system approach, aligned with other commissioning strategies that seek to improve the lives of carers, including the Dementia Strategy and Health and Wellbeing Strategy. It is targeted at improving outcomes for adult carers of adults, but also covers support for young carers and parent carers at the point of transition to adult services. A separate young carers' strategy is under development.

### **2.3 Progress since the last carers' strategy**

The City of London Corporation's previous **Carers' Strategy 2011** identified 8 strategic themes following consultation with carers:

- Theme 1: Identifying and referring carers
- Theme 2: Personalised approach to looking after carers' health and wellbeing
- Theme 3: Providing respite care
- Theme 4: Providing relevant training
- Theme 5: Offering financial guidance
- Theme 6: Helping carers to plan for emergencies
- Theme 7: Involving carers
- Theme 8: Embedding accurate recording processes

Since the last strategy was developed, a number of significant changes have taken place which have altered the landscape for carers' support nationally and in the City of London. Nationally, new legislation including the Health and Social Care Act 2012 and the Care Act 2014, have revolutionised health and social care; locally, City has commissioned its own City Carers' Service offering individual and group services and access to respite care. Crossroads Care was commissioned to offer planned and emergency respite to carers, but take up was low and so this service is no longer available.

Full carers' needs assessments have been provided based on eligibility criteria and for those with a lack of means, a means-tested carer's individual budget has been available, providing £150, £750 or £3,000 a year per carer.

## **3. Strategic context**

### **3.1 National**

The health and social care landscape in England has been going through a period of major change. The **Health and Social Care Act 2012** and the **Care Act 2014** introduced the most dramatic changes to health and social care in the last sixty years, including an extensive reorganisation of the structures and governance of the NHS and widespread reform of social care law in England. These changes came alongside the implementation of the **Welfare Reform Act 2012**, which marked a radical shakeup of the benefits system and financial support for disabled people and their families.

The **Care Act 2014**<sup>5</sup> includes significant and welcome measures to improve the rights of adults caring for adults, including:

- Giving eligible carers, for the first time, a clear right to receive services
- A duty on local authorities to promote the wellbeing of carers including their physical, mental and emotional wellbeing and participation in work, education and training
- Duties to provide information and advice, advocacy and preventative services which reduce carers' needs for support
- New rights to assessment meaning that carers are put on an equal footing with the person they care for
- A national eligibility threshold bringing greater clarity around entitlement for carers and for those they care for
- Measures to ease the transition between children's and adults' services

Rights and support for young carers and parent carers have also been improved and made clearer as part of **the Children and Families Act 2014**.<sup>6</sup>

The integration of health and social care services was given a boost in 2013 with the announcement of the £3.8bn **Better Care Fund (BCF)**. This is a single pooled budget to support health and social care services to work more closely together in local areas. The City's BCF plan delivers on national requirements to reduce admissions to residential and nursing care and avoidable emergency hospital admissions, and includes a local metric to measure effective support to carers.

In 2014, the Government published an action plan, building on the 10-year **national carers' strategy** from 2008<sup>7</sup> and the update of 2010.<sup>8</sup> It retained the strategic vision and outcomes from 2008, but focused on progress against the four priority areas which were highlighted in 2010 (see **Figure 1**).

The next steps identified in 2014 included working with local authorities to support them to prepare for implementation of the Care Act 2014 and Children and Families Act 2014, as well as supporting local initiatives to encourage the identification and recognition of carers across local authorities and the NHS. The Government also committed to schemes to support the identification of young carers and to support carers to remain in paid employment.

In July 2015, Secretary of State for Health, Jeremy Hunt, announced that a new carers' strategy, led by Care Minister Alistair Burt, will aim to answer the question: What do we need to do as a society to support people who are caring now, and crucially, for the millions who will have a caring role in the future?<sup>9</sup>

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<sup>5</sup> <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

<sup>6</sup> <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

<sup>7</sup> Carers at the heart of 21st-century families and communities (2008)

<sup>8</sup> Recognised, Valued and Supported: next steps for the carers strategy (2010)

<sup>9</sup> <https://www.gov.uk/government/speeches/personal-responsibility>

**Vision from the national carers' strategy of 2008:**

Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen.



**Priority outcomes identified in 2008:**

Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role

Carers will be supported to have a life of their own alongside their caring role

Carers will be supported so that they are not forced into financial hardship by their caring role

Carers will be supported to stay mentally and physically well and will be treated with dignity

Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive and to enjoy positive childhoods



**Priority areas identified in 2010:**

Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages

Enabling those with caring responsibilities to fulfil their educational and employment potential

Personalised support both for carers and those they support, enabling them to have a family and community life

Supporting carers to remain mentally and physically well

**Figure 1:** The vision and priority outcomes and areas identified by the national carers' strategy in 2008 and the refresh in 2010; Source: Carers Strategy: Second National Action Plan 2014 – 2016



### 3.2 Local

There are a number of local strategic documents that exist within the City of London that align to and support the aims and objectives of the carers' strategy, as shown in the table below:

<b><i>Strategic document</i></b>	<b><i>How it aligns to the carers' strategy</i></b>
Corporate Plan 2015-19	The Corporate Plan's vision and strategic aims include providing and maintaining modern, efficient, accessible, responsive and high quality services to local residents within the Square Mile. These are supported by six key policy priorities including improving the value for money of services and maximising the opportunities and benefits afforded by the role of supporting London's communities.
Community and Children's Services Business Plan 2015-17	This plan has a vision to make a positive impact on the lives of all service users by working together with partners to provide outstanding services that meet their needs. Specific actions include undertaking a sector-led peer review of Care Act implementation (with reference to carers and personalisation), undertaking a strategic review of services for carers and refreshing the City's carers' strategy. Performance indicators include increasing the number of carers' assessments completed.
Joint Health and Wellbeing Strategy	This strategy identifies a number of health and wellbeing challenges, including ensuring that all City residents are able to live healthily, and improving access to health services. The strategy identifies the difficulty with getting meaningful data on health needs and service provision for City residents due to the small size of the population.
Joint Strategic Needs Assessment (JSNA)	The evidence base for the Joint Health and Wellbeing Strategy comes from the City's JSNA which includes a section related to carers and some limited data from the Census 2011. This identifies that carers in the City are generally older (average age 64) and have been caring for a long time (average duration 14 years).
Integrated Care in the City of London: A One City model	This report was published in May 2014 and details a project to develop a local approach to integrated care across health and social care for vulnerable adults and older people. This encompasses mental health, end of life care, public health and the support provided by voluntary and community services.
Dementia Strategy 2013-2015	The Dementia Strategy demonstrates how the City will develop and deliver health and social care services to better meet the needs of people with dementia and their carers. It is underpinned by 10 strategic objectives – from improving early diagnosis to improving end of life care – and aligns with the principles set out in the Carers'

	Strategy 2011 to support carers.
Housing Strategy 2014-2019	The Housing Strategy sets out the City of London Corporation's ambitions to deliver homes and housing services fit for the future in the Square Mile and central London including improving joint working with health and social care to support vulnerable and older people.
Mental Health Strategy for Older People in City & Hackney 2008-2018	A joint statement of intent between local authorities, NHS bodies and the voluntary sector in City and Hackney, to show clearly the key national and local priorities for mental health services for older people and the commissioning tasks that need to be undertaken to implement those priorities, including new support mechanisms for carers of people with mental health issues in the community.
The City of London Cultural Strategy 2012-17	This strategy sets out what the City of London Corporation plans to do to ensure the City continues to flourish as a cultural centre. Part of this includes supporting elderly and vulnerable adults, to give them skills and confidence to lead independent lives.

## 4. Background

### 4.1 The City

The City of London is a major business and financial centre with more than 400,000 people employed within the Square Mile.<sup>10</sup>

The City has a growing resident population of almost 8,100 people<sup>11</sup> of which 8.4% are aged under 16 and 14.0% are aged 65 and over.<sup>12</sup> There are more men (55.1%) than women (45.9%) in the City and 4 in 10 people are from a BME community (42.5%).<sup>13</sup>

The resident population is predicted to grow to more than 11,000 in the next 25 years with particularly significant increases in the older age groups.<sup>14</sup>

### 4.2 Carers in the City

There were 576 carers in the City of London at the time of the 2011 Census, making up 7.8% of the total population, compared to 8.4% of the population in London and 10.2% across England.

The table below shows the carer population by Census Resident Zone (see **8. Glossary**). The percentage of carers in the population varies from 2.2% in Queenhithe to 11.7% in the Mansell Street Estate area. In terms of actual numbers, the most significant carer populations are in Barbican (281) and Golden Lane (101).

<sup>10</sup> <http://www.cityoflondon.gov.uk/about-the-city/who-we-are/Pages/key-facts.aspx>

<sup>11</sup> Mid-2014 Population Estimates (ONS, 2015)

<sup>12</sup> Census (2011)

<sup>13</sup> BME includes all ethnic groups apart from White: English/Welsh/Scottish/Northern Irish/British

<sup>14</sup> Round Demographic Projections (GLA, 2015)

The overall number of carers in some areas is small so this analysis should be viewed with caution.

The table also shows that 21.0% of carers provide unpaid care for 20 or more hours a week. This is lower than London (36.9%) and England (36.4%). 12.2% of carers provide care for 50 or more hours a week. This is also lower than London (21.6%) and England (23.1%).

Area	1-19 hours	20-49 hours	50+ hours	Total carers	Total pop.	% carers
Barbican	244	14	23	281	2,994	9.4%
Bishopsgate	9	2	0	11	222	5.0%
Botolph	11	1	0	12	227	5.3%
Carter Lane	8	0	1	9	276	3.3%
City West	6	1	2	9	151	6.0%
Golden Lane	68	12	21	101	1,130	8.9%
Little Britain	4	0	0	4	123	3.3%
Mansell Street Estate	25	9	9	43	369	11.7%
Middlesex Street Estate	20	4	8	32	391	8.2%
Minorities	7	2	1	10	225	4.4%
Queenhithe	7	0	0	7	319	2.2%
Smithfield	20	4	2	26	628	4.1%
Temples	26	2	3	31	320	9.7%
<b>City of London</b>	<b>455</b>	<b>51</b>	<b>70</b>	<b>576</b>	<b>7,375</b>	<b>7.8%</b>
<b>London</b>	<b>435,278</b>	<b>105,399</b>	<b>149,296</b>	<b>689,973</b>	<b>8,173,941</b>	<b>8.4%</b>
<b>England</b>	<b>3,452,636</b>	<b>721,143</b>	<b>1,256,237</b>	<b>5,430,016</b>	<b>53,012,456</b>	<b>10.2%</b>

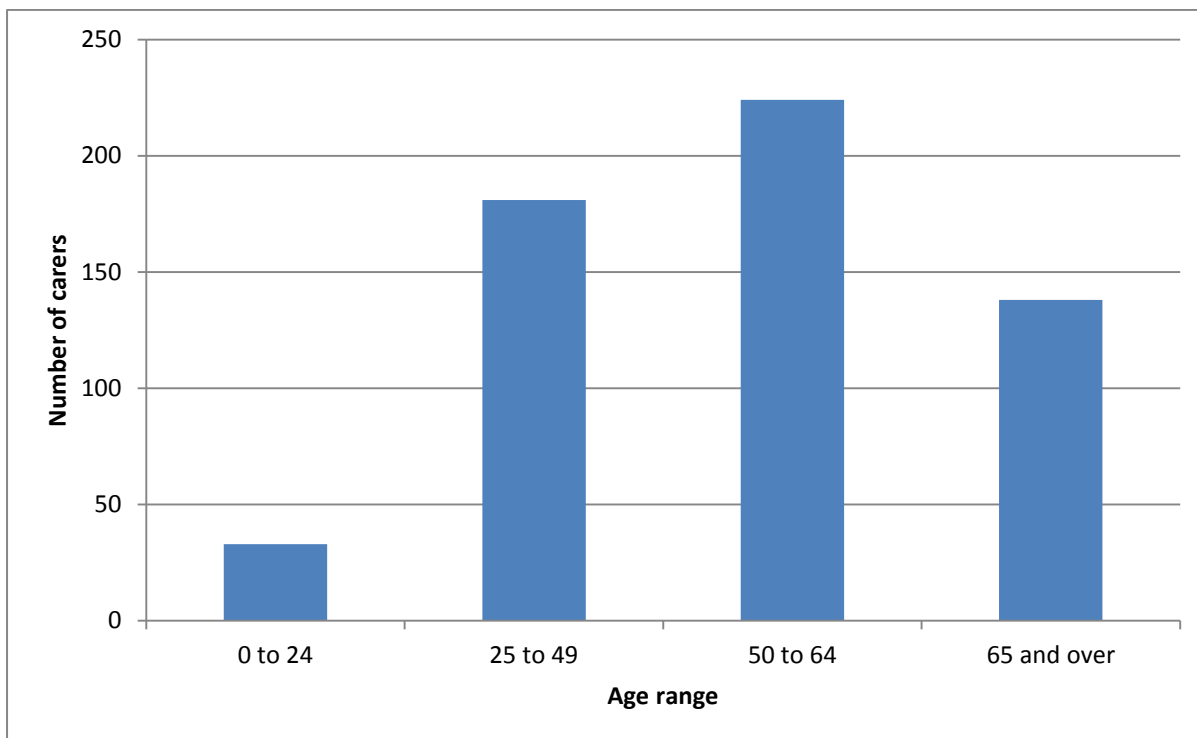
*Provision of unpaid care in the City of London by hours of care provided a week;  
Source: Census (2011)*

Around 53 carers received an assessment from the City of London Corporation in 2014/15. 1 in 5 of those (19.2%) live outside of City borders, with 15.4% living in another London Borough. The largest known carer population is in Barbican (32.7%) followed by Golden Lane (23.1%). The Census identified ten times as many carers living in the City than are known by services.

### **Age and gender of carers**

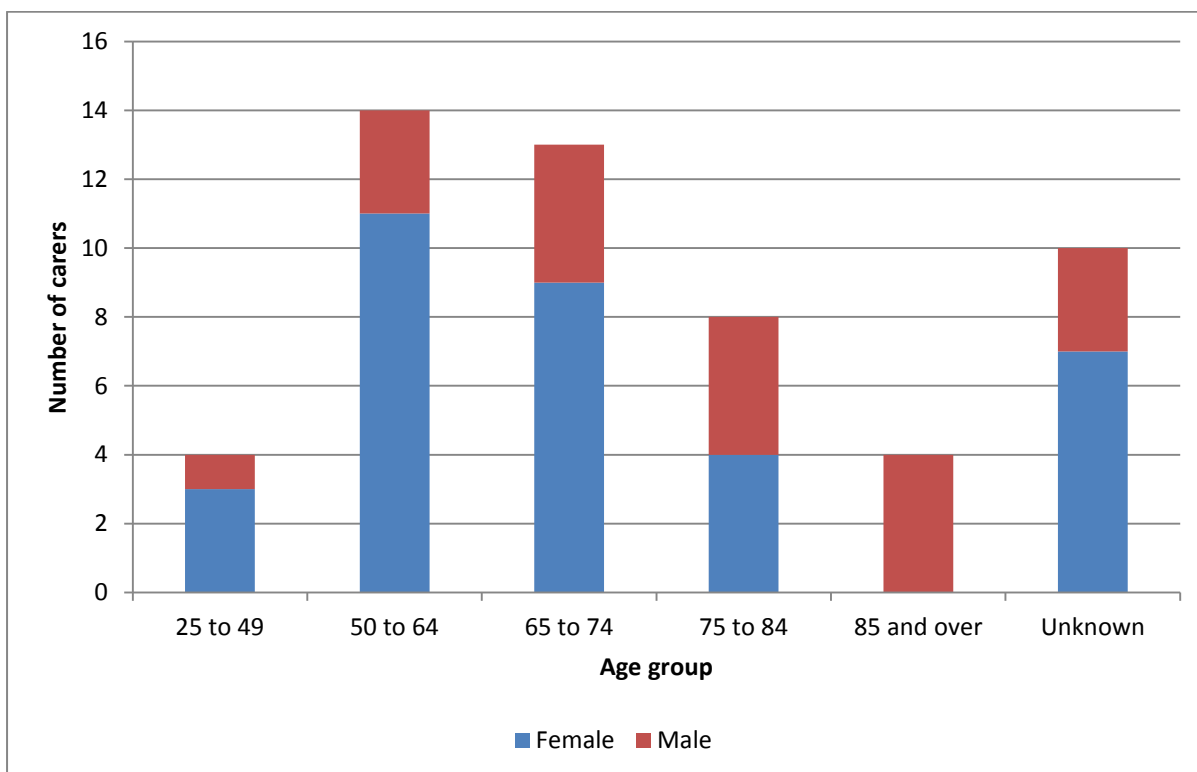
The Census shows that 5 in 10 carers in the City of London are male (49.9%), compared to 4 in 10 carers in London (42.5%) and England (42.2%); however, 6 in 10 carers (61.4%) in the City providing care for 50 or more hours a week are female.

The figure below shows that the age profile of carers in the City of London peaks between 50 and 64; 38.9% of carers are in that age group and 15.9% of people aged 50 to 64 are carers. 17.1% of carers aged under 65 are providing 20 or more hours of care a week; for carers aged 65 and over, this jumps to a third (33.3%).



*Distribution of City of London carer population by age; Source: Census (2011)*

The figure below shows the age and gender breakdown of 53 carers known to the City of London Corporation who received an assessment or reassessment of their needs in 2014/15. This shows that the known carers are predominantly female (64.2%) and aged 50 to 74 (50.9%).



*Age and gender of carers known to social care; Source: City of London Corporation*

Compared to the information about carers in the City of London from the 2011 Census, male carers are underrepresented and carers aged 65 and over are overrepresented in the number of carers known to adult social care. The age profile is more balanced when looking at carers providing the most care (20 or more hours a week) who may be seen as more likely to have had a carer's assessment.

### **Carer ethnicity**

In the City of London, 29.2% of the carer population are from BME groups (all communities that are non-white British) compared to 42% of the general population in the Square Mile. 5.4% of the BME population in the City of London provide unpaid care, compared to 9.6% of the White British population. The table below shows that this ranges from 3.1% of the Black/African/Caribbean/ Black British population, to 7.6% of the Asian/Asian British population.

<b>Ethnic Group</b>	<b>Population</b>	<b>Provides care</b>	<b>% provides care</b>
White: English/Welsh/Scottish/Northern Irish/British	4243	408	9.6%
White Irish/Gypsy or Irish Traveller/Other White	1556	71	4.6%
Black/African/Caribbean/Black British	193	6	3.1%
Asian/Asian British	940	71	7.6%
Mixed/multiple ethnic group	289	11	3.8%
Other ethnic group	154	9	5.8%

*Percentage of the population who provide unpaid care in the City of London, by ethnic group; Source: Census (2011)*

### **4.3 The impacts of caring**

Caring for others can adversely affect your health and wellbeing and research has consistently shown this.<sup>15</sup> Census data shows that carers are significantly more likely to be in poor physical and emotional health than those without caring responsibilities.

#### **Carer health**

2 in 10 carers (19.9%) in the City of London report being in 'not good' health, compared to 1 in 10 non-carers (11.5%). 4 in 10 people (38.8%) providing 20 or more hours of unpaid care a week report being in 'not good' health; this increases to 6 in 10 carers (58.7%) aged 65 and over.<sup>16</sup> More than 110 carers in the City (including more than 50 aged 65 and over) declare their health to be 'not good'. This includes around 30 who declare their health to be 'bad or very bad'.

Out of the areas in the City with the highest numbers of carers, Golden Lane in particular has a high proportion of carers in poor health, with 3 in 10 (29.0%) saying their health is 'not good' against 2 in 10 (17.0%) in Barbican.

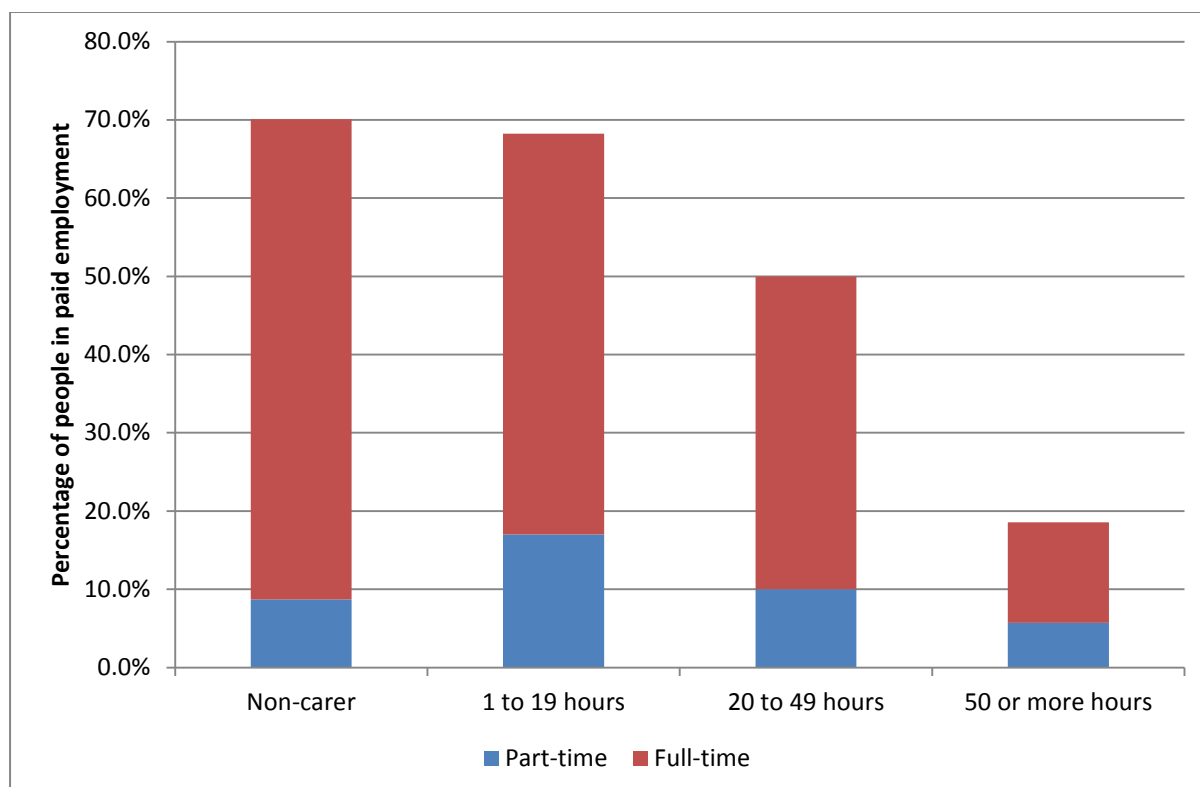
#### **Economic activity**

<sup>15</sup> In Sickness and in Health (Carers Week, 2013); State of Caring report (Carers UK, 2015)

<sup>16</sup> Responses of 'fair', 'bad' and 'very bad' represent 'not good' health

In the City of London, the proportion of carers aged 16 and over in full-time employment is 45.5%, lower than the 61.4% of non-carers aged 16 and over. Carers are more likely to be in part-time employment; 15.0% of carers are in part-time work against 8.7% of non-carers.

As you would expect, the figure below shows that the proportion of carers in employment differs significantly depending on the intensity of their caring role. 7 in 10 people (68.2%) providing unpaid care for 1 to 19 hours a week are in some type of employment, against less than 2 in 10 (18.6%) who provide care for 50 or more hours a week.



People aged 16 and over in paid employment in the City of London by hours of care provided a week; Source: Census (2011)

### **Carer finances**

There were 20 carers claiming Carer’s Allowance in the City of London in February 2015 – equivalent to £64,584 annually – and this number has been steady for more than five years. All claims have been active for at least two years and half have been active for five years or more. All claimants are aged between 50 and 64.<sup>17</sup>

### **4.4 The current City offer for carers**

#### **Support for carers from statutory services**

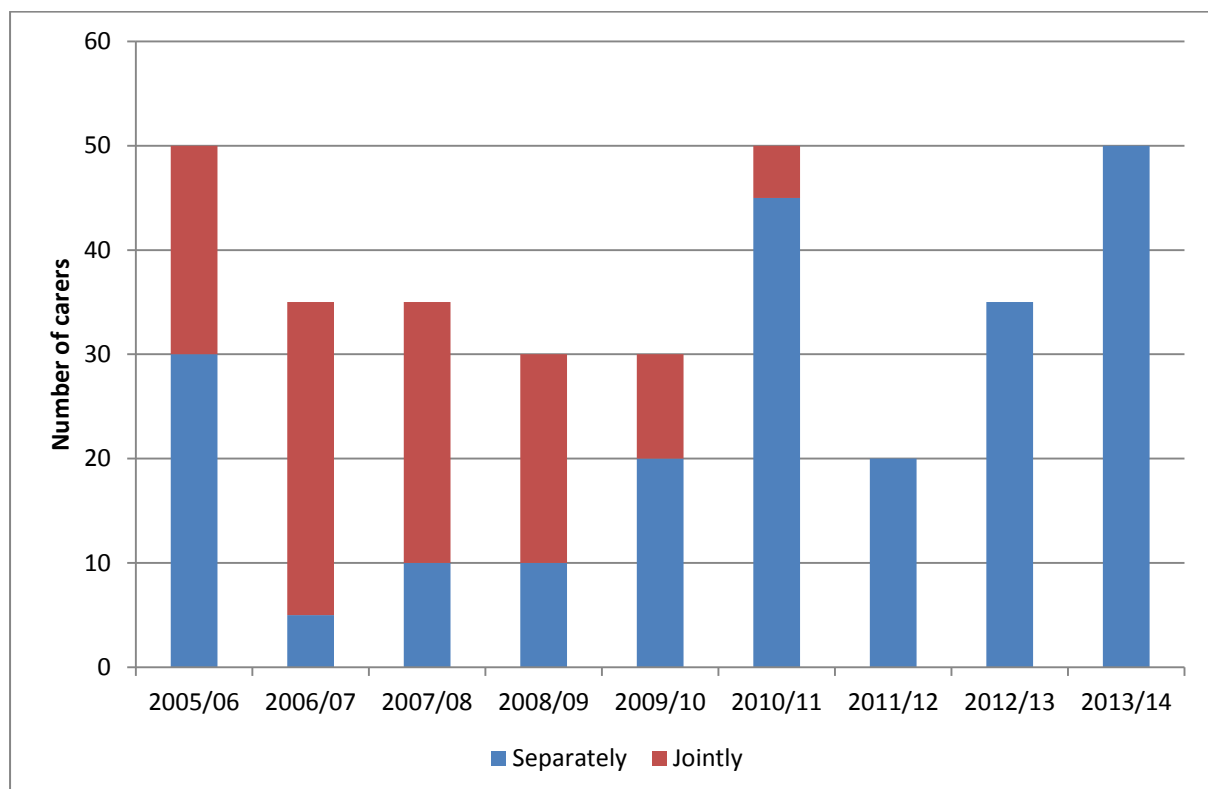
The City of London Corporation’s Adult Social Care Team is part of People’s Services under the Community and Children’s Services department. The team works across all client groups and includes specialist support for adult mental health,

<sup>17</sup> Source: Nomis

occupational therapy and reablement, as well as care navigator roles linked to primary and secondary care.

The majority of carers' assessments are carried out by social workers and they lead to a support plan which includes a Care Act compliant personal budget.

Carers can choose between a separate assessment of their needs and a joint assessment with the person they care for. The figure below shows how many carers' assessments or reviews have taken place in the City of London each financial year since 2005/6. This shows the number of assessments has fluctuated between 50 and 20. In 2013/14 it had peaked again at 50. Provisional data for 2014/15 shows that 53 carers' assessments were carried out.



Carers can access planned respite care, which enables them to go out and feel reassured that the person they care for is being well looked after. Emergency respite care can also be made available if necessary.

The City of London shares health services with Hackney and although there is an NHS GP practice in the City – The Neaman Practice – it does not serve all residents and some access services from neighbouring boroughs including Tower Hamlets, Camden and Islington. There are 12 private GPs working in the City.

New care navigator roles are helping to lessen the gaps experienced by patients and carers when accessing acute services within other health authorities. They assist carers to access support, ensuring the safe discharge of City of London residents. These roles have been key in developing more effective partnerships with professionals in primary and secondary care services and in coaching and supporting medical staff to enable them to better identify carers.

The care navigators work closely with The Neaman Practice in the City and support social prescribing to improve health and wellbeing of residents. This is currently only available to those residents who attend this practice. The care navigators are working with other GP practices based outside of the City to ensure residents who attend those surgeries are well supported.

In partnership with Adult Social Care, lending libraries in the City provide a collection of books for carers which can be borrowed or reserved free of charge. Libraries also stock the Books on Prescription collection.<sup>18</sup>

### ***Local carer-specific services and support***

The City of London Corporation commissions its own carers' service from an organisation called Elders Voice, known as City Carers' Service. City Carers' Service provides support, information and advice to adult carers and can help them to find practical and emotional support around their caring role. It holds a monthly carers' support group in the morning at Tudor Rose Court, Barbican and occasional activities throughout the year, particularly during Carers Week.

### ***Universal support services***

City 50+ is a service provided by Toynbee Hall for people aged over 50 and living in the City of London. It provides signposting and specialist advice and support with a range of issues. This could be one off support or regular involvement through coffee mornings and social activities.

St Luke's Community Centre in Islington works with people aged 55 and over, including some City carers. It offers people a space to drop in and learn new skills, receive help and advice and make new friends. It also offers a Men's Shed service which is a dedicated space and programme of activities for older men living in Islington and the City of London.

City Advice offers a range of services for anyone living, working or studying in the City of London including information, advice, signposting and advocacy on a range of issues such as welfare benefits, employment, housing and health.

The City of London Volunteering Service provides a befriending service for people who are housebound or isolated.

## **5. Consultation and engagement**

### **5.1 Survey of Adult Carers in England**

In 2014/15, the City of London Corporation participated in the Survey of Adult Carers in England. This mandatory biennial survey captures carers' thoughts and opinions on a variety of topics that are considered to be indicative of a balanced life alongside their caring role. Results are used to inform national policy.

Carers are asked six questions about their quality of life and the table below summarises the results for each of these. Please note that the City of London

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<sup>18</sup> <http://reading-well.org.uk/>



sample size is low (20-25 carers in 2012/13 and 26-28 in 2014/15) so it is difficult to generalise for the whole population.

<b>Subject</b>	<b>Positive statement</b>	<b>2012/13</b>	<b>2014/15</b>	<b>Change</b>
Occupation	I'm able to spend my time as I want, doing things I value or enjoy	34.8%	15.4%	↓
Control	I have as much control over my daily life as I want	45.5%	35.7%	↓
Personal care	I look after myself	61.9%	66.7%	↑
Safety	I have no worries about my personal safety	95.5%	96.4%	↑
Social participation	I have as much social contact as I want with people I like	60.9%	46.4%	↓
Encouragement and support	I feel I have encouragement and support	57.1%	57.7%	↑

*Results from the Adult Survey of Carers in England; Source: HSCIC (2013, 2015)*

The table below shows some of the other results from the survey. A number of indicators have fallen since 2012/13, but this is particularly significant for the proportion of carers who reported that they had as much social contact as they would like.

<b>Indicator</b>	<b>2012/13</b>	<b>2014/15</b>	<b>Change</b>
Proportion of carers who reported that they had as much social contact as they would like	60.9%	46.4%	↓
Overall satisfaction of carers with social services	55.6%	54.2%	↓
The proportion of carers who report they have been included or consulted in discussions about the person they care for	84.6%	78.3%	↓
The proportion of carers who find it easy to find information about services	78.6%	82.4%	↑

*Results from the Adult Survey of Carers in England; Source: HSCIC (2013, 2015)*

## 5.2 Carers' strategy engagement

In developing this strategy, a series of engagement activities with carers and other stakeholders were held to understand everyone's views and experiences:

<b>Method</b>	<b>Number of responses/attendees</b>
A survey of key stakeholders	6 people including members of the Adult Social Care team, voluntary sector and estate management
Stakeholder focus group	3 people working in the voluntary sector
A survey of carers	35 unpaid carers
Focus group with carers	6 unpaid carers

The carer survey and focus group asked questions about the caring journey – from becoming a carer through to when caring changes – and sought people's views and experiences of being a carer in the City of London and using the services that are available to them.

Key findings from the engagement activities included:

- The City of London Corporation has raised the profile of caring in the City, increasing the number of known carers
- City Carers' Service is doing its best but there could be more flexible support offered and outreach work
- Carers on the east side of the City have the most difficulty accessing support services of all City carers
- A new carers' strategy will offer a fresh perspective on what's being done already and identify strategies to find hidden carers
- Carers were not always aware if they had had a carer's assessment
- Some carers who had an assessment felt that they could not be honest in front of their cared for
- An improved information provision for carers and better communication would make best use of support that is already available
- Some carers felt they did not get enough information at an early stage to allow them to carry out their role effectively
- Carers felt that better communication and more regular contact from services would help
- Two thirds of carers said that their GP is aware they are a carer, but more than half said their GP had not offered them information or signposting
- The Neaman Practice is considered proactive in identifying carers
- Care navigator role has proved to be an excellent resource to identify and signpost carers
- 35% of carers said that caring has had a negative effect on their physical health and 45% said it has had a negative effect on their mental health
- Three quarters of carers do not have an agreed emergency or contingency plan in place should they be unable to care and the future is a source of anxiety
- Support group model does not appeal to all carers and needs to be more flexible

## 6. Priorities

The six priorities for this new strategy have been developed following consideration of a number of factors:

- Consultation with carers and stakeholders in the City of London
- National and local outcomes for health and social care and carers' support
- National evidence of best practice

Each priority has 3-4 associated outcome measures that demonstrate what achievement of the priority will look like.

**Priority 1:** Carers are identified at the earliest opportunity and offered support to prevent, reduce or delay their needs and the needs of their cared for

**Outcome measures:**

- Carer identification is embedded across all services that have regular contact with people and families
- Carers are identified at the earliest opportunity regardless of their own level of awareness
- Carers are able to access information, advice and services to prevent, delay or reduce their needs for support and the needs of their cared for

**Why this priority?**

- Identification and support of carers should be 'everybody's business' as carers come into contact with a wide variety of services and local venues
- Supporting carers and their cared for at an earlier stage can lead to improved outcomes for carers and can save money on costly health interventions in the longer term
- Data suggests that there are ten times as many carers in the City of London than have been identified by services
- Many carers in the City told us that caring was something that happened gradually and they can spend a long time in denial

**Quotes from carers:**

- "I wished when I took over the job...that there was a formalised mentoring system... one contact person who tells you about your role...at the moment you have to pick it up as you go along."
- "I'm never quite sure what is a social services and what is a medical issue...I'm so glad I have a care-coordinator... if I have any questions I go to her."
- "You don't know what you don't know."

**What we will do:**

We will:

- Embed mainstream carer identification across health, social care and other internal and commissioned services that have regular contact with people and families
- Develop an outreach model for carers' support
- Develop the preventative support offer for carers that seeks to delay their own needs both as a carer and as a service user including information and advice, health screening, benefits checks and peer support

- Develop information and advice for carers available online through the City of London Corporation web site.

**Priority 2:** Carers are provided with personalised, integrated support that is tailored to their assessed needs and aspirations, gives them choice and control and allows them to take a break

**Outcome measures:**

- Carers have access to integrated and personalised services to support them in their caring role and which offer choice and control
- Support for carers is tailored to their individually assessed needs and aspirations
- Services are accessible to all and consider the specific needs of different communities and groups of carers
- Carers are able to access support that allows them to take a break when they need to

**Why this priority?**

- The Care Act 2014 has further strengthened carers' rights to assessment and support including promoting their wellbeing
- Everyone's caring role and aspirations can be different and therefore the level and type of support that's needed will vary from person to person
- There should not be an institutional assumption that carers are willing and able to provide care

**Quotes from carers:**

- "My mum wouldn't go into respite, even when I was in hospital... the cleaner stayed for a couple of nights."
- "No one asked me, how are you doing?"
- "There was no conversation about me and my role."
- "I don't have any free time, I take time out."

**What we will do:**

We will:

- Ensure carers' assessment process is Care Act compliant
- Develop the carers' personal budget process including an e-marketplace solution
- Ensure processes are in place that allow carers to take a break from caring for a one off, short term or longer term need.

**Priority 3:** Carers are involved and consulted in the care and support provided to their loved ones, treated with respect and dignity and have their skills and knowledge recognised

**Outcome measures:**

- Carers are respected as expert care partners throughout the care process and treated with respect and dignity
- Carers are actively and positively involved and consulted in the care and support provided to their loved ones
- Carers are involved in the planning and design of local services

**Why this priority?**

- Carers should always be involved in assessments of adults with care and support needs if they are providing care to meet that person's needs
- Carers hold a great deal of knowledge about their own needs as well as the needs of the person they care for that is vital to support a better understanding
- Assessments and support plans should have regard to the needs of the whole family.

**Quotes from carers:**

- "Didn't realise I was caring, it was just there."
- "Institutional assumption that you will provide care."
- "No plan, they just ask you questions and you answer to the best of your ability, but nothing after that."
- "It goes back to the other question that it depends what you feel able to say in front of the other person."

**What we will do:**

We will:

- Involve carers in assessment and care planning
- Develop a training programme for carers that considers their needs as part of a wider workforce
- Develop informative and interactive events for carers.

**Priority 4:** Carers are supported to improve and maintain good physical and mental health and wellbeing

**Outcome measures:**

- Opportunities to promote, improve and maintain carers' physical and mental health are embedded across all services including a wider range of local health services
- Carers are provided with all the information and support they need to stay healthy and well and make positive lifestyle choices
- Carers are supported to ensure their caring role is not putting them at risk and they have all the information they need to care safely

**Why this priority?**

- Local and national research shows that carers are significantly more likely to be in poor physical and emotional health than those without caring responsibilities and that this gets worse as the caring role intensifies
- Carers are much more likely to be able to sustain their caring role if they are in good health
- A third of carers who completed our survey indicated that caring had had a negative impact on their physical health and almost a half indicated that it had had a negative impact on their mental health

**Quotes from carers:**

- "You don't know often what the problem is that you have... you have to learn as you go along... I want someone who knows what they're talking about to tell me what to do."
- "I have a continual problem with tiredness, it's usually my fault as I stay up

late...but hey it's free time."

**What we will do:**

We will:

- Ensure consistent support for carers at GP practices, in particular those based outside of the City
- Extend social prescription model to carers and offer support through community venues
- Target carers for preventative public health programmes
- Offer a web of emotional support to suit a wider group of carers.

**Priority 5:** Carers are supported to improve their individual social and economic wellbeing, reduce isolation and fulfil their potential in life

**Outcome measures:**

- Opportunities to improve carers' individual social and economic wellbeing are embedded across all services
- Carers are able to have their own life alongside their caring role and avoid becoming socially isolated
- Carers are able to access support to enable them to fulfil their educational and employment potential
- Carers are supported to maximise their income and access information and advice related to their financial situation

**Why this priority?**

- Local and national research shows that carers are far less likely to be in employment than non-carers and that this gets worse as the caring role intensifies
- National research shows that carers are facing serious and lasting financial consequences due to the extra costs of caring
- Carers in the City told us that caring had negatively impacted on their employment, leisure time and social life
- Less than half of City's carers who participated in the Survey of Adult Carers in England 2014/15 said they have as much social contact as they want and this figure has got worse since 2012/13

**Quotes from carers:**

- "...trapped by this financial hole that you can't get out of."

**What we will do:**

We will:

- Ensure carers' assessments and support planning promote carers to have a life of their own outside of caring
- Develop a 'carers' card' offering local discounts and emergency support
- Encourage carers to access income maximisation services
- Support working carers through corporate responsibility links.

**Priority 6:** Carers are supported to cope with changes and emergencies and to plan for the future, including when the caring role is coming to an end and to have a life after caring

**Outcome measures:**

- Carers are provided with information, tools and strategies at an early stage to prepare them for changes in their caring role and emergency situations
- Carers are treated in a sensitive manner and provided with support when their caring role comes to an end
- Former carers are supported to transition into mainstream services
- Young carers and parent carers are prepared for the transition into adult carers' support services and supported through the process

**Why this priority?**

- In line with City's Dementia Strategy, carers should be fully supported through end of life care, be involved in planning and have access to advice and support
- Three quarters of carers said they did not know what they would do if they were unable to care

**Quotes from carers:**

- "You find by bitter experience what works and what doesn't work."
- "I think it's the emergency thing, supposing I died first, knowing that services are there to provide an emergency system to sort things out... I would have confidence and faith in them."

**What we will do:**

We will:

- Offer contingency planning as part of the assessment and review process
- Develop an emergency/future planning scheme for carers
- Support carers when their caring role comes to an end
- Support carers to have a life after caring
- Supporting young carers and parent carers during transition.

## 7. Glossary

### **Carer**

A carer is anyone who cares, unpaid, for a friend or family member who is older, disabled or seriously ill. Unpaid carers are sometimes mixed up with paid carers, or care workers.

### **Carer's Allowance**

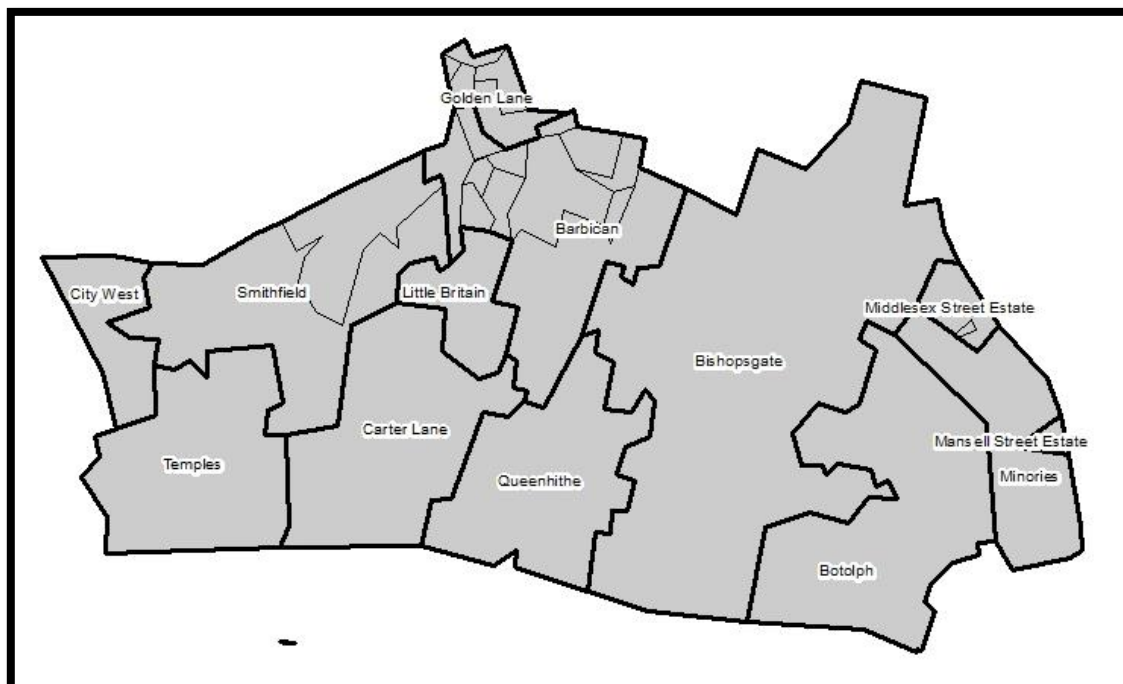
A taxable weekly benefit to help you look after someone with substantial caring needs.

### **Carers' Assessment**

An opportunity for carers to discuss how caring affects their life and the support or services they need to be able to carry on caring, if they are willing.

### **Census Resident Zone**

It is not practical to analyse geographical data at ward level for the City of London, where the wards are primarily made up of business voters and the residential population is low. Therefore, Census Resident Zones have been created for the purposes of analysis, which are based upon aggregation of Output Areas. Output areas are the lowest statistical levels upon which Census data is published. The map below shows the 13 Census Resident Zones in the City of London.



Map of the City of London showing 'Census Resident Zones'  
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### **Commissioning**

The process of ensuring that the right local services are available to meet people's needs.



**Eligibility**

The national eligibility criteria set a minimum level for adult care and support and carer support. All local authorities must at a minimum meet people's needs at this level.

**Integrated care and support**

A partnership in which health and social care work together, putting the needs and experiences of people, their carers and families at the centre of how services are organised and delivered.

**Outcome**

The result that happens or is expected to happen following provision of care and support.

**Parent carer**

Parents or carers of a child with a disability or additional needs. Parent carers have generally been recognised to be supporting children and young people aged under 18.

**Personalisation or personalised services**

Personalisation is a social care approach which means that everyone who receives support, whether provided by statutory services or funded by themselves, will have choice and control over what that support looks like in any care setting.

**Social prescription**

Social prescriptions are about connecting people to non-medical sources of support to improve their health and wellbeing, for example, exercise, learning and self-help.

**Transition**

The process of change for young people with disabilities as they progress from childhood to adulthood.

**Young carers and young adult carers**

Young carers are children and young people who help to look after family members who have a disability, illness, mental health condition, or substance misuse issue. They often take on responsibilities that would not normally be expected of someone their age.

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<b>Committee(s)</b>	<b>Dated:</b>
Community and Children's Services Committee	<b>11 September 2015</b>
<b>Subject:</b> Care Act 2014 Update	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For Information</b>

## Summary

Members have previously received reports on the Care Act 2014 and the City of London's work to implement this.

The Care Act received Royal Assent in May 2014 and introduced wide-ranging and significant reform of the adult social care system. Most of the provisions of the Act came into force in April 2015, with the remaining, mainly related to funding reform, due to come into force in April 2016.

The funding reform, which included the introduction of a cap on the amount people have to spend on their care, has now been delayed nationally until 2020.

An independent appeals process, which was also due to come into force in April 2016, will be reviewed by Government as part of the Comprehensive Spending Review but is likely to also be delayed.

## Recommendation

Members are asked to:

- Note the report.

## Main Report

### Background

1. The Care Act received Royal Assent in May 2014 and introduced wide-ranging and significant reform of the adult social care system.
2. The City of London established a Care Act Implementation Group, consisting of Officers from across the organisation, to oversee implementation of the Act. The majority of the Act came into force in April 2015 and the City of London has implemented this successfully.

3. Part two of the Act focused on funding reform and was due for implementation in April 2016. This included:
  - a cap on the amount anyone would have to pay towards meeting their eligible care needs regardless of their income and savings. This had been set at £72,000 for those over working age
  - an extended means test to accompany the cap
  - a duty to help self-funders arrange residential care if they required assistance.
4. Part two of the Act also included the introduction of an independent appeals process.
5. On 17 July 2015, the Department of Health announced that implementation of the funding reforms in the Care Act would be delayed until 2020. The Government will review the timetable for implementation of the appeals process as part of the Comprehensive Spending Review and make a decision about implementation.
6. The funding reforms in the Care Act have been delayed for a number of reasons:
  - the costs of implementing the reforms in the current financial climate and the lack of development of a private insurance market that had been expected
  - the potential impact on the care market of arranging care to meet the eligible needs of self-funders in care homes
  - concerns about the challenges of delivering this funding reform and readiness to do so
  - to consider what else might be developed to support people to prepare for later life, including the risk of needing care and support.

### **Current Position**

7. Work had been under way at a local and regional level to prepare for the implementation of funding reforms in April 2016. Much of this work had been dependent on other organisations such as IT providers developing specific products to deliver the reforms.
8. Further information is awaited on the status of any regional work. Local work will be influenced by this and the development of other areas of work such as IT.

### **Corporate & Strategic Implications**

9. The *City Together Strategy* seeks a world-class City which supports vulnerable members of the community so that they can remain at home and maintain their independence and which gives support and recognition to the role of carers. It also aims to ensure that everyone can meet their full potential in every aspect of their daily lives by taking a preventative approach.
10. KPP4 of the *Corporate Plan* aims to maximise the opportunities and benefits afforded by the City of London's role in supporting London's communities.

11. The Department of Community and Children's Services Business Plan includes a commitment to ensure readiness for implementation of part two of the Care Act by March 2016. This will now be reviewed in light of the delay.

### **Implications**

12. There are no implications associated with the delay in the implementation of the Act.

13. Potential financial implications of the reforms may still be a risk when the reforms are implemented. These relate to meeting the costs of care once people have reached the £72,000 cap.

### **Conclusion**

14. The City of London has successfully implemented part one of the Care Act 2014 and was preparing for implementation of part two in April 2016. This has now been delayed until 2020. Members will be updated with plans for implementation as they emerge.

### **Appendices**

- None

### **Background Papers**

- 12 September 2014 Item 6
- 13 February 2015 Item 8

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<b>Committee:</b>	<b>Date:</b>
Community and Children's Services	11 <sup>th</sup> September 2015
<b>Subject:</b> Welfare Reform and Work Bill	<b>Public</b>
<b>Report of:</b> Remembrancer	<b>For Information</b>

## Summary

This Report advises the Committee of the provisions of the Welfare Reform and Work Bill, which was introduced in Parliament shortly before the Summer Recess. The Bill will implement the welfare reforms announced in July's Budget, including a reduction in the 'benefit cap', a five-year freeze in working-age benefits and the restriction of child tax credits to two children per family. Of most direct concern to the Committee is a requirement for social housing providers to reduce rents by one per cent in each of the next four years. Another measure affecting the Committee is the abolition of statutory duties concerning child poverty.

## Recommendation

It is recommended that the Committee receive this Report.

## Main Report

1. The Welfare Reform and Work Bill was introduced in Parliament shortly before the Summer Recess and received its Second Reading in the Commons (widely reported in the light of internal debate in the Labour party over the position it would take). Detailed consideration in Committee will begin in the autumn. The main purpose of the Bill is to implement the welfare reforms announced by the Chancellor in July's Budget.
2. The measure of most direct concern to the Committee is a reduction in social housing rents of one per cent in each of the next four years. This reverses present policy whereby rents may be increased by up to one per cent above inflation. The reduction will be imposed on all registered providers of social housing, including the Common Council. The Government has explained the measure as an attempt to reduce the amount it spends on housing benefit. The Opposition has expressed support for the principle of reducing social rents, but has indicated that amendments will be tabled in Committee in order to mitigate the financial effects on housing providers.
3. The Director of Community and Children's Services has advised that the reductions in rent could lead to losses in the region of £3 or £4 million over the four-year period, compared to current income projections for the Housing Revenue Account. The precise measure of losses will depend on the rate of inflation shown in the Consumer Price Index (which would otherwise have determined changes in rent).

4. The work of the Committee will also be affected by reforms to the statutory regime in respect of child poverty, by which the current duty of the Secretary of State to meet targets with respect to four income-based measures of child poverty will be abolished, and replaced with a duty to report annually to Parliament on the number of children in workless households and the educational attainment of children from different backgrounds. The Child Poverty Act will be rebranded as the Life Chances Act and the Social Mobility and Child Poverty Commission will become simply the Social Mobility Commission. As part of these reforms three duties currently placed on local authorities (including the Common Council) will be removed: that of preparing a local child poverty needs assessment, that of preparing a joint child poverty strategy, and the general duty to promote co-operation among various local bodies in order to reduce or mitigate child poverty.
5. Other measures in the Bill do not directly affect the work of the Committee but might be of wider policy interest to Members. The so-called 'benefit cap' is to be reduced from £26,000 to £23,000 in London (and £20,000 elsewhere). Most working-age benefits will be frozen at current rates until 2020. Child tax credit (and the equivalent element of universal credit) will be restricted to two children per family with effect from 2017. Parents in receipt of universal credit will be required to seek work when their children are at an earlier age. The current benefit available to assist with mortgage payments will be replaced by interest-bearing loans from the Government. The Secretary of State will be required to report annually to Parliament on progress made towards full employment, progress made towards the Government's target of creating three million apprenticeships by 2020, and on the effectiveness of support provided by local authorities under the Government's 'troubled families' programme (in which the Common Council is not presently involved).
6. Some of these measures might have indirect consequences for the City Corporation, by making it more difficult for social tenants to pay their rent and thus leading to an increase in arrears. This is especially the case with the benefit cap and the benefit freeze, both of which apply to housing benefit. At present, though, the Director of Community and Children's Services considers that only a small number of households are likely to be affected by these measures. It is also possible that the benefit cap could also lead to an increase in the number of homelessness applications in cases where welfare recipients find their current housing unaffordable, but the effect of this in the City is not likely to be significant.
7. The Bill is at an early stage and it is possible that significant changes will be made (including the addition of further measures) as it proceeds through Parliament. Any developments of interest to the Committee will be reported to future meetings.

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<b>Committee(s):</b>		<b>Date(s):</b>
Open Spaces and City Gardens	For decision	27/7/2015
Community & Children's Services	For information	11/9/2015
<b>Subject:</b>	<b>Public</b>	
St Botolph Bishopsgate Ball Court Improvements		
<b>Report of:</b>	<b>For Information</b>	
Director of Open Spaces		

### **Summary**

The Ball court in the Churchyard of St Botolph without Bishopsgate is the responsibility of the City to maintain. The court has reportedly reached a stage where a full resurfacing is required. Section 106 funding is available to resurface the court and improve the surrounds subject to the provision of times on the court allocated for young people to use the facility. Working in partnership with the Church and the Department of Community & Children's Services, it is proposed to develop a scheme to carry out the improvement works and improve the promotion of the site.

The opportunity will be taken to update the maintenance agreement between the Church and the City of London for this site.

### **Recommendation**

Members are asked to:

- Approve the proposed works, in principle, to resurface the ball court and improve the court surrounds at the Churchyard of St Botolph without Bishopsgate
- Delegate authority to the Director of Open Spaces in conjunction with the Comptroller & City Solicitor to negotiate a new Churchyard maintenance agreement that includes provision for future maintenance of the ball court and provide for the old agreement to be of no further effect.

### **Main Report**

#### **Background**

1. The Churchyard of St Botolph without Bishopsgate is maintained by the City of London under an agreement dating from 1970, under the provisions of the 1906 Open Spaces Act.
2. This agreement requires the City to maintain the site, including the ball court within the Churchyard, whilst the Church is responsible for the letting of the ball court, with associated fees belonging to the Church.
3. The ball court is primarily used by City workers and residents for netball and tennis and is one of only three public tennis courts in the City.

4. The Churchyard lies in a conservation area and contains listed buildings, monuments and other listed structures. It lies adjacent to a residential building to the south and offices or roads on the other boundaries.
5. A Church proposal for youth provision at St Botolph's Church, to be funded from the Heron Tower Section 106 agreement dated 7th April 2006, has not proceeded and capital funding has been re-allocated, along with some funding for floodlighting at the Church, for the refurbishment and enhancement of the court on the basis that there will be dedicated times when it will be available for use by young people. This approach is supported by the Church and the Director of Community and Children's Services.
6. A Project Proposal for the improvement of the Ball Court at St Botolph Bishopsgate Churchyard was approved by the Projects Sub-committee in October 2014.

### **Current Position**

7. In recent times the court has deteriorated greatly, the surface is crumbling and we are advised it is no longer fit to play on safely. The court is in need of a major renewal which is the responsibility of the City. However there has been no revenue funding allocated to this.
8. Drainage of the court surface is poor and also needs to be improved. The flood lighting is in need of upgrading and there is a need to repaint the fencing.
9. The court surrounds would benefit from improvement also. In particular there is stepped access and initial indications are that it would be feasible to upgrade this and put in adjacent level access. Improvements to the planting are also needed to improve the setting of the court which is in a Conservation Area and close to listed buildings.
10. The site has a history of rough sleeping and antisocial behaviour. The hedge which enclosed the access to the court has recently had to be cut low as a response to this. However having some planting adjacent to the court's chainlink fence is of value to soften the visual impact of the facility on the Churchyard.
11. The existing agreement is no longer fit for purpose and needs to be updated. In particular a sustainable funding solution for the maintenance of the court needs to be put in place with the agreement of the Church.
12. The income provided by the court is an important source of funding for the Church and enables them to carry out their activities in the Parish.
13. There is a need to ensure provision of access to the court for young people in particular, at an appropriate fee and youth provision is a requirement of the S106 funding.

### **Options**

14. Your officers have had discussions with the Church authorities at both parochial and diocesan levels, who agree in principle that the Church should fund the costs of the court from the sports fees taken.
15. These discussions have also considered the appropriate mix of sports and the type of surfacing at the site. Netball is very popular in the area and there are long

standing teams associated with the court. It is considered that the site should continue to be used primarily for netball and for tennis as a secondary use. Options for other sports were considered.

16. A sports business consultant has been engaged to assess the potential income and ongoing costs for a refurbished facility to ensure there is the ability to cover day-to-day maintenance, a sinking fund for periodic refurbishment and a reasonable income for the Church whilst allowing sufficient hours to be made available at appropriate times for youth provision at nominal cost.
17. Discussions are ongoing with the City's sports provider, Fusion Lifestyle, officers of the Community & Children's Services and the Lawn Tennis Association about supporting and promoting the community use of the site.

### **Proposals**

18. The proposal is to improve drainage of the court, resurface and re-line the court and generally enhance the facilities, including improving the approach and access to the court, upgrading the floodlighting, providing ancillary equipment and redesign of the court surrounds.
19. The current agreement between the Church and the City will be revised to reflect the negotiated arrangements with the Church.
20. With the assistance of the Department of Community and Children's Services, we will seek to ensure that the availability of the court for youth/community use will be promoted and result in increased sporting activities by the target groups.
21. It is proposed to carry out the works using the City's term contractor JB Riney who have carried out similar tennis court resurfacing works for the City of London on Hampstead Heath. Other procurement would be carried out using the City's Procurement Service.

### **Corporate & Strategic Implications**

22. The project links to the Corporate Strategic Aim to provide modern, efficient and high quality local services and policing within the Square Mile for workers, residents and visitors with a view to delivering sustainable outcomes.
23. It links to the Local Development Framework, Policy Core Strategy 19 (4): "Improving inclusion and access to affordable sport, play and recreation, protecting and enhancing existing facilities and encouraging the provision of further facilities within major developments."
24. The project supports the Community & Children's Services Department Business Plan which has a priority to "Improve the health and wellbeing of City workers and residents". The proposals support this by seeking to provide good quality sport and exercise facilities and improved access to leisure activities by groups who don't usually engage.
25. The Open Spaces Business Plan contains a Strategic Aim to "Promote opportunities to value and enjoy the outdoors for recreation, learning and healthy living". It seeks to deliver cross service working and maintain a programme of

activities for health and wellbeing to promote our Open Spaces and the City of London's cultural activity.

## **Implications**

26. The current funding opportunity allows the City to fund the refurbishment and upgrading of the court. Capital funding of £176k has been allocated to this project from the following sources:
  - Heron Tower development Section 106 allocation of £98,100 for Youth Provision at the Church of St Botolph without Bishopsgate.
  - In addition £62,675, also from the Heron Tower S106 agreement, originally for floodlighting at the Church, is now no longer needed for this purpose and the Church have agreed that this be applied to the sports area upgrade project also.
  - The above figures are subject to indexation which amounts to over £15k.
27. Application for Faculty or other statutory approvals will be sought for the improvement works as required.
28. With the assistance of the City Solicitor an updated agreement will be entered into which provides for the maintenance of the court on a self-financing basis.
29. The Church has requested that works be carried out as soon as possible as there is a loss of income while the court is unplayable. It is proposed to start an initial phase of works on site in the second half of August 2015.
30. The project received Project Sub-committee approved at Gateway 2 (Project Proposal) to proceed directly to a delegated Gateway 5 (Authority to Start Work) report to the Director of Open Spaces.

## **Conclusion**

31. Proposals to improve the Ball Court at the Church of St Botolph without Bishopsgate are being developed from S106 funding made available from the Heron Tower development. This gives the opportunity to upgrade a popular sports facility in the City.
32. It also presents the opportunity to upgrade the site agreement with the Church so that the facility is maintained on a self-funding basis in the future.
33. Provision for young people to access the facility and take part in sports there, is being developed as part of this project, in partnership with Department of Community & Children's Services.

## **Appendices**

- Appendix 1 – Location Plan
- Appendix 2 – Photographs of the site
- Appendix 3 – Existing and proposed plan of ball court

**Background Papers:**

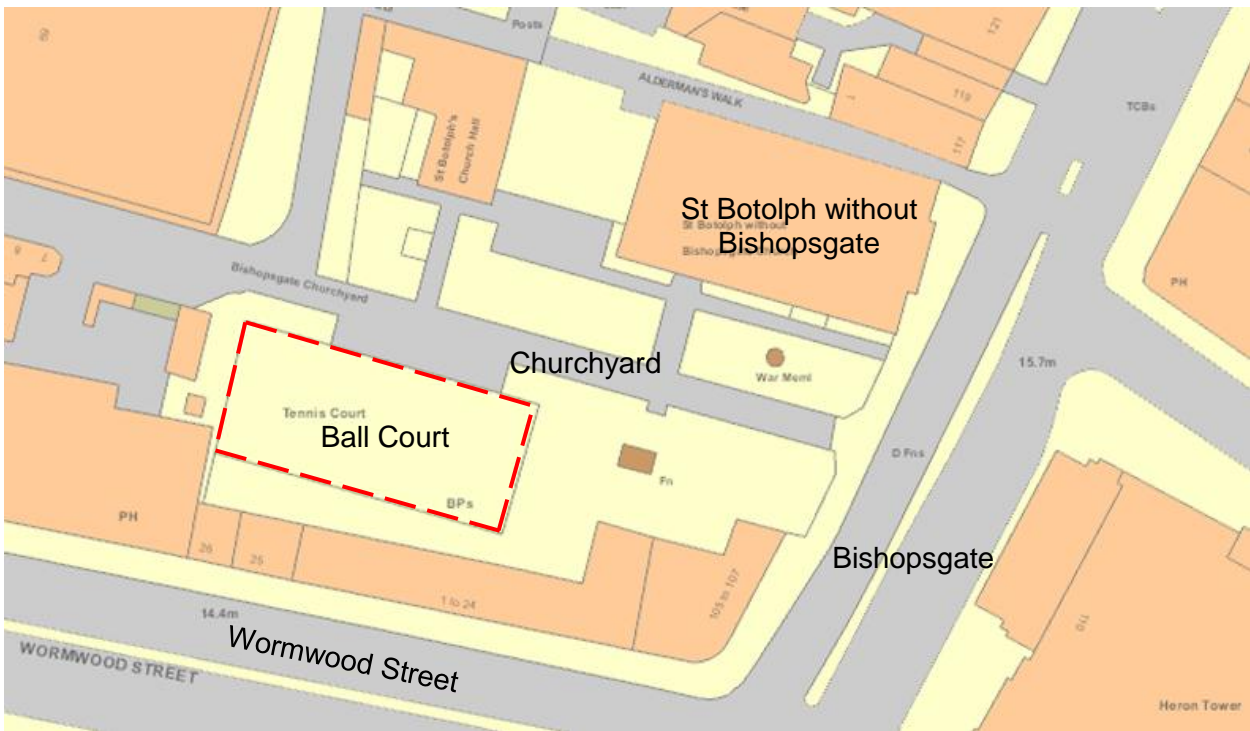
Report to Projects Sub Committee 8<sup>th</sup> October 2014: Project Proposal – St Botolph  
Bishopsgate Ball Court Improvements

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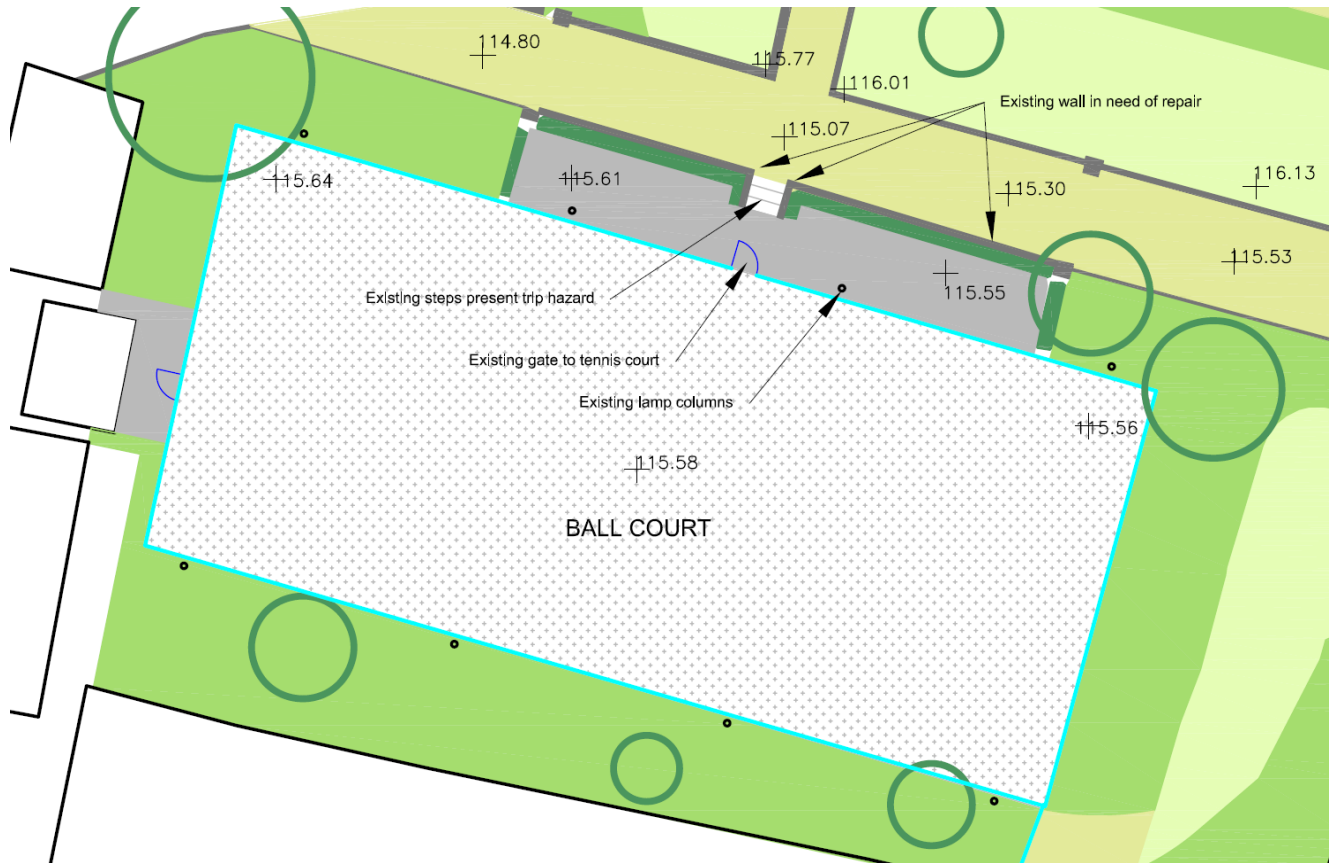
Appendix 1 – Location Plan



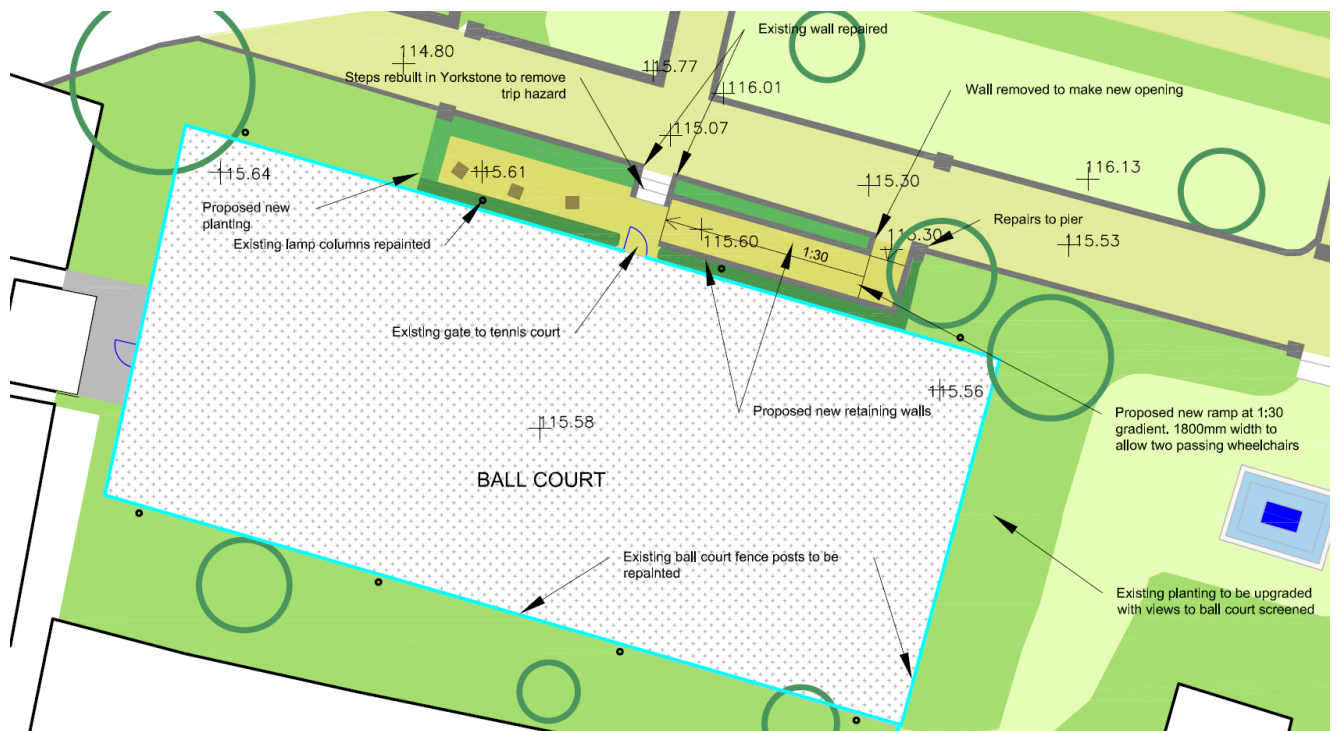
Appendix 2 – Photographs of the site



### Appendix 3 – Existing and proposed plan of ball court



Existing plan of ball court



Proposed plan of ball court



# Agenda Item 9

<b>Committee:</b>	<b>Dated:</b>
Community and Children's Services Committee	11 September 2015
<b>Subject:</b> Community and Children's Services Business Plan: Quarter 1 update	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For Information</b>

## Summary

This report sets out the progress made during Quarter 1 (Q1 – April to June 2015) against the refreshed 2015–17 Community and Children's Services Business Plan. It shows what has been achieved and the progress made against our five departmental strategic aims:

- Safety and early help
- Health and wellbeing
- Education and employability
- Homes and communities
- Efficiency and effectiveness.

Full details of performance against all key performance indicators are provided at Appendix 1. The report provides details of complaints received by the Department at Appendix 2; and the Department's budget information is provided at Appendix 3.

Departmental performance and progress for Q1 are overall good with some areas of outstanding performance. The set target for 13 out of 17 measurable performance indicators for this quarter was achieved or exceeded. The remaining four were within the tolerance of -10% of the set target.

## Recommendation

Members are asked to:

- note the Q1 update and the progress made against the strategic priorities of the Business Plan.

## Main Report

### Background

1. In May 2015, members agreed the refreshed Department of Community and Children's Services (DCCS) Business Plan for 2015–17 Roadmap to outstanding services. This contains five strategic aims and 17 key priorities to achieve our vision for delivering outstanding services and outcomes for our residents and communities. Although initiatives are grouped under the most relevant of these strategic aims, many support the achievement of goals across multiple areas.
2. As agreed, quarterly update reports are provided to Members.

### Current Position

3. Q1 performance (April to June 2015) against 17 measurable performance indicators (PIs) was good (see Appendix 1). The performance against the 17 indicators fully analysed in this report is depicted in the table below:

RAG status	Traffic light description	Total number of PIs	% of PIs
Green	PIs for which the set target was achieved or exceeded	13	76%
Amber	PIs within the tolerance of -10% of the set target	4	24%
Red	PIs that are below the tolerance of -10% of the set target	0	0%

4. The percentage of referrals to the Children's Social Care Team leading to a formal assessment (BP 1.1) exceeded the target at 92%. However, the total number of referrals in Quarter 1 (24) was a 243% increase on the seven referrals made in Quarter 4 2014/15, and more than the total of 20 referrals for the whole of 2014/15. In there was a 100% increase in contacts to the Child and Family Team hub (68 in Quarter 1 compared with 32 in Quarter 4 2014/15). **This is in part due to the change in the way contacts from the police are recorded, the amendments to and subsequent publicity of the thresholds document, and the potential impact of the 'Notice the Signs' campaign).** The trend over the next two quarters will be monitored and reported to committee.
5. The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital (BP 1.3) was 10% below the target, but this equates to one person. Discussions with suppliers are advanced to ensure 24-hour support for people who are discharged from hospital out of office hours or at weekends.
6. Smoking cessation programmes (BP 2.1) are continuing and Quarter 1 figures show a reduction in the percentage of quitters compared with Quarter 4, but the figures are within the agreed tolerance level. The new integrated substance misuse and tobacco control services are due to start on 1 October 2015, and it is anticipated that performance will increase through this contract.

7. Volunteering targets (BP 2.5 and 2.6) were exceeded in Quarter 1 with almost half of the annual target for new volunteers reached. Half of these had never volunteered before.
8. Primary school applications for the September 2015 (BP 3.1) entry took place in Quarter 1 and 25 were received. The number of children who received their first choice was a 10% decrease from 2014, and was lower than the inner London average and 10% lower than the national average. It was, however, within the 10% tolerance and no City applicant was offered a non-preferred school, compared with 3.2% in London and 3% nationally. In addition, all applicants were made an offer, which is excellent compared with 1.6% in inner London and 0.4% nationally who were not made an offer.
9. The number of apprenticeship places secured (BP 3.2) is slightly below target for the Quarter (9 against a target of 10) which was a result of the delayed start to the Level 3 procurement apprenticeship programme. This is now anticipated to start in September 2015. The programming of apprenticeships has been amended to reflect a focus on the quality of apprentices and their learning but the target is still anticipated to be met. A further update on this development in apprenticeships will be reported to Committee next month.

## **Progress against Improvement Actions**

### Strategic Aim 1: Safeguarding and early help

10. Good progress has been made against this strategic aim with the Children and Young People's Plan (CYPP) being approved by the Children's Executive Board (CEB) and new Thresholds of Need guidance produced.
11. Significant progress has been made in implementing the recommendations from the external Children's Social Care review. All actions were completed by the end of July with assurance testing to follow during Q2.
12. Our adoption service arrangements have been strengthened with the successful transfer of our service to Coram.
13. Awareness of private fostering within the community has been enhanced through the circulation of leaflets to all partners on behalf of the CHSCB. A training session took place in July to further promote our services.

### Strategic Aim 2: Health and wellbeing

14. Good progress has been made in promoting health and wellbeing within the City and access to health services. Plans to improve health visiting services by transferring the service from NHS England to the joint City and Hackney service have been agreed. The tender for the service has been released and plans are on track for the service to be transferred in October 2015.
15. Physical activity continues to be promoted with resident usage of the Golden Lane Sport and Fitness Centre up by 11% in Quarter 1. Sports development participation is above target for the year to date, as a result of the increase in

football tournament attendances, City Dip and also London Youth Games participation as a result of the additional sports entered in June.

16. The Exercise on Referral programme continues to be successful, beating its target by 31%, with 39 referrals made in Quarter 1. The team continue to engage new partners to increase the number of referrals into the service. A total of 23 out of the 39 referrals received in Quarter 1 were from agencies other than the Neaman Practice.
17. Awareness and engagement with our substance misuse services was increased through the Standard Bank Health and Wellbeing event in May, which was well attended. Two further awareness sessions were also provided to staff at Central Market (Smithfield).
18. Business Healthy continues to promote health and wellbeing in the workplace via the launch of a new interactive website. The website will encourage new organisations to join and keep existing members involved via a knowledge hub for sharing information. An event held in June promoted solutions to workplace alcohol misuse and was well received by participants.

### Strategic Aim 3: Education and employability

19. Excellent progress has been made against this strategic aim with The FYi Directory, which provides information for families in the City, being widely promoted this quarter. Over 1,500 people attended the annual Community Fair, many of whom visited the FYi stall to find out about our services. The promotion was a success with a large peak in visits to the Directory in the following week.
20. Work continues to progress with the opening of the City's two new free schools. The project plan has been completed and delivery milestones have been set. Lead Members will be nominated from the City of London Corporation and other Boroughs for each project, and will receive regular project update newsletters from the boards.
21. The Department continues to engage young people through the City Youth Forum and the Children in Care Council. The City Youth Forum continues to meet and the Forum's Child Sexual Exploitation (CSE) consultation outcomes were fed back to the Multi Agency Sexual Exploitation (MASE) group. A consultation exercise with Children in Care Council (CiCC) members in relation to work experience and apprenticeship opportunities has been prepared and will be conducted during the summer holiday period.
22. Funding has been agreed to support the delivery of a new Adult Learning Centre within Shoe Lane. The Golden Lane Community Centre has also been agreed as the preferred location for the new premises for the City of London Community Education Centre.
23. The apprenticeship programme has remodelled its delivery methods to ensure that it complies with the new quality assurance approach. The programme has further emphasised the need to improve the link and delivery between training frameworks, apprentice and employer. An increased number of structured training

and assessments will take place in conjunction with the employer to meet their skill needs.

#### Strategic Aim 4: Homes and communities

24. Plans to increase the supply of new homes in the City have continued to succeed. Good progress has been made in developing the site for 18 new homes, with completion anticipated in March 2016. Planning permission has been given or applications have been submitted to provide a further 37 units, with further potential sites being investigated.
25. Work continues to reduce rough sleepers in the City. The Rough Sleeper Reduction Plan has been revised and was presented to the Rough Sleepers Strategy Group in July for approval. A new 12-bed unit in Southwark for ex-City rough sleepers is now in progress and should be completed by February 2016.
26. The team continues to tackle illegal occupation and sub-letting, identifying cases through tenancy inspections and checking housing applications. A number of cases have been identified where new door entry systems have been installed on estates, which requires tenants to collect a security fob.
27. Spice targets continues to successfully promote volunteering with 74 new volunteers signing up this quarter, over half of whom were completely new to volunteering. In a new Spice evaluation report, 75% of those surveyed said that Time Credits had improved their quality of life, proving the valuable role of this programme.

#### Strategic Aim 5: Efficiency and effectiveness

28. The Department continues to strive to deliver outstanding services across various strands of work. The Department's strategic communications have been strengthened through a new departmental communications working group. A new house style for all policies and procedures will provide consistency across the Department.
29. The review of commissioning and performance functions is complete and the project is moving to the formal consultation and implementation stage.
30. Various other strategic reviews are taking place across the Department and are due to report later in the year.

#### Other significant achievements

31. As part of Carers' Week, the Carers' Staff Network was launched in June. The network provides employees with an inclusive, safe and confidential forum in which to network and support each other, and share ideas and best practice. It will also help the City of London Corporation better understand the people who work here and, as a result, enable the business to perform better.

## Departmental Strategic Risk Register

32. A separate report on the departmental risk register will be presented to this committee on a quarterly basis.

## Complaints

33. In Quarter 1, five complaints were received, one was upheld and three partially upheld. All complaints were responded to within the Stage 1 response target. Our commissioned services received 22 complaints, 20 of which were upheld. An analysis of the complaints received did not identify any underlying trends.

## Financial and Risk Implications

34. A budget monitoring statement for Q1 is attached at Appendix 3.

35. As at Quarter 1, the local risk outturn is expected to be within the Director's budget with an underspend of approximately £156k. So far this year there has been less than anticipated take-up of various programmes within the early years and other schools budget. This favourable variance offsets pressures in other areas, particularly the predicted overspend in adult and child social care. These budgets are forecasting an overspend due to changes in client care packages. In addition there are minor variances in a number of other service areas.

## Data Protection and Data Quality

36. The Department fully endorses and adheres to the principles of data protection as set out in the Data Protection Act 1998. All data detailed in this report is verifiable and complies with the Corporate Data Quality Policy and Protocol.

## Consultation

37. The Chamberlain and Town Clerk have been consulted and their comments are incorporated within the report.

## **Conclusion**

38. Members are asked to receive this quarterly update to the Business Plan for the DCCS and to note the appendices and good progress made for Q1.

## **Appendices**

- Appendix 1: Department of Community and Children's Services Business Plan 2015–17 Key Performance Indicators – Quarter 1 Update
- Appendix 2: Department of Community and Children's Services Complaints Report: Total Stage One Complaints and Compliments Received – Quarter 1, 2015/16
- Appendix 3: Department of Community and Children's Services Budget Monitoring Report

## **Background Paper**

DCCS Business Plan 2015–17

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## Appendix 1: Department of Community and Children's Services Business Plan 2015–17 Key Performance Indicators – Quarter 1 Update

**Key:**

- KPIs that are below the tolerance of -10% of the set target
- KPIs within the tolerance of -10% of the set target
- KPIs that achieved or exceeded the set target

	KPI Ref	Description	Freq	2014/15 Perf	2015/16 Target	Q1 Perf	R A G	Comments Q1
Page 60 Priority 1	1.1	Percentage of referrals to Children's Social Care which lead to a formal assessment	Quarterly	48% (20) was the target	70% (22) <i>(target to be reviewed once statistical neighbour and national average performance is known)</i>	92% (22)	G	24 children and young people were referred from the Children and Families Team (CFT) hub to Children's Social Care during Q1 with 22 going on to formal assessment (Child and Family Assessment). The other two referrals were Unaccompanied Asylum Seeking 'Children' (UASC) who were accommodated overnight only before transfer to Croydon Rota. It should be noted that Q1 2015/16 saw a 243% increase on the seven referrals made in Q4 2014/15, and surpassed the total annual number of 20 referrals for the whole of 2014/15. In addition there was over a 100% increase in contacts to the CFT hub (70 in Q1 compared with 32 in Q4 2014/15). Although we are awaiting completion of some Child and Family Assessments from referrals late in Q1 indications are that a higher proportion were No Further Action or stepped down after assessment which may indicate cases being referred for assessment that may previously have been referred immediately to Early Help. We should have stronger analysis once the outstanding assessments are complete. The increased number of contacts could be as a result of the change in the way contacts from the police are recorded, the amendments to and subsequent publicity of the thresholds document and potential impact of the 'Notice the Signs' campaign. The trend will be analysed over the next two quarters to ascertain if the rise in contacts and referrals is a sustained trend or an anomaly.
	1.2	Number of Common Assessment Framework assessments (CAFs) completed by Early Help	Quarterly	15 (including CAF updates)	16	4	G	Four CAF updates were completed during Q1. A fifth CAF update was offered but the young person declined it. Six children and young people were referred to Early Help during Q1 but none had a CAF completed in the quarter (this included four siblings who were stepped back up to Children's Social Care). Two CAFs were begun during Q1 but in one instance the CAF was not completed until Q2, and the other case was reassessed and went on to be stepped down to universal support in Q2.
	1.3	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Quarterly	95%	90%	80%	A	Four out of five clients were still at home 91 days after discharge. One client died. Work is being progressed around the S256 funding for the City Reablement Plus model of up to 72 hours of 24-hour support for people coming out of hospital out of hours or at weekends (to respond to the 7-day working challenge) and seeking also to avoid admissions wherever possible.



	1.4	Number of carer assessments completed	Quarterly	58	55	10	G	Ten carer assessments in 2015/16 is an increase of 43% (7) assessments in the same quarter last year. Quarter 3 is typically the time of most assessments, which are spread throughout the year, and therefore this indicator is on target. Of the 74 carers on the register, three of the carers are carers of children. Carer's UK have been working with Adult Social Care in Quarter 2 to refresh the Carers' Strategy and work on developing the carer offer. The draft strategy is on the September committee agenda. The strategy highlights new areas for development including raising awareness, referrals and creative community provision.
Priority 2	2.1	Percentage of people engaging in City smoking cessation programmes who quit smoking	Quarterly	44%	50%	42%	A	In total, 88 people set a quit date through smoking cessation services, and 37 people quit smoking. This is broken down to level 2 services, in which 66 people set a quit date and 25 went on to quit (quit rate 37%) and level 3 (specialist services), in which 22 people set a quit date and 12 went on to quit (quit rate 55%). The quit rate for those using an electronic cigarette for Q1 was 46%. The new integrated substance misuse and tobacco control services are due to start on 1 October 2015, and it is anticipated that performance will increase through this contract.
	2.2	Number of take-ups of NHS health checks	Quarterly	261	260	57	G	During Q1, the community health checks team delivered 13 NHS health checks for City residents (annual target 60) and 46 for City workers (annual target 200). The commissioned provider (Triangle) is on course to meet its annual target of 260 health checks.
	2.3	Number of participants in the exercise on referral programme who are still active six months after their initial assessment	Quarterly	75% (25)	70%	83%	G	Of the 9 people due a 6-month follow-up in Quarter 1, 6 were successfully contacted and 5 of these were still active.
	2.4	Usage of the Golden Lane Sport and Fitness Centre (Members and Non-Members)	Quarterly	131,912	135,870	37,457	G	The quarterly usage was 96% of the quarterly target; however, within this resident usage was up by an increased 11%.
	2.5	Number of new volunteers signed up to the Time Credits scheme	Quarterly	335 (total 638)	160	74 (total 712)	G	46% of the annual target has been achieved in Quarter 1. 37 new sign-ups came through a new project, Aldgate Gardeners.
	2.6	% of volunteers completely new to volunteering	Quarterly	55%	30%	53%	G	The annual target has been exceeded in Quarter 1 by 23%. Further quarters' performance will vary depending upon the type of volunteers signing up.
Priority 3	3.1	Sufficiency of school places	Annual	P	2015 applications inner London % – Primary for Q1	Primary (Sept 2015 entry)	A	Secondary applications take place during Q4 and the preferences for entry in September 2015 were reported in Q4 2014/15. Primary applications for September 2015 entry took place in Q1 with 78% of children offered their first place preference, which is a decrease from 88% in 2014, and is the lowest percentage in the five years for which we have primary trend analysis on record. It is also below the 80% of inner London applicants and 87.8% of national applicants to be offered their first preference. No City applicant was offered a non-preferred school (against 3.2% of all inner London applicants and 3% of applicants nationally) and all City applicants were made an offer (against 1.6% across inner London and 0.4% nationally who were not made an offer). Of the 25 children offered their first preference ten were allocated places at Sir John Cass and ten at Prior
		% of school offers meeting:						
		first choice		85%	80%	78%		
		second choice		3%	9%	16%		
		third choice		3%	4%	3%		
other choice	9%	2%	3%					

## Priority 4

								Weston Primary.
	3.2	Number of apprenticeship places secured	Quarterly	66	60	9	A	This number is slightly below target for the quarter (10 ). Apprentice starts were seen in the training areas of Business Administration and Association of Accounting Technicians (AAT). Employment placement opportunities have been secured in six companies over this period including three new employers: the Serious Fraud Office, China Consulting Consortium and Lionsgate Films. A delayed start to the Level 3 Procurement apprenticeship programme has seen a small decrease in starts in this quarter; this is now anticipated to start in September 2015 with nine confirmed apprentice starts. The programming of apprenticeships has been amended to reflect a focus on the quality of apprentices and their learning.
	3.3	Number of enrolments on Adult Skills and Education courses	Quarterly	1,881	2,000	536	G	On target. Over 100 enrolments have been recorded on functional skills maths and English courses leading to accredited qualifications if successful in the July 2015 exams. Results will be available in late August 2015. The humanities courses continue to be popular with additional family walks and summer history walks taking place. A new course, Creative Writing in the City, was well attended and is planned to run again in the autumn term 2015/16.
	3.4	Number of enrolments on Basic Skills courses	Quarterly	487	200	172	G	Above target. This is in response to the Government's drive to ensure all learners have a level 2 qualification in maths and English. GCSE maths took place at Sir John Cass school with parents sitting the national GCSE maths exam in June 2015. A number of functional skills classes were delivered in Children's Centres in the City and in Hackney. All learners are working towards nationally accredited qualifications.
	4.1	Percentage of routine repairs attended to	Quarterly	98%	98%	99%	G	
	4.2	Number of rough sleeper outreach shifts per quarter	Quarterly	384	384 (annual target)	97	G	This is a new indicator. There are at least one/two shifts a day Monday–Friday mornings 6.00 am–9.00 am and 9.00pm–1.00 am. There are monthly shifts with Immigration Compliance Enforcement (ICE – formerly known as the UK Border Agency (UKBA)) and fortnightly joint shifts with the police. If a Pop-up Hub is running there will be a minimum of 2–4 police on the evening shift working alongside St Mungo's Broadway Sunday to Friday. There are sometimes shifts during the day determined by demand; e.g. there was a daytime shift with ICE to meet with Eastern Europeans in the Barbican area.
	4.3	Total number of individual rough sleepers met by St Mungo's Broadway	Quarterly	721	650 (annual target)	173	G	This is a new indicator although information has previously been recorded by St Mungo's. Performance is broadly in line with Quarter 4 (177) and the same period last year (175). This would indicate that there is no increase in activity but that the throughput onto the streets is virtually the same. The City saw a decrease in new rough sleepers while all other boroughs showed a marked increase during this last quarter; this can be attributed to the close working of the outreach team and the partnerships mainly with the police and ICE.

**Appendix 2: Department of Community and Children's Services Complaints Report  
Total Stage One Complaints and Compliments Received – Quarter 1, 2015/16**

<b>Division</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>2015/16 Total</b>
Adult Social Care	1	0	3	1				1
No. of complaints upheld	0	0	1 upheld	0				0
Family and Young People's Services (Children's Social Care)	0 (3)	0 (3)	5	0				0
No. of complaints upheld	2 partially upheld	2 upheld	2 upheld	N/A				N/A
Housing	41	17	34	4				4
No. of complaints upheld	24 upheld, 1 partially upheld	6 upheld	5 upheld 2 partially upheld	4 partially upheld				4 partially upheld
Commissioned services, e.g. Golden Lane Sport and Fitness, City Advice, Telecare	16	51	54	22				22
No. of complaints upheld	15 upheld	37 upheld	39 upheld	20				20

**Response Times at Stage 1: Family and Young People's Services and Housing – 10-day target; Adult Social Care – 3-day target**

<b>Division</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>2015/16 Total</b>
Adult Social Care	N/A	N/A	100%	100%				100%
Family and Young People's Services (Children's Social Care)	66%	100%	75%	N/A				N/A
Housing	100%	100%	100%	100%				100%

## Appendix 3: Department of Community and Children's Services Budget Monitoring Report

	2015/16 Latest Approved Budget	Total to date £'000	% spent (Should be approx. 25%)	Projected Actual to Year end £'000	Projected Variance to Year end £'000	
<b>LOCAL RISK</b>						
<b>Housing Services</b>						
Housing S&M Account	89	20	22	87	2	
Disabled Access, Enabling Activities, Spitalfields, General Housing Advice, Other Housing Services	-34	-14	41	-40	6	
Supporting People	573	220	38	573	0	
Service Strategy	11	1	9	9	2	
Housing Benefit	146	-3	-2	146	0	
<b>Total Housing</b>	<b>785</b>	<b>224</b>	<b>29</b>	<b>775</b>	<b>10</b>	<b>1</b>
<b>People Services</b>						
Older People Services	1,149	1,399	122	1,182	-33	2
Adult Social Care	2,370	1,652	70	2,411	-41	2
Occupational Therapy	231	61	26	251	-20	2
Adults Services Strategy	6	0	0	6	0	
Supervision and Management	141	37	26	111	30	
Homelessness	582	587	101	562	20	
Children's Social Care	922	629	68	1,072	-150	3
Early Years and Childcare	1,106	341	31	963	143	4
Other Schools Related Activity	186	60	32	86	100	4
Drug Action Team	264	98	37	264	0	
<b>TOTAL LOCAL RISK</b>	<b>6,957</b>	<b>4,864</b>	<b>70</b>	<b>6,908</b>	<b>49</b>	
<b>Partnerships</b>						
Commissioning	683	289	42	631	52	
Public Health	-265	-928	350	-265	0	
Sports Development	-15	-19	126	-33	18	
Adult Community Learning	49	-559	-1,141	60	-11	
Youth Service	204	181	89	206	-2	
Strategy and Performance	1,116	222	20	1,075	41	
<b>TOTAL PARTNERSHIPS</b>	<b>1,772</b>	<b>-814</b>	<b>-46</b>	<b>1,674</b>	<b>98</b>	<b>5</b>

<b>TOTAL LOCAL RISK</b>	<b>9,514</b>	<b>4,275</b>	<b>45</b>	<b>9,358</b>	<b>156</b>
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**CENTRAL RISK**

Commissioning	-111	541	-487	-83	-28
Children's Social Care	0	0	0	0	0
Early Years and Childcare	312	119	38	318	-6
Other Schools Related Activity	-334	-1,346	403	-364	30
Asylum Seekers	278	316	114	278	0
Delegated Budget	-14	544	-3,886	-19	5
Housing Benefit	67	-324	-484	67	0

<b>TOTAL CENTRAL RISK</b>	<b>198</b>	<b>-150</b>	<b>-4,302</b>	<b>197</b>	<b>1</b>
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1) Housing Services: Minor overspend predicted at year end.

People's Directorate: Underspend of £49k largely due to:

2) There have been various client movements since the budgets were set (deceased clients, review of care packages etc.).

3) During Q1, there have been various items of expenditure relating to the mock inspection which was not anticipated when preparing the budgets.

4) There has been less than anticipated take-up of various programmes such as the Youth Programme, Every Child A Talker and Graduate Leader Fund. This favourable variance will be used to offset the pressures mentioned above. The budgets will be realigned during the budget setting process.

Commissioning and Partnerships: Underspend of £98k largely due to:

5) Various minor underspends across all service areas.

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<b>Committee(s)</b>	<b>Dated:</b>
Community and Children’s Services Committee	11 September 2015
<b>Subject:</b> Community and Children’s Services Departmental Risk Register 2015/2016	<b>Public</b>
<b>Report of:</b> Director of Community and Children’s Services	<b>For Information</b>

## Summary

This report has been produced to provide your committee with assurance that the risk management procedures in place within the Department of Community and Children’s Services are satisfactory and that they meet the requirements of the Corporate Risk Management Framework.

Risk is reviewed regularly by the Departmental Leadership Team as part of the on going management of the operations of the department. In addition to the opportunity for emerging risks to be raised as they are identified, a process exists for in-depth periodic review of the risk register.

The Community and Children’s Services department has 1 corporate risk and 4 departmental risks. The most significant current risks are:

- CR17 – Safeguarding Risk (Current Risk: Rating - Amber)
- PE002 – Failure to deliver expansion of Sir John Cass Foundation Primary School (Current Risk Rating: Red)

## Recommendation(s)

Members are asked to:

- Note the report and the actions taken in the Department of Community and Children’s Services to effectively monitor and manage risks arising from our operations.

## Main Report

### Background

1. The Risk Management Framework of the City of London Corporation requires each Chief Officer to report regularly to their Committee the key risks faced in their department. The Audit and Risk Management Committee has requested that such risks should be reported to Committee on a quarterly basis.

## **Current Position**

2. This report provides an update of the key risks that exist in relation to the operations of the department and, therefore, the Community and Children's Services Committee. The report also outlines the processes adopted for the on going review of risk and mitigating actions.

## **Risk Management Process**

3. Departmental risks are identified and scrutinized during the business planning process. Departmental risks are reviewed by the Departmental Leadership Team on a monthly basis and are formally reported to members quarterly at the Community and Children's Services Committee in accordance with the City's Risk Management Framework.
4. Risks management is a core component of our ongoing business as usual, discussed in frontline team meetings, project and programme boards and as part of business planning sessions.

## **Identification of New Risks**

5. During the monthly reviews, new departmental risks are discussed and/or identified by the senior management teams of each division and added to the register following discussion with the Departmental Leadership Team. These discussions assess the level of risk and identify controls, mitigation and timescales for actions. The Departmental Leadership Team also identifies any potential risks for escalation to the Corporate risk register.
6. The risk register may be refreshed over and above the stated process for review and oversight, in response to emerging issues or changing circumstances.
7. The following risk has been assessed at red since the previous report to this committee and is summarised in more detail in paragraph 8.
  - PE002 – Failure to deliver expansion of Sir John Cass Foundation Primary School in September 2016.

One risk has been closed since the previous report:

- PE001 – Implementation of part 2 of the Better Care Act – self funders. This risk has been closed as the implementation of part 2 regarding self-funders has been deferred until 2020.

## **Summary of Key Risks**

8. The Community and Children's Services department is responsible for one Corporate Risk, summarised below, this risk is reviewed and reported regularly to Audit and Risk Management Committee:



### **CR17 – Safeguarding** (Current Risk Rating: Amber)

The City of London has a legal duty to safeguard and promote the wellbeing of vulnerable children and adults at risk within the City. This involves working effectively with our multi-agency partners to identify risks and issues at an early stage. This allows us to intervene and prevent issues from escalating and requiring statutory intervention. The City of London Corporation has a City-wide Safeguarding policy agreed by Chief Officers and the Community and Children’s Services Committee.

Whilst the City has lower numbers of residents and service users compared with our neighbouring boroughs; this does not preclude us from having to meet our statutory obligations. The department has 200 statutory duties in education and over 100 statutory duties in children and adult social care.

Across the full spectrum of children and adults social care work, risk assessment and risk management forms a crucial part of their day to day work, managing high risk situations on a daily basis. Escalation policies are in place for all multi-agency partners to ensure issues can be raised if concerns are held.

- **PE002 – Failure to deliver expansion of Sir John Cass Foundation Primary School in September 2016** (Current Risk Rating: Red)

Members will be aware of the issues regarding this project. Additional efforts are being made to try and ensure that the expansion will be achieved.

9. The Community and Children’s Services departmental risk register summary attached as Appendix 1 to this report, includes 1 RED risk, 2 AMBER risks and 2 GREEN risks: A number of actions are linked to each risk to mitigate or control the risk

- **CR17 -Safeguarding:** Risk of failure of the City of London’s safeguarding policies and procedures leading to possible harm to an adult at risk or a child. (Corporate Risk CR 17) Current risk rating Amber.
- **DCCS PE002 – Failure to deliver expansion of Sir John Cass Foundation Primary School:** to a two form entry from September 2016. Current risk rating red.
- **DCCS 001 - Emergency response:** DCCS is unable to respond to protest, occupation, terrorist attack or other large scale emergencies and deliver effective humanitarian assistance within the City boundary due to insufficient plans and capacity. Current risk rating amber.
- **DCCS HS001 - Health and safety:** Major failure to follow processes and procedures resulting in a fatality in an area managed by the department including housing estates based outside the City. Current risk rating green
- **DCCS CP001 - Financial:** Budget restraints may affect the department’s ability to achieve objectives, which may have a direct impact on our service users and that audit recommendations are not effectively implemented. Current risk rating green

### **Conclusion**

10. Members are asked to note that risk management processes within the Community and Children’s Services department adhere to the requirements of the Corporate Risk Management Framework. Risks identified within the operational and strategic

responsibilities of the Community and Children's Services Department are proactively managed.

## **Appendices**

- Appendix 1 – Community and Children's Services Department Risk Register Summary

## **Background Papers**

Risk Management Strategy May 2013

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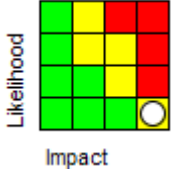
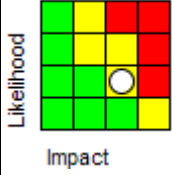
E: [Sharon.mclaughlin@cityoflondon.gov.uk](mailto:Sharon.mclaughlin@cityoflondon.gov.uk)

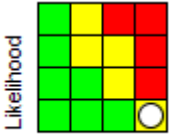
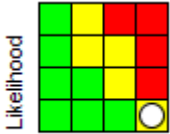
# Appendix 1 - Community and Children's Services Department - Risk Register Summary





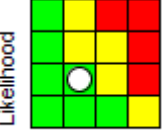

## Risk Traffic Light: Red 1 Amber 2 Green 2

Risk No, Title, Department, Risk creation date	Description (Cause, Event, Effect)	Current Risk Score		Risk Owner	Risk update	Target Risk Score		Target date	Risk Trend
DCCS PE 002 Failure to deliver expansion of Sir John Cass Foundation Primary School to 2 form entry in September 2016	<b>Cause</b> Expansion not delivered <b>Event</b> Building project not completed <b>Effect</b> Lack of first choice school places for City children		24	Ade Adetosoye	Attempts to achieve the target are ongoing.		2	18-Aug-2015	↑

Risk No, Title, Department, Risk creation date	Description (Cause, Event, Effect)	Current Risk Score	Risk Owner	Risk update	Target Risk Score	Target date	Risk Trend
CR17 <b>Safeguarding</b>	<p><b>Cause:</b> Not providing appropriate training to staff, not providing effective management and supervision, poor case management</p> <p><b>Event:</b> Failure to deliver actions under the City of London' safeguarding policy. Social workers and other staff not taking appropriate action if notified of a safeguarding issue</p> <p><b>Effect:</b> Physical or mental harm suffered by a child or adult at risk, damage to the City of London's reputation, possible legal action, investigation by CQC and or Ofsted</p>	 <p>8</p>	Ade Adetosoye	Work is ongoing to raise awareness of safeguarding, through e-learning, briefing sessions and working with partners. Good progress has been made on implementing the actions to mitigate this risk.	 <p>8</p>	31-Mar-2016	↔

Risk No, Title, Department, Risk creation date	Description (Cause, Event, Effect)	Current Risk Score	Risk Owner	Risk update	Target Risk Score	Target date	Risk Trend		
DCCS 001 <b>Departmental emergency response</b>	<b>Cause</b> Residents and/ or city workers being unsupported in a major emergency <b>Event</b> A major emergency being declared <b>Effect</b> Evacuated residents or city workers have nowhere to go following an incident, adverse media coverage.	 Likelihood Impact	8	Neal Hounsell	The work of the Humanitarian Assistance Working party is ongoing. A review of humanitarian assistance plans is underway and the revised plan will be discussed at the next meeting in September	 Likelihood Impact	8	31-Mar-2016	↔

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DCCS CP 001 <b>Financial Loss / Possible reduction in budgets</b>	<b>Cause</b> Financial loss / reduction in budgets <b>Event</b> Internal Audit recommendations not implemented effectively <b>Effect</b> Implications for departmental budget, HR action if staff implicated.	 Likelihood Impact	4	Neal Hounsell	Audit reports are being received and reviewed. Timescales for the implementation of final recommendations are being agreed.	 Likelihood Impact	4	31-Mar-2016	↔

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DCCS HS 001  <b>Health and Safety procedures</b>	<p><b>Cause:</b> Failure to meet Health and Safety regulations and City of London procedures within the department and on the properties and estates managed by the Housing Division</p> <p><b>Event:</b> Accident or fire in property or estates managed DCCS leading to harm / injury to staff member, resident or visitor</p> <p><b>Effect:</b> Injury to person/s on property or estates managed by DCCS, possible adverse media coverage, external investigation into incident and potential claims for compensation.</p>	 <p>Likelihood</p> <p>Impact</p>	4	David Padfield; <del>Karen Tarbox</del>	A new Health and Safety Manager has been appointed and a list of priorities for this 2015/16 is being developed.	 <p>Likelihood</p> <p>Impact</p>	4	31-Mar-2016	↔

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